

**Agenda item 2.a.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 2 September 2021</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 29 July 2021 (Chair CC)</b>	
<b>Board Assurance Framework Entries</b>	<b>678, 841, 1021, 1853, 1854, 2829, 2904</b>	
<b>Regulatory Requirement</b>	<b>Well Led /Code of Governance</b>	
<b>Equality Considerations</b>	<b>Equality has been considered but none believed to apply</b>	
<b>Key Risks</b>	<b>To have clear and effective processes for assurance of Committee risks</b>	
<b>For:</b>	<b>Information</b>	

**1. Significant issues of interest to the Board**

**BAF**

As the Divisional Presentation to the Performance Committee was deferred, the Committee started with the discussion on the Board Assurance Framework (BAF).

It was noted that there is an emerging risk regarding workforce relating to the national pay award and the unions’ intervention and potential impact. This is being reviewed by the Executives and may be added to the BAF next month if deemed appropriate.

Risk 2904 – “Achieving Financial Balance at ICS Level” has been increased from 16 to 20 to reflect the uncertainty on national expectations and how they feed into the system’s financial planning. The Committee was assured by the CEO that Royal Papworth (RPH) is working on refining the financial modelling and working with the Cambridge & Peterborough (C&P) system to get a better understanding of the financial position and what can be done to alleviate the potential problem. It is acknowledged that the uncertainty is nationwide and NHS Providers have sent a letter to NHSI/E for clarity.

**PIPR and Activity Restoration**

The national and regional context on operational issues was given by the CEO to the Committee in order to understand the impact on RPH.

Nationally, there are significant operational pressures on emergency care which has seen increases in RPH’s emergency pathways. Elective recovery is seeing a setback due to a steady and gradual increase in COVID cases. However, the biggest pressure and thus constraint is in the workforce. Staff are tired and RPH is prioritising the health and well-being of staff by encouraging staff to take their annual leave during the summer months in

order to get some rest. This is putting constraints on capacity as the use of bank and agency is also impacted due to lack of staff. It is therefore expected that performance in PIPR next month may show a deterioration, as a result. However, RPH may not be as severely affected as other organisations in the C&P system or the East of England region, so the RPH Clinical Decision Cell (CDC) is looking at the capacity RPH has in order to do the right things for the patients.

The CDC is prioritising how capacity is used to maximise the number of patients seen. This is to ensure patient safety but at the same time to achieve the activity restoration target to receive the Elective Recovery Funding (ERF).

The GP referral rate which is still a concern has improved but there has been a change in CCG policy regarding tertiary referrals. Consultant to Consultant (C2C) referrals are now accepted which has enabled the pathway for patients to be shortened.

### **CIP**

The Committee was pleased to hear that the CIP target of £5.4m for 2021/22 had now been fully identified. However, with the plan phased that £1.3m is required in the first half of the year and £4.1m in the second half of the year this is going to be a challenge. However, the Committee was assured that regular reviews will be taking place with the Divisions (known as Star Chamber meetings) to ensure delivery of the savings.

### **Systems Oversight Framework (SOF)**

NHSI/E have published a new SOF for 2021/22 at the end of June 2021 and describes its approach as one that reinforces system-led delivery of integrated care. The new SOF sets expectations of systems and their constituent organisations and matches accountability for results with improvement support. It reflects a partnership approach between regional teams and ICSs in the oversight process and sets out how NHSI/E regional teams will oversee ICS performance.

This is a risk for RPH as it is likely that the Trust could be part of a failing system and be subject to the “mandated intensive support regime” with the others in the C&P ICS. Clarity on what this actually means for RPH is being sought especially as only c8% of RPH income comes from within the C&P system.

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

None

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

None

## **4. Other Items of Note**

None

## **5. Recommendation**

The Board to note the contents of the report