

Board of Directors (in Public)

Item 4.1

Subject: Month 12 SOF Performance Report
Date of Meeting: Tuesday 26th April 2022
Prepared by: Executive Directors
Presented by: Jonathan Mathews, Chief Operating Officer
Purpose of Report: For information

BAF Reference	Impact on BAF
BAF2	The paper provides assurance that performance against the statutory indicators remain in line with the risk appetite. However, variance against trajectories has been noted due to additional sickness impact.

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 31st March 2022 and should be read in conjunction with the performance dashboard that is attached as Appendix 1.

The Trust is operating in an environment that is focused on safely restoring high levels of elective activity as an output of the COVID-19 pandemic. In terms of the Trust's statutory performance the following exceptions should be noted:

Operational performance:

- Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during COVID. Performance in month stands at 84.2% for English commissioned activity and 81.8% for Welsh commissioners. This performance is below the Trust recovery trajectories, however, has showed continued improvement during the financial year position.
- There were 54 patients waiting longer than 52 weeks at the end of March, an increased

position compared to the previous month. Staff sickness, urgent demand and later referrals have impacted on performance against the recovery trajectory for Q3/Q4.

- Cancelled Operation for non clinical reasons has been a continued issue for 21/22. Year end average was 3.29% with the March position at 4.8%. All cancellations are reviewed and there were no patients booked outside of 28 days within March.
- The 6 week diagnostic position remained a fail for March dropping to 93.5% with staffing across the radiographer team continuing to be a pressure point for the Trust. The position is not expected to recover in April, however actions and mitigations are being reviewed for improvements in Q1.
- Bed Occupancy in March was also below the target at 78.8%, with the average across the year at 79.4%; just below the 80% target. Our Bed Occupancy has fluctuated based on the number of dropped sessions due to sickness.

Workforce:

- Sickness increased to 7.2% in March continuing to remain above the 3.4% target. The teams are focused on clear and early intervention to avoid long term sickness where appropriate. However COVID sickness has played a significant role in the deterioration of the position.
- Staff turnover continues above 10% and a Trust wide retention action plan has been developed to improve retention rates.
- Mandatory training compliance has dropped below the 95% since September 21, conscious efforts have been made in the Divisions to revisit compliance. The March position ending on 94.5%.
- The 2021 NHS Staff Survey results were released on 31st March 22. The 2021 survey has been redeveloped in line with the People Promise and we are unable to directly compare this year's results to 2020 results. Whilst 2 of the survey indicators have slightly declined in 2021 compared to 2020, LHCH overall has had a positive outcome in the 2021 results and have ranked #1 in the country for 'care is our top priority' & 'staff engagement'. The HR team will be working with the Divisions over the next few weeks to deep dive into the hotspot areas to understand the reasons behind any areas of concern or where results have declined and develop action plans to address

Quality:

- 1 patients did not receive a dementia assessment on admission in month, this patient has been reviewed and picked up with the clinical areas. However on looking at the patient detail there was no evidence of confusion, the patient was self caring and discharged on 18th March. Following this a post discharge phone call has been made to the patient and she is well and self-caring at home.
- In Hospital Mortality has remained above the target for Nov-Feb. Reasons and mitigations are discussed within the Mortality Improvement meetings.
- 2 Serious Incidents were reported for March and full investigations and reviews are underway.

Safely restoring maximum levels of elective activity amongst COVID system support remains the focus for the operational teams, delivering against the ambitious recovery trajectories which the Operational Board are updated monthly.

2. Financial Position

The Trust reported a surplus of £26k for the year ending 31st March 2022. This is broadly in line with the break-even plan agreed and all income from the Integrated Care System (ICS) has been confirmed and supports the target position.

Non-NHS income was favourable in month as a result of higher than expected Isle of Man and Private patient activity.

Expenditure in the month of March was in line with expectations with no significant variances to note.

The Trust delivered 70% of it's Cost Improvement Plan with slippage from earlier periods covered by non-recurrent mitigations.

Capital expenditure of £11.5m was achieved in line with the full year system allocation. In addition, supplementary PDC for specific projects was fully utilised.

The Trust retains a strong cash position.

3. Conclusion

The Trust continued to have staffing challenges within Q4 but have been able to deliver improved performance in several indicators in ending this financial year. The Trust continues to experience issues with staffing across Cath Labs, Theatres and Radiology but these are being mitigated as far as possible. The clinical and operational teams are well sighted on the required performance and targets for 22/23 which will be managed through divisional governance structures and Operational Board.

4. Recommendation

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