

Board of Directors (in Public)

Item 4.1

Subject: Board Dashboard period ended 30th June 2021
Date of Meeting: Tuesday 27th July 2021
Prepared by: Hayley Kendall, Chief Operating Officer
Presented by: Hayley Kendall, Chief Operating Officer
Purpose: To Note

BAF Reference	Impact on BAF
BAF 2	No negative impact on the BAF as performance against the statutory indicators remain in line with the risk appetite.

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>					
<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 30th June 2021 and should be read in conjunction with the performance dashboard that is attached at Appendix 1. The Trust is operating in an environment that is focused on safely restoring high levels of elective activity to treat the backlog of patients as an output of the COVID-19 pandemic. In terms of the Trust's statutory performance the following exceptions should be noted:

- Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the Covid pandemic. Performance in month stands at 76.8% for English commissioned activity and 78.9% for welsh commissioners, a slightly improved position compared to the previous month.
- There were 107 patients waiting longer than 52 weeks at the end of June, a marginal improvement compared to last month but still ahead of the recovery trajectories that were developed in response to the pandemic. All 52 week waiting patients undergo a harm review by the consultant responsible for the patients care. Due to the challenges with

non-elective demand and the focus on treating elective urgent patients first there is the possibility that the number of patients waiting longer than 52 weeks will increase which was predicted in the recovery trajectories previously shared with the Board and submitted to the regional recovery programme.

- Sickness decreased slightly in month to 4.2% with a couple of challenging areas across the Trust.
- There was one never event and two serious incidents in month that will be picked up under the relevant agenda item on the Board.
- One patient breached the 28 day cancellation target which related to the time at which the majority of elective activity was stood down due to the unprecedented levels of urgent demand within the surgical service.

Safely restoring maximum levels of elective activity remains the number one focus for the operational teams, delivering against the ambitious recovery trajectories which the Board will be updated on monthly. The Board should be aware that services continue to face high levels of non-elective demand causing disruption to the elective programme particularly in surgery.

Strong performance should be noted across all of the cancer indicators and the diagnostic 6 week target achievement.

Other performance exceptions to note are summarised as follows:

- Infections (Dr Perry) – there was 1 C Diff case in month, a full review was undertaken by the Infection Prevention Team and no lapses of care were identified.

2. Financial Position

The Trust achieved a surplus of £490k in the period ending 30th June in line with the plan in place. This is reliant on the receipt of Elective Recovery funding (ERF).

The 2021/22 financial year has been split into two six month planning periods (H1 and H2). The national planning guidance focuses on H1, where many of the existing contractual arrangements have rolled forward from the second half of last year. The primary difference to last year is the ERF, and the way that System top-up funding has been distributed.

The Trust has planned to achieve a breakeven position in H1, with a surplus of £485k in quarter 1, and a corresponding deficit in quarter 2. The reason for this phasing is linked to the lower activity thresholds for the ERF in quarter 1, allowing higher income in the first 3 months of the year.

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

The Trust is developing its Cost Improvement Plan with slippage noted resulting from the planning process being later than ordinarily achieved and a focus on recovery. There is some non-recurrent mitigation for slippage in the Trust plans, but the focus remains on identifying the target value recurrently.

Capital expenditure is showing minor slippage related to Estates schemes, but the forecast

remains line with the programme value agreed for the financial year with no significant risks identified to date.

The Trust retains a strong cash position.

3. Conclusion

Considering the challenges faced throughout the Covid pandemic the Trust is performing well against the key statutory indicators and elective recovery plans are progressing well. There are a number of challenges with availability of workforce but there are strong mitigating plans in place to address these.

4. Recommendation

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