

Council of Governors (in Public)

Item 9.1

Subject: Month 3 SOF Performance Report
Date of Meeting: Monday 26th September 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 plan.

Level of assurance					
✓	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance 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 30th June 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 81.44% for English commissioned activity and 84.34% for Welsh commissioners.
- There were 58 patients waiting longer than 52 weeks at the end of June. Staff sickness, urgent demand and dropped anesthetic sessions have impacted our Q1 trajectory, IPC (integrated performance committee) have been evaluated of the key areas of concern

within the Surgical waiting list.

- The overall waiting list size has been added to the POF this month and shows that we are currently higher than the forecast trajectory. This is currently under review and is being managed through weekly performance.
- Three Cancer targets remain an active concern for performance: Faster Diagnosis at 55.6%, the 62-day position at 75% and the 62-day consultant upgrade position at 84%. An action plan for Cancer performance has been jointly developed by the Divisions, however capacity constraints for diagnostics (EBUS & CT guided biopsy) remain a continued risk.

Workforce:

- Sickness remained above the 3.4% target in June at 5.19% however is an improving position month on month. The teams are focused on clear and early intervention to avoid long term sickness where appropriate. COVID sickness for July has shown an increase and is expected to impact on the Q2 position.
- Staff turnover continues above 10% and a Trust wide retention action plan has been developed to improve retention rates.
- Executive turnover remains below the target as it is a 12 month rolling average and is impacted by previous months.
- Staff survey figures were shared with the Board April and the divisions have developed 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 Mar 22.
- Dementia Find has been missed in June and is showing at 87.5%. One patient not assessed as admitted as an emergency transfer direct to Oak from Whiston 17/6 and went to theatre the same day.

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

2. Financial Position

The financial performance for the period ending 30th June 2022 is a £586k surplus against a £581k surplus plan. The plan has been updated following discussions with the ICB and the full year target is £2,328k surplus as a result of additional national funding and CIP.

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; Isle of Man income has been particularly strong in

month 3 and has offset. 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 £1,697k year to date related to the ongoing progress on the catheter labs refurbishment and small values associated with completing schemes rolled forward. The Trust is received confirmation of the ICB capital allocation and has now concluded the capital programme for the year. Those schemes not supported by the ICB will roll forward to next year and mitigations have been put in place to address any risks.

The Trust retains a strong cash balance.

3. Conclusion

The Trust has continued to have staffing challenges in Q1 but have been able to deliver improved performance in several indicators. The Trust continues to monitor issues with COVID sickness as well as staffing pressures across Anesthetics and Radiology. However, these are being mitigated as far as possible. The clinical and operational teams are well sighted on the required performance and targets for 22/23 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.