

Board of Directors (in Public)

Item 3.1

Subject: Trust Review - SOF, Regulatory and Operational Performance Month 12
Date of meeting: Tuesday 28th April 2020
Prepared by: Hayley Kendall, Chief Operating Officer
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Presented by: Hayley Kendall, Chief Operating Officer
Purpose of Report: To note

1. Executive Summary

The purpose of this paper is to present an update on the Trust performance for the period ending 31st March 2020. The exceptions to note for this month are:

- The Trust continues to have significant pressures in delivering against the six week diagnostic target with performance at 67.9%, impacted by reduced elective radiology at the end of March.
- Delivering the overall activity plan provides a significant challenge but there has been a vast improvement in month 10 and 11 with activity exceeding the financial forecast and being above the original baseline. It should be noted that part way through March elective activity was significantly reduced due to COVID-19.
- Sickness remains a significant pressure for the Trust with performance still being far from plan and again influenced by the response to COVID-19.

In response to the COVID-19 outbreak the Trust took the decision to significantly reduce elective activity on site and this also included diagnostic imaging. From the 20th March 2020 all outpatient activity, unless clinically inappropriate, moved to a virtual set up. The Board can be assured that waiting times and reduced activity volumes is monitored on a weekly basis and work is ongoing to develop a process to prioritise patients after the pandemic.

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

2. Introduction

The report is divided into three sections as follows:

- Section 1 - Single Oversight Framework (SOF): This section provides details on the mandated regulatory indicators from NHS Improvement; these inform NHSI's risk assessment (segmentation) which determines the level of autonomy afforded to the Trust.
- Section 2 - Quality of Care Dashboard: internal quality indicators agreed by the Board in April 2019 for routine monitoring on delivery.
- Section 3 - Operational and Financial Performance Dashboard: internal performance, workforce and financial indicators agreed by the Board in April 2019 for routine monitoring on delivery.

Section 1 - Single Oversight Framework (Refer to Appendix 1)

1.1.1 Single Oversight Framework – Exceptions

1.1.2 Indicator: Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway.

Accountable Officer: Hayley Kendall

Issue: Below target for March 2020 at 89.08% against a target of 92%.

Actions: Due to the cessation of elective practice, RTT has failed this month. A focus for April will be around refining the PTL and looking at appropriate recovery plans by service line. Diagnostic/anaesthetic capacity is a critical factor to this plan.

Anticipated Delivery: will be developed as part of the recovery plan after the pandemic.

1.1.3 Indicator: Maximum 6 week wait for Diagnostic Tests

Accountable Officer: Hayley Kendall

Issue: Below target for March 2020 at 67.9% against a target of 99%.

Actions: Since the repair of the MRI scanner activity was on track to deliver the plan. Additional weekend work was being performed to clear the backlog. Unfortunately the COVID-19 pandemic meant that that all non-urgent scans were cancelled towards the end of March impacting on the performance.

Anticipated Delivery: will be developed as part of the recovery plan after the pandemic.

1.1.4 Indicator: Dementia Assessment

Accountable Officer: Sue Pemberton

Issue: Dementia assessments for the month of March was 50% compliant against a target of 90%

Actions: This only related to 2 patients. The document was partially completed therefore, there was no reason that this would not have been completed and this was most probably a documentation error.

Anticipated Delivery: May 2020.

1.1.5 Indicator: Staff Sickness

Accountable Officer: Sue Hodgkinson

Issue: Staff sickness is 4.20% for March against a target of 3.40% (4.66% YTD).

Actions: All divisions and corporate heads of department have provided assurance on the actions to support improvements in attendance with trajectories for an improved 2020/21 position provided. Sickness absence will increase over the next few months due to COVID-19.

Anticipated Delivery: will be developed as part of the recovery plan after the pandemic.

2. Section 2 - Quality of Care Dashboard (Refer to Appendix 2)

2.1.1 Quality of Care - Exceptions

2.1.2 Indicator: % of deaths screened for review within 7 days

Accountable Officer: Raph Perry

Issue: Deaths screened for review within 7 days is 62% for March against a target of 95% (68% YTD).

Actions: No new actions; target due for review

Anticipated Delivery: Quarter 1 2020/21

2.1.3 Indicator: Number of Falls (all areas, avoidable and unavoidable).

Accountable Officer: Sue Pemberton

Issue: 9 Falls during March and 85 YTD against an annual target of 72.

Actions: Investigations are now taking place for each patient fall to ensure all mitigation actions are considered and implemented. Majority of falls remain unavoidable and recorded as no harm.

Anticipated Delivery: Ongoing

3. Section 3 - Operational and Financial Performance (Refer to Appendix 3)

3.1.1 Operational – Exceptions

3.1.2 Indicator: Improve PET scanning turnaround times at 5 days

Accountable Officer: Hayley Kendall

Issue: March performance is 53.6% against plan of 75%.

Actions: Since the national shortage of isotopes, the NW region has adopted a patient prioritisation process for undertaking PET scans. All cancer patients experiencing a delay due to awaiting a PET scan are incident reported and a mini RCA is completed. Although overall performance for PET turnaround is documented at 53%, there have been no urgent patient pathways affected at LHCH.

Anticipated Delivery: Quarter 3 2020.

3.1.3 Indicator: Cancelled Operations

Accountable Officer: Hayley Kendall

Issue: March performance is 1.7% against plan of 1.5%.

