

Board of Directors (in Public)

Item 4.1

Subject: Trust Review - SOF, Regulatory and Operational Performance Month 3
Date of meeting: Tuesday 28th July 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 30th June 2020. The Trust is operating in exceptional times due to the impact of the COVID-19 pandemic on what is labelled business as usual with all elective planned activity ceased from the end of March 2020. The Trust is progressing with its recovery plan having introduced urgent elective procedures and routine services in these unpredictable times. In terms of the Trust's statutory performance the following exceptions should be noted:

- Six week diagnostic performance continues to underperform due to the acquired backlog following the pandemic.
- Referral to treatment waiting times remain below target for both English and Welsh commissioners. The Trust is well sighted on the patients waiting longer than the statutory waiting times and has ensured that a clinical validation of waiting lists is undertaken regularly. Harm reviews are also undertaken on patients that are waiting longer than 52 weeks.

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

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: Clostridium Difficile

Accountable Officer: Raph Perry

Issue: 1 case in June.

Actions: Investigation complete and details with ward manager and consultant. No lapse in care identified.

Anticipated Delivery: Q2 2020/21

1.1.3 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 June 2020 at 61.25% against a target of 92%.

Actions: Due to the cessation of elective practice during the COVID outbreak, RTT has continued to deteriorate. A focus for quarter one has been refining the PTL and harm reviews by service line. Modelling is currently being undertaken by the Divisions to look at a year-end forecast and has been presented to the COO. It is expected by the end of July the Trust will be in a position to forecast the elective backlog performance. Diagnostic and anaesthetic capacity will be a critical factor to this plan and forms part of the overall Trust recovery plan being presented to the Board of Directors. It should be noted that the backlog of patients continues to increase due to the capacity the Trust is able to deliver being outweighed by the number of patients moving over 18 weeks each week.

Anticipated Delivery: Unknown at present.

1.1.4 Indicator: Maximum 6 week wait for Diagnostic Tests

Accountable Officer: Hayley Kendall

Issue: Below target for June 2020 at 40.4% against a target of 99%.

Actions: A strategy has been developed to increase activity in Radiology and this will be implemented in three phases. Phase three was implemented in June 2020 increasing capacity in CT to 63% and MRI to 83%. Radiology management team are developing phase 4 of the strategy with a provisionally date of Monday 3rd August 2020 to be implemented for MRI and CT. In addition, Radiology are performing additional sessions to reduce the backlog which has increased during COVID-19.

Anticipated Delivery: Unknown at present.

1.1.5 Indicator: Staff Sickness

Accountable Officer: Sue Hodgkinson

Issue: Staff sickness is 3.99% for June 2020 against a target of 3.40%.

Actions: Reporting of COVID-related statistics continues to be undertaken daily and provided to Bronze Command and the NW Workforce & HR Cell and a breakdown of covid and non-covid related sickness will be provided within the meeting. HRBPs are working with leaders across all divisions in supporting all sickness cases and to ensure the appropriate support is in place for all staff members. We are supporting leaders and staff across the Trust who are preparing to return from shielding in August 2020 and additional psychological support remains in place and is well received. Development work is underway to define a new Health & Wellbeing Strategy and delivery plan and the launch of the Staff Health & Wellbeing Hub takes place in early August 2020.

Anticipated Delivery: Improvements related to non-COVID related sickness are anticipated to continue in line with assurance plans.

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 75% for June against a target of 95%.

Actions: Reviewed target is 75% - communicated already by mortality audit lead.

Anticipated Delivery: Complete

2.1.3 Indicator: Observed Mortality Rate

Accountable Officer: Raph Perry

Issue: 1.3% in June 2020 against a target of 1.3% and 2.4% YTD.

Actions: No actions mortality rate on target for month. YTD as a result of coronavirus deaths and a very small denominator. All non Covid patients have been emergency or high risk.

Anticipated Delivery: N/A

2.1.4 Indicator: Number of Adverse Events (Red Alerts), Serious Incidents and Never Events

Accountable Officer: Marga Perez-Casal

Issue: 1 Serious Incident in June.

Actions: As per Trust policy the investigation is underway and will be presented back within the stated timescales.

Anticipated Delivery: September 2020

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: June 2020 performance is 60% against plan of 75%.

Actions: Since the national shortage of isotopes, the North West 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 47.8%, there have been no urgent patient pathways affected at LHCH.

Anticipated Delivery: Quarter 3 2020/21 but COVID-19 dependent.

