

**Agenda item 4.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 6 March 2025</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 Committees on 30 January and 27 February 2025</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**

**BAF.** The Committee approved a substantial increase in the risk rating for risks 1021 (Potential for major organisational disruption due to cyber breach) and 3536 (Trust’s ability to recover from a digital incident) to 20 and 16 respectively.

**Finance.** While a capex underspend vs target remains, good progress has been made, it will be a focus next month and there is confidence that the target should be met by year end. **Assurance: good**

**Premium temporary staffing spend** is heading in the right direction but requires more time to see if this represents a positive trend. Work on trajectories, with central team challenge to divisional targets, is ongoing. The Committee queried the increased use of agency for admin staff. OM explained that admin staff is a broad term which, e.g. also captures senior non-clinical support for clinical areas. A detailed breakdown of this spend will come next month. It was noted that the increased use of PSI to meet elective care priorities will result in increased premium pay (overtime). **Assurance: limited pending delivery.**

**CIP** is on plan. **Assurance: Good.**

**PIPR** has moved from red to amber this month, with Safe moving from red to amber, but Caring moving from green to amber (due to one complaint response being late). Effective and Responsive remain red.

**Effective.** ERU and ICU bed occupancy have improved significantly in the last month, and theatre and cath lab utilisation are both good, with a consequent positive impact on STA activity and RTT and a reduction in cancellations. The Committee received a helpful report on the review of ERU capacity, reinforcing the need to ringfence ERU beds. **Assurance: Partial.**

**Responsive.** The Committee remains concerned at the consistently high number of 52-week breaches. This should be addressed partly by the new PSIs (TAVI, cardiology and long waiters) and the new being prepared to achieve the new Elective Care Priorities (see below). **Assurance: partial pending delivery.**

**CT reporting.** Reporting suffered a deterioration due to a fall in performance by our insource supplier. The Committee was therefore pleased to see a medium-term plan to achieve sustainable improvement not dependent on a single insource supplier. This involves improving digital capacity to make images available outside RPH, enabling it to take advantage of the much wider pool of external capacity. **Assurance: partial.**

### **Elective Care Priorities**

The Committee received an excellent presentation from Michael Kaiser, the new Director of operational improvement and delivery, on how RPH will achieve the new elective care targets, with detailed breakdowns by division. It is early days and the plan requires considerable further discussion and refinement, but demonstrated admirable ambition and grip. The Committee raised a number of questions, including maximising use of innovation and AI, impact on quality of care and staff wellbeing and inclusion, as well as financial implications (including use of premium pay rates for PSIs and impact on the operating plan, below). The essence of the plan is to clear the backlog by way of temporary remedial action, allowing RPH to return to a sustainable way of working demonstrated by recent improvements. While the flow programme has not yet delivered, largely due to lack of ownership to achieve behavioural change, it is hoped that working towards the new targets will “supercharge” the flow programme at the same time.

### **Operating Plan 2025-26**

The Committee discussed the proposed Operating Plan which will be coming to the joint extraordinary meeting of the Board/Performance Committee on 19<sup>th</sup> March. The Committee recognised the difficult balance between affordability and accelerated performance, and the need to incur greater financial risk than previously.

### **Supply Chain**

The Committee received a presentation from Kenny Otto, Head of Supply Chain, on how we are implementing the previous PWC recommendations. These aim to reduce inventory from 78 days (worth around £7.3m) to 45 days, potentially releasing savings of £2.4m.

## **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.