

Board of Directors (in public)

Item 4.1

Subject: Month 9 SOF Performance Report
Date of Meeting: Tuesday 7th February 2023
Presented by: Jonathan Mathews, Chief Operating Officer
Purpose of Report: For Assurance

| BAF Reference | Impact on BAF |
|---------------|--|
| BAF2 | The paper provides assurance that performance against the statutory indicators remain in line with the Trust risk appetite. Risks are highlighted in line with end of year trajectories. |

| Level of assurance | | | | | |
|--------------------|---|--------------------------|---|--------------------------|---|
| ✓ | Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice | <input type="checkbox"/> | Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness | <input type="checkbox"/> | Low assurance Evidence indicates poor effectiveness of controls |

1. Executive Summary











The purpose of this paper is to present an update on the Trust performance for the period ending 30th December 2022 and should be read in conjunction with the performance dashboard that is attached as Appendix 1.













The Trust continues to operate in an environment that is focused on safely restoring high levels of elective activity as an output of the COVID-19 pandemic. There are currently 20 Red indicators on the dashboard reported by exception below. The Trust continues to perform well against our agreed trajectories and is in line with regional and national expectations. However, December has been significantly challenging with increases in non-elective demand, sickness and 3 industrial action dates within the month.





2. Performance

In terms of the Trust's statutory performance the following exceptions should be noted:





Operational Performance

| Indicator Performance | | | | Narrative |
|---|--------|---|---|--|
| RTT 18 weeks in aggregate - Incomplete Pathways | 92.0% |  | 74.41%  | <p>December showed a deterioration in the RTT position due to reduced elective activity, increased urgent pressures, sickness and industrial action.</p> <p>January is expected to be a similar position, given continued strike dates</p> <p>Action: Patients continue to be clinically prioritised with a focus on long waiting patients</p> |
| Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete | 95.0% |  | 78.98%  | <p>As per the 18 week performance, December showed a declined position.</p> <p>Action: Patients clinically prioritised with a focus on long waiting patients.</p> |
| Referral to treatment - Incomplete Pathways 52+ weeks | 48 |  | 56  | <p>December showed the first increase in long waiters in 4 months. The national target is to remove all 78+ week waiters by the end of March.</p> <p>Action: All our long waiters are dated to meet this target; however this will be interdependent on the Urgent Surgery demand and any future industrial action dates Continued weekly review.</p> |
| Overall Size of Waiting List | |  | 4,974  | <p>The overall waiting list size is being monitored based on referral trends.</p> <p>No current areas of concern.</p> |
| Elective Activity Levels | 100.0% |  | 82.46%  | <p>December was the first month that we have seen the Elective target not achieved. The reasons for this are multifactorial with industrial action impacted our ability to continue activity. urgent pressures spiking within December and sickness in and around the holiday season.</p> <p>Action: Although we are forecast a return to compliance in January, this will be interdependent of industrial action. This will be monitored through weekly performance with actions provided back to Board.</p> |



| Indicator Performance | | | | | Narrative |
|--|-------|---|--------|--|---|
| Cancelled Operations for non-clinical reasons | 2.0% |  | 3.3% |  | <p>December saw an decline from the November position with an increased number of cancelled operations (mainly within the Surgery Division).</p> <p>Action: Actions have been taken within the Division to look at improvements, with a focused attention in Q4.</p> |
| Patients not booked in within 28 days (non clinical cancellations) | 0 |  | 1 |  | <p>1 Patient has been reported as 28 day cancellations within December.</p> <p>This is expected to increase in January with a number of patients being unable to be dated due to industrial action, urgent demand and the annual leave period.</p> <p>Action: Plans to redate all patients and review capacity based on next industrial action dates</p> |
| Maximum 6-week wait for diagnostic procedures | 99.0% |  | 98.94% |  | <p>We missed the DMO1 target this month by 0.06%. 2 sleep breaches were identified late in the month and the denominator of activity was unable to support this.</p> <p>Action: No concerns expected for January, however a review is being undertaken to support denominator forecasting.</p> |
| Bed Occupancy | 80.0% |  | 71.17% |  | <p>Decreased occupancy in January based on reduced activity and annual leave period.</p> <p>Action: Service actions in place to increase bed occupancy in line with Elective activity and non elective support working with C&M partners.</p> |
| All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer | 85.0% |  | 73.3% |  | <p>A non compliant position has been reported for November.</p> <p>Action: Priority attention continues on the Faster Diagnosis performance.</p> <p>Cancer Board set up for January</p> |
| Cancer: 62 day Consultant Upgrade | 85.0% |  | 84.6% |  | <p>A non compliant position has been reported for November.</p> <p>Action: Cancer action plan being tracked through weekly performance and Integrated Performance Committee</p> |











| Indicator Performance | Narrative |
|---|---|
| <p>Cancer Patients meeting the Faster Diagnosis Target (FDT) 75.0%  44.4% </p> | <p>EBUS and CT guided biopsy capacity increased in Q3 through additional sessions. Small improvements seen in month, with trajectories for compliance expected in December.</p> <p>This will now been delayed due to impact of industrial action and cancer backlogs.</p> <p>Action: Cancer actions being reviewed through weekly performance.</p> |
| <p>Venous thromboembolism (VTE) risk assessment 95.0%  94.24% </p> | <p>No current concerns, ongoing monitoring</p> |

