

## Board of Directors

### Thursday, 02 July 2020

<b>Report Title:</b>	Performance Report Month 2 (May) 2020/21
<b>Executive/NED Lead:</b>	Director of Finance
<b>Report author(s):</b>	Financial Planning Officer with relevant Executive Directors
<b>Previously considered by:</b>	Monthly Report to Board of Directors

Approval     
  Discussion     
  Information     
  Assurance

#### Executive summary

The report for month 2 (May) outlines the performance of the Trust. It includes the Trust's key performance indicators, and in 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).

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 July). 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.

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 February 2020 showed an in-month HSMR of 115.4 for the Trust (100 when last reported for January 2020). The 12-month rolling HSMR figure for ESNEFT was 104.2 at the end of February 2020 (previously reported January figure was 104.3). ESNEFT is one of 7 Trusts in the region of 15 non-specialist Trusts with a 'higher than expected' HSMR. It should be noted that approximately 2,000 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 140.6, with a 12 month rolling figure of 108.2. Ipswich data showed an in-month HSMR of 100.5, with a 12 month rolling figure of 104.0.
- The SHMI for the 12 months to December 2019 was 1.0831, compared to 1.097 for the 12 months to November 2019 (last update). This metric is only available at Trust level.
- Serious harm falls – There were 0 falls with serious harm in May at the Ipswich site, 1 serious harm fall was recorded in the community; and 2 were reported at the Colchester site.
- There were 40 developed grade 2 pressure ulcers reported in May in relation to ESNEFT hospital beds (10 Colchester, 24 Ipswich & 6 Community). 16 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 May.

- Complaints – there were 58 complaints in May, an increase from the 39 recorded for April.
- Infection control – There were no MRSA Bacteraemia's identified during the month of May. Isolates (patients colonised) were 1 on the Colchester site and 2 on the Ipswich site.
- There were 3 cases of C.diff reported at Colchester Hospital (3 HOHA, 0 COHA) and 1 at Ipswich Hospital (0 HOHA, 1 COHA). The Trust is currently awaiting publication of the C.difficile infection objectives for 2020/21. With the agreement of the IP&C lead for the CCG C.diff panel reviews are currently suspended, however investigations continue.
- Caesarean section rates – these were 29.06% for Colchester and 30.77% for Ipswich (April data). These scores mean that the ESNEFT rate of 29.77% is above the national NMPA rate target of 25.5%.

**Operational:**

- A&E 4 hour standard performance for the economy in May was 95.32%, above the national standard of 95%. The Colchester site delivered 94.78% whilst Ipswich achieved 96.09%.
- May's current RTT position is 58.8%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85%. Performance was 81.6% for May, which is below the national standard of 85%.

**Finance:**

- In May and before Covid-19 costs, the Trust's income exceeded expenditure by £1.5m bringing the YTD underlying position to £2.6m. Covid-19 related costs of £3.4m (£6.5m cumulatively) were incurred in the month, which took the Trust into deficit. However, as required by national guidance, the Trust has assumed the receipt of £1.9m 'retrospective top-up' to bring the in-month position to break-even.
- The Trust held cash of £114.5m at the end of May. This is particularly high but is driven by national cash management plans which saw Trusts receive 2 months of income in April to ensure liquidity during the Covid-19 response, together with the receipt of 19/20 FRF monies (notably additional incentive monies).
- It is important to note that during the Covid-19 response there are interim financial arrangements which mean that any external reporting of financial performance is limited by the implementation of a plan which doesn't reflect an internal plan or budgeted costs. Rather it is an indicator of how the Trust's costs compare with those incurred on average between November 2019 and January 2020.
- The Trust's Use of Resources rating is assessed as 3 ('requires improvement').
- At the end of May the Trust reported capital spend of £1.3m. Of this £0.8m related to Covid-19. From 19th May there is a new national process whereby, to receive national funding. Any Covid-19 capital costs need to have been agreed prospectively by NHSE/I.

**People & Organisational Development:**

- Voluntary turnover (rolling 12 months) increased to 7.7% (from 7.5%) in May for ESNEFT.
- Mandatory training compliance decreased to 88.0% in May (April 88.3%).
- Appraisal compliance decreased to 69.6% in May (April 73%).
- Overall nursing fill rates were 84.5% in May, an increase compared to the previous month (81.1%).

**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	✓
<b>Risk Implications for the Trust</b> (including any clinical and financial consequences)		Noted within the separate escalation reports
<b>Trust Risk Appetite</b>		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
<b>Legal and regulatory implications</b> (including links to CQC outcomes, Monitor, inspections, audits, etc)		The report includes dashboards of performance against key national targets.
<b>Financial Implications</b>		20/21 planning suspended due to COVID. National expectation is that providers achieve a breakeven position in M1-4, as per guidance from NHSI/E - and the Trust intends to deliver this. Prior to the suspension of planning, the notified Financial Improvement Trajectory (FIT) for ESNEFT in 2020/21 was to achieve a deficit of £34,049. It had also been confirmed that upon delivery of this target, the Trust would receive equivalent FRF funding to support a balanced position.
<b>Equality and Diversity</b>		None apparent