

Agenda item 2.a.i

Report to:	Board of Directors	Date: 3 November 2022
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	
Board Assurance Framework Entries	678, 1021, 1853, 1854, 2829, 2904, 2985, 3009, 3074, 3223, 3261	
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

Workforce Committee. While there was a mix of views, the balance was in favour of establishing a workforce committee that would meet bi-monthly, alternating with SPC. It is recognised that there will inevitably be some overlap with Performance and Q&R, but specific items will be the responsibility of the new committee which could also explore certain issues, especially around engagement and wellbeing, in greater depth than is possible under the current structure.

PIPR. PIPR moved from red last month to amber this month as a result of Caring moving from amber to green, and Finance from red to green, with both complaint numbers and CIP back on track. The unusual drop in performance of the 31-day cancer wait was highlighted: this was due to 3 breaches, two of which were the result of patient choice. While staff turnover is typically higher in August/September, the spike at 28% cannot be explained by seasonal factors alone, with the lack of career opportunities being the key reason for leaving. The Committee noted the importance of better data on reasons for leaving but acknowledged the continuing resource constraints.

Finance. Financial performance for the year to date and this month was positive, including CIP on track and improvement in Better Payments.

Seasonal planning. The Committee highlighted that this should be regarded as annual planning rather than a specific Winter plan. As a tertiary provider, RPH faces less of a demand spike in Winter. In any event, many providers have been running at maximum capacity for many months now due to the waiting list backlog and staff absences/vacancies. As a result, many of the actions in the plan are what the Trust should be doing anyway to maximise capacity rather than as a specific plan from August onwards to prepare for a Winter surge. Actions are grouped around three broad themes: recruitment to vacancies, increasing capacity and productivity enhancements.

Referrals. The Committee discussed the continued reduction in external referrals. Some of this is explained by the increase in (inhouse) C2C referrals, displacing GP referrals, now that direct consultant referrals are possible without going through a GP. There is however also a drop in C2C referrals from secondary providers. It is believed that this is due to the fall in elective activity at referring hospitals which are not getting through their own waiting lists to refer patients to RPH. While referrals from some

providers (e.g. CUH) have recovered to 2019/20 levels, others have not – the largest reduction is from NWAFT where elective activity has been particularly constrained. It is not believed, therefore, that consultants have been referring patients elsewhere due to known or perceived capacity constraints at RPH. It was agreed, however, that this requires continued close monitoring.

2. Matters referred to other committees or individual Executives

None

3. Other items of note

EPRR Core Standards report recommended for approval by the Board.

4. Recommendation

The Board to note the contents of this report