

Agenda item 2.a.i

Report to:	Board of Directors	Date: 5 May 2022
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 28 April 2022	
Board Assurance Framework Entries	678, 841, 1021, 1853, 1854, 2829, 2904, 2985, 3009	
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

BAF. The Committee agreed with the changes in the risk ratings set out in the report, except queried the decrease in cyber security risk. This was largely as a result of the adoption of a new dashboard tool which triangulates information across different areas. The Committee expressed concern in relation to the maturity of the tool and progress with the BCP (see below); the Executive agreed to reflect on this prior to a final proposal being put to Board. For this reason, the decrease was not supported by the Committee.

Cyber Attack Business Continuity Plan. This was due to be brought to the Committee at the Committee’s request made at the end of last year. Following a deep dive, it was reported to the Committee that the plan requires a significant amount of further work and would come back to the Committee within the next 3 months. The Committee expressed concern at potential vulnerability in the interim. Execs reassured the Committee that the Trust had a workable plan in place should there be a cyber attack. Although the Committee were pleased to receive the reassurance, in light of the of the significant amount of further work required on the plan prior to Committee being able to review, the Committee concluded that it has not received adequate assurance in this area.

Leavers data by ethnicity. This demonstrated that for the previous year there had been no material difference in the proportion of leavers by ethnicity (or their reasons for leaving), although a higher proportion of BAME than white staff appear to leave within the first two years. The Trust would like to introduce a formal exit interview process which would provide more insight into the reasons for leaving, although capacity constraints in HR were acknowledged. The data emphasised the importance of ongoing efforts (line manager support, career progression, wellbeing etc.) to improve retention.

PIPR worsened to red this month, as a result of Safe turning red due to safer staffing issues (although Finance turned green given the huge achievement of recording a £3.2m surplus and delivering the CIP plan in year). The month was characterised by high levels of short notice staff absence caused by very high Community Covid infection rates as well as very high emergency activity, all having an impact on elective activity (as well as staffing ratios). SP pointed out that, without underplaying the significance of the deterioration, RPH remained a positive outlier for safer

staffing within the ICS. Following concerns raised during the presentation on thoracic oncology last month, PIPR this month included data on outsourced diagnostics. While PET CT had already seen some improved turnaround times, the replacement of the CUH static scanner offers potential faster imaging times. Given the impact on our lung cancer pathway, the way we work with CUH on PET-CT scans has been escalated to SPC. Although the turnaround times for histology are slower than when performed in-house at the old site, they significantly exceed national targets and so do not pose any concern. Further lab data is required to assess genomics turnaround times and will be reported subsequently.

Activity Restoration. The Committee discussed the Meridian productivity work at length. An exciting opportunity to improve theatre utilisation by 25% and cath lab utilisation by 10-15% has been identified. The Committee received assurance, based on Meridian's approach of identifying skills gaps and including training and our experience in Outpatients, that improvements are likely to be sustainable. The work is hand in hand with the CCA transformation project to ensure we have the critical care beds to realise the benefits of increased theatre and cath lab capacity.

Private Patients. Following the Committee's request last month, we received a report on private patient profitability following work by E&Y. Although private patients as a whole was profitable for the trust, a number of loss-making areas have been identified and RPH are working with experienced consultants to negotiate increased tariffs with insurers. Outcomes from this work will be brought back to the Committee. It was agreed to escalate to SPC a review of the Trust's Private Patient strategy, which would look into market strategy, the need to align with ICS requirements, and ethical considerations.

2022-23 Plan. The Committee considered the revised Plan, as advised by TG at last month's Board meeting, which now forecasts a deficit. This is based on a more realistic high inflation and high Covid scenario (including staff absences) which would mean that RPH would only be able to hit the 104% elective target for ERF funds at the end of the financial year. This trajectory already builds in an assumption that the Meridian productivity gains are achieved by the end of the year. The Committee agreed that a deficit is not an acceptable position and that the Trust would have to work hard to improve on it. This may include, for instance, a more aggressive trajectory to bring forward productivity gains earlier in the year, although it was noted that this will be very challenging, including the staff engagement and training required. Subject to NHS response to the plan, the Committee would expect to see a financial recovery plan, with specific governance arrangements to monitor progress in the near future. On this basis the Committee approved the plan for submission.

2. Key decisions or actions taken by the Performance Committee

The Committee approved the 2022-23 Plan for submission.

3. Matters referred to other committees or individual Executives

Execs to reconsider risk rating for cyber security for consideration at Board.
Private Patient strategy escalated to SPC.

4. Other items of note

Discussion around Soft FM services to be raised in Part II.

5. Recommendation

The Board to note the contents of this report