



**Royal Papworth Hospital**  
NHS Foundation Trust

**Agenda item 2ai**

Report to:	Board of Directors	Date: 5 December 2019
Report from:	Chair of the Performance Committee	
Principal Objective/ Strategy and Title	<b>GOVERNANCE:</b> <b>To update the Board on discussions at the Performance Committee meeting dated 28 November 2019</b>	
Board Assurance Framework Entries	<b>678, 841, 843, 847, 850, 865, 873, 874, 875, 1853, 1854, 2145, 2146, 2148, 2149, 2163, 2225, 2249</b>	
Regulatory Requirement	<b>Well Led/Code of Governance:</b>	
Equality Considerations	<b>To have clear and effective processes for assurance of Committee risks</b>	
Key Risks	<b>None believed to apply</b>	
For:	<b>Insufficient information or understanding to provide assurance to the Board</b>	

- Thoracic RTT recovery.** Dr Mike Davies and Lisa Shacklock presented to the Committee. Thoracic has traditionally always met RTT targets, so the dip in performance (and activity) since August 2018 was a concern. Demand continues to increase with increasing numbers of new referrals, and more patients joining the waiting list. The move, including delays and associated staff turnover, had disrupted operational best practice. The current project is focusing on driving more patients through pathways, with better capacity and demand forecasting, and pathway setting. Patient pathways in Thoracic are relatively simple and significant improvements are expected from getting these basics right. The Committee noted that RPH has the physical capacity to treat increased demand if it can get the patient flow right, so there is considerable upside potential.

The Committee agreed to monitor monthly progress and return to a deep dive in 3 months' time.

- Temporary Workforce.** The Committee discussed OM's very helpful report. The destabilising impact of the move had increased staff turnover in recent years, and the use of temporary agency and bank staff and overtime, had substantially increased costs. In response, RPH has increased the capacity of its Temporary Staffing Team to better manage temporary staffing needs, and in particular to encourage greater use of less expensive bank rather than agency staff. We are also taking steps to drive down agency and overtime rates. More effective rostering practices (part of a larger piece across the hospital – see below) will also reduce the need for temporary workforce.

The Committee asked OM to propose to the next meeting targets so the Committee can effectively monitor progress.

3. **PIPR** remained red for October, although Caring returned to green.
  - a. **Safe** returned to red with persistent safe staffing issues in 3 North, 4 N&S and 5 South due to high vacancy rates for the specialist nurses required (particularly in respiratory), although safe staffing remains green on a CHPPD basis.
  - b. **Caring** returned to green with the outpatients FFT score returning to green. JR confirmed that FFT participation rates are consistently high across the hospital.
  - c. **Effective** remained red, with activity and throughput levels remaining below plan but increasing. Critical care staffing levels limited utilisation of Theatre 6, while equipment failures hampered cath lab activity. The Committee noted the central importance of critical care staffing to maximise utilisation, not just of critical care beds, but capacity throughout RPH. Work had been carried out to confirm that we have the staff, and that better rostering practices would enable CCA to operate at full capacity. Focused attention on this “golden thread” is expected to achieve noticeable results over the next few weeks.  
The Meridian optimisation project in Outpatients is also making progress, with a focus on room booking and utilisation, as well as training to ensure staff have the skills to embed improvements for the future.
  - d. **Responsive** remains red, although RTT times are steadily improving and combined is expected to meet 92% target in December. Cardiology continues to go from strength to strength, low cardiac surgery rates reflect the issues in CCA, while the high respiratory rate is flattered by inflation of the waiting list. There was another 52-week breach for the second consecutive month as a result of a referral error. No patient harm resulted and the patient has now been treated. There is also no connection with the previous month’s breach. Work is however taking place to ensure a similar error does not re-occur. The Committee was pleased to see further improvements in IHUs, both against our own 10-day target and the national 7-day target.
  - e. **People** remains red, although turnover continues to decrease. As a result of an increase in establishment, vacancies have increased despite employing more staff than in previous months.
  - f. **Transformation** is amber due to the continuing CIP shortfall. The first phase of the CTP takes place on 2<sup>nd</sup> December, with full service transfer in April.
4. Roy presented his **Finance Report**. Without GIC protection, the Trust’s income position would be £2.9m adverse to plan YTD. Better critical care rostering practices, as well as other optimisation work, were seen as key to hitting the Control Total by year end. CIP is now focused on achieving the savings that have been identified for this year and the planning work for identifying CIP projects for 2020-21.
5. Roy also presented the **Operational Planning Framework 2020-21**, on which work is already starting although the national guidance would only be released after the general election.

Gavin Robert

Chair Performance Committee  
29<sup>th</sup> November 2019