

Agenda item 4.i

| Report to: | Board of Directors | Date: 3 July 2025 |
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| Report from: | Chair of the Performance Committee | |
| Principal Objective/ | GOVERNANCE: To update the Board of Directors on | |
| Strategy and Title | discussions at the Part 1 Performance Committee on 26 June 2025 | |
| Board Assurance | 678, 1021, 2829, 2904, 2985, 3009, 3074, 3223, 3261 | |
| Framework Entries | | |
| 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

In light of the discussion around CIP delivery below, the Committee requested that Executives consider whether the BAF risk needs to be increased, noting that CIP is a corporate risk and that the BAF risk 2829 Achieving financial balance incorporates a range of factors, of which CIP delivery is just one.

Finance

The Committee noted the very substantial financial challenges facing the NHS nationally and regionally, with a number of system trusts already in financial deficit at M2. Reduction in agency spend has continued to progress well. The Committee requested more granularity around the Corporate spend.

CIP

The Committee discussed CIP progress in some detail. The Committee noted its concern than we have not met our delivery target and even if we did so, incorporating the value of schemes that have so far been identified and not yet been validated, there would still be a very substantial shortfall. HMc explained how they have brought in extra PMO resource and introduced tighter governance. This is an area that the Committee will continue to scrutinise closely.

Elective recovery

The Committee noted the solid progress that continues to be made with the number of patients on the PTL at its lowest in 18 months and a substantial reduction in patients waiting over 18 weeks. Radiology is emerging as a key concern, leading to a review of the radiology pathway which will report to the committee next month. Greater assurance can be derived based on the number of schemes in the plan. Over the next two months, there will be greater focus on long waiters including those over 52 weeks. This will inevitably mean that more waiters tip over 18 weeks during this period, but should prepare the ground for a more dramatic improvement in performance in Autumn. HMc and MK explained how tighter governance over long waiters will ensure a firmer grip in this area. The Committee requested further assurance that we are treating patients once referred to us as quickly as possible. The Committee emphasised that it is not expecting the normal rigorous prioritisation process based on therapeutic need to be compromised.



Bed occupancy

The Committee heard how ERU occupancy was unusually low in month as a result of case mix management in light of leave absences, with unfilled cardiac surgery slots being used for thoracic patients which do not usually require a CCA bed. The Committee agreed that this did not bring into question the way that capacity is allocated between CCA and ERU.

The Committee noted that occupancy excluding CCA remains stubbornly 10% below target at 75%. HMc agreed to report back to the Committee on the reasons for this and whether anything needs to be done to address it.

EPRR

The Committee considered the annual report on the Trust's Emergency Preparedness, Resilience and Response (EPRR) performance in 2024–25 and priorities for 2025–26. While the report notes that we were behind where we should have been, for instance reflecting "cultural de-prioritisation of business continuity planning", many of the issues have been addressed and we are now seeing better training take up and compliance across the organisation. While assurance is limited re cyber resilience, a clear plan is now in place to improve assurance (see also Part 2). The Report is recommended to the Board for approval.

Green Plan

The Committee was unable to read the Green Plan itself prior to the meeting and so is unable to recommend it for approval by the Board. Nevertheless, the Committee received an excellent presentation from Nigel Heath, Project Manager. NH acknowledged that less progress had been made over the last three years than we would have liked, but the new plan recognises many of the reasons for this and has put in place new governance, greater engagement, more "do-able" actions and facilitation by Estates, which should ensure much greater progress in future. In line with the discussion at the previous meeting, the Committee requested that NH consider measurable outputs alongside inputs to monitor progress. This could return to the Committee at the next review towards the end of the year, and need not hold up approval of the plan at Board.

- 2. Key decisions or actions taken by the Performance Committee EPRR Report is recommended to the Board for approval.
- 3. Matters referred to other committees or individual Executives
- 4. Other items of note None
- 5. Recommendation

The Board to note the contents of this report.