

**Agenda item 2ai**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date:</b> 1 October 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>24 September 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 Update from Thoracic Division**

The Committee welcomed this presentation led by Mike Davies. Prior to the pandemic, Thoracic was struggling to achieve activity to match demand. The division made a massive contribution to both the hospital's and the system's response to the pandemic, including ECMO and a new acute CPAP pathway. Despite determined efforts, recovery of activity has been slower due to some unique challenges, including the high proportion of shielding patients, the especially complex pathways and the need for aerosol-generating diagnostics. As a result, it will likely fall just behind Phase III targets for recovery. The Committee commended the team's response to the pandemic and received considerable assurance on the substantial progress being made by the division to restore normal activity. MD anticipated that any second wave is likely to present different challenges, with more non-elective transfers. Despite the immense pressures they faced, he thought staff morale was reasonably robust as we approach what is likely to be a uniquely challenging winter.

**1.2 Response to estates issues raised by Surgery presentation**

TG provided a summary of the actions being taken and the Committee received assurance that progress was being made, although in some cases there was no "quick fix".

**1.3 PIPR**

Two domains were rated as Green (Caring and Safe) and all other domains were rated as Red. Although Effective and Responsive were still red, the Committee noted that many of the key metrics (theatre/cath lab utilisation, waiting lists, RTT) are moving in the right direction. Despite the many positives, TG confirmed that Finance remains red as CIP

planning is behind schedule and there remains some uncertainty to be worked through in relation to the trust's year end position.

#### **1.4 Restoration of Activity**

Based on the data and explanations provided, the Committee continued to receive assurance that substantial progress was being made by the Trust to meet NHSE/I targets for activity recovery. Outpatient attendances and bookings had now returned to the level achieved as a result of the Meridian study. While there was under-delivery in respect of first outpatient appointments, this was due to a conscious decision to switch resources to follow-up appointments and should be just a temporary issue. Admitted activity was progressing really well. Day Cases remain difficult, largely due to the lead times between testing patients and receiving results from the CUH lab, requiring most admissions to be the day before. Overall, meeting NHSE/I targets is the most challenging in Respiratory for the reasons discussed by MD.

#### **1.5 Finance**

The Committee received assurance that the Homecare Drugs costs and PFI support monies would be resolved. TG also confirmed that, notwithstanding previous uncertainty, the STP has confirmed that RPH will receive full funding for its £7m of additional COVID-19 costs. The impact of elective activity incentive scheme remains however unclear, with the risk that RPH may not be compensated for exceeding activity targets (and increased costs associated with that) if the STP overall fails to deliver the targets. Executives will consider whether to update its forecast in light of these recent indications.

#### **1.6 Temporary Staffing**

The Committee welcomed OM's very helpful paper. It was noted that the proposed metrics in para 2.3 (included in the 20/21 Operational Plan) may no longer be applicable. Executives will consider further what targets and trajectories could be reported against and monitored on a rolling basis, although the Committee noted there may be too much uncertainty to come up with meaningful metrics. It was agreed, however, regardless of metrics, that it was very important to maximise progress in this area, and the Committee would continue to monitor progress closely.

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

None.

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

GR will discuss with the Chair of SPC which committee should have primary responsibility for monitoring CIPs.

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

None.

### **5. Recommendation**

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