

Board of Directors

Thursday, 5th May 2022

Report Title:	Performance Report Month 12 (March) 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 12 (March) 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 February performance were cancelled in April 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 November 2021 showed an in-month HSMR of 89.7 for the Trust. Data excludes COVID-19 on admission. The 12-month rolling HSMR figure for ESNEFT was 108.1 - 'higher than expected' (December 2021 110.2 – incomplete coding). Around 30% of admitted activity missed the first Dr Foster Dec deadline for coding; this means that the Dec data cannot be relied upon.
- 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 October 2021 was 1.0801 which is 'as expected'. The Colchester site reported 1.0743 (as expected). The Ipswich acute site reported 1.0730 which was also 'as expected'.
- Serious harm falls – There were 7 falls resulting in serious harm in March. There was 1 on the Ipswich site – fractured neck of femur. There were 2 falls in Suffolk community sites – both fractured neck of femur. There were also 4 falls on the Colchester site, 3 fractured neck of femur and 1 subarachnoid haemorrhage.
- Complaints – there were 101 complaints in March, an increase compared to the 89 reported in February.
- Infection control – There was 1 Trust apportioned MRSA Bacteraemia identified in March, on Washbrook Ward at Ipswich Hospital – source of bacteraemia paravertebral abscess.
- There were 5 cases of C.diff reported at Colchester Hospital (4 HOHA, 1 COHA) and 4 at Ipswich Hospital & Community (2 HOHA, 2 COHA). The C.diff case threshold for 2021/22 is 99 cases (currently at a total of 106).

Operational:

- A&E 4 hour standard performance for the economy in March was 74.3%, below the national standard of 95%. The Colchester site delivered 76.0% whilst Ipswich achieved 71.4%.

- March's current RTT position is 64.9%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85%, at 75.7% (not validated) for March.
- In terms of recovery, activity across the board increased in month with daycase inpatients and outpatient 1st appointments exceeding 120% compared to 2019-20 levels; by 121.9% and 132.1% respectively. Elective inpatients and outpatient follow ups were around 118%.
- Diagnostic activity also increased across the board compared to last month. CT, MRI, Ultrasounds and Endoscopies exceeding 2019-20 activity levels; by 134.3%, 158.4%, 130.7% and 121.9% respectively
- 52+ week waiters increased by 159 patients in month, though the longest waiting patients have all decreased. The waiting list has increased by 0.8% for March 2022 which equates to just over 500 patients.

Finance:

- The Trust is reporting a surplus of £8.2m for the year (after adjusting for non-control total items) against a plan to break-even. Before adjusting for non-control total items a deficit of £5.6m is reported, this is largely driven by impairments from the annual valuation of estates (£12.6m).
- Work is still ongoing to finalize the accounts for submission on 26th April, but the reported position is not expected to materially change. This position will then be subject to external audit review.
- Agency pay expenditure for the year was £17.7m and accounted for 3.3% of all pay costs. From July, monthly agency spend increased significantly. This upturn was caused by the absorption of ACE into the Trust. Further increases in agency costs are particularly driven by medical staff agency to cover vacancies, sickness and increased activity, especially in March.
- NHSE/I maintained the Trust's annual agency expenditure ceiling for 2021/22 at £24.5m. For Month 12 agency costs were over the ceiling (£2.4m v £2.0m ceiling), however the full year position was under the NHSE/I limit (£17.7m v £24.5m ceiling).
- Bank spend has also increased in the month because of operational pressures from the surge of Omicron COVID-19 variant, and the instigation of incentive payments (as per regional guidance). As with agency costs, July saw a significant increase in bank expenditure due to the absorption of ACE.
- The capital plan was adjusted to include approved external funding, e.g. for the building for better care programme, the accelerator scheme, and most recently Targeted Investment Funding. Based on this, the capital plan for the year was £66m.
- All divisions, except Medicine Colchester, under delivered their CIP targets for the year.

People & Organisational Development:

- Voluntary turnover (rolling 12 months) increased from 9.0% in February to 9.2% in March for ESNEFT.
- Mandatory training compliance rate decreased to 86.3%, from 87.1% in February.
- Appraisal compliance rate decreased to 84.8%, from 85.4% in February.
- Sickness in March increased to 7.0%, from 5.9% in February.
- Well being support is being provided to staff through MHFAs, Employee Assistance Programme, Psychology appointments and occupational health appointments.
- The staff helpdesk continue to manage a high number of sickness absence calls, whilst also expanding the service and support offered across a number of employment related queries.

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