

Board of Directors

Thursday, 07 November 2019

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| Report Title: | Performance Report Month 6 (September) 2019/20 |
| Executive/NED Lead: | 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 6 (September) 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 May 2019 showed an in-month HSMR of 110.1 for the Trust (April 95.5). There has not been an update to these scores this month due to a nationwide data issue with Dr Foster. The 12-month rolling HSMR figure for ESNEFT was 103.4 at the end of May 2019 (previously reported March final 105.2). ESNEFT is one of 5 Trusts in the region of 15 non-specialist Trusts with an 'as expected' HSMR. However, approximately 2,600 spells missed the first data deadline for May reporting.
- By site, Colchester reported an in-month HSMR of 139.0, with a 12 month rolling figure of 110.2. Ipswich data showed an in-month HSMR of 86.9, with a 12 month rolling figure of 99.3. 12 month rolling data is on a downward trend and a Medicode/Lorenzo patch will be installed towards the end of October to help reduce late coding submissions.
- The SHMI for the 12 months to May 2019 was 1.1098, compared to 1.1167 for the 12 months to March 2019 (last update). This metric is only available at Trust level.
- Serious harm falls – There were 4 falls with serious harm in September across ESNEFT.
- There were 20 developed grade 2–4 pressure ulcers reported in September in relation to ESNEFT hospital beds (3 Colchester, 14 Ipswich & 3 Community). 25 were recorded in the previous month.
- There were 12 incidents considered to meet the criteria of being a serious incident and reported to commissioners in September. 12 serious incidents were reported in August.
- Complaints – there were 127 complaints in September, an increase on the 104 recorded in August.
- Infection control – one MRSA bacteraemia case was reported at Ipswich in September. This is currently under investigation.

- There were 5 C difficile cases in September – 3 at Colchester and 2 at Ipswich. ESNEFT overall is under trajectory for avoidable cases (no more than 107 cases for the financial year).
- Caesarean section rates – these were 25.09% for Colchester and 28.52% for Ipswich in August. These indicate a reduction compared to July's data for Colchester and a small increase for Ipswich. These scores mean that the ESNEFT rate has decreased to 26.88% in August (July 29.71%), which is above the NMPA target of 24.5%.

Operational:

- A&E 4 hour standard performance for the economy in September was 87.92%, below the national standard of 95%. Colchester site delivered 90.16% whilst Ipswich achieved 83.72%.
- September's current RTT position is 82.2%. This is below the set trajectory of 86.8% and has deteriorated relative to August (83.4%).
- 62-day cancer waits for first treatment remain below the national target of 85%. Performance was 73.7% for September, which was 0.3% below the new trajectory of 74%.

Finance:

- 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 year to date position for the Trust is £4.5m behind plan, excluding lost PSF/FRF.
- An updated year-end forecast indicates an adverse variance to control total (before the loss of PSF/FRF) of £9.4m. The Trust is in discussion with the CCG regarding mitigations to this financial variance.
- The Trust's Use of Resources rating is assessed as 3 ('requires improvement').
- There was an under-delivery of £1m against the CIP plan of £2.6m for September. The year to date under-delivery stands at £8m. The plan for the full 2019/20 financial year is a CIP delivery requirement of £31.9m, against which a pipeline value of £19.6m of risk rated opportunities had been identified, as at the middle of October. Forecast CIP delivery in 19/20 is £16.9m.
- The Trust was below the agency ceiling for September (£1.7m v £2.0m) and is also under the year to date ceiling (£10.1m v £11.9m).

People & Organisational Development:

- Voluntary turnover (rolling 12 months) dropped to 7.8% (from 8.7%) in September for ESNEFT.
- Mandatory training compliance decreased slightly to 89.2% in September (August 89.3%).
- Appraisal compliance improved to 83.6% in September (August 82.6%).
- Overall nursing fill rates were 89.2% in September, an increase compared to the previous month (87.6%).

Action Required of the Board/Committee

- To note the Trust's performance

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| SO1 | Keep people in control of their health | ☑ |
| SO2 | Lead the integration of care | ☑ |
| SO3 | Develop our centres of excellence | ☑ |
| SO4 | Support and develop our staff | ☑ |
| SO5 | Drive technology enabled care | ☑ |

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| 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 |

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| 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 |