

**Agenda item 2.a.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 3 December 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 of Directors on discussions at the Performance Committee meeting on 26 November 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>	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**

- 1.1. **Wave 2 Surge planning and implementation.** It was clear that, coming after Wave 1 and the huge effort by all staff to recover activity in recent months, Wave 2 would place enormous pressure on Trust resources and, most importantly, staff. Cohort 1 (35 staff) have now been redeployed to CCA, and Cohort 2 have been released for training. While the first three weeks of October were relatively unaffected and saw activity levels continue to increase, elective activity in the last week and during November would be significantly affected by this redeployment. PIPR and Restoration of Activity should be read with this in mind.
- 1.2. **PPE.** The Committee received assurance that the Trust is going into Wave 2 with a very strong PPE position.
- 1.3. **Restoration of activity.** After the experience of restoring activity after both the move and Wave 1, there is some justifiable confidence that restoration of elective activity after Wave 2 (or 3) would be even faster and more effective. In addition, it was easier to re-start activity where this has been turned down rather than turned off. Staff will however need considerable rest and recuperation.
- 1.4. **Finance.** While the Trust's finances had been ahead plan by £0.2m in October due to reduced COVID-19 spend and increased private patient activity, it is clear this would not be a recurring position. The Committee also discussed Homecare Pharmacy costs and received assurance that the failure to issue invoices promptly in the previous month did not disclose underlying system issues – it had been quickly spotted and addressed. While it will be challenging to retain focus on CIPs given the strong headwinds, the Committee agreed that continuing to focus on recurrent cost savings to end the year with the best possible month-on-month position was the right thing to do.

- 1.5. **Workforce.** The Committee acknowledged the huge achievement of the team in reducing vacancy rates, especially for nursing staff (below 5%). Given the importance of maintaining wellbeing during the pandemic, the Committee also welcomed the recent investments in wellbeing that had been made and thought that this is something which the Board or one of its committees should consider in more depth. With that in mind, a presentation in January by Emma Warren, Health and Wellbeing Practitioner, would be welcome: further thought would be given as to whether this was to Performance or Q&R, or directly to the Board. While it was agreed that the paper with proposed metrics on temporary staffing would be postponed, the Committee acknowledged the importance of maintaining focus on the issue (and welcomed the news that agency staff were being increasingly recruited as permanent employees, e.g. in radiology).
- 1.6. **Referrals.** While there has been a good uptick in GP referral rates, the Committee noted this is likely to fall again as both Wave 2 and the mass vaccination programme will reduce GP resources, and consequently referrals. Consultant referrals were similarly affected by the extent of recovery in referring organisations. Trust waiting times would however remain critical to the level of referrals and communication of these and other relevant factors would continue to be made by clinical directors to referring organisations.

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

**Operational Planning.** The Committee endorsed the proposal from TG for a more simplified and centrally led approach for operational planning for 2021/22 (Route 2) in light of the substantial uncertainties around demand and to reduce the burdens on Trust teams. The only exceptions where a more bottom-up divisional approach would continue to be adopted are Critical Care and Corporate Services.

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

Consideration to be given to a presentation on staff wellbeing at Performance, Q&R or main Board.

## **4. Other items of note**

None

## **5. Recommendation**

The Board to note the contents of this report