

## Board of Directors

### Thursday, 4 February 2020

<b>Report Title:</b>	Performance Report Month 9 (December) 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 9 (December) 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.

Performance against the phase 3 activity recovery trajectories set out by Simon Stevens in August is highlighted. For December, the target for organisations was to deliver at least 90% 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 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 September 2020 showed an in-month HSMR of 110.1 for the Trust. This data excludes Covid-19 on admission. The 12-month rolling HSMR figure for ESNEFT was 104. This data also excludes Covid-19 on admission. In the region of 12 non-specialist trusts, ESNEFT is 1 of 4 Trusts with an 'as expected' HSMR – 5 are 'higher than expected' and 3 are 'lower than expected'. Approximately 2,000 spells, including 2 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 164.9, with a 12-month rolling figure of 110.5. Ipswich data showed an in-month HSMR of 78.7, with a 12-month rolling figure of 100.2.
- Dr Foster patient safety indicator alerts included one occurrence of 'Deaths in Low Risk Groups'; for viral infection; this is as a result of the virus code used for Covid-19. The 2<sup>nd</sup> indicator flagged was for 'Rehabilitation care' – patient details have been sent to the Divisional Director and Deputy AMD.
- The SHMI for the 12 months to July 2020 was 1.067, compared to 1.067 for the 12 months to June 2020 (last update). This metric is only available at Trust level.
- Serious harm falls – There were 12 falls resulting in serious harm in December, 6 on the Ipswich site, 2 in the community and 4 on the Colchester site.

- There were 23 developed grade 2 pressure ulcers reported in December in relation to ESNEFT hospital beds (19 Ipswich, 0 Community & 4 Colchester). 30 grade 2 ulcers were recorded in the previous month.
- The Trust commenced the Patient Safety Incident Response Framework (PSIRF, 2020) on the 2nd November 2020 as early adopters. Therefore the Trust no longer follows the Serious Incident Framework (2015) and does not report Serious Incidents. Instead ESNEFT follows its Patient Safety Incident Response Plan (PSIRP). There were 65.38 (44.37) incidents reported per 1,000 bed days.
- Complaints – there were 114 complaints in December, an increase from the 107 recorded for November.
- Infection control – There were no MRSA Bacteraemias identified during the month of December. Isolates (patients colonised) were 0 on the Colchester site and 0 on the Ipswich site.
- There were 3 cases of C.diff reported at Colchester Hospital (3 HOHA, 0 COHA) and 4 at Ipswich Hospital (3 HOHA, 1 COHA). There are no stipulated C.Diff infection objectives for 2020/21.

**Operational:**

- A&E 4 hour standard performance for the economy in December was 86.11%, below the national standard of 95%. The Colchester site delivered 87.08% whilst Ipswich achieved 84.66%.
- December's current RTT position is 74.05%. This is below the National Standard of 92%.
- 62-day cancer waits for first treatment remain just below the national target of 85% at 80.74% for December.

**Finance:**

- Further to the financial framework change for months 7 to 12, the Trust is now operating within a defined funding envelope rather than a base and additional 'top up' funding for Covid-19 related revenue expenditure (as per months 1 to 6).
- In December the Trust reported an actual surplus (£0.3m after adjusting for non-control total items) which was better than control total by £21k. For the year to date there is a favourable variance of £0.2m against control total.
- The Trust held significant levels of cash at the end of December. 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).
- Detailed planning guidance was due to be published on 25th January. However, it has now been indicated by NHSE&I that it is very unlikely that detailed allocations will be released in January. This information is expect to be deferred until at least March, which will cause a consequence delay in the annual planning process
- The Trust's Use of Resources rating is assessed as 3 ('requires improvement').
- Capital Expenditure – At the end of December there was underspend of £2.5m but the Trust is forecasting that capital spend will be on plan by year-end. Capital spend in November was £2.7m.

**People & Organisational Development:**

- Voluntary turnover (rolling 12 months) decreased in December to 6.7% for ESNEFT.
- Mandatory training compliance increased to 88.5% in December (November 87.9%).
- Appraisal compliance decreased to 85.9% in December (November 86.4%).
- Overall nursing fill rates were 86.3% in December, a decrease compared to the previous month (90%).

**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"/>
SO4	Drive technology enabled care	<input checked="" type="checkbox"/>
<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>		<p>20/21 planning suspended due to Covid-19. National expectation was that providers achieve a breakeven position in M1-6, as per guidance from NHS/E - and the Trust intends to deliver this. This was based on a top-up payment approach. For M7-M12, the expectation is that systems will achieve breakeven but this will be based on a 'system financial envelope' approach. Systems will receive a fixed non-recurrent Covid-19 allocation to cover anticipated additional costs for the remainder of 2020/21 as relevant to their services. There will be no further general retrospective payments for costs incurred from 1st October 2020. The Trust has submitted a plan with a revenue deficit of £1.6m.</p> <p>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.</p>
<b>Equality and Diversity</b>		None apparent