

**Agenda item 2.a.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 7 April 2022</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 31 March 2022</b>	
<b>Board Assurance Framework Entries</b>	678, 841, 1021, 1853, 1854, 2829, 2904, 2985, 3009	
<b>Regulatory Requirement</b>	Well Led/Code of Governance:	
<b>Equality Considerations</b>	None believed to apply	
<b>Key Risks</b>	To have clear and effective processes for assurance of Committee risks	
<b>For:</b>	Information	

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

**Respiratory Divisional Presentation.** Professor Robert Rintoul and Lisa Shacklock gave a presentation to the committee on thoracic oncology. It is a high functioning team both in clinical and research activity, one of the top 5 practices in the UK by size receiving referrals from across the region and had recently received positive feedback from a GIRFT visit in October. Discussion at the Committee focused on areas for improvement, and in particular the delays caused by waiting times at CUH for PET-CT scans and pathology/genomic turnaround times. In both cases we are now dependent on a facility run by CUH where we are just one small customer. It was agreed that this would benefit from a deep dive at SPC in the context of “Working with our partners” to see what tangible progress could be achieved. Professor Rintoul also raised the implications of the unexpected announcement by Dedalus to switch customers from Lorenzo to OrbisU. Andrew Raynes confirmed this has wider implications across the Trust and agreed to submit a report for detailed discussion at next month’s SPC. The above national average surgical re-admission rates were also noted and are being reviewed. The Committee thanked them for their excellent and informative presentation.

**Rostering.** The Committee discussed the report from MS and OM; and noted that the potential effects of good rostering practice would be felt across the Trust in staff wellbeing, safer staffing data, the number of available beds and reduction in agency spend.

**BAF.** OM will consider whether to increase the recruitment risk (1854) for next month, as the current rating of 12 seems low given the current context.

**PIPR** remained at amber this month. The Committee noted that performance had been significantly affected across all activity as a result of continued high staff absence due to high Covid rates (expected to peak in the region in mid-April). The Committee discussed theatre cancellations which has been substantially affected by IHU patients being declared unfit due to testing positive for Covid shortly after arrival. While staff turnover remains high (incl. across the NHS), at RPH this has not been focused in any particular area. The Committee re-emphasised the importance of retention

and continuing efforts in respect of rostering, staff wellbeing (especially the experience of BAME staff), career development and training of managers. Although there has been some improvement in ICS performance, diagnostics performance remains weak (60% compared to RPH 97%). EM described the actions being taken by RPH as the ICS diagnostics lead, working with Phillips and setting up a diagnostics steering group to bring together a review of the various services within the ICS.

**Finance.** There has been another strong performance in month. This was assisted by strong private patient performance. RH noted the increase in demand for private services because of longer NHS waiting times. TG agreed to bring a deep dive into private patient services to the next meeting, including the outcome of the E&Y review, given the importance of this revenue stream in mitigating risk in the 2022-23 Plan.

**2022-23 Plan.** The Committee acknowledged the excellent papers provided by TG and his team, and also the benefit of the briefing he had provided to NEDs earlier in the week. The Committee clearly recognised the plan risks associated with key NHS budgeting assumptions behind the plan, namely a low Covid scenario and inflation at 2.8%. If no further funding is provided and these risks materialise, then the NHS including RPH would struggle to meet the 104% elective activity target. It was noted that some Providers had ignored NHS guidance and incorporated higher inflation rates into their 2022-23 Plans in order to accommodate the risk. The Committee recommended the Plan for approval by the Board.

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

The Committee recommend the 2022-23 Plan for approval by the Board.

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

AR to provide a report on the recent announcement by Dedalus to switch customers from Lorenzo to OrbisU to the next SPC meeting for discussion.

EM to provide a “deep dive” on pathology/genomics and PET-CT scans at CUH to the next SPC meeting.

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

None

## **5. Recommendation**

The Board to note the contents of this report