

Agenda item 4.i

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| Report to: | Board of Directors | Date: 2 February 2023 |
| 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, 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 | |

December 2022 Meeting Report:

1. Significant issues of interest to the Board

PIPR. PIPR remained Red this month: although Caring improved from Amber to Green, Safe remained red.

The Committee discussed roster fill rates and the impact on quality metrics and the measures taken to maintain activity levels and safe staffing, including redeployment of staff, increased reliance on less experienced staff, and reduced supervision as supervisory staff are part of the safe staffing numbers . This was escalated to Q&R.

While the report as a whole makes sober reading as a result of continued reduced theatre activity and staff shortages, there are a number of bright spots, namely: cath lab utilisation and diagnostics back up to pre-pandemic levels; high outpatient activity (although this is likely to reduce next month by around 200 patients due to industrial action); and RTT, although high, is stabilising. The deterioration in the 31-day cancer pathway requires further investigation and will be a spotlight in PIPR next month.

The Committee discussed Level 5 Staffing and the recommendation to reduce level 5 bed base to 63 in line with average bed occupancy to ensure patient safety, reduce sickness and improve staff retention (as well as the secondment of 5 RN's from other teams within the hospital for a 3 month period). This seemed the best option in view of the challenging circumstances.

Finance. Both CIP and Better Payments were on track (BPPC hitting all 4 targets). Next month will begin focus on CIP pipeline for 23/24. One slight concern is that we may not meet Capex targets by year end.

Referrals. While there had been an improvement in consultant referrals in the south, referrals in the north continued to reduce. The Committee was informed how we continue to support NWAFT to get patients through their pathways e.g. cardiology to enable referrals. It was acknowledged that maintaining good IHU flow is critical to sustaining the Trust's reputation with referring consultants.

The Committee received an update on Theatres Recovery and Soft FM value testing.

2. Matters referred to other committees or individual Executives

Safe staffing levels escalated to Q&R (see above)

3. Other items of note

New IP Policy approved

4. Recommendation

The Board to note the contents of this report

January 2023 Meeting Report:

1. Significant issues of interest to the Board

STA Presentation. We received an excellent presentation on progress of the Theatre Improvement Programme. We noted several positives: we moved to 4.5 theatres in January as planned; theatre productivity in December was above trajectory despite the industrial action; we have achieved a 3-pump day for cardiac surgery on two occasions and are planning extended/weekend lists for thoracic/respiratory; the recent recruitment day was very successful and another is planned for end February; and the Theatres Manager role is about to be advertised. Nevertheless, significant challenges remain. In particular, we are currently only able to open 4.5 theatres based on substantial staff overtime (which is clearly not a sustainable solution for BAU) and opening 5 theatres in June depends largely on meeting challenging recruitment targets. While culture and behaviour are slowly changing, it is a long-term project and there are clearly tensions between continuing to improve productivity and maintaining staff wellbeing/morale unless we are able to fill vacancies. The Committee thanked Jane Speed, David Jenkins and Alain Vuylsteke for their excellent presentation and relentless efforts to improve theatre productivity.

PIPR. PIPR remained red with Finance moving from Green to Amber.

The Committee noted that safe fill rates remain red, while sepsis and VTE indicators appear to be moving in the wrong direction, and escalated their concerns to Quality & Risk.

The Effective and Responsive parts of the report demonstrate the severe pressure that the hospital was under in December, compounded by staff sickness, Christmas holidays and industrial action. The deliberate prioritisation of IHUs has resulted in a significant improvement in the IHU waiting list, relieving pressure on DGHs. This has had, however, a knock-on effect on elective activity and waiting lists. AB is conducting a deep dive into productivity in divisions outside STA to ensure there are no other “barnacles on the boat” holding up activity (incl. why there is inconsistency in maintaining high utilisation of cath labs). This will be brought back to the Committee next month. Diagnostics continued however to perform strongly.

While turnover fell below target for the second month in a row, this was thought to show how erratic this figure is rather than an indication of a positive trend. Sickness absence remains high. Although the ICB data indicated this is higher than C&P staff absence

(potentially thus indicating lower staff wellbeing at RPH), OM believes the opposite to be the case and will clarify the data at our next meeting.

Finance. The financial position was positive in month, BPPC hit all 4 targets in-month and CIP for 22/23 is on track. Attention has turned to 23/24, where we have a pipeline of £3.4m against a projected target of £5.8m. The Committee discussed an interesting report on benchmarking costs against other NHS hospitals. As a small specialist hospital, it was unsurprising that some costs per unit of activity are higher (e.g., estates where single rooms deliver clear clinical benefits but inevitably entail higher costs). That said, after further work in understanding the data, the benchmarking may provide a good indicator of where further savings might be made.

Operational Plan 2023/24. Given the complexity of the proposed funding changes and the breadth of the topic, the Committee agreed to arrange a separate meeting for non-Execs and member Governors to understand the changes and our proposed plan in greater depth.

2. Key decisions or actions taken by the Performance Committee

Strategic deployment of funds. The Committee recommended that the proposed research grant to the University of Cambridge and employee benefits be approved by the Board.

Soft FM. The Committee was assured, following the value testing, that the Soft FM contract proposals represent good value for money. The Committee endorsed the key principles set out in the proposed Soft FM Heads of Terms and recommended that the Board delegate to Executives the execution of binding legal agreements consistent with the Heads of Terms, but bring them back to the Board for approval if the final proposed agreements diverge materially from the draft

Heads of Terms. The Committee did not, however, approve execution of the Heads of Terms and instead recommended that Executives move directly to execute binding long-form agreements.

3. Matters referred to other committees or individual Executives

Staff fill rates, sepsis and VTE indicators escalated to Q&R.

4. Other items of note

5. Recommendation

The Board to note the contents of this report.