

**Agenda item 4.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 30 August 2024</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 on 29 August 2024</b>	
<b>Board Assurance Framework Entries</b>	678, 1021, 2829, 2904, 2985, 3009, 3074, 3223, 3261	
<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**

**Medium term plan:** SH talked through the approach to refreshing the Trust’s medium term financial projections, the impact of the EPR programme on this work and the need to align the two. The Committee understood the informal submission required on the ICS medium term financial position and the tactical approach that would be taken in this to continue to flag the funding challenge that EPR poses. The paper highlighted the expected financial mitigations that could be deployed to support the medium-term position. The Committee will receive an update on the medium-term financial plan and financial strategy in October 2024, following EPR OBC sign off.

**BAF.** Cyber risk 1021 increased from 16 to 20 as a result of increasing Consequences from 4 to 5. The Committee questioned why Consequences had increased – this was because recent events demonstrated the potentially catastrophic impact that a cyber breach could have, although our recovery planning measures may reduce that risk over time.

**Finance.** The YTD £0.7m surplus position in part reflects favourable elective performance at 104% of 19/20, which is pleasing to see, although it still falls below expected national target levels.

**Premium temporary staffing spend** remains too high, although data indicates it has declined slightly. The new controls being introduced are unlikely to have a material impact until October/November. Learning from a deep dive in cardiology, highlighting the importance of good rostering practice, is being shared with other divisions. **Assurance: limited pending delivery.**

**PIPR** moved from red to amber as a result of Safe moving from red to amber and Finance from amber to green. Effective and Responsive remain red and were adversely affected by the tail end of IA and disruption from the CPE outbreak.

**Theatre utilisation** was high at 91% (target 85%) supported by effective flow through ERU beds which are due to move from 7 to 10 in September. **Assurance: high.**

**CT reporting.** Good progress is being made. The number of patients waiting for a CT report has reduced from 1031 to 670 since 1<sup>st</sup> July, while patients waiting for a CT report more than 4 weeks has reduced from 475 to 345 since 22<sup>nd</sup> July. The Committee queried the sustainability of progress

given reliance on external consultants. Further assessment of the longer-term position is being conducted In September and will return to this Committee in Sept/Oct. **Assurance: medium.**

**Long waiters.** The numbers remain stubbornly high at 47 (even if lower than the three previous months). Measures being taken include investing in further capacity for TAVI and PFO (referred to as “structural services” in PIPR) patients, trying to address late referrals from referring hospitals, re-allocating patients to surgeons with greater availability and, importantly, a further PSI plan being developed over the next couple of weeks. **Assurance: limited pending delivery.**

**Patient flow.** Although a lot of effort is going into this, with specific working groups to address specific obstacles, the changes required are complex and further time is needed to achieve real impact.

**Assurance: limited pending delivery**

**Productivity.** The Committee discussed the new productivity metrics and tools released by NHSE which have a headline productivity metric which disappointingly puts the Trust at a declining productivity of -27%, in the lowest quartile across NHS Trusts. SH explained the two material technical accounting changes for homecare drugs and high-cost pass-through devices which her team have escalated to NHSE region that materially impact this calculation. Stripping out these items indicates a revised productivity metric of c-4.5% which would move us to the highest quartile. This more closely aligns to the workforce productivity metrics (-5%, highest quartile) and is further corroborated by the Trust’s internal work that highlights pay spend growth vs activity output as an area of focus. The Committee looks forward to seeing further work in this area.

**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.