

Agenda item 2.a.i

Report to:	Board of Directors	Date: 4 February 2021
Report from:	Chair of the Performance Committee	
Principal Objective/ Strategy and Title	GOVERNANCE: To update the Board of Directors on discussions at the Performance Committee meeting on 28 January 2021	
Board Assurance Framework Entries	678, 841, 843, 1021, 1853, 1854, 2145, 2146, 2148, 2149, 2163	
Regulatory Requirement	Well Led/Code of Governance:	
Equality Considerations	None believed to apply	
Key Risks	To have clear and effective processes for assurance of Committee risks	
For:	Information	

1. Significant issues of interest to the Board

The Committee agreed to a slimmed down agenda to allow Executives to prioritise urgent matters during the pandemic. SP provided an update on the current situation both within the Region and RPH.

Staff Health and Wellbeing Update

Emma Warren, the new Health and Wellbeing Practitioner, noted that one of the main needs for staff is onsite 121 counselling and, as a trained counsellor, she is already providing counselling for 16-17 individuals (incl. as “walk and talk”). That has also enabled her to ascertain key themes across the Trust, incl. fatigue, stress, PTSD from previous waves and anxiety. Over the next 6-12 months, key strategic actions include supporting line managers to identify wellbeing concerns amongst their teams (EW confirmed that she is already receiving referrals from line managers for members of their team), incorporating personal wellbeing plans into induction and annual appraisal, creating wellbeing spaces and communicating the range of services available.

The Committee received considerable assurance as to the efforts being made to support staff wellbeing at this extremely challenging time. It was agreed that post-pandemic “recovery” plans need to be balanced across both recovery of activity and the recovery of the Trust’s staff.

PIPR

Safe has moved back to ‘Green’ from ‘Amber’ reflecting the reduction in falls and patients with pressure ulcers, as predicted by IG at last month’s meeting. The Committee noted

the apparent (small) increase in infections across a range of bacteria, incl MRSA. IG explained that the incidence of infection remained very low, and both IG and RH confirmed that the apparent increase (albeit very small numbers) likely reflected the very high volume of critically ill patients currently at RPH. IG emphasised that the Trust examines every single case of infection in detail and would continue to monitor cases very closely.

The Committee noted that Caring remained Green and that this considerable achievement should not be taken for granted.

Relatively high levels of theatre utilisation reflected the closure of 4 theatres and effective utilisation of the 2 open theatres; while relatively high RTT numbers reflected the efforts made during the recovery of activity to reduce waiting lists and effective prioritisation reviews (although it was sadly noted that two deaths had occurred on waiting lists this month, to be reported next month).

Covid-19 Performance Report

RH explained that the CCA figures alone understated RPH's treatment of critically ill Covid patients as, in light of its respiratory expertise and unlike DGHs, RPH was able to treat level 2 Covid patients outside critical care. RPH is treating more ECMO patients than any other hospital in the UK except Royal Brompton. Any request to further increase the number of ECMO patients at RPH would have considerable implications for RPH capacity, as well as for activity recovery given their typical long length of stay. EM highlighted the surge in BAU this month on Slide 9, reflecting the stretching increase of activity across all emergency pathways, esp. cardiology, from a reduced bed base.

Finance

It had been another strong month financially, with a forecast strong year end position, driven by the replacement of usual activity (and its associated higher costs) with Covid activity (which was incurring lower costs in H2 due to the fixed and semi-fixed costs already incurred in H1) against an unchanged block contract. The Trust has been open with Commissioners about its financial position, offering to reduce the block contract, and has also offered support to System partners. While the delayed invoicing of Homecare Drug Costs remains a concern, the Committee was assured by the fact that the Finance team has stepped into help to relieve the Pharmacy team under temporary pressure from staff sickness absences and vaccination priorities.

It was acknowledged that the surplus Covid funding is not a genuine CIP. The Committee supported Finance's position deliberately to use it to take pressure off clinical and other teams to achieve CIP improvements this year, given the pandemic and the strength of the Trust's year end financial position, and to focus efforts on next year's pipeline.

2. Key decisions or actions taken by the Performance Committee

None

3. Matters referred to other committees or individual Executives

None

4. Other items of note

None

5. Recommendation

The Board to note the contents of this report