

Board of Directors (in Public)

Item 4.1

Subject: Month 5 SOF Performance Report
Date of Meeting: Tuesday 27th September 2022
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.

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

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% ● 77.03% Aug 	Referral to treatment (RTT) waiting times remain below target as expected due to the significant backlog accumulated during COVID. ACTIONS: Patients continue to be clinically

Indicator Performance					Narrative
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	95.0%		81.07%	Aug	prioritised with focused attention on long waiting specialties. Continued work with the service teams to look at validating the patient waiting lists.
Referral to treatment - Incomplete Pathways 52+ weeks	48		65	Aug	Most of these patients are within the Surgery Division with a long waiter action plan is in place specifically for mini mitral and ACHD surgery. ACTIONS: Capacity is continually being reviewed, however urgent patients (non elective & priority 2 patients), sickness and late referrals continue to provide ongoing risks to our internal trajectories.
Overall Size of Waiting List			4,836	Aug	Although over forecast, there are currently no concerns. ACTIONS: The overall waiting list size continues to be reviewed and is being managed through weekly performance.
Maximum 6-week wait for diagnostic procedures	99.0%		98.87%	Aug	The DMO1 performance for August was unfortunately a fail in month due to 5 unforeseen sleep breaches. This was due to an issue with the reporting data and is being reviewed for September. ACTIONS: RCA on BI reporting for Diagnostic breaches
Bed Occupancy	80.0%		75.81%	Aug	Bed occupancy has dipped over July and August as expected based on the summer activity levels, no concerning trends are noted and increased activity levels/bed occupancy are expected in September/October. ACTIONS: Ongoing monitoring
All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	85.0%		73.7%	Aug	Three Cancer targets remain an active concern for performance: Faster Diagnosis at 31.3%, the 62-day position at 73.7% and the 62-day consultant upgrade position at 62.2%. An action plan for Cancer performance has been jointly developed by the Divisions, however capacity constraints for diagnostics (EBUS & CT guided biopsy) remain a continued risk. ACTIONS: EBUS and CT guided biopsy capacity increased in Q2 through additional sessions.
Cancer: 62 day Consultant Upgrade	85.0%		62.2%	Aug	
Cancer Patients meeting the Faster Diagnosis Target (FDT)	75.0%		31.3%	Aug	

Indicator Performance	Narrative
	Review of referral numbers and demand being monitored











Quality of Care

Indicator Performance	Narrative
Hospital Standardised Mortality Ratio (HSMR) - basket diagnoses 101 287 May	The monthly data has gone up but due to low denominator and some coding issues. ACTIONS:
Hospital Standardised Mortality Ratio (HSMR) - all diagnoses 101 142 May	The data is planned to be moved to a rolling 12 month data set to remove statistical anomalies.
Delayed Transfers of care 5.0% 5.32% Aug	Numbers are high currently (12) with the majority of patients waiting for other district general hospitals. The Trust has 4 patients requiring care in the community which cannot be provided currently. This is particularly in relation to Intravenous care across several areas and district nursing support. ACTIONS: This has been escalated and will be discussed at the forthcoming commissioning meeting on 20th September 2022.

In addition, one C Diff infection was observed in month for August. It's the first C.Diff of the year and no specific issues on investigation. Mini-RCA fed back to ward manager and consultant.

Organisational Health

Indicator Performance	Narrative
Staff Sickness (All Staff) 3.4% 5.31% Aug	Sickness has remained above target. This position has improved from July however COVID absence continues to fluctuate month on month, so it is difficult to focus on bringing absence below the target. Long term sickness currently accounts for 3.16% of the overall 5.31% absence figure. ACTIONS: HR team are supporting managers to develop action plans to reduce long term absence.
Staff Turnover 10.0% 11.98% Aug	Staff turnover remains above the target. ACTIONS:

Indicator Performance					Narrative
					The retention action plan continues to look at ways we can reduce turnover and understand the reasons for leaving.
Mandatory Training Compliance	95.0%		94.19%	Aug 	Mandatory training compliance is currently slightly less than the target but work continues to urge staff to monitor their compliance and complete any outstanding training.
Appraisals Compliance	90.0%		74.33%	Aug 	Appraisal compliance is expected to rise next month as we move towards the appraisal window closure at the end of September.
Recurrent CIP identified	100.0%		90.79%	Aug 	CIP targets have been allocated to Divisions and Departments and work is progressing in identifying and progressing schemes with good progress noted in recent months. ACTION: Identification trajectory set and being met with 100% due by December. Scrutiny by COO/CFO of progress and review of Key Lines of Enquiry.
NHS Staff Survey - Staff recommendation of the organisation as a place to work	76.0%		74.0%	Aug 	Staff survey figures were shared with the Board April and the divisions have developed their own specific action plans for 2021. 'You said, we did' comms has been developed and circulated throughout August and September as we move towards the launch of the 2022 staff survey in October.
NHS Staff Survey - Staff recommendation of the organisation as a place of treatment	96.0%		91.6%	Aug 	

3. Financial Position

The financial performance for the period ending 31st August 2022 is a £1,002k surplus against a £969k surplus plan, therefore £33k better than plan.

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 whilst we await the national baseline analysis to support reconciliation. Recovery of private patient income is a workstream that is being progressed operationally and there is an improved position in month.

Expenditure is broadly in line with 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 offset by underspends in clinical supplies and capital charges.

CIP targets have been allocated to Divisions and Departments and work is progressing in identifying and progressing schemes with good progress noted in recent months.

Capital expenditure was £2,603k year to date related to the ongoing progress on the catheter

labs refurbishment and the agreed backlog maintenance schemes.

The Trust retains a strong cash balance.

4. Conclusion

The Trust has continued to have staffing challenges in Q2 but have been able to deliver improved performance in several indicators. The Trust continues to monitor issues with COVID sickness as well as staffing pressures across Anesthetics and Radiology. However, these are being mitigated as far as possible. Cancer and RTT remain a continued area of concern however action plans are in place with the clinical and operational teams well sighted on the required performance and targets for 22/23 which will be managed through divisional governance structures and Operational Board.

5. Recommendation

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