

Board of Directors

Thursday, 8 July 2021

Report Title:	Performance Report Month 1 (May) 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
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Executive summary

The report for month 2 (May) 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.

Please note that because of the exceptional circumstances of the COVID-19 pandemic, some aspects of the Trust's 'normal' working have been dramatically impacted. In a number of areas, both national and internal reporting has been suspended or amended. Where reporting does continue, performance may vary appreciably from previous months. Coupled with the need to minimise the administrative burden on operational staff that contribute to this report, there are consequently sections where the usual content is abridged or no longer included.

Following their suspension (since November 20) due to the pandemic, Divisional accountability meetings have been reinstated for 21/22 with the first set of meetings held on Tuesday 1st / 8th June reviewing April 21 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:

- HSMR – Latest incomplete data available for discharges during February 2021 showed an in-month HSMR of 129.1 for the Trust. This data excludes COVID-19 on admission. The 12-month rolling HSMR figure for ESNEFT was 109.6. This data also excludes COVID-19 on admission. In the region of 12 non-specialist trusts, ESNEFT is 1 of 8 Trusts with a 'higher than expected' HSMR – 2 are 'as expected' and 2 are 'lower than expected'. Approximately ↓ 980 spells, including 4 deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload.
- By site, Colchester reported an in-month HSMR of 156.8 (note that the previously published HSMR for January of 189 resolved to 140 once coding was processed), with a 12-month rolling figure of 116.3. Ipswich data showed an in-month HSMR of 109.9, with a 12-month rolling figure of 106.4.
- Dr Foster patient safety indicator alerts included two occurrences of 'Deaths in Low Risk Groups'; one for viral infection; this is as a result of the virus code used for COVID-19, and one for Rehabilitation Care.
- The SHMI for the 12 months to December 2020 was 1.0662 which is as expected when compared to 1.0582 for the 12 months to November 2020 (last update). The Colchester site reported 1.1116, as expected when compared to last month at 1.1121. The Ipswich acute site reported 1.0215, as expected when compared to last month at 1.0047.

- Serious harm falls – There were 1 fall resulting in serious harm in May, on the Ipswich site: a moderate harm – petechial haemorrhage.
- There were 25 reportable pressure ulcers in May in relation to ESNEFT hospital beds. Ipswich reported 16 cases including 12 grade 2, 1 grade 3 and 3 unstageable ulcers. Community hospitals recorded 4 Grade 2 ulcers. Colchester recorded 3 grade 2, and 2 unstageable ulcers.
- There were 54.84 (59.12) incidents reported per 1,000 bed days. The most reported category in the month of May was Medication Incidents; the second highest reported category was patient injuries and the 3rd highest reported category was pressure ulcer/skin damage (ESNEFT acquired).
- Complaints – there were 98 complaints in May, an increase compared to the 93 reported in April.
- Infection control – There were no hospital apportioned MRSA Bacteraemias identified in blood cultures during the month of May.
- There were 3 cases of C.diff reported at Colchester Hospital (3 HOHA, 0 COHA) and 1 at Ipswich Hospital (0 HOHA, 1 COHA). C.diff objectives are being developed for 2021/22; they will be based on Q1-3 figures from 2020/21.

Operational:

- A&E 4 hour standard performance for the economy in May was 93%, below the national standard of 95%. The Colchester site delivered 93.1% whilst Ipswich achieved 92.8%.
- May'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 77.3% (unvalidated) for May.
- Overall activity is ahead of the Elective Recovery Fund target, and the number of elective, daycase and outpatient first appointment patients increased in month by 18%, 5% and 1% respectively. However, outpatient F/U activity decreased in month by 2%.
- Overall diagnostic activity was also above target but CT, MRI and US activity has decreased in month, by 2%, 1% and 5% respectively. Endoscopy activity increased by 4%.
- In terms of recovery of the RTT position, the waiting list decreased in month, down by 1,584 pathways (3%). The number of 52+ week waiters decreased by over a quarter (26%) in one month, although the number of 78+ week waiters increased.

Finance:

- In May the Trust reported an actual surplus of £0.5m (after adjusting for non control total items). For the year to date there is favourable variance of £0.2m against control total.
- Finance and contracting arrangements have been confirmed for H1 2021/22. System funded envelopes are to continue in H1 21/22 based on H2 20/21 envelopes, adjusted for pressures and policy priorities. Block payment arrangements are also to continue. Additional fixed income support has been made available for NHS Providers to recognise the impact of COVID-19 on services not funded through NHS income streams (such as car parking). There will be a significant efficiency requirement for the second part of the year. It is understood that planning guidance for H2 will not be available in a timely manner.
- NHSI/E have maintained the Trust's annual agency expenditure ceiling for 2022/22 at £24.5m. For Month 2 agency costs were under the ceiling (£1.0m v £2.0m ceiling). In May bank spend was £3.2m compared to £4.8m in March.
- At the end of May there was an underspend of £1.2m, of which £0.6m was in month 2.
- Overall the CIP programme is £1.6m behind target as at the end of May. This is based on an even profiling of the £24m overall target.

People & Organisational Development:

- Voluntary turnover (rolling 12 months) increased from 6.7% in April to 6.9% in May for ESNEFT.
- Mandatory training compliance in May increased to 85.7%, from 84.4% in April.
- Appraisal compliance decreased marginally to 85.5% in May (April 85.6%).
- Overall nursing fill rates were 91.4% in May, a decrease compared to the previous month (91.4%).

Action Required of the Board/Committee		
<ul style="list-style-type: none"> 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 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&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>
Equality and Diversity		None apparent