

## Council of Governors (in Public)

### Item 9.1

**Subject:** Month 1 SOF Performance Report  
**Date of Meeting:** Tuesday 7<sup>th</sup> June 2022  
**Prepared by:** Executive Directors  
**Presented by:** Jonathan Mathews, Chief Operating Officer  
**Purpose of Report:** For information

BAF Reference	Impact on BAF
BAF2	The paper provides assurance that performance against the statutory indicators remain in line with the Trust risk appetite.

Level of assurance					
<input checked="" type="checkbox"/>	<b>Acceptable assurance</b> Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	<b>Partial assurance</b> Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	<b>Low assurance</b> 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 30<sup>th</sup> April 2022 and should be read in conjunction with the performance dashboard that is attached as Appendix 1.

The Trust continues to operate in an environment that is focused on safely restoring high levels of elective activity as an output of the COVID-19 pandemic. In terms of the Trust's statutory performance the following exceptions should be noted:

Operational performance:

- Referral to treatment waiting times remain below target as expected due to the significant backlog accumulated during COVID. Performance in month stands at 83.5% for English commissioned activity and 81.0% for Welsh commissioners.
- There were 56 patients waiting longer than 52 weeks at the end of April, an increased position compared to the previous month however in line with the trajectory. Staff sickness, urgent demand and dropped anesthetic sessions have impacted on

performance.

- 2 Patients were not booked within 28 days of a non-clinical cancellation. Both have been reviewed through weekly performance. 1 was due to the requirement for a specific vascular consultant and the second due to an administration error which has been picked up with the team.
- The 6 week diagnostic position remained a fail for April dropping to 92.5% with staffing across the radiographer team continuing to be a pressure point for the Trust. The position is expected to improve in May, with additional sessions being offered to support recovery.
- Bed Occupancy in April was also below the target at 76.8%, our Bed Occupancy has fluctuated based on activity and the number of dropped sessions due to sickness/anesthetic support..
- The cancer information for April has not yet been confirmed due to data validation, however the current 62 day Consultant Upgrade position is showing as a fail due to increased pressure from late referrals and the current Faster Diagnosis performance. An action plan for Cancer performance is being jointly developed by the Divisions and will be monitored through our performance meetings.

#### Workforce:

- Sickness remained at 7.2% in April continuing to remain above the 3.4% target. The teams are focused on clear and early intervention to avoid long term sickness where appropriate. COVID sickness has played a significant role in the deterioration of the position.
- Staff turnover continues above 10% and a Trust wide retention action plan has been developed to improve retention rates.
- The 2021 NHS Staff Survey results were released on 31st March 22. The 2021 survey has been redeveloped in line with the People Promise so there are themes.
- LHCH is #1 in the country for 'care is our top priority' & 'staff engagement'. We are #1 acute specialist trust for 'care is our top priority', 'place to work' and 'staff engagement'.
- We are 'THE BEST' in 8 out of 9\* of the People Promise elements & themes  
\*Benchmarked against 'acute specialist trusts' .
- There are areas that still need improvement and divisions will be developing their own specific action plans for 2022.

#### Quality:

- HSMR data is still highlighted as non-compliant, however the data is currently only available up until Jan 22. This will be updated next month.
- 1 Serious Incident was reported for April 2022 and full investigations and reviews are underway.

Safely restoring maximum levels of elective activity amongst COVID system support remains the focus for the operational teams, and monthly updates will continue to be provided to the Board of Directors.

## **2. Financial Position**

The financial performance for the period ending 30th April 2022 is a £77k deficit against a breakeven plan.

Income is broadly in line with plan with the majority of patient related income remaining on block contracts. Elective Recovery Funding (ERF) which is variable in nature has been assumed in line with plan whilst we await the national baseline analysis to support reconciliation. Private patient income is lower than plan with the target increasing back to the pre-pandemic level in line with national planning assumptions. Recovery of private patient income is a workstream that is being progressed operationally.

Expenditure is broadly in line with plan. There are some pressures in medical and nursing pay related to covering vacancies offset by underspends in other staff groups. Non-pay pressures include unidentified CIP offset by underspends in clinical supplies.

CIP targets have been allocated to Divisions and Departments and work is progressing in identifying and progressing schemes.

Capital expenditure was £0.3m in month related to the ongoing progress on the catheter labs refurbishment and small values associated with completing schemes rolled forward. The Trust is awaiting confirmation of the ICB capital allocation before concluding the composition of the capital programme for the year.

The Trust retains a strong cash balance.

## **3. Conclusion**

The Trust has continued to have staffing challenges in April but have been able to deliver improved performance in several indicators. The Trust continues to monitor and take actions to mitigate the risks regarding staffing challenges across Anesthetics and Radiology. The clinical and operational teams are well sighted on the required performance and targets for 2022/23 which will be managed through divisional governance structures and Operational Board.

## **4. Recommendation**

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