3.1.3 Indicator: Bed Occupancy

Accountable Officer: Hayley Kendall

Issue: June 2020 performance is 60.5% against a target of 85%.

Actions: As expected occupancy across all ward areas for the month was low due to lower levels of elective activity. With the safe cohorting of patients this will mean that overall bed numbers and occupancy will be lower, although the recovery plans are focussing on maximising throughput to aid reducing elective backlogs.

Anticipated Delivery: Unknown due to COVID-19.

3.1.4 Indicator: Activity NHS

Accountable Officer: Hayley Kendall

Issue: June 2020 performance is -27.57%(YTD -44.20%)

Actions: As with bed occupancy due to the limitation on elective activity throughput through the Trust was low in comparison to the planned levels of activity. Inpatient activity levels are increasing through June with a plan that this will be in the region of 70% of what was normal levels of activity as the phase two recovery plan is implemented. There are detailed plans by service line that see a step change in activity commencing from September.

Anticipated Delivery: Unknown due to COVID-19.

3.1.5 Indicator: Referral to treatment - Incomplete Pathways 52+ weeks

Accountable Officer: Hayley Kendall

Issue: There were 7 patients waiting over 52 weeks at the end of June 2020.

Actions: All patients on the waiting list undergo a clinical triage to ensure the clinical priority of the patient has not changed. As activity starts to increase in phase two clinically urgent patients are priority number one with long waiting patients being prioritised as the next patient cohort.

There is a system in place for a harm review to be undertaken for all patients waiting longer than

52 weeks for treatment.

Anticipated Delivery: Unknown due to COVID-19.

3.1.6 Indicator: CT Outpatient

Accountable Officer: Hayley Kendall

Issue: 87.8% for June 2020 against a target of 90%.

Actions: Performance against the indicator is vastly improved compared to historic months with the in month position narrowly missing the target. The reduced levels of activity assisted with improving reporting turnaround times. The Clinical Lead for Radiology is working with colleagues to improve reporting turnaround times.

Anticipated Delivery: August 2020

3.1.7 Indicator: MRI Outpatient

Accountable Officer: Hayley Kendall

Issue: June 2020 performance is 82.9% against a target of 90%.

Actions: As with CT performance in month narrowly missed the target. Work is ongoing to ensure compliance against the target over the coming months as the Trust moves through the recovery phases now that the previous capacity gaps have been filled.

Anticipated Delivery: August 2020

3.1.8 Indicator: 62 day wait for first treatment from urgent GP referral to treatment - consultant upgrade (Adj)

Accountable Officer: Hayley Kendall

Issue: 60% performance for June 2020 against a target of 85%

Actions: One patient transferred to the Liverpool Lung Cancer Unit from another Liverpool Trust due to COVID-19. Patient pathway was complex and required multiple diagnostic tests which elongated the pathway. There are current pressures on the LHCH service due to another local Trust not currently providing CT guided biopsies adding additional pressure to the LHCH system. The Board should note that there are currently no other capacity pressures internally that would lead to a patient breaching the target, any future breaches will be due to complex pathways, late referrals or COVID related.

Anticipated Delivery: End of quarter two

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. June Performance is:

- Admitted – 75.47% against a 95% target
- Non-Admitted – 76.92% against a 98% target
- Incomplete – 76.25% against a 95% target

Actions: As was reported last month the impact of COVID has significantly increased waiting times for all elective patients leading to non-compliance with waiting time targets. All patients on the waiting list are clinically triaged and patients prioritised for treatment, although it is expected that waiting time targets will not be achieved in the foreseeable future. The Board of Directors will be updated via the recovery programme on projected waiting time trajectories.

Anticipated Delivery: Unknown due to COVID-19.

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

Accountable Officer: Sue Hodgkinson

Issue: 2.46% against a target of 1.40%.

Actions: The Retention Strategy and Action Plan 2019-2021 review was paused due to COVID-19 but this will need revisiting alongside the learnings over the recent period. Focus on ensuring the Exit Interview process is more robust and feeding back themes was paused and a plan to recommence this work will be developed.

Anticipated Delivery: Ongoing

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

Accountable Officer: Karen Edge

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

4. Conclusion

The Trust is facing a significant challenge in relation to performance during the COVID-19 pandemic. There is a robust understanding of the challenges that this brings in relation to performance and activity and managers and clinicians are well sighted on the issues. There are clear processes in place to clinically prioritise patients for hospital admission which is reviewed by the clinical teams and divisions. The Board of Directors will be kept appraised via the Recovery Workstream on progress with reducing the backlog of elective patients waiting for treatment.

5. Recommendations

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