

Agenda item 2.a.i

Report to:	Board of Directors	Date: 03 June 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 29 April 2021	
Board Assurance Framework Entries	678, 841, 1021, 1853, 1854, 2833	
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

BAF

As a pilot, BAF was reviewed both at the beginning and end of the meeting in order to provide greater focus and structure to committee discussion around risk.

- Greater focus was needed for Cyber risk 1021 in order for the Committee to obtain assurance. It was agreed that cyber risk monthly reporting would be wrapped into the revised PIPR and the Committee would also receive a report on a quarterly basis. AR explained that the risk has reduced from 20 to 16: while likelihood remained high, impact had reduced as a result of the back-up systems that had now been implemented.
- Re-allocation of Risk 2829 Achieving financial balance from Board to Performance was recommended.
- A new System-wide risk to financial sustainability would be added to the BAF
- Further consideration would be given to the appropriate allocation between Performance and Q&R of staffing risks 1853 and 1854 (turnover and recruitment)
- While the BAF provides an appropriate focus for the Committee, that focus is not exclusive and the Committee must continue to monitor and assess performance (and risk) across the Trust's activities.

The renewed focus on the BAF provided a positive contribution to the discussion.

Radiology and Imaging

The Committee received an excellent presentation from Dr Martin Goddard, Jane Speed and Emmer Mercer on Radiology & Imaging. While routine work was suspended during Wave 1 with many staff redeployed, in Wave 2 85% of activity was maintained (even though Covid ECMO patients typically take more than twice the time). Waiting lists were (and are) managed through a combination of clinical priority and chronological order. Following Wave 2, services are being restored to normal levels, but with waiting lists up to 13 weeks for CT and 8 weeks for MR; the backlog is not expected to be cleared until September. The pandemic has also resulted in an increase in reporting times of greater than the target 3 days; these are being improved through

improvements in allocation and moving from time to activity-based contracts, although pressure on consultant time remains. RPH has also helped CUH to reduce its waiting lists, seeing an additional 260 CUH patients @ 10 patients per week, which will continue until June 2021. Cooperation has been extremely complex, requiring lengthy negotiation and robust administrative procedures. CUH still have a backlog of 3,000 patients. RPH will review in September, once its own backlog has been cleared, what capacity it has to provide further assistance. As we move towards greater system-working under the ICS and the potential for a system-wide Patient Tracking List, further consideration will need to be given to making best use of system resources to prioritise diagnostics for the highest priority patients across the system. Staff wellbeing is now a priority, following a 33% increase in workload for the team and morale is low and sickness absence has increased. Efforts are focused on reviewing rotas and establishment.

PIPR

This is the last time PIPR will be in the current format, with a workshop planned for 12 May to discuss a revised report. Ratings remained unchanged this month with Safe and Caring green, while other areas remained red. EM confirmed that the 52-week breaches concerned the lowest priority patients (incl. those choosing to wait for a second dose Covid vaccine before having treatment). Agency spend as a % of salary bill has increased as activity is restored, and the Committee will review the plan to minimise agency spend at the next meeting.

Waiting list prioritisation

Although the differences between divisions were evident, e.g. between cardiology and respiratory in the extent to which the curve moved forward from March to April as P3 patients are reallocated to P2, tracking and monitoring is a complex task which requires further thought. There is still no national measure for monitoring this and RPH is ahead of the curve in its approach.

Finance

The Trust ended the year with a surplus of £0.3m and the shadow ICS in balance, which was acknowledged to be a considerable achievement in the circumstances. Although Homecare had suffered a setback due to staffing issues, the Committee received assurance that the move towards automatic invoicing would lead to a sustainable improvement. While substantial bad debts were written off this year, they date back to 2017. Since then, processes had improved considerably to avoid similar issues arising (although the need to write off further significant amounts owing from the earlier period, before process improvement, could not be excluded).

CIP

The Committee discussed whether the BAF rating of 20 was justified given the efforts that are now being put into the pipeline. TG informed the Committee that RPH does not have a strong track record in achieving CIP targets and this was the first year in which we would have really robust processes in place. We need to see realised benefits emerging from those processes before we reduce the risk in the BAF. We would hope, however, to reduce the rating during the course of the year as cost savings begin to be realised.

2. Key decisions or actions taken by the Performance Committee

Draft operational plan recommended for submission.

3. Matters referred to other committees or individual Executives

Executives to review and propose BAF allocation of risks between committees, and new System-wide risk to financial sustainability

4. Other items of note

None

5. Recommendation

The Board to note the contents of this report