

Board of Directors (in Public)

Item 3.1

Subject: Trust Review - SOF, Regulatory and Operational Performance Month 5
Date of meeting: Tuesday 29th September 2020
Prepared by: Hayley Kendall, Chief Operating Officer
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Presented by: Hayley Kendall, Chief Operating Officer

1. Executive Summary

The purpose of this paper is to present an update on the Trust performance for the period ending 31st August 2020. The Trust is operating in exceptional times due to the impact of the COVID-19 pandemic but is well underway with the phase 3 recovery plan and the reintroduction of elective services. 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 52.2% in month. Backlog recovery plans are progressing well with a reduction being seen in month,
- Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during the surge. Performance in month stands at 61.1% with the backlog of patients awaiting treatment at 1250.
- There were 21 patients waiting longer than 52 weeks at the end of August. All patients undergo a harm review by the consultant responsible for the patients care.
- Although sickness is above target at 3.57% it remains a strong position within the region.

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: Dr Raphael Perry
Issue: 1 case in August.

Actions: Issues with documentation completion, weekend review and appropriate antibiotic therapy. All shared with ward managers and staff.

Anticipated Delivery: Complete

1.1.3 Indicator: Gram Negative Bacteraemias

Accountable Officer: Dr Raphael Perry

Issue: 1 case in August.

Actions: Poor documentation of cannula care and VIP recording. Processes in place to improve cannula care competency and treatment.

Anticipated Delivery: Q3 20/21

1.1.4 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 August 2020 at 61.11% against a target of 92%.

Actions: RTT trajectories have been written by the Divisions in line with the restoration of elective capacity. There are significant risks associated with recovery, including diagnostic capacity, late referrals from referring organisations and the potential of a second surge of COVID 19. Weekly performance challenges the Divisions to meet the trajectory of improvement and monitors patients that have been significantly delayed due to COVID. All 52 week waiters have a full harm review and are prioritised where possible.

Anticipated Delivery: Unknown at present.

1.1.5 Indicator: Maximum 6 week wait for Diagnostic Tests

Accountable Officer: Hayley Kendall

Issue: Below target for August 2020 at 52.2% against a target of 99%.

Actions: Performance against the recovery trajectory is strong with reductions being seen across MR and CT in month. Plans are in place to achieve 100% of pre-Covid levels of activity from October in line with the national phase 3 letter.

Anticipated Delivery: Quarter 1 2021/22

1.1.6 Indicator: Staff Sickness

Accountable Officer: Vicki Wilson

Issue: Staff sickness is 3.57% for August 2020 against a target of 3.40%.

Actions: Overall Staff Sickness has reduced by 0.10% in month with non-covid related sickness accounting for 3.50%, which is marginally above the Trust target. COVID related sickness accounts for 0.07% of all sickness. Reporting of COVID-related statistics continues to be undertaken daily and provided to Bronze Command and the NW Workforce & HR Cell. HRBPs continue to work with leaders across all divisions in supporting all sickness cases and to ensure the appropriate support is in place for all staff members. Additional psychological support is in place through Mersey Care and actions are underway to further enhance the Trusts Health and Wellbeing offer to support staff, including the staff health & wellbeing hub which was launched in 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: % mortality reviews to be completed within 30 days - Doctors

Accountable Officer: Dr Raphael Perry

Issue: 71% in August 2020 against a target of 80%

Actions: Continued support for consultant staff reporting reviews. Target will need revision as greater scrutiny of deaths following ME process.

Anticipated Delivery: Q3 20/21

2.1.3 Indicator: Number of Falls (All Areas) - Avoidable & Unavoidable

Accountable Officer: Sue Pemberton

Issue: 7 falls for August 2020 against a target of 6.

Actions: There were 7 falls in August against a target of 6, none of which were deemed avoidable. 6 falls were at the bedside and 1 on the corridor. The Short Investigation report that is completed by the ward manager /ward sister will now have to be returned within 72 hours of the fall occurring. A meeting with each ward manager and the Matrons (Divisional and Patient Experience matron) will be held following a fall. There will be a monthly agenda item at the ward manager meetings to focus on staff being more visible in the bays by night to observe patients and improve continence management. We are undertaking a review of the risk assessment and flow sheets to ensure that they are capturing the care and interventions that are required to prevent falls.

Anticipated Delivery: March 2021

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

Accountable Officer: Marga Perez-Casal

Issue: 2 Serious Incidents YTD.

Actions: A 5 point work stream review of radiology including Secure Health messaging within the radiology department. A review of the auditing process to include both qualitative and quantitative compliance.

Anticipated Delivery: March 2021

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: August 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 60%, there have been no urgent patient pathways affected at LHCH.

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

3.1.3 Indicator: Cancelled Operations

Accountable Officer: Hayley Kendall

Issue: August 2020 performance is 2.8% against a target of 1.5%

Actions: There has been an increase in cancelled operations based on changes in clinical presentation (due to delays in pathways) as well as the ability to flex capacity for urgent cases. The service teams are reviewing the process to reduce cancellations and this is brought through the weekly performance meeting.

