

## Board of Directors

Thursday, 02 May 2019

<b>Report Title:</b>	<b>Performance Report Month 12 (March) 2018/19</b>
<b>Executive/NED Lead:</b>	Director of Finance
<b>Report author(s):</b>	Head of Financial Strategy and Assurance Reporting 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 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). 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 continues to be 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 working to address some of the issue faced around quality, safety, performance and finance; but it is recognised 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 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 conjunction 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 discharges during December 2018 showed an in-month

HSMR of 107.9 for the Trust (November 97.7). The 12-month rolling HSMR figure for ESNEFT was 108.1 as at December 2018 (November 109.2). A number of ESNEFT records (approximately 4,130) missed the Dr Foster deadline, which along with issues encountered with Medicode at Ipswich, mean that these figures are to be used with caution.

- By site, Colchester reported an in-month HSMR of 107.4, with a 12 month rolling figure of 112.7. Ipswich data, which is greatly impacted by Medicode issues, showed an in-month HSMR of 112.9, with a 12 month rolling figure of 106.2. A level of missing coded activity persists, and is impacting on mortality reporting. This often reduces the previous month's score following the upload of late data.
- The SHMI for the 12 months to September 2018 was 114.1, compared to 113.29 for the 12 months to June 2018. This metric is now only available at Trust level.
- Serious harm falls – There were 3 serious harm falls at the point of incident in March.
- Never events – there were no one never events reported in March.
- There were 21 developed grade 2–4 pressure ulcers reported in March in relation to ESNEFT hospital beds (4 Colchester, 17 Ipswich). 39 were recorded in the previous month.
- There were 8 incidents (6 Colchester, 2 Ipswich) considered to meet the criteria of being a serious incident and reported to commissioners in March. This compared to 12 in February (6 Colchester, 6 Ipswich).
- Complaints – there were 81 complaints in March, a decrease from the 96 recorded for February.
- Infection control – no MRSA bacteraemia cases were reported on either site in March. There were 5 C difficile cases in March – 3 at Colchester and 2 at Ipswich. A total of 11 cases were deemed as avoidable and applicable against a trajectory of 34 for the financial year.
- Caesarean section rates – these were 21.95% for Colchester and 27.1% for Ipswich (March data). Both represent reductions from February's date (Colchester 30.28% and Ipswich 27.55%), which have helped bring the ESNEFT rate down significantly to 24.5%, below the NMPA target of 25%.

#### **Operational:**

- A&E 4 hour standard performance for the economy in March was 93.50%, below the national standard of 95%. Colchester site delivered 95.39% whilst Ipswich achieved 89.76%.
- March's current RTT position is 87.07%. This is above the trajectory of 86.60% but has deteriorated slightly relative to February.
- 62 day cancer waits for 1st treatment remain below national target of 85%. Performance was 77% for March, which was 1.6% below the trajectory of 78.6%.

#### **Finance:**

- Draft figures indicate the Trust has delivered a favourable variance to plan of £0.4m for 2018/19, with a deficit of £16.6m. This position assumes full receipt of PSF, but is before any bonus or incentive PSF.
- In March, the Trust reported a surplus of £20.3m; this was favourable to plan by £21.1m.
- Because it has passed the agreed 2018/19 financial control total in quarter 4, the Trust has been notified by NHSI that is due further incentive PSF funding of £12.485m.
- The Trust's Use of Resources rating is assessed as 3 ('requires improvement').
- There was an under-delivery of £5.8m against the CIP plan for 2018/19. Of the £26.9m of delivered savings, the non-recurrent element was £13.1m.
- Trust was above the agency ceiling for March (£1.97m v £1.73m), and exceeded the ESNEFT target for July to March (£19.6m v £16.7m).

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

- Voluntary turnover (rolling 12 months) fell to 9.5% for ESNEFT.
- Mandatory training compliance improved to 82.8% in March (February 77.8%).
- Appraisals compliance improved to 71.7% in March. (February 70.8%)
- Overall nursing fill rates were 89.6% in March, slightly higher than in the previous month (89.4%).

<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"/>
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>	<p>ESNEFT was tasked by NHS Improvement with delivering a control of £40.4m, £21.6m after the receipt of Provider Sustainability Funding. This included the Q1 control total that had been set for CHUFT.</p> <p>The ESNEFT target was 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 &amp; Transformation Funding.</p> <p>IHT agreed to a control total imposed by NHS Improvement of £22.831m; £15.33m after receipt of Sustainability &amp; Transformation Funding.</p>
<b>Equality and Diversity</b>	None apparent