

**Agenda item 2ai**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date:</b> 3 September 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>27 August 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 is now working on a programme of Recovery and Restoration of Activity following COVID-19; it was agreed to focus discussion on these reports.

**1.2 Update on Division of Surgery, Transplant & Anaesthetics**

The Committee welcomed this presentation led by David Jenkins, Clinical Director & Consultant Surgeon. The report gave an informed update on how the Division had managed and adapted during COVID-19, including activity, staffing, ECMO service. As the Trust moves in to the Recovery phase, the Committee was updated on the phased surgical recovery approach, theatre activity, national lung transplant activity, transplant recovery work and the restructuring of the transplant service. The positive influence of the Clinical Decision Cell (CDC) was acknowledged along with the CDC medium term strategy. The Committee received considerable assurance on the substantial progress being made by the division to restore normal activity. The report also highlighted a number of areas for improvement, including issues related to the working environment for staff. Several of these are already being addressed by the Trust, and Executives were requested to report back to the Committee on progress in addressing these at the next meeting.

**1.3 PIPR**

The report continues to reflect the impact of COVID-19 which not only relates to clinical areas but also on other areas such as appraisals (which are below target) and concerns on finance. The Committee were advised that the 62-day cancer wait standard has now returned to compliance. Under 'Safe', a spotlight report looked at Surgical Site Infections, and this will be reviewed in detail by the Quality & Risk

Committee. Temporary staffing expenditure was discussed and a report on actions being taken to reduce agency spend and overtime would be presented to the next meeting.

#### 1.4 **Finance**

The Trust is still working under an emergency financial operating model. A letter from NHSI/E received last week sets out the financial plan for the second half of the year, although there remains significant uncertainty which makes it difficult to form an accurate financial forecast for the Trust, including the extent to which the costs associated with restoring activity will be met in full. The Committee discussed the likelihood that Trust income could be linked to the performance of the regional STP as a whole. A paper on this will be submitted to Part 2 Board in September to discuss in detail.

TG confirmed the intention, with which the Committee agreed, to focus on those items which would improve the Trust's financial position (incl. controlling expenditure run rates, CIPs, switching on other income sources) regardless of the nature of the financial framework that is ultimately applied. He noted that Private Patient income had picked up in August and is expected to recover in the coming months, while the additional Homecare drug costs are close to resolution.

#### 1.5 **Restoration of Activity**

The Committee were updated on the CDC Medium Term Strategy and Phase 3 targets. The Trust has also been asked to look at the Regional Re-surge plan should a 2<sup>nd</sup> COVID surge arise. The Trust is looking at a range of options to enable a flexible response if required. It was noted that Sir Simon Stevens is keen to visit a Trust on the recovery pathway; nationally NHSE had identified and nominated Royal Papworth for this. A date for the visit is hoped to be confirmed by the September Board meeting. Based on the very positive data and explanations provided, the Committee received assurance that substantial progress was being made by the Trust to restore activity in line with the CDC Strategy. In many cases the Trust was ahead of targets and, in those areas where it was not, this tended to be due to significant variability in demand (incl. organ availability) rather than levers within the Trust's control. There was therefore confidence that the Trust would also meet and, in many areas, exceed the Phase 3 NHSE targets.

#### **BAF/Corporate Risk Register**

During discussions on BAF it was agreed that a new risk regarding the proposed financial plan will be discussed at the September Board meeting. Executives agreed to re-examine the Corporate Risk Register to make sure that all risks were appropriate and up to date, including removing any redundant/historic risks.

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

None.

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

None. It was noted that the increase in SSIs would be looked at in detail by Q&R.

#### **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.