

Board of Directors

Thursday, 01 November 2018

Report Title:	Performance Report Month 6 (September) 2018/19
Executive/NED Lead:	Director of Finance
Report author(s):	Head of Financial Strategy and Assurance Reporting 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 (relatively) newly formed 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.

Generally, good progress is being made to ensure that reporting is at 'ESNEFT' level and there is no deficit relative to the richness of information enjoyed by the legacy organisations. Unsurprisingly though, there are some areas where reporting challenges are still being encountered.

The Trust is making progress in addressing some of the issues faced around quality, safety, performance and finance; but it is recognised that a number of 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 and the changes that are now progressing following the establishment of ESNEFT, in relation to the accountability framework and the new Trust's overarching strategy. Both will have a bearing on the future content and focus of the performance report which will need to evolve in parallel with these developments.

Any indicators not available when collating this report will be advised to the Board as necessary. In November 2017 a small number of changes were made to the information and metrics NHSI use to assess providers' performance under each theme, and the indicators that trigger consideration of a potential support need. The updated metrics are to be reviewed and will be incorporated in the Board report at the earliest opportunity

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 June 2018 showed an in-month HSMR of 139.6, with a 12 month rolling figure 115.3 for CHUFT (a deterioration from the previous month), and for IHT an in-month HSMR of 101.2, with a 12 month rolling figure 105.4 (an improvement relative to May). The level of uncoded activity on the Colchester site in particular is impacting on mortality reporting and is a concern.
- The SHMI for the 12 months to March 2018 was 113.76 for CHUFT, and 107.35 for IHT, both within the 'as expected' range for over-dispersion.
- Serious harm falls – There were no serious harm falls at the point of incident in September at either the Colchester or Ipswich site.
- Never events – there were no never events in September.

- There were 17 developed grade 2–4 pressure ulcers reported in September 2018 in relation to ESNEFT inpatient beds (3 Colchester and 14 Ipswich).
- There were 9 incidents (5 Colchester, 4 Ipswich) considered to meet the criteria of being a serious incident and reported to commissioners. This compared to 10 in August (3 Colchester, 7 Ipswich).
- Complaints – there were 96 complaints in September, a slight improvement on the 100 recorded for August.
- Infection control – there have been 0 MRSA bacteraemia cases on either site this financial year. C difficile cases however have shown an increase in numbers particularly at the CGH site with a 7 case increase overall on this time last year with IHT having a 3 case increase on this time last year.

Operational:

- A&E 4 hour standard performance for the economy in September was 96.09% which was above the National Standard of 95%. Colchester site delivered 97.32% whilst Ipswich achieved 93.67%.
- September's current RTT position is 88.34%. This is just below trajectory of 90.73% and has decreased slightly from August 2018.
- 62 day cancer waits for 1st treatment remain below national target of 85%. Performance was 73.7% for September 2018, below the trajectory of 78.9%.

Finance:

- In September the Trust incurred a deficit of £10.3m (YTD deficit of £16.3m); this was adverse to plan by £6.8m. The use of resources rating has deteriorated to the lowest level of 4.
- There was a shortfall in CIP delivery of £0.6m in September (YTD adverse variance of £2.0m). The Trust is currently forecasting to deliver £26.4m CIPs against the Q2-4 ESNEFT target of £32.7m.
- A financial forecast at Q2 indicates a 'base' outturn adverse variance of £14.2m (before PSF). After PSF loss is taken into account this adverse variance increases to £31.3m (PSF for the ESNEFT period is £16.9m).

People & Organisational Development:

- Voluntary turnover (rolling 12 months) of 10.5% for ESNEFT, 10.8% in the previous month.
- Mandatory training compliance reported for the first time. Compliance of 70.6% calculated for September.
- Appraisals compliance was 65.7% in September, a reduction from 66.6% in August.
- Overall nursing fill rates were 90.1% in September, much higher than the previous month.

Action Required of the Board/Assurance Committee

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- To note the Trust's performance

Link to Strategic Objectives (SO)		Please tick
SO1	Improve quality and patient outcomes	<input checked="" type="checkbox"/>
SO2	Provide better value for money	<input checked="" type="checkbox"/>
SO3	Sustain and improve access to services that meet the needs of the population	<input checked="" type="checkbox"/>
SO4	Deliver a sustainable, skilled workforce	<input checked="" type="checkbox"/>

Risk Implications for the Trust (including any clinical and financial consequences)

Noted within the separate escalation reports

Trust Risk Appetite	Quality: The Board has a cautious view of risk when it comes to patient safety, patient experience or clinical outcomes and places the principle of "no harm" at the heart of every decision it takes
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	<p>ESNEFT is tasked by NHS Improvement with delivering a control of £40.4m, £21.6m after the receipt of Provider Sustainability Funding. This includes the Q1 control total that had been set for CHUFT.</p> <p>The ESNEFT target has been derived from the aggregation of the control totals set for the legacy organisations. CHUFT agreed to a control total imposed by NHS Improvement of £25.01m; £12.57m after receipt of Sustainability & Transformation Funding.</p> <p>IHT agreed to a control total imposed by NHS Improvement of £22.831m; £15.33m after receipt of Sustainability & Transformation Funding.</p>
Equality and Diversity	None apparent