

## Board of Directors

<b>Report Title:</b>	Performance Report Month 6 (September) 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 6 (September) 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).

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; including Friends & Family survey data. 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.

For the first time, performance against the phase 3 activity recovery trajectories set out by Simon Stevens in August is highlighted. For September, the target for organisations was to deliver at least 80% of their 19/20 activity for both overnight electives and for outpatient / daycase procedures. The Trust's performance actually exceeded this.

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 recently reinstated divisional accountability meetings.

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

#### Quality & Patient Safety:

- HSMR – Latest incomplete data available for discharges during June 2020 showed an in-month HSMR of 105.2 for the Trust. This data excludes Covid-19 on admission. The 12-month rolling HSMR figure for ESNEFT was 105.8. This data also excludes Covid-19 on admission. ESNEFT is 1 of 8 trusts in the region of 14 non-specialist trusts with a 'higher than expected' HSMR. Approximately 340 spells, including no deaths, had an unknown/unspecified cause of morbidity at the time of the first data upload. There is one patient safety indicator alerting currently in Dr Foster for 'Deaths in Low Risk Groups'; this is as a result of the virus code used for Covid-19.
- By site, Colchester reported an in-month HSMR of 114.1, with a 12 month rolling figure of 108.8. Ipswich data showed an in-month HSMR of 96.4, with a 12 month rolling figure of 107.2.
- The SHMI for the 12 months to March 2020 was 1.0721, compared to 1.0752 for the 12 months to March 2020 (last update). This metric is only available at Trust level.
- Serious harm falls – There were 4 falls resulting in serious harm in September, 1 in the Community and 3 on the Ipswich site.

- There were 17 developed grade 2 pressure ulcers reported in September in relation to ESNEFT hospital beds (4 Colchester, 2 Community & 11 Ipswich). 17 grade 2 & 1 grade 3 ulcers were recorded in the previous month.
- There were 9 incidents considered to meet the criteria of being a serious incident and reported to commissioners in September.
- Complaints – there were 89 complaints in September, an increase from the 87 recorded for August.
- Infection control – There were no MRSA Bacteraemia's identified during the month of September. Isolates (patients colonised) were 2 on the Colchester site and 1 on the Ipswich site.
- There were 8 cases of C.diff reported at Colchester Hospital (4 HOHA, 4 COHA) and 2 at Ipswich Hospital (1 HOHA, 1 COHA). The Trust is currently awaiting publication of the C.difficile infection objectives for 2020/21.
- Caesarean section rates – Overall rate for ESNEFT decreased from 29.95% to 27.83% in September which is above the national NMPA rate target of 25.5%.

#### **Operational:**

- A&E 4 hour standard performance for the economy in September was 94.54%, below the national standard of 95%. The Colchester site delivered 94.83% whilst Ipswich achieved 94.08%.
- September's current RTT position is 56.35%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain below the national target of 85%. Performance was 76.37% for September, which is below the national standard of 85%.

#### **Finance:**

- In September and before Covid-19 costs the Trust delivered a deficit of £2.6m, contributing to a total YTD deficit before Covid-19 costs of £0.8m. This is higher than August where the deficit before the impact of Covid-19 costs was £1.9m. This is the first month the Trust has shown a pre-Covid-19 cost deficit.
- Covid-19 related costs of £3.6m (£18.2m cumulatively) were incurred in the month which took the Trust into deficit, but as required by national guidance the Trust has assumed the receipt of £6.2m 'retrospective top-up' to bring the in-month position to break-even against control total. Costs chargeable to Covid-19 have increased in the month (£1.9m last month). It should be noted that these costs do not include the costs of recovery actions.
- The Trust held cash of £122m at the end of September. The value is particularly high and 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).
- During the Covid-19 response (April 20 to July 20 originally, as well as August and September following an extension) providers will be funded through a block contract, and national top-up payment with reimbursement for any genuinely additional Covid-19 costs. Block contract, national top-up payment and Covid-19 cost reimbursement during the outbreak will be backed by income from NHSE/I. DHSC revenue support should not be needed during this period but will be available as a safety net, should it be required.
- The Trust's Use of Resources rating is assessed as 3 ('requires improvement').
- Capital Expenditure – At the end of September there was underspend of £1.5m but the Trust is forecasting that capital spend will be on plan by year-end. Capital spend in September was £6.4m. Of this £1.0m related to Covid-19.

#### **People & Organisational Development:**

- Voluntary turnover (rolling 12 months) decreased to 6.8% (from 7.0%) in September for ESNEFT.
- Mandatory training compliance increased to 86.2% in September (August 85.3%).

<ul style="list-style-type: none"> <li>Appraisal compliance increased to 80.6% in September (August 79.1%).</li> <li>Overall nursing fill rates were 88% in September, an increase compared to the previous month (87.3%).</li> </ul>		
<b>Action Required of the Board/Committee</b>		
<ul style="list-style-type: none"> <li>To note the Trust's performance</li> </ul>		
<b>Link to Strategic Objectives (SO)</b>		<b>Please tick</b>
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"/>
<b>Risk Implications for the Trust</b> <i>(including any clinical and financial consequences)</i>		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> <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>		The report includes dashboards of performance against key national targets.
<b>Financial Implications</b>		20/21 planning suspended due to Covid-19. National expectation is that providers achieve a breakeven position in M1-6, 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