Actions: A review of each cancellation is performed and discussed monthly at the consultant business meetings. Performance is improved compared to last year but the Surgical Division strive to improve the position each month. A clinical RCA is carried out on each cancellation within surgery to understand areas for improvement and ways of avoiding future cancellations.

Anticipated Delivery: will be developed as part of the recovery plan after the pandemic.

3.1.4 Indicator: Bed Occupancy

Accountable Officer: Hayley Kendall

Issue: March performance is 71.5% (YTD 81.8%) against a target of 85%.

Actions: The Trust is currently reviewing the bed base required to deliver the annual plan, although the current outbreak has led to a reconfiguration of wards across the Trust. As part of the recovery process the Trust will develop a bed base plan to provide sufficient capacity to deliver its activity levels.

Anticipated Delivery: Quarter 2 2020/21

3.1.5 Indicator: Activity NHS

Accountable Officer: Hayley Kendall

Issue: March performance is -5.5%(YTD -5%) against a target of 0%

Actions: In month 10 and 11 the clinical divisions achieved the monthly activity plans providing a strong finish to the year. This was continuing through March but halted due to the significant reduction in elective activity due to the outbreak.

Anticipated Delivery: Quarter 2 2020/21

3.1.6 Indicator: Radiology - Plain Film – Inpatient

Accountable Officer: Hayley Kendall

Issue: March performance is 71.0% against a target of 90%.

Actions: The main reason for underperformance against the plan is consultant capacity. One Radiology Consultant has commenced in post which increases capacity and the two clinical fellows have been signed off to independently report which increases capacity further. Due to the current COVID-19 pandemic, we expect to see an improvement in April 2020 due to the reduced activity.

Anticipated Delivery: End of Quarter 1 2020/21

3.1.7 Indicator: Radiology - CT - Outpatient

Accountable Officer: Hayley Kendall

Issue: March performance is 81.4% (YTD 77.9%) against a target of 90%

Actions: Compliance has been challenging due to the increase in the amount of healthy lung screening CTs. LHCH is significantly over plan by 1200 scans YTD. All requests for scans are screened by the Clinical Lead for Radiology. Requests for rapid turnaround for reports are managed cross divisionally on a prioritisation process. The consultant who was planned to start in January 2020 will no longer be joining the Trust and thus a new vacancy has arisen. There is a plan in place for succession planning with future recruitment of clinical fellows into consultant

positions. Due to the current COVID-19 pandemic, an improvement in April 2020 is expected due to lower activity levels.

Anticipated Delivery: Quarter 1 2020/21

3.1.8 Indicator: Radiology - MRI - Outpatient

Accountable Officer: Hayley Kendall

Issue: March performance is 68.8% (YTD 69.1%) against a target of 90%

Actions: Additional support is planned to be in place by agreeing a SLA with Warrington to secure 2 MRI lists per week from April 2020. As with CT, all MRI requests are vetted by the Clinical Lead for Radiology to ensure urgent scan requests are expedited. Full compliance against this KPI is expected to be achieved shortly after the new substantive consultant capacity is in place. Due to the current COVID-19 pandemic, an improvement in April 2020 is expected due to lower activity levels.

Anticipated Delivery: End of Quarter 1 2020/21

3.1.9 Indicator: Welsh 26 weeks RTT (Admitted, Non Admitted and Incomplete)

Accountable Officer: Hayley Kendall

Issue: Patients waiting over 26 weeks for treatment. March Performance is:

- Admitted - 90.20% against a 95% target
- Non-Admitted – 87.50% against a 98% target
- Incomplete – 87.84% against a 95% target

Actions: The Trust continues to work with Welsh commissioners to improve waiting times for patients and is focused on ensuring any patients that do breach 26 weeks are seen before 36 weeks. The main area driving the under performance is late and incomplete referrals from organisations and extended waiting times for diagnostic tests in Wales. At a recent meeting with the Welsh Commissioners LHCH highlighted the delays being experienced with referring Trust's and requested support in improving the position. Due to the cessation of elective activity in March the waiting time position will decline further until the recovery plan is activated.

Anticipated Delivery: will be developed as part of the recovery plan after the pandemic.

3.1.10 Indicator: Turnover Rate between 1-2 yrs service (voluntary (FTC excluded))

Accountable Officer: Sue Hodgkinson

Issue: 2.56% against a target of 1.40%.

Actions: The Retention Strategy and Action Plan 2019-2021 is being reviewed to ensure that the appropriate data is captured and to develop initiatives to improve turnover. The Trust has also been part of NHSI Cohort 4 Retention Improvement Programme supporting Nursing turnover and any good practice will be shared to include all staff. Focus is currently on ensuring the Exit Interview process is more robust and feeding back themes as appropriate.

Anticipated Delivery: Quarter 3 2020/21

3.1.11 Indicators: Capital Expenditure, Agency Cost, Bank Cost & Deliver the recurrent CIP

Accountable Officer: Frankie Morris

Issue, Actions & Anticipated Delivery: Refer to the finance report.

4. Conclusion

The Trust is facing a number of challenges including underperformance in a number of indicators that have been impacted further by the COVID-19 outbreak. The Trust is well sighted on the areas that have been impacted by the outbreak which will place the Trust in a strong position as it moves into recovery phase. The Trust continues to work with the external agencies involved in the underperforming service areas to explore all system wide opportunities for improving performance. The IPC is sighted on the operational performance pressures and will receive quarterly updates on the statutory target compliance.

5. Recommendations

The Board is asked to note Trust performance and associated exception and action report.