

Council of Governors Item 10.1

Subject: Month 10 SOF Performance Report
Date of Meeting: Tuesday 7th March 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 for the end of year trajectories.

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 January 2023 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 19 Red indicators on the dashboard reported by exception below. The Trust continues to perform well against our agreed trajectories and is currently in line with regional and national expectations. However, Q4 performance will be challenging with non-elective demand, sickness, and any continued industrial action dates.

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%		75.1% 	<p>January showed a small improvement from December, however there is continued challenges in meeting the 92% standard which include urgent demand, elective capacity & workforce constraints.</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%		78.83% 	<p>The January position remained static from December</p> <p>ACTION: Patients continue to be clinically prioritised with a focus on long waiting patients.</p>
Referral to treatment - Incomplete Pathways 52+ weeks	48		51 	<p>The national target is to remove all 78+ week waiters by the end of March. At the end of January we had 51 patients 52+ weeks and 9 patients over 78+ weeks wait. Main areas of concern are within the Surgery Division specifically ACHD (Adult Congenital Heart Disease) and Mini Mitral.</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.</p>
Overall Size of Waiting List			4,929 	<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%		99.31% 	<p>January showed an improvement towards achieving the 104% target. However industrial action & urgent demand has again impacted achievement of the target.</p> <p>ACTION: Feb & Mar activity is planned to achieve but will be interdependent on future industrial action dates, urgent demand and workforce constraints.</p>
Cancelled Operations for non-clinical reasons	2.0%		2.7% 	<p>Cancelled Ops has remained over the 2% target for the last 4 months.</p> <p>ACTION: Actions have been taken within the Surgery & Medicine Division to look at improvements, with a focused attention in Q4.</p>
Patients not booked in within 28 days (non clinical cancellations)	0		7 	<p>7 Patient have been reported as 28 day cancellations within January. This was expected with a number of patients being unable to be dated due to industrial action, urgent demand and the annual leave period.</p>

Indicator Performance				Narrative
				ACTION: All patients have been redated with recovery expected by the end of Q4, however this will be dependent on any future industrial action impact.
Bed Occupancy	80.0%	● 76.21%		Decreased occupancy in January based on reduced activity and annual leave period. ACTION: Increased % expected working to support C&M partners and increase in elective recovery plans.
Cancer Patients meeting the Faster Diagnosis Target (FDT)	75.0%	● 50.0%		EBUS (Endobronchial Ultrasound) and CT (computerised tomography) guided biopsy capacity increased in Q3 through additional sessions. Small improvements seen in month, with trajectories for compliance expected in December. This has now been delayed due to impact of industrial action and cancer backlogs. ACTION: Cancer action plan being reviewed through weekly performance.
Venous thromboembolism (VTE) risk assessment	95.0%	● 94.72%		No current concerns, ongoing monitoring

Quality of Care

Indicator Performance				Narrative
Hospital Standardised Mortality Ratio (HSMR) - basket diagnoses	101	● 110		Although higher than target, no concerns noted. ongoing monitoring.
Hospital Standardised Mortality Ratio (HSMR) - all diagnoses	101	● 106		Although higher than target, no concerns noted. ongoing monitoring.
Delayed Transfers of care	5.0%	● 5.21%		System pressure has significantly impacted our ability to transfer patients out of the Hospital. ACTION: Reviews are undertaken weekly and escalations managed by our discharge team.

Organisational Health

Indicator Performance					
Staff Sickness (All Staff)	3.4%	●	4.93%		<p>Sickness has decreased this month with continued focus on long term sick where we have seen really good progress.</p> <p>Stress and Anxiety remain the number one reason for absence but we have seen some staff returning this month.</p>
Staff Turnover	10.0%	●	12.19%		<p>Turnover remains an area of focus and there has been a slight reduction in turnover within month. There is a robust retention action plan which has avid interest from NHS England.</p> <p>ACTION: The Human Resources team continue to concentrate on hot spot areas and listening events continue.</p>
Mandatory Training Compliance	95.0%	●	94.2%		<p>Mandatory training compliance has improved over the last 3 months. We will continue to drive mandatory training compliance through bronze and gold command.</p>
Recurrent CIP identified	100.0%	●	91.17%		<p>KLOE (Key Lines of Enquiry) being pursued by Divisions; non-recurrent savings provide mitigation</p>
NHS Staff Survey - Staff recommendation of the organisation as a place to work	76.0%	●	74.0%		<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 years survey. The 2022 staff survey is complete and we expect the results by March 2023. The data currently shown is in reference to the 2021 staff survey and won't be updated until March 23.</p>
NHS Staff Survey - Staff recommendation of the organisation as a place of treatment	96.0%	●	91.6%		<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>

3. Financial Position

The financial performance for the period ending 31st January 2023 is a £3,480k surplus against a £1,940k surplus plan, therefore £1,540k better than plan. The forecast for the year-end is a surplus of £4,126k which is £1,800k better than plan as result of higher interest receivable on cash balances due to Bank of England rate increases and an agreement to improve our position with the Integrated Care Board (ICB) as a result of non-recurrent income gains.

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 it has also been agreed 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 Cost Improvement Programme (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 91% identified for recurrent delivery. In year slippage is reducing and transaction of schemes is progressing.

Capital expenditure was £8,736k 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

5 Days of industrial action took place within Dec & Jan (2, Royal College of Nursing, 2 Unison, 1 Chartered Society of Physiotherapists). 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 these dates, 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, however physiology (pulmonary function and echo) was reduced on Unison strike days.

Approximately 739 Staff enacted their right to strike across the days with highest percentage on Unison days at a peak of 21% of staff.

The Divisions 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

Activity for the end of Q4 remains a risk due to the impact of Industrial action dates. Recovery plans for Cancer and Long waiters will continue to be reviewed through weekly performance, with extended trajectories fed through to Integrated Performance Committee and Operational Board.

6. Recommendation

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