

Board of Directors

Thursday, 3rd March 2022

Report Title:	Performance Report Month 10 (January) 2021/22
Executive/NED Lead:	Director of Finance
Report author(s):	Financial Planning Officer with relevant Executive Directors
Previously considered by:	Monthly Report to Board of Directors

Approval
 Discussion
 Information
 Assurance

Executive summary

The report for month 10 (January) 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 reviewing December performance were cancelled in February due to operational pressures on the Trust due to the ongoing pandemic. The key performance headlines, for divisions and corporate CDG's as reflected in the Trust's Accountability Framework, are detailed in the report.

Key points to note this month include:

Quality & Patient Safety:

- HSMR – Latest data available for discharges during October 2021 showed an incomplete in-month HSMR of 135.3 for the Trust. This data excludes COVID-19 on admission. The 12-month rolling HSMR figure for ESNEFT was 112.5 (also excluding COVID-19 on admission). In the region of 13 non-specialist trusts, ESNEFT is 1 of 4 Trusts with a 'higher than expected' HSMR – 7 are 'as expected' and 2 are 'better than expected'.
- Dr Foster patient safety indicator alerts for Deaths in Low Risk Groups were not available in this data release.
- The SHMI for the 12 months to August 2021 was 1.0741 which is 'as expected'. The Colchester site reported 1.0808 (as expected). The Ipswich acute site reported 1.0582 which was also as expected.
- Serious harm falls – There was 9 falls resulting in serious harm in January. There was 1 on the Colchester site - fractured wrist. There were 6 falls on the Ipswich site – 2 fractured neck of femurs; and 4 broken wrist/ankles. There was 1 fractured neck of femur reported in Suffolk Community hospitals.
- There were 39 reportable pressure ulcers in January in relation to ESNEFT hospital beds. Ipswich reported 20 cases, 18 grade 2, 1 grade 3 ulcer and 1 unstageable. Community hospitals recorded 4 Grade 2 ulcers. Colchester recorded 14 grade 2 occurrences and 1 unstageable.
- Complaints – there were 68 complaints in January, a decrease compared to the 73 reported in December.
- Infection control – There were 0 Trust apportioned MRSA Bacteraemia identified during the month of December.
- There were 4 cases of C.diff reported at Colchester Hospital (2 HOHA, 2 COHA) and 5 at Ipswich Hospital (3 HOHA, 2 COHA). The C.diff case threshold for 2021/22 is 99 cases (currently at a total of 85).

Operational:

- A&E 4 hour standard performance for the economy in January was 76%, below the national standard of 95%. The Colchester site delivered 79.6% whilst Ipswich achieved 70.0%.
- January's current RTT position is 65.7%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85% at 73% (unvalidated) for January.
- In terms of recovery, activity is up across the board for January 2022 with the exception of elective inpatients, which are down 10.9% compared to last month. However, due to high historical activity levels, current activity falls short compared to 2019-20 levels, with the greatest difference in elective inpatients achieving 82.5%.
- Activity is up across the board for January 2022. CT and MRI exceeded 2019-20 activity levels, with Ultrasounds and Endoscopies falling below these levels at 91.5% and 80.8% respectively
- 52+ week waiters are down by 19 patients compared to December 2021, though numbers of the longest waiters have increased. The waiting list has increased by nearly 2% for January 2022.

Finance:

- In January, the Trust delivered a surplus of £2.8m driving the cumulative year to date surplus up to £6.7m. For the year to date, there is favourable variance of £6.5m against control total.
- NHSE/I have maintained the Trust's annual agency expenditure ceiling for 2021/22 at £24.5m. For Month 10 agency costs were under the ceiling (£1.6m v £2.0m ceiling). The year to date position is also under the NHSE/I limit (£11.8m v £18.4m 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 was significantly higher in the month (£6.0m v £3.7m in December). This increased spend was linked to the operational pressures that resulted from the surge of the Omicron COVID-19 variant, and the instigation of incentive payments (as per regional guidance).
- At the end of January the capital programme was underspent against plan by £8.8m, £7.1m of this underspend relates to the STP development.
- EoE NHSE/I have confirmed that the Trust can incur an allowable overspend against its CDEL of £6.4m.
- All divisions, except Medicine Colchester are behind plan for the year to date. Budget gaps were added to CIP targets in October, raising the total CIP target by £3.8m to £27.8m.

People & Organisational Development:

- Voluntary turnover (rolling 12 months) increased from 8.7% in December to 8.9% in January for ESNEFT.
- Mandatory training compliance in December increased to 87.6% from 87.4% in December.
- Appraisal compliance rate decreased to 85.8%, from 86% in December.
- Sickness in December increased to 6.3% from 5.6% in December

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"/>

Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>	Noted within the separate escalation reports
Trust Risk Appetite	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
Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>	The report includes dashboards of performance against key national targets.
Financial Implications	<p>NHSE&I have now confirmed the financial arrangements for both the first half (H1) and second half (H2) of the financial year 2021/22. Planning and guidance for these periods has been undertaken separately, but nevertheless, H1 and H2 will be treated as a single financial period, and a balanced position for the full financial year is expected.</p> <p>Planning guidance for H1 set out 6 priorities for 21/22. £8.1bn has been committed to cover COVID-19 costs in 21/22. Nationally, there is also £2bn to support elective recovery.</p> <p>System funded envelopes are in place for 21/22, adjusted for pressures and policy priorities. Relatedly, block payment arrangements also continue.</p> <p>Each of ESNEFT's revenue plans (H1 and H2 respectively) show delivery of a balanced position.</p>
Equality and Diversity	None apparent