

## Board of Directors

Thursday, 4 November 2021

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| <b>Report Title:</b>             | Performance Report Month 6 (September) 2021/22               |
| <b>Executive/NED Lead:</b>       | Director of Finance  |
| <b>Report author(s):</b>         | Financial Planning Officer with relevant Executive Directors |
| <b>Previously considered by:</b> | Monthly Report to Board of Directors                         |

Approval

Discussion

Information

Assurance

### Executive summary

The report for month 6 (September) outlines the performance of the Trust. It includes the Trust's key performance indicators, and it provides analysis at primarily an overall organisational level, though for some areas there is discussion of performance by site (notably mortality and A&E access). The Trust's post COVID-19 recovery progress is now included as part of the operational commentary and analysis.

DAM meetings were held on, Tuesday 5th; Wednesday 6th and Friday 8th October respectively, reviewing August 21 data and performance. The key outcomes of these meetings, and divisional and corporate performance as reflected in the Trust's Accountability Framework, are also detailed in the report.

Key points to note this month include:

#### Quality & Patient Safety:

- Dr Foster data for HSMR was not available for publication owing to a change in source data. Dr Foster Intelligence (now known as Telstra Health UK) will be moving to a direct feed of HES data from the next publication, the date of which is to be confirmed.
- Dr Foster patient safety indicator alerts for the period were also not available due to the change in data source.
- The SHMI for the 12 months to April 2021 was 1.0754 which is as expected. The Colchester site reported 1.1014 (as expected). The Ipswich acute site reported 1.0548 which was also as expected.
- Serious harm falls – There was 3 falls resulting in serious harm in September. There was 1 on the Colchester site: fractured neck of femur. There were 2 on the Ipswich site: fractured knee (moderate harm at point of injury) and a fractured neck of femur classified as severe harm.
- There were 35 reportable pressure ulcers in September in relation to ESNEFT hospital beds. Ipswich reported 19 cases including 18 grade 2, and 1 grade 3 ulcers. Community hospitals recorded 1 Grade 2 ulcer. Colchester recorded 12 grade 2 ulcers, 1 grade 3 and 2 unstageable ulcers. There was 1 Category 3 pressure ulcer reported in NEECS (bed day data not currently available).
- There were 56.27 (58.42) incidents reported per 1000 bed days. The most reported category in the month of September was pressure ulcer/skin damage (ESNEFT acquired). The second highest reported category was patient falls; and the third highest reported category was medication incidents.
- Complaints – there were 100 complaints in September, a slight decrease compared to the 101 reported in August.
- Infection control – There were 0 Trust apportioned MRSA Bacteraemia identified during the month of September.

- There were 5 cases of C.diff reported at Colchester Hospital (4 HOHA, 1 COHA) and 3 at Ipswich Hospital (2 HOHA, 1 COHA). The C.diff case threshold for 2021/22 is 99 cases (currently at a total of 56).

**Operational:**

- A&E 4 hour standard performance for the economy in September was 81.1%, below the national standard of 95%. The Colchester site delivered 81.6% whilst Ipswich achieved 80.3%.
- September's current RTT position is 68.8%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 73.1% (unvalidated) for September.
- In terms of recovery, activity for September 2021 is down on 2019/20 levels for the comparable months with the exception of day cases. But across the board activity is up on August 21. The largest increases are within OP 1st appointments, with a 12.4% increase on last month.
- Across the board diagnostics are below target levels for September 2021. CT and Endoscopies are down on the previous month by 2.5% and 12.4% consecutively. Endoscopy activity is below 2019/20 levels at 77.2% compared to the same month.
- The RTT waiting list has increased by over 1,000 patients for September 2021. 52+ and 78+ week waiters continue to decrease for both sites, by 16% and 32% consecutively.

**Finance:**

- In September, the Trust reported an actual deficit of £0.3m (after adjusting for non control total items). This was only slightly adverse to the monthly plan (adverse £23k). For the year to date there is favourable variance of £0.3m against control total.
- NHSE/I have maintained the Trust's annual agency expenditure ceiling for 2021/22 at £24.5m. For Month 6 agency costs were under the ceiling (£1.4m v £2.0m ceiling). The year to date position is also under the NHSE/I limit (£7.1m v £12.3m ceiling). As always, it is important to note that the Trust has a comparatively high ceiling and must therefore continue to reduce spending on agency staff to more affordable levels for the benefit of the overall financial plan. Bank spend increased compared to August (£4.1m v £3.9m). July saw a significant step up in bank costs due to ERF delivery and the absorption of ACE.
- At the end of September, the capital programme was underspent against the original plan by £5.2m. Of this underspend, £4.7m relates to the STP development. Despite the current underspend, The Trust is forecasting that it will meet its capital programme plan for the year. The progress of individual projects/schemes is monitored closely with project leads and reviewed monthly by the Trust Investment Group.
- Overall, the CIP programme is £3.7m behind target as at the end of September. This is based on an even profiling of the £24m overall target.

**People & Organisational Development:**

- Voluntary turnover (rolling 12 months) increased from 7.7% in August to 8% in September for ESNEFT.
- Mandatory training compliance in September increased to 85.9% from 85.3% in August.
- Appraisal compliance rate increased to 83.9%, from 82.6% in August.
- Overall nursing fill rates were 91% in September, an increase compared to the previous month (89.7%).

**Action Required of the Board/Committee**

- To note the Trust's performance

**Link to Strategic Objectives (SO)**

Please tick

|     |  |                                     |
|-----|--|-------------------------------------|
| SO1 | Keep people in control of their health | <input checked="" type="checkbox"/> |
|-----|--|-------------------------------------|

|   |                                   |  |
|---|-----------------------------------|--|
| SO2   | Lead the integration of care      | <input checked="" type="checkbox"/>  |
| SO3   | Develop our centres of excellence | <input checked="" type="checkbox"/>  |
| SO4   | Support and develop our staff     | <input checked="" type="checkbox"/>  |
| SO4   | Drive technology enabled care     | <input checked="" type="checkbox"/>  |
| <b>Risk Implications for the Trust</b> (including any clinical and financial consequences)                    |                                   | Noted within the separate escalation reports   |
| <b>Trust Risk Appetite</b>  |                                   | Quality: The board is cautious when it comes to quality and places the principle of "no harm" at the heart of the decision. It is prepared to accept some risk if the benefits are justifiable and the potential for mitigation is strong  |
| <b>Legal and regulatory implications</b> (including links to CQC outcomes, Monitor, inspections, audits, etc) |                                   | The report includes dashboards of performance against key national targets.  |
| <b>Financial Implications</b>   |                                   | <p>NHSE&amp;I have confirmed the financial arrangements for the first 6 months of 2021/22.</p> <p>Planning guidance sets out 6 priorities for 21/22. £8.1bn has been committed to cover COVID-19 costs in 21/22, with £7.4bn available for the first half of the year. Nationally, there is £1bn to support elective recovery</p> <p>System funded envelopes are to continue in H1 21/22 based on H2 20/21 envelopes, adjusted for pressures and policy priorities. Relatedly, block payment arrangements also persist.</p> <p>NHSE&amp;I have stated that the funding provided for H1 21/22 represents the totality of funding available for systems, and systems need to plan for and deliver a breakeven position including this funding. No additional income support will be available. The Trust has submitted a revenue plan for H1 21/22 that shows delivery of a balanced position.</p> |
| <b>Equality and Diversity</b>   |                                   | None apparent  |