Quality of Care

| Indicator Performance | Narrative |
|--|--|
| <p>Hospital Standardised Mortality Ratio (HSMR) - all diagnoses 101  107 </p> | <p>Although higher than target, no concerns noted. ongoing monitoring.</p> |
| <p>Delayed Transfers of care 5.0%  5.94% </p> | <p>System pressure has significantly impacted our ability to transfer patients out of the Hospital.</p> <p>Action: Reviews are undertaken weekly and escalations managed by our discharge team.</p> |

Organisational Health

| Indicator Performance | Narrative |
|---|---|
| <p>Staff Sickness (All Staff) 3.4%  7.09% </p> | <p>Sickness has increased again this month to 6.36%</p> <p>Action: Stress and anxiety remains the highest absence reason and work is continuing and the HR team are working with managers to reduce long</p> |

| Indicator Performance | | | Narrative |
|---|---|--|---|
| | | | term absence. |
| Staff Turnover | 10.0%  12.51%  | | Non compliant in month Action: Turnover remains an area of focus and the retention action plan has been further developed following the recent retention summit. The HR team are focusing on the hot spot areas and are planning retention listening events to ask what would make staff want to stay. |
| Mandatory Training Compliance | 95.0%  94.5%  | | Mandatory training compliance has improved over the last 3 months. We will continue to drive mandatory training compliance through bronze and gold command. |
| Recurrent CIP identified | 100.0%  94.13%  | | KLOE being pursued by Divisions; non-recurrent savings provide mitigation |
| NHS Staff Survey - Staff recommendation of the organisation as a place to work | 76.0%  74.0%  | | The action plans for the 2021 survey are still being managed through the divisions which we hope will have a positive impact on the results for this year's survey. For the 2022 staff, we expect the results by March 2023 so the data currently shown is in reference to the 2021 staff survey and won't be updated until Mar 2023. |
| NHS Staff Survey - Staff recommendation of the organisation as a place of treatment | 96.0%  91.6%  | | The staff survey action plans are focused on making improvements for staff to feel confident in recommending the Trust as a place of treatment for their friends and family. This figure relates to the 2021 survey and will be updated in March 23 once the 2022 survey results are published. |

3. Financial Position

The financial performance for the period ending 31st December 2022 is a £2,424k surplus against a £1,745k surplus plan, therefore £679k better than plan. The forecast for the year-end is a surplus of £3,126k which is £800k better than plan as result of higher interest receivable on cash balances due to Bank of England rate increases.

Income is better than plan as whilst the majority of patient related income remains on block contracts, the Trust has seen over-performance on Isle of Man and national screening programmes. Elective Recovery Funding (ERF) which is variable in nature has been assumed in line with plan reflecting the agreed ICB in-year approach to not transact variation. In addition,

Wales has agreed the 2021/22 final ERF payment which has been recognised in year and leads to a non-recurrent gain and discussions are underway to recognise 2022/23 ERF Wales performance. Recovery of private patient income is a workstream that is being progressed operationally and improvement has been seen in recent months although the year to date position remains below plan.

Expenditure is worse than plan. There are some pressures in medical and nursing pay related to covering vacancies offset by underspends in other staff groups. Non-pay pressures include unidentified CIP, energy and drugs and consumables pressures, partially offset by underspends in capital charges and better than anticipated interest income.

CIP targets have been allocated to Divisions and Departments and work has progressed in identifying schemes with 93% identified for recurrent delivery. In year slippage is reducing and transaction of schemes is progressing.

Capital expenditure was £8,141k year to date related to the ongoing progress on the catheter labs refurbishment, new mobile scanners and the agreed backlog maintenance schemes.

The Trust retains a strong cash balance.

4. Industrial action

3 Days of industrial action took place within December (2 Days RCN, 1 Day Unison), with 2 further dates currently planned for Jan (1 Unison, 1 Physio CSP). LHCH worked with partners to ensure appropriate plans were enacted to deal with any service disruptions that arose before, during and after strike days.

For the dates in December, the majority of inpatient services were stood down and not booked in line with the life preserving model proposed by strike committees. No elective derogations were supported, and level of urgent referrals were significantly higher than usual and as such, elective surgery was cancelled early until the New Year. Diagnostic activity remained in place for two days, however physiology (pulmonary function and echo) was reduced on Unison strike days.

Approximately 499 Staff enacted their right to strike across the days with highest percentage on Unison days at 21% of staff.

The Divisions have looked at actions to mitigate performance, however our long waiters and cancer trajectories remain a risk for Q4 given impending future industrial action dates. Strategic command and control structures will continue to plan any future dates, but the impact will mean delays in patient care, extension of performance trajectories and a decrease in financial performance.

5. Conclusion

Non-Elective pathways continue to be a priority for the start of Q4 with significant pressure in the C&M system over the Winter months. Cancer and RTT performance remains a risk with action plans in place with the clinical and operational teams. However, Industrial action is the single biggest risk to Q4 performance with Decembers significantly impacted. Recovery plans and actions will continue to be reviewed through weekly performance, with extended trajectories fed through to Integrated Performance Committee and Operational Board.

5. Recommendation

The Board is asked to NOTE the content of the paper and associated actions detailed within it.