

Public Board of Directors

Thursday, 07 May 2020

Report Title:	Performance Report Month 12 (March) 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 12 (March) 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).

Please note that because of the exceptional circumstances of the COVID-19 pandemic, many 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 (for example, divisional accountability meetings are not being held between March and May). 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, consequently, there are sections where the usual content is abridged or no longer included.

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.

Progress in a number of areas is detailed in the attached report. Key points to note include:

Quality & Patient Safety:

- HSMR - Latest data available for discharges during December 2019 showed an in-month HSMR of 102.6 for the Trust (110.8 when last reported for October). The 12-month rolling HSMR figure for ESNEFT was 105.3 at the end of December 2019 (previously reported October figure was 106.3). ESNEFT is one of 6 Trusts in the region of 15 non-specialist Trusts with a 'higher than expected' HSMR. However, approximately 860 spells missed the first data deadline for October reporting.
- By site, Colchester reported an in-month HSMR of 108.1, with a 12 month rolling figure of 113.3. Ipswich data showed an in-month HSMR of 99.7, with a 12 month rolling figure of 102.6.
- The SHMI for the 12 months to October 2019 was 1.0898, compared to 1.0892 for the 12 months to September 2019 (last update). This metric is only available at Trust level.
- Serious harm falls – There were three falls with serious harm in March across ESNEFT.
- There were 33 developed grade 2–4 pressure ulcers reported in March in relation to ESNEFT hospital beds (6 Colchester, 25 Ipswich & 2 Community). 21 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 March.

- Complaints – there were 92 complaints in March, a decrease from the 96 recorded for February.
- Infection control – Reporting of MRSA is being trialled in a different format. After a short-term increase in new hospital acquired MRSA isolates identified during December 2019 (18 at Ipswich (where 5 are associated with outbreak areas, and 1 at Colchester), the isolate figures have returned to stable levels during the first quarter of this year.
- There 3 cases of C.diff reported at Colchester Hospital (2 HOHA, 1 COHA) and 4 at Ipswich Hospital (3 HOHA, 1 COHA). ESNEFT overall have had 79 hospital apportioned cases recorded at the end of March. The trajectory for avoidable cases is no more than 107 cases for the financial year, this was met with 96 cases overall.
- Caesarean section rates – these were 27.3% for Colchester and 27.3% for Ipswich (February data). These indicate an decrease compared to January's data. These scores mean that the ESNEFT rate of 24.5% is below the national NMPA rate target of 25.5%.

Operational:

- A&E 4 hour standard performance for the economy in March was 88.6%, below the national standard of 95%. The Colchester site delivered 90.44% whilst Ipswich achieved 85.38%.
- March's current RTT position is 75.7%. This is below the set trajectory of 90.4% and has deteriorated relative to January (79.3%).
- 62-day cancer waits for first treatment remain below the national target of 85%. Performance was 80.66% for January, which was 5.44% below the trajectory of 86.1%.

Finance:

- ESNEFT's financial target (control total) for 2019/20 is a deficit of £8.615m. With the inclusion of the notified deficit reduction incentive payment, the draft final annual position is essentially break-even, which is favourable to plan by £8.6m.
- The adjusted financial performance (not including central monies) is a small favourable variance of £0.1m.
- Although this outcome is subject to the finalization of accounts work by finance and review by external audit, it is not expected to materially change as a result of these actions.
- The position assumes the receipt of £40.7m of PSF/FRF/MRET as the Trust's financial plan has been met, and incentive FRF of £8.6m was therefore also notified.
- The Trust's Use of Resources rating is assessed as 3 ('requires improvement').
- There was an under-delivery of £1.3m against the CIP plan of £2.6m for March. The full year delivery was £16.9m a shortfall of £15m.
- The Trust was below the agency ceiling for March (£1.6m v £2.0m) The annual date position was also under the NHSI limit (£19.7m v £24.5m ceiling).

People & Organisational Development:

- Voluntary turnover (rolling 12 months) decreased to 7.1% (from 7.4%) in February for ESNEFT.
- Mandatory training compliance decreased to 90.7% in March (February 91.4).
- Appraisal compliance decreased to 79.6% in March (February 83.5%).
- Overall nursing fill rates were 89.9% in March, a decrease compared to the previous month (92.2%).

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



SO2	Lead the integration of care	☑
SO3	Develop our centres of excellence	☑
SO4	Support and develop our staff	☑
SO4	Drive technology enabled care	☑
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		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