

## Board of Directors

Thursday, 30 January 2020

<b>Report Title:</b>	<b>Performance Report Month 9 (December) 2019/20</b>
<b>Executive/NED Lead:</b>	Director of Finance
<b>Report author(s):</b>	Financial Planning Accountant 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 9 (December) 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; and recognises 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.

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 September 2019 showed an in-month HSMR of 104.8 for the Trust (131.2 when last reported for August). The 12-month rolling HSMR figure for ESNEFT was 106.4 at the end of September 2019 (previously reported August figure was 107.6). ESNEFT is one of 6 Trusts in the region of 15 non-specialist Trusts with a 'higher than expected' HSMR. However, approximately 1,130 spells missed the first data deadline for September reporting.
- By site, Colchester reported an in-month HSMR of 120.1, with a 12 month rolling figure of 112.6. Ipswich data showed an in-month HSMR of 98.1, with a 12 month rolling figure of 103.7. Scores for these metrics all decreased at both Trust and site level for September.
- The SHMI for the 12 months to July 2019 was 1.1010, compared to 1.0977 for the 12 months to June 2019 (last update). This metric is only available at Trust level.
- Serious harm falls – There was one fall with serious harm in December across ESNEFT.
- There were 31 developed grade 2–4 pressure ulcers reported in December in relation to

ESNEFT hospital beds (5 Colchester, 25 Ipswich & 1 Community). 16 were recorded in the previous month.

- There were 6 incidents considered to meet the criteria of being a serious incident and reported to commissioners in December. 2 serious incidents were recorded in November.
- Complaints – there were 95 complaints in December, a decrease from the 105 recorded for November.
- Infection control – there were no MRSA bacteraemia cases reported for ESNEFT in December and 19 isolates identified (18 at Ipswich and 1 at Colchester).
  
- There were 4 C difficile cases in December – 1 at Colchester and 3 at Ipswich. ESNEFT overall have had 78 hospital apportioned cases recorded at the end of December. The trajectory for avoidable cases is no more than 107 cases for the financial year (ESNEFT projection 105).
- Caesarean section rates – these were 26.85% for Colchester and 31.50% for Ipswich (November data). These indicate a reduction compared to October's data for both sites. These scores mean that the ESNEFT rate of 28.80% is above the national NMPA rate target of 24.5%.

**Operational:**

- A&E 4 hour standard performance for the economy in December was 84.77%, below the national standard of 95%. The Colchester site delivered 88.14% whilst Ipswich achieved 78.31%.
- December's current RTT position is 79.7%. This is below the set trajectory of 88.8% and has deteriorated relative to November (81.2%).
- 62-day cancer waits for first treatment remain below the national target of 85%. Performance was 68.1% for December, which was 11.5% below the trajectory of 79.6%.

**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 £7.5m 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 £0.9m against the CIP plan of £3.3m for December. The year to date under-delivery stands at £11.3m. The plan for the full 2019/20 financial year is a CIP delivery requirement of £31.9m. Forecast CIP delivery in 19/20 is currently £17.2m.
- The Trust was below the agency ceiling for December (£1.5m v £2.2m) and is also under the year to date ceiling (£15m v £18.1m).

**People & Organisational Development:**

- Voluntary turnover (rolling 12 months) dropped to 7.6% (from 7.8%) in December for ESNEFT.
- Mandatory training compliance increased to 90.8% in December (November 90.3%).
- Appraisal compliance decreased to 82.8% December (November 83.6%).
- Overall nursing fill rates were 91.8% in December, a decrease compared to the previous month (93.8%).

**Action Required of the Board/Committee**

- To note the Trust's performance

<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"/>
SO5	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>	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.
<b>Equality and Diversity</b>	None apparent