

Agenda item 2.a.i

Report to:	Board of Directors	Date: 1 July 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 24 June 2021	
Board Assurance Framework Entries	678, 841, 1021, 1853, 1854, 2829, 2904	
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

Pharmacy presentation

The Committee received a presentation from Jenny Harrison, Chief Pharmacist. The pharmacy team played a significant role during the pandemic, including helping to set up the vaccine clinic and ensuring that the hospital did not run out of drugs. Key challenges are vacancies for registered pharmacists and pharmacy technicians (with pharmacists increasingly choosing primary care over hospitals and lower numbers of students), lower banding than RPH's neighbours and a lack of career opportunities. Morale is low and while the number of new recruits has helped to fill vacancies, this has imposed a training burden on existing staff. The team is focusing on addressing issues, including focusing on the benefits RPH has to offer, including career and professional development opportunities. The Committee welcomed the CIP success already achieved and the opportunities for further efficiencies, and the fact that the pharmacy team is "ahead of the curve" in its cooperation within the ICS.

The Committee thanked Jenny for her excellent presentation and asked her to pass on the Committee's thanks for the efforts of the whole pharmacy team.

BAF

Given the financial challenges faced by the ICS, the Committee agreed with the proposal to increase the risk rating from 16 to 20 for BAF 2904: Achieving Financial Balance at an ICS level. While, as previously agreed, Cyber risk (1021) is subject to a quarterly report (due August), for its assurance the Committee requested more information on ongoing mitigation than currently provided in the Committee Risks Assurance Summary.

PIPR and Activity Restoration

The data on GP referrals to other hospitals in the region appears to show that the drop in referrals at RPH is greater than that being seen at other hospitals. EM suggested that one explanation may be that cardiothoracic conditions are less easily diagnosed and referred by GPs seeing patients virtually due to the dependence on diagnostics tests to inform first outpatient discussions. Respiratory is also questioning the data as it does not appear to reflect the level of GP referrals they are seeing on the ground. While RPH is already maximising its capacity so an increase in referrals would not lead to an increase in activity, it is imperative that patients requiring treatment

can be added to the (already long) waiting lists so their treatment can be subject to clinical prioritisation. The Committee agreed therefore that it was important to get to the bottom of this issue and EM would report back next month.

EM explained that the lower non-CCA bed occupancy rate is due to the fact that RPH is pushing through more day cases to maximise capacity, while the occupancy data is recorded at midnight. The Committee welcomed the “sea of green” for activity restoration. EM noted however that a recall of Phillips CPAP devices will require additional ambulatory day cases for around 5,000 patients (although patient risk is very low), and this will likely distract the RSSC team over the coming months.

Temporary staffing

The rigorous establishment exercise that has been undertaken with clinical divisions has allowed for greater temporary headroom this year to enable staff to take annual leave, and catch up on CPD. While the flexibility afforded by temporary staffing is a critical part of operations, steps are being taken to minimise cost by encouraging more efficient use (including maximising bank and minimising agency and overtime usage). A budget for temporary staff has been established for the first time which the Committee will monitor, and temporary staffing will be subject to a quarterly spotlight in PIPR.

Finance and CIP

The Committee noted the strong position this/year to date and the need to position the Trust as strongly as possible ahead of 2022/23 which is likely to be a much tighter year financially. The Committee also noted that a change in the treatment of the ERF by the ICS has resulted in a revised surplus to the Trust’s financial plan for H1. Whilst this this is in line with the trust’s intention from the start of the financial year, we should welcome the increased transparency as to where contributions to the ERF are coming from.

- 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