

Agenda item 2.a.i

Report to:	Board of Directors	Date: 1 September 2022
Report from:	Chair of the Performance Committee	
Principal Objective/	GOVERNANCE: To update the Board of Directors on	
Strategy and Title	discussions at the Performance Committee 28 July 2022	
Board Assurance	678, 1021, 1853, 1854, 2829, 2904, 2985, 3009, 3074, 3223	
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

Critical Care presentation: The Committee welcomed Jane Speed and David Jenkins to the meeting. JS described the Transformation Implementation Programme that is underway. 36 beds will be available from next week which should mean in principle that it will no longer be necessary to cancel patients because there is no CCA bed available. Some nurse redeployment to Wards has given staff a better understanding of the patient journey which has helped with some of the historic cultural issues. A staff survey is underway to gauge views from staff on the new model. The next steps will be crucial to ensure the sustainability of the available capacity and weaning off the transformation team to get to business as usual. It was noted that the new model which is focused on adherence to GPICs and ICS policy in relation to safe staffing has not yet been tested at maximum bed level, given the current constraints on surgery, and that staffing decisions would be subject to professional judgement. The positive position with progress was noted but there is still work to do.

BAF. Risk 678 Waiting List Management had been reviewed with the risk increasing to 20. This was as a direct result of three successive months of growth in the waiting list, currently accentuated by the reduced activity in theatres. It was agreed that the new Productivity risk was right to be treated separately from Waiting List Management and that its risk rating at 16 was – at this particular time – lower than the Waiting List rating given the broader work underway to mitigate the productivity risk.

Safe: A request for the spotlight report on Sepsis to be escalated to the Q&R Committee and assurance brought back to this Committee.

Responsive and Effective: The Committee welcomed the strong outpatients performance and the improved diagnostic activity, which is performing ahead of the system, but noted that the system's diagnostics performance did not compare well with other ICS's. The Trust is focussing on issues in theatres affecting activity; TG is the nominated Executive Director and Senior Responsible Officer (SRO) to lead a review of theatres. It was noted that access to dental care has become a real obstacle for patients awaiting cardiac surgery: work is being undertaken to prioritise access to CUH and NWAFT dental care for long-wait patients. The Committee was pleased to hear that RPH is continuing to take long-wait patients from CUH. EM explained why this does not adversely affect RPH financial position or waiting lists/RTT.



People: The Committee discussed the low rate of compliance with roster sign off deadlines. Although it noted that RPH performs better than other providers, this demonstrates poor performance more generally than a source of assurance. OM confirmed that RPH will seek to learn from the best performers.

Finance: The Trust is now working to the break-even financial recovery plan submitted, including recognition of the £1.5bn funding allocation across the NHS. The current position is slightly behind plan but remains a strong position. TG explained how the decrease in theatre activity, where income is on block contract, could see a downward trend on the dashboard. TG highlighted potential risks within the ICS if RPH is seen not to fully utilise its available bed capacity (linked to reduced theatre activity). BPPC continues to flag red with NHS payments; TG confirmed that work on this is live with an action plan and update to come to this Committee. CIP is delivering against plan and on track. The Committee welcomed the spotlight on Non-Pay Controls and Procurement.

Corporate Risk Register: The quarterly update showed a huge improvement in risk reporting. The Committee queried the SSI risk, which BAF risk will this be combined with and why was it not a separate risk. MS will raise this with the Q&R Committee meeting later today.

2. Key decisions or actions taken by the Performance Committee

None

3. Matters referred to other committees or individual Executives

- 1) Sepsis report to be escalated to the Q&R Committee and assurance brought back to this Committee.
- 2) SSI risk to be discussed at Q&R Committee.

4. Other items of note

None

5. Recommendation

The Board to note the contents of this report