

**Agenda item 2ai**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 2 July 2020</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 on discussions at the Performance Committee meeting dated 25 June 2020</b>	
<b>Board Assurance Framework Entries</b>	<b>678, 841, 843, 865, 873, 874, 875, 1021, 1853, 1854, 2145, 2146, 2147, 2148, 2149, 2163, 2225, 2249</b>	
<b>Regulatory Requirement</b>	<b>Well Led/Code of Governance:</b>	
<b>Equality Considerations</b>	<b>To have clear and effective processes for assurance of Committee risks</b>	
<b>Key Risks</b>	<b>None believed to apply</b>	
<b>For:</b>	<b>Insufficient information or understanding to provide assurance to the Board</b>	

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

1.1 **Cardiology.** David Begley and Carrie Skelton-Hough provided an overview of how Cardiology had responded to the pandemic and its plans for recovery. There are significant differences in activity between different service lines. For instance, while rhythm management consultations had largely continued as usual, elective activity and electrophysiology had largely ceased. There has also been a significant reduction in emergencies/urgent treatments, leading to a rebound now as urgent patients returned often requiring greater intervention and longer length of stay. Unsurprisingly compliance with the Referral to Treatment (RTT) target had fallen significantly, from around 95% before the crisis to around 75%. Waiting lists are being scrutinised carefully to prioritise those patients requiring urgent treatment. The main constraint to achieving recovery of activity is staffing (e.g. in order to open the 6<sup>th</sup> cath lab). The Committee received assurance that everything was being done to deliver effective care for as many patients as possible, given the constraints created by the pandemic.

1.2 **Covid-19.** The Committee welcomed the informative report and noted that the very high Friends & Family Test (FFT) score during the pandemic was a testament to the Trust staff and the effort that had gone into looking after patients and their families during the pandemic. OM confirmed that the Trust is re-focusing on the Compassionate Leadership, BAME and staff wellbeing initiatives that have been progressed prior to the pandemic and which are even more important now as we move into a recovery phase. Retention, currently below historic levels, will likely become a significant issue as staff may reactivate plans to leave that had been put on hold during the pandemic.

## **2. PIPR.**

There had been a significant reduction in referrals during the pandemic, which are now likely to rebound. In the meantime, growing waiting lists had been validated (including with the help of reassigned administrative staff). While cancer treatment has continued unabated, there have been some clinical decisions to delay treatment in some cases, which are expected to lead to breaches of the 62-day pathway next month.

The Chair queried the relatively high number of 52-week breaches. A large number relate to respiratory sleep study patients which had been stuck “in transition” for whom there was a very low risk of harm. Clinical decisions had been taken to prioritise patients which had been on the list for a shorter time but which required more urgent treatment. The Committee was assured that prioritisation decisions were being driven by clinical need rather than compliance with targets, and that all necessary steps were being taken to avoid patient harm.

Stephen Webb and Josie Rudman provided an update on the M.absessus situation in response to a request from the Chair. While the Serious Incident Investigation found no acts or omissions on the part of the Trust, the Committee was assured that lessons are being learned to improve hospital practices in light of the experience.

## **Finance.**

TG explained that the existing block payments regime is due to end in July and, whilst we are aware of the significant amount of work that is taking place at NHS England to define the financial framework of the NHS post July, there is currently some uncertainty as to what that future framework will look like. Prudence is therefore required and, whilst money will not be a barrier to providing care to Covid-19 patients, as we turn our minds to recovery, we cannot assume that costs above prior year spend will be funded (e.g. we can't establish new services or increase trust establishments).

In May, the Trust broke even as a result of the emergency regime that is currently in place. If the Trust had been functioning under the pre-Covid financial architecture, it would have posted an underlying deficit of c.£3.8m in-month. £1.3m would have previously been covered by Financial Recovery Fund (FRF), however a further £2.5m was a result of the impact of Covid-19 reducing overall activity levels at the trust (both NHS and Private Patients). There would be a renewed focus next month on CIP and the Trust's capital expenditure programme.

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

3.1 None.

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

4.1 There were no items for escalation.

## **5. Other items of note**

5.1 It was agreed that as part of providing assurance to the Committee, there would be a rolling programme of presentations by divisional directors added to the forward planner, with cardiac surgery due next month.

## **6. Recommendation**

6.1 The Board of Directors is asked to note the contents of this report.