Anticipated Delivery: Unknown due to Covid pressures

3.1.4 Indicator: Cancelled Urgent Operations cancelled for 2nd+ time

Accountable Officer: Hayley Kendall

Issue: 1 urgent cancellation cancelled for a 2nd time in August 2020.

Actions: Patient was cancelled on the first occasion following the first patient on the list over running. The patient was relisted however a number of other urgent patients and emergencies took priority on that day which resulted in the patient being cancelled for a second time.

Anticipated Delivery: N/A

3.1.5 Indicator: Bed Occupancy

Accountable Officer: Hayley Kendall

Issue: August 2020 performance is 69.7% against a target of 85%.

Actions: As expected occupancy across all ward areas for the month was lower than target due to activity levels being at 85% of pre-covid levels. POCCU 3 is allocated as the Covid red area so will be running at very low occupancy. Bed occupancy is expected to increase through September with higher levels of elective activity planned.

Anticipated Delivery: Unknown due to COVID-19.

3.1.6 Indicator: Activity NHS

Accountable Officer: Hayley Kendall

Issue: August 2020 performance is -29.13%(YTD -43.14%)

Actions: As with bed occupancy due to the lower levels of elective activity throughput through the Trust was low in comparison to the planned levels of activity. Inpatient activity levels are increasing through August and September with a plan that this will be in the region of 85-90% of pre-covid levels in line with the national phase 3 letter. The Trust has submitted a phase 3 recovery plan that achieves the 90% activity target over each quarter as opposed to in each month.

Anticipated Delivery: Quarter 1 2021/22

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

Accountable Officer: Hayley Kendall

Issue: There were 21 patients waiting over 52 weeks at the end of August 20.

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. All patients waiting longer than 52 weeks have a harm review undertaken.

Anticipated Delivery: Quarter 1 2021/22

3.1.8 Indicator: Plain Film Inpatient

Accountable Officer: Hayley Kendall

Issue: 72.4% for August 2020 against a target of 90%.

Actions: Development of reporting radiographers however the course takes 12 months to complete before they can work autonomously, but is underway. A full review of capacity allocation is required to understand bottlenecks in reporting turnaround times. This will be actioned through September and updated via Operational Board in October.

Anticipated Delivery: End Quarter 3 2020/21.

3.1.9 Indicator: CT Outpatient

Accountable Officer: Hayley Kendall

Issue: 75.3% for August 2020 against a target of 90%.

Actions: Full compliance against this KPI was expected to be achieved for August 2020. A full review of capacity allocation is required to understand bottlenecks in reporting turnaround times. This will be actioned through September and updated via Operational Board in October.

Anticipated Delivery: End Quarter 3 2020/21.

3.1.10 Indicator: MRI Outpatient

Accountable Officer: Hayley Kendall

Issue: August 2020 performance is 69.8% against a target of 90%.

Actions: Full compliance against this KPI was expected to be achieved for August 2020. A full review of capacity allocation is required to understand bottlenecks in reporting turnaround times. This will be actioned through September and updated via Operational Board in October.

Anticipated Delivery: End Quarter 3 2020/21.

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

Accountable Officer: Hayley Kendall

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

- Admitted – 62.30% against a 95% target
- Non-Admitted – 75.00% against a 98% target
- Incomplete – 65.91% against a 95% target

Actions: RTT trajectories have been written by the Divisions in line with the restoration of elective capacity. There are significant risks associated with recovery, including diagnostic capacity, late referrals from referring organisations and the potential of a second surge of COVID 19. Weekly performance challenges the Divisions to meet the trajectory of improvement and monitors patients that have been significantly delayed due to COVID. All 52 week waiters have a full harm review and are prioritised where possible.

Anticipated Delivery: Unknown due to COVID-19.

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

Accountable Officer: Vicki Wilson

Issue: 1.95% against a target of 1.40%.

Actions: Turnover has reduced by 0.5% since June 2020. Progression of the Retention Strategy and Action Plan 2019-2021 will continue following the pause during COVID and the implementation of the NHS People Plan will further support retention.

Anticipated Delivery: Ongoing

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

Accountable Officer: Karen Edge

Issue: The interim financial regime of break-even for providers via Block contracts and Top-up payments continues, which additionally incorporates COVID exceptional costs. The interim financial regime was originally for 4 months but has been extended to the end of month 6 (September) pending publication of a revised regime for the remainder of the financial year; this has been confirmed as a continuation of fixed payments and not a return to PbR. The Trust achieved a break-even position for August and year to date.

The underlying income position has improved over recent months as activity is 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 £0.5m in month and £3.2m year-to-date, including PPE, IT equipment and additional staffing for sickness and infection control.

The Trust has achieved 92% of its revised Cost Improvement Plan including 19% 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.

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.

5. Recommendations

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