

**Agenda item 2.a.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 7 October 2021</b>
<b>Report from:</b>	<b>Chair of the Performance Committee</b>	
<b>Principal Objective/ Strategy and Title</b>	<b>GOVERNANCE: To update the Board of Directors on discussions at the Performance Committee meeting on 30 September 2021</b>	
<b>Board Assurance Framework Entries</b>	678, 841, 1021, 1853, 1854, 2829, 2904, 3009	
<b>Regulatory Requirement</b>	Well Led/Code of Governance:	
<b>Equality Considerations</b>	None believed to apply	
<b>Key Risks</b>	To have clear and effective processes for assurance of Committee risks	
<b>For:</b>	Information	

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

**Allied Health Professionals.** We had an excellent presentation from Pippa Hales. Pippa explained the importance of the AHP team throughout the pandemic, from proning patients to rehabilitating them for discharge and, most recently during Wave 3, rehabilitating cardiac surgery patients arriving in much poorer condition than typically seen previously. The extent of collaboration between AHPs and the nursing team was a particularly positive development. The importance of the new AHP strategy and leadership was also acknowledged. Key challenges over the next 12 months include stabilising a fit for purpose workforce, with hot spots in ODPs and radiographers, making retention – including wellbeing, EDI and the collective and compassionate leadership program – an important focus. Key opportunities include continued charity support, cross-divisional working (e.g. discharge planning) and improved data to demonstrate impact. The Committee thanked Pippa for her excellent and informative presentation.

It was agreed that future divisional presentation would be timetabled to make them available to all Trustees.

**BAF.** It was agreed that there should be two new separate risks:

- Key supplier risk (where the Trust may be over-dependent on one supplier)
- Supply chain risk (where the Trust may be exposed to supply disruption, although no specific risks for RPH have been identified from the recent disruption)

Executives are considering a possible increase in turnover/vacancy risk ratings, given widespread unhappiness and trade union concerns with this year’s pay review, increases in living costs and intense labour market competition.

**PIPR.** The overall rating was Red, with Finance moving from Amber to Red. The Committee noted the context for some of the disappointing data (especially Effective/Responsive), with August being a particularly challenging month across the whole NHS. There was pressure from high emergency demand, high numbers of Covid cases and high levels of annual/sickness leave (including from the “pingdemic”). No local

Trust has met the 95% target. Lower staff leave and a fall in Covid patients in the second half of September should mean increased activity in that period.

The Committee noted the spotlight on cancer waiting times and, in particular, the disappointing number of 62-day breaches. The data is driven by a small number of cases at RPH; patients experience long delays before they reach RPH, with PET CT delays a consistent challenge. More analysis will be conducted to identify those areas where RPH can nevertheless reduce delays.

The Committee was surprised and concerned by the high (24%) voluntary turnover figure for August. Although there was no common theme, this will be kept under close review, noting the higher risk factors mentioned above. The leap in the number of vacancies in July was however attributable to increased establishment and temporary posts which had not yet been filled. Non-nursing vacancies reflect national shortages.

**Activity Restoration.** 31-33 CCA beds were available on average during August, including around 14 high acuity patients on ECMO/other devices requiring longer stays and higher staffing levels. With that number of patients on devices, CCA is aiming for 33 beds, depending on the number of short notice absences. This could be increased to 36 beds if patients on devices are reduced to a more normal number of 4, although work is being undertaken on ways of working to increase CCA bed occupancy, e.g., drug checking using pharmacy (i.e., non-nursing) staff.

**Finance.** While the Trust over-performed on ERF in Q1, we expect to underperform in Q2, ending roughly on budget for H1. The Committee discussed that the Trust had not performed well under the Better Payments Practice Code and that it was important that the Trust does so, given the important role it plays in the local economy. The Finance team is working on improved payment working practices, and progress will be reviewed by the Committee on a regular basis. The Committee also noted the steep increase in Capex spend forecast for October/November (most notably for medical devices) and the need for real focus in those months to ensure we meet our year-end Capex target without leaving it largely to Q4.

**CIP.** Although there was confidence in hitting the CIP target for this year, the fact that a significant proportion is non-recurrent and that the Trust is likely to face a tighter financial envelope next year, the Committee acknowledged the need to continue work to identify recurrent savings.

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

None

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

In light of increased risk factors for workforce turnover/vacancies and the high turnover figure for August, the Committee underlined the continuing importance of Collective & Compassionate Leadership, Wellbeing and EDI initiatives. This is brought to the attention of Q&R.

**4. Other items of note**

None.

**5. Recommendation**

The Board to note the contents of this report