

**Agenda item 2ai**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date:</b> 7 May 2020
<b>Report from:</b>	<b>Chair of the Performance Committee</b>	
<b>Principal Objective/ Strategy and Title</b>	<b>GOVERNANCE:</b> To update the Board on discussions at the Performance Committee meeting dated <b>30 April 2020</b>	
<b>Board Assurance Framework Entries</b>	678, 841, 843, 865, 873, 874, 875, 1021, 1853, 1854, 2145, 2146, 2147, 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>	Insufficient information or understanding to provide assurance to the Board	
<b>For:</b>	<b>INFORMATION</b>	

**1 Significant issues of interest to the Board**

- 1.1 As the Board will be aware, the Trust's main priority is the response to the COVID-19 pandemic and the Agenda and reports reflected this.
- 1.2 The COVID-19 Performance Report was well received by NEDs, who thanked the Trust for this extremely informative report which had been pulled together at short notice.

Key items to note:

Covid-19 Performance Report

- The Trust is receiving referrals from across the region with significant numbers from The Princess Alexandra Hospital Harlow and North West Anglia NHS FT.
- The Trust's Critical Care (CCA) capacity has increased from a previous circa. 27 beds and is currently running 46 critical care beds. This has seen the Trust move into Zones 3 and 4 of its surge plan, with RPH seeing the highest surge in the region.
- ECMO (Extra Corporeal Membrane Oxygenation) capacity has increased; this currently sits at 18 patients and may be commissioned up to 25. The ECMO service is a very effective way of treating the most complex COVID patients.
- 270 staff are currently absent from the Trust for COVID related reasons. 204 staff are social-isolating as they are in high risk health categories. Some of these staff are able to continue to work at home and some redeployed to other roles. Nurses have been redeployed from other areas of the hospital to support CCA. This has involved training and a great amount of flexibility from our staff. The Committee received assurance that staffing is reviewed daily to ensure compliance with safer staffing and the report demonstrated the type of metrics that were being used; this was also due to be discussed in more detail at Quality & Risk Committee later that day.

- The Committee received assurance under 'Caring' of the arrangements put in place to ensure families are able to keep in touch with their relative, whilst not being able to physically visit.
- The report briefly touched on Recovery Plans and the huge complexity of switching services back on.
- It was noted that going forward, 'business as usual' will be different with COVID-19 becoming a normal service line. RPH remains a regional surge centre which could mean providing extra CCA beds at short notice. The Trust will need to be flexible and implement changes quickly as required.
- It was acknowledged that the COVID-19 Performance Report is a developing report and metrics will be added going forward to bring more meaningful data.

### PIPR

- Waiting lists are being reviewed and monitored to ensure urgent patients are seen. Given current circumstances, it was noted that this ongoing careful scrutiny of the patients on the list was currently more important than the absolute numbers.
- Referrals for certain activities such as PPCI, ACS and IHU had dropped off, assuming this was due to patients being cautious about coming into a hospital environment, but this is now seeing a rebound effect under PPCI and ACS with patients coming in as emergencies.

### Finance

- PIPR was flagging red for Finance even though the Control Total had been achieved. TG explained this was because the cost base is changing profoundly due to changes in service line, with the consequent uncertainty for future income this entails.
- The difficulty in achieving the national 7-day payment of invoices was discussed and this will be reported further at the next meeting.
- The anticipated financial end of year position was recognised as a huge achievement for a Trust that has within-year moved hospital and dealt with the start of a worldwide pandemic crisis. Notwithstanding this, areas of concern going forward were noted as CIP and pay costs (especially temporary staffing).
- The 2019/20 Accounts were ongoing with audit of these due next week.

- 1.3 The Committee noted the BAF update and two new risks being (1) Regional Super Surge Centre for Critical Care and (2) Pandemic Risk. A suggestion was made as to whether it might be more instructive to break down the Pandemic Risk into separate risks e.g. staff, PPE etc. It was agreed that the Executive team would take this away for consideration.

## **2 Key decisions or actions taken by the Performance Committee**

- 2.1 It was agreed for the next meeting to keep the focus on COVID-19 Performance, PIPR and Finance.

## **3 Matters referred to other committees or individual Executives**

- 3.1 Staffing risk to be reviewed by Executive Directors, as discussed earlier under BAF. TG to consider Covid-19 metrics that could be added/replaced and discuss with the Chair.

## **4 Other items of note**

- 4.1 None.

## **5. Recommendation**

- 5.1 The Board of Directors is asked to note the contents of this report.