

Board of Directors Item 4.1

Subject: Month 7 SOF Performance Report
Date of Meeting: Monday 28th November 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 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 October 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. Of note there is 19 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.

2. Indicator Overview

The Board will monitor performance monthly and indicators reported as 'red' will be flagged for exception reporting.









For the 2022/23 financial year the monthly reporting was changed to utilise run charts, as opposed to a written report, to ensure that the Board were sighted on trends associated with KPIs rather than an in month position. The below key summarises the dashboard trends:









Indicator	Description	Action
	No significant change	Monitored but not reported as an exception
	Cause of concern	Any risks and actions highlighted to board and updated on the risk register.
	Improving trend	Monitored but not reported as an exception

3. 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%		78.91%	
<p>A slightly improved position from last month, with continued work ongoing with the service teams to look at validating the patient waiting lists.</p> <p>ACTION: New SOP drafted to support non admitted validation.</p> <p>Patients clinically prioritised with a focus on long waiting patients.</p>				
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	95.0%		77.96%	
<p>Patients clinically prioritised with a focus on long waiting patients. Increased number of patients have tipped over the 26 week threshold this month.</p> <p>ACTION: Updated RTT trajectories expected from the Divisions within November to understand the end of year position.</p>				
Referral to treatment - Incomplete Pathways 52+ weeks	48		56	
<p>A trajectory and action plan is in place for 52+ weekers with focused attention on the current surgery waiting list (mini mitral and ACHD)</p> <p>No concerns in meeting regional and national waiting list targets.</p>				
Overall Size of Waiting List			4,954	
<p>The overall waiting list size is being monitored based on referral trends. Although above the original forecast there has not been a significant variance in performance.</p> <p>No current areas of concern.</p>				






Indicator Performance					Narrative
<p>Cancelled Operations for non-clinical reasons 2.0%  4.5% </p>					<p>October has seen a spike in number of cancelled operations (mainly within the Surgery Division).</p> <p>The increase has been for mixed reasons however overruns and urgent substitutions have been a significant contributor.</p> <p>ACTION: Cancellation Perfect Week to be planned in December</p> <p>Scheduling improvements also to be reviewed by the Surgery Division.</p>
<p>Patients not booked in within 28 days (non clinical cancellations) 0  2 </p>					<p>2 Patients have been reported as 28 day cancellations within October. Both patient pathways have been reviewed for potential learning and now dated.</p> <p>Specific issues have been in relation to joint cases and surgeon availability.</p> <p>ACTION: Capacity and availability to be picked up as part of SLA discussions within the Surgery Division.</p>
<p>Cancer: 62 day Consultant Upgrade 85.0%  63.2% </p> <p>Cancer Patients meeting the Faster Diagnosis Target (FDT) 75.0%  40.0% </p>					<p>EBUS and CT guided biopsy capacity increased in Q2 through additional sessions. Small improvements seen in month, with improvements forecast for November.</p> <p>ACTION: Cancer action plan being tracked through weekly performance and Integrated Performance Committee.</p> <p>Review of referral numbers and demand being monitored</p> <p>Sustainable capacity options being explored within the Divisions.</p>





Quality of Care

* HSMR has not been reported as an exception as information is still being triangulated to be able to provide a 12 month rolling average to remove statistical anomalies with the SOF. Please see corresponding mortality improvement paper.

Indicator Performance	Narrative
<p>Delayed Transfers of care</p> <p>5.0% ● 5.99%</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)</p> <p>3.4% ● 5.03%</p> 	<p>Sickness remains around the 5% mark and has done for the last few months.</p> <p>Stress and anxiety remains the highest absence reason and work is continuing and the HR team are working with managers to reduce long term absence.</p>
<p>Staff Turnover</p> <p>10.0% ● 12.55%</p> 	<p>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.</p>
<p>Executive Team Turnover</p> <p>25.0% ● 31.2%</p> 	<p>12 month rolling average, no current concerns, ongoing monitoring</p>
<p>Mandatory Training Compliance</p> <p>95.0% ● 92.91%</p> 	<p>Mandatory training compliance has dropped again this month.</p> <p>ACTION: We will continue to drive mandatory training compliance through bronze and gold command.</p>
<p>Recurrent CIP identified</p> <p>100.0% ● 94.03%</p> 	<p>KLOE being pursued by Divisions; non-recurrent savings provide mitigation</p>

Indicator Performance	Narrative
<p>NHS Staff Survey - Staff recommendation of the organisation as a place to work</p> <p>76.0%  74.0% </p>	<p>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. The 2022 staff survey is currently live. 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 23.</p>
<p>NHS Staff Survey - Staff recommendation of the organisation as a place of treatment</p> <p>96.0%  91.6% </p>	<p>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.</p>

4. Financial Position

The financial performance for the period ending 31st October 2022 is a £1,976k surplus against a £1,357k surplus plan, therefore £619k 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. In addition, Wales has agreed the 2021/22 final ERF payment which has been recognised in year and leads to a non-recurrent gain. Recovery of private patient income is a workstream that is being progressed operationally and the year to date position is currently 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 pressures, partially offset by underspends in clinical supplies and capital charges.

CIP targets have been allocated to Divisions and Departments and work has progressed in identifying schemes with 94% identified for recurrent delivery. In year slippage is reducing and transaction of schemes is progressing with good progress noted in recent months.

Capital expenditure was £5,294k 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.

5. Conclusion

The Trust continues to monitor staffing pressures across Anesthetics, Radiology and ODPs. However, these are being mitigated as far as possible. Cancer and RTT although in line with expected performance remain a continued area of focus with action plans in place with the clinical and operational teams well sighted on the required performance for 22/23. Non-Elective pathways will be a priority for the start of Q4 with significant pressure in the C&M system coming into the Winter months. Any impact on performance will be reported through internal governance structures and feedback provided to Operational Board.

6. Recommendation

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