

## Board of Directors (in Public)

### Item 4.1

**Subject:** SOF, Regulatory and Operational Performance Overview Month 7  
**Date of Meeting:** Tuesday 24<sup>th</sup> November 2020  
**Prepared by:** Hayley Kendall, Chief Operating Officer  
**Presented by:** Hayley Kendall, Chief Operating Officer  
**Purpose:** To Note

BAF Reference	Impact on BAF
AQ1-AQ6	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

##### 1.1 Performance Overview

The purpose of this paper is to present an update on the Trust performance for the period ending 31<sup>st</sup> October 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 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 62.9% 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 70.4% with the backlog of patients awaiting treatment at 1032 as at the 11<sup>th</sup> November 2020. 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 31 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.
- Although sickness is above target at 4.9% 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 issues and have plans to increase elective inpatient throughput with the acquirement of an additional ward from a local Liverpool Trust. The Trust remains on track to deliver normal levels of daycase capacity.

Other performance exceptions to note are summarised as follows:

- Cancelled operations are of a concern with a sizeable increase in month. This was predominantly due to the level of aortic emergencies experienced and the pressure of operating in a reduced bed base, due to increasing Covid inpatients in month. The clinical teams are well sighted on the operational pressures and have systems in place to minimise cancellations.
- VTE risk assessment performance has for three months now reduced and a review of the issues is required. The Medical Director along with the Associate Medical Directors will lead the review and will ensure, as required, mitigating actions are in place.
- Hospital Standardised Mortality Ratio – although both indicators are showing as red in month, the Trust has not received any further alerts from Dr Foster. The Director of Research and Medical Director review the data on a monthly basis and discuss any areas of concern.
- 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.

## **1.2 Financial Position**

The interim financial regime of supporting providers to breakeven through retrospective payment for the first 6 months is to be 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 October 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 £0.1m in month and £3.4m year-to-date, including PPE, IT equipment and additional staffing for sickness and infection control.

The Trust has achieved 99% of its revised Cost Improvement Plan including 27% 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.

## **2. 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.

## **3. Recommendation**

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

within it.