NHS

Royal Papworth Hospital
NHS Foundation Trust

Agenda item 2.a.i

Report to:	Board of Directors	Date: 03 June 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 27 May 2021**	
Board Assurance Framework Entries	678, 841, 1021, 1853, 1854, 2829, 2833	
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**

Critical Care presentation

The Committee received a presentation from Cheryl Riotto and Jane Speed on Critical Care. What was particularly impressive was the fact that CCA have managed to progress the CCA Optimisation Project to ensure that we avoid resumption of the issues around bed availability that so adversely affected hospital activity following the move, while at the same time expanding activity and treating the surge of Covid patients during the pandemic. The recruitment gap is eradicated, with the focus on skill acquisition and retention, roster management is improved, flexible working arrangements have been reviewed and continue to be optimised as BAU, a new augmented nursing model of care is in place, and mechanisms for more accurate and regular forward views of staff and bed capacity are embedded; while learnings from the redeployment during Surge 1 have been reflected during Surge 2.

Admission numbers in critical care continue to rise as surgical cases increase, and long length of stay patients are discharged**.** There were 179 new patients in critical care in April, the highest since November and a sign of restoration. Bed occupancy was at 84% for April, based on a Critical Care footprint of 36 beds, although weekend capacity is lower and is being reviewed. Continued optimization has the potential to realise additional capacity gains. While there has been considerable progress on improving staff wellbeing and the experience and development of BAME staff, there is recognition that a great deal remains to be done. Staff wellbeing and engagement is the key risk for Critical Care.

The Committee thanked them for their excellent presentation and the passion and knowledge with which it was delivered, and asked them to pass on the Committee's thanks for the outstanding efforts of the whole CCA team.

PIPR

This was the first time since the pandemic that the Committee received the restored and revised report. PIPR was amber for the month of April, with Safe and Caring rated green and Effective amber. Remaining areas were red. The Committee welcomed the replacement of Transformation

with ICS: although there is not yet sufficient data or experience for ICS to be RAG rated, this will evolve over the coming months. Cancellations in the post-Covid context have even greater impact on patients given the need for pre-admission testing and triage. Accordingly, in light of the increase in emergency pathways, reserving Theatre 6 for emergencies thereby reducing cancellations is believed to be in the best interests of patient welfare even if this may reduce overall activity on some days (although capacity is carefully managed to maximise utilisation).

Activity Restoration
The Committee recognised that the Trust has the potential to realise upsides beyond the NHSE/I targets. There was some discussion about how any financial upside that materialised out of this would be shared between the trust and the system. Executives will consider incorporating Operational Plan targets, as well as NHSE/I targets, within the activity reports. It was recognised that monitoring patient prioritisation in a meaningful way remains challenging; the need to take into account patient waiting lists across the ICS as well as those on RPH waiting lists will make it even more challenging in future. The Committee received assurance from the fact that the existing process for consultant prioritisation of patients is robust.

The Committee discussed the significant fall in GP referrals (averaging around 50%) across all divisions and from all regions. That consultant referrals remain relatively healthy (RPH usually receives two-thirds of referrals from consultants), and other hospitals in the region have experienced similar falls in GP referrals, provide some assurance that this does not reflect a longer-term diversion of patients away from RPH. Executives agreed to include data on referrals to other hospitals in the region to provide further assurance.

Finance and CIP
While there is confidence meeting financial targets in H1, there is greater uncertainty in H2, not least because the CIP target is not yet agreed. The Committee welcomed the new format of CIP report, which provides greater clarity on progress against plan. With a CIP target of £5.39m and a gap of £1.85m (based on the current Trust plan), meeting CIP targets in H2 will be challenging and is a key focus for the organisation as a whole.

Operational Planning
The plan remains broadly the same as that approved last month by the Board. While discussion with the ICS has reduced the Capex plan from £2.01m to £1.24m (largely at the expense of certain IT projects), there are ongoing discussions as to what further capital funding may be available.

Cyber Risk
The new report was welcomed to enable the Committee to monitor the relevant BAF risk. Key areas of risk include the lead time for security patching, and old clinical devices that run on systems which are no longer supported. Work is being done to ensure that patching for more crucial areas takes place more quickly, and to implement interim security arrangements (e.g., blocking external access) while discussions continue with suppliers to replace older devices. It was agreed that the annual cyber risk plan and updates on progress with plan will be included in future reports.

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

3.   **Matters referred to other committees or individual Executives**
Recommendation that new risk 2904 (achieving financial balance at ICS level) to be assigned to Performance rather than Board and risk 2833 (maintain safe and secure environment) to be re-assigned to SPC; and that 1021 (cyber risk) is assigned to SPC or Performance but not both – for discussion at Board/SPC.

4.   **Other items of note**
None

5.   **Recommendation**
The Board to note the contents of this report