Royal Papworth Hospital
NHS Foundation Trust

Agenda item 4.i

Report to:	Board of Directors	Date: 2 March 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	

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

Operational Planning. We discussed the Operational Plan for 2023/24 at some length. Considerable risk exists around income for elective activity, given the announced move away from block funding to activity-based funding but continued uncertainty as to the precise mechanism and scope of services likely to be included, as well as RPH's ability to sufficiently recover theatre and other clinical activity to achieve funding targets. There will hopefully be greater clarity in time for the planned presentation to NEDs on 16th March. TG reassured the Committee that the bottom-up part of the planning process at divisional level was proceeding on track, and was aligned with the outline figures in the draft plan.

PIPR. PIPR remained red with no change from the previous month.
The Committee expressed continuing concern as to staff fill rates, especially for Registered Nurses night which had dipped to 61%, and escalated their concerns to the Quality & Risk Committee (Q&R).
The Effective and Responsive domains continue to demonstrate the pressure that the hospital is under compounded by staff sickness and industrial action. Diagnostics continued however to perform strongly (and we noted that it should be rated Green rather than Red in the report)[1] and there are early signs of RTT improvement. We were pleased to hear that suspension of the nurses' industrial action had taken place with sufficient time to reinstate cancelled procedures for patients. The Committee expressed concern at the 14 instances of 52-week breaches. Two thirds of surgical breaches were attributable to one consultant and steps have been taken to close their referral route until the long waiters on their list had been treated. Harm reviews take place at 35 and 52 weeks, and the assessment process is being reviewed to ensure no harm is suffered between 35 and 52 weeks. The Committee suggested that the outcome of this review goes to Q&R (as well as being reported back to Performance).
We also discussed the increase in January of the time to hire to 60.6 days, largely due to the decision of the OH dept in CUH to close for 2 weeks over Christmas. It was noted that OH are equally struggling with recruitment and retention. It is hoped that the introduction of the new HR system will see some improvements. We agreed that time to hire would be reported monthly, showing monthly data so we could understand direction of travel. It was suggested that this should be the subject of scrutiny by Workforce Committee.

The Committee also discussed the Internal Audit report on PIPR data quality escalated by Audit. Greater automation should help to eliminate the manual data entry errors identified for cancer wait performance (which was subject to greater manual intervention than other areas). There was no indication that the errors tended to under- or over-state performance.

Finance. The financial position was negative in month due to the one-off contribution of £2m to the system, as agreed by the Board, and which was incurred in-month. While the fact that the CIP pipeline has already identified savings of £3.38m against a target of £5.8m was positive, the Committee discussed that £2.8m of this is non-recurrent. TG explained that these relate to a phasing of vacancies through the year. It was agreed that divisions should continue to identify recurrent savings wherever possible.

Non-theatres activity deep dive. AB presented his report, which identified workforce, capacity and process as the three main drivers of reduced activity and recommended a number of actions in each division, as well as the creation of an activity recovery steering group with responsibility for setting and monitoring recovery trajectories. The Committee felt that the report provided only limited assurance that Executives had a clear plan to recover activity. While it was acknowledged that there is no "quick fix", there was agreement that the pace of recovery had to be accelerated so that we can "hit the ground running", with a clear trajectory for recovery, in the new financial year – especially in light of the greater focus on activity-based funding in 20223/24. The Committee suggested that it monitors progress on a monthly basis (much as in the same way as theatres).

Theatres recovery. Monthly targets continue to be met with 4.5 theatres open and the number of 3 pump days was increasing, although it was still a long way from being BAU and there is no sign of accelerating the trajectory for recovery. Rota restructuring was also underway, which may see some improvements. The theatres operations manager post has been advertised.

Capex. There has been a step-up in capex in-month and there is confidence that we will meet our annual capex target. The Committee received assurance that VfM was not being compromised since the business case for the spend had been scrutinised at length during the course of the year. Indeed, the bigger issue was why the spend had not already been incurred earlier in the year. TG said that they will work to take more robust capex decisions earlier in the year to avoid a concentration of spend in the last months of the year.

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

    None

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

    Staff fill rates and outcome of harm review process for long waiters escalated to Q&R.
    Time to hire escalated to Workforce.

4. **Other items of note**

5. **Recommendation**
    The Board to note the contents of this report

[1] This has been amended in the report that has been filed for Board.