

## Board of Directors (in Public)

### Item 4.1

**Subject:** SOF, Regulatory and Operational Performance Overview Month 9  
**Date of Meeting:** Tuesday 26<sup>th</sup> January 2021  
**Prepared by:** Hayley Kendall, Chief Operating Officer  
**Presented by:** Hayley Kendall, Chief Operating Officer  
**Purpose:** To Note

BAF Reference	Impact on BAF
AQ1	Negative impact on the delivery of the statutory performance targets in relation to referral to treatment times and six week diagnostic target (due to the impact of Covid)

#### 1. Executive Summary

The purpose of this paper is to present an update on the Trust performance for the period ending 31<sup>st</sup> December 2020 and should be read in conjunction with the newly developed performance dashboard that is attached at Appendix 1. The Trust is operating in exceptional times due to the impact of the COVID-19 pandemic in particular with the current 3<sup>rd</sup> surge being experienced. In terms of the Trust's statutory performance the following exceptions should be noted:

- Six week diagnostic performance continues to be below the target with performance at 75.2% in month. Backlog recovery plans are progressing well with a reduction month on month since August 2020.
- Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the surge. Performance in month stands at 74.7% for English commissioned activity and 76.4% for Welsh commissioners. This is a slightly increased position due to the reduced levels of routine elective surgical activity as an outcome of the increased ward capacity required for Covid positive patients.
- There were 58 patients waiting longer than 52 weeks at the end of October. All patients undergo a harm review by the consultant responsible for the patients care. This figure will unfortunately continue to rise through January due to standing down of routine elective activity to support the Cheshire and Merseyside Covid-19 response.
- Although sickness is above target at 5.1% it remains a strong position within the region.

Elective restoration remains hampered by the high levels of Covid positive inpatients occupying beds and the need to provide clean pathways and capacity. The clinical divisions are well sighted on the elective recovery programme, although the recovery programme has been

paused for at least two weeks in January to provide mutual aid for cancer patients in response to the C&M Covid-19 position. The Trust remains on track to deliver normal levels of daycase capacity. Other performance exceptions to note are summarised as follows:

- Delayed transfers of care have now increased consistently over the last three months mainly due to the issues with securing intermediate care packages. The Discharge team are well sighted on the delays and continue to expedite with healthcare partners.
- VTE risk assessment is still being identified as a concern although performance has improved for the last three months and the in-month performance is only marginally below the 95% target.
- MSSA Bacteremias – there were three infections reported in month, all have undergone a root cause analysis and fed back to the clinical areas. One was an MSSA related to a cannula site and two e-coli secondary to a UTI.

## **2. Financial Position**

The interim financial regime of supporting providers to break-even through retrospective payment for the first 6 months has to been replaced for the second half of the year by a continuation of fixed payments and a prospective Top Up/COVID system allocation and not a return to PbR.

The Trust achieved a break-even position for December and year to date.

The underlying income position has improved over recent months as activity has resumed, with increases in clinical supplies costs being observed as a result. Pay is relatively static with underspends on variable pay against budget. COVID-19 costs are £0.1m in month and £3.6m year-to-date, including PPE, IT equipment and additional staffing for sickness and infection control.

The Trust has achieved 97% of its revised Cost Improvement Plan including 25% of non-recurrent efficiencies.

The Trust has a strong cash position supplemented by pre-payments being made by commissioners as part of the COVID regime.

## **3. Conclusion**

The Trust is well positioned in its elective activity recovery programme although remains challenged with the more recent prevalence of Covid. The clinical and operational teams are well engaged and prioritising patients based on clinical urgency. There are a number of clinical indicators showing as a concern in month all are being investigated and further information can be provided to the Board as required.

## **4. Recommendation**

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