

Board of Directors

Thursday, 01 August 2019

Report Title:	Performance Report Month 3 (June) 2019/20
Executive/NED Lead:	Dawn Scrafield, Director of Finance
Report author(s):	Financial Planning Accountant with relevant Executive Directors
Previously considered by:	Monthly Report to Board of Directors

Approval

Discussion

Information

Assurance

Executive summary

The report for month 3 (June) outlines the performance of the Trust. It includes the Trust's key performance indicators, and in the main provides analysis at an overall organisational level, though for some areas there is discussion of performance by site (notably mortality and A&E access). Actions being taken to address performance issues are considered and agreed through the Trust's Assurance Committees (Quality & Patient Safety; Finance; People & Organisational Development). Key issues for the Board of Directors are commented upon in the escalation reports included in the report.

Reporting, is overwhelmingly now at 'ESNEFT' level and there is no deficit relative to the richness of information enjoyed by the legacy organisations.

The Trust is working to address some of the issues faced around quality, safety, performance and finance; but it is recognised that some performance metrics still need to improve.

The report includes sections measuring performance against NHS Improvement's single oversight framework (SOF), as well as outlining work that is now progressing in relation to the accountability framework and the overarching strategy for the Trust. However, it should be noted that there are still some areas where reporting challenges are being encountered.

Any indicators not available when collating this report will be advised to the Board as necessary. Progress in a number of areas is covered in the attached report. Key points to note include:

Quality & Patient Safety:

- HSMR - Latest data available for discharges during March 2019 showed an in-month HSMR of 109.1 for the Trust (February 111.3). The 12-month rolling HSMR figure for ESNEFT was 107.3 as at March 2019 (February 107.8). A number of ESNEFT records (approximately 1,525) missed the Dr. Foster deadline, which means that these figures are to be used with caution. ESNEFT is one of 5 Trusts in the region of 15 non-specialist Trusts with a higher than expected HSMR.
- By site, Colchester reported an in-month HSMR of 141.2, with a 12 month rolling figure of 114.3. Ipswich data showed an in-month HSMR of 86.6, with a 12 month rolling figure of 103.1. A level of missing coded activity persists (9%), and this is impacting on mortality reporting. This often reduces the previous month's score following the upload of late data.
- The SHMI for the 12 months to January 2019 was 1.141, compared to 1.136 for the 12 months to January 2019. This metric is only available at Trust level.
- Serious harm falls – There were 5 falls with serious harm in June across ESNEFT.
- There were 18 developed grade 2–4 pressure ulcers reported in June in relation to ESNEFT hospital beds (2 Colchester, 16 Ipswich & 0 Community). 25 were recorded in the previous month.
- There were 7 incidents considered to meet the criteria of being a serious incident and reported to commissioners in June. This compared to 16 in May.
- Complaints – there were 71 complaints in June, a decrease on the 88 recorded for May.
- Infection control – no MRSA bacteraemia cases were reported on either site in June. There were 8 C difficile cases in June – 5 at Colchester and 3 at Ipswich. ESNEFT overall is under trajectory for avoidable cases (no more than 107 cases for the financial year).
- Caesarean section rates (May data) – these were 31.05% for Colchester and 30.0% for Ipswich in May. These indicate an increase compared to April's data. These scores mean that the ESNEFT

rate has increased to 30.24% in May, which is above the NMPA target of 24.5%.

Operational:

- A&E 4 hour standard performance for the economy in June was 92.59%, below the national standard of 95%. Colchester site delivered 95.22% whilst Ipswich achieved 87.33%.
- June's current RTT position is 85.5%. This is below the set trajectory of 89.0% and has deteriorated relative to May (87.1%).
- 62-day cancer waits for 1st treatment remain below the national target of 85%. Performance was 70.59% for June, which was 14.9% below the trajectory of 85.5%.

Finance:

- In June, the Trust reported a deficit of £13.1m; this was adverse to plan by £9.6m.
- The year to date deficit stands at £13.2m; which is adverse to plan by £10.5m and adverse to budget by £13.2m.
- ESNEFT's financial target (control total) for 2019/20 is a deficit of £8.615m. If the Trust achieves its control total, it is eligible for £11.4m of Provider Sustainability Funding (PSF) and £14.8m of Financial Recovery Fund (FRF). These funds are already assumed in the Trust's I & E plan.
- The June actual position includes the loss of £3.9m of PSF/FRF as the Trust's Q1 financial plan was not met.
- The Trust's Use of Resources rating is assessed as 3 ('requires improvement').
- There was an under-delivery of £1.2m against the CIP plan of £2.4m for June. The year to date under-delivery stands at £4.5m. The plan for the full 2019/20 financial year is a CIP delivery requirement of £31.9m, against which a pipeline value of £20.5m had been identified as at the middle of July.
- The Trust was below the agency ceiling for June (£1.7m v £2.0m) and is under the year to date ceiling (£4.9m v £5.9m).

People & Organisational Development:

- Voluntary turnover (rolling 12 months) rose to 9.1% (from 9.0%) in June for ESNEFT.
- Mandatory training compliance improved to 89.2% in June (May 87%).
- Appraisals compliance improved to 79.2% in June (May 78.9%).
- Overall, nursing fill rates were 89.6% in June, slightly lower than in the previous month (89.9%).

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"/>
SO5	Drive technology enabled care	<input checked="" type="checkbox"/>

Risk Implications for the Trust (including any clinical and financial consequences)

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	ESNEFT was tasked by NHS Improvement with delivering a control total of £39.793m deficit, £8.615m deficit after the receipt of PSF, FRF and MRET funding.
Equality and Diversity	None apparent