

Agenda item 4.i

Report to:	Board of Directors	Date: 4 May 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: 27.04.23	
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

BAF. The Committee agreed that the risk appetite and rating for risks 3621 (IA) and 678 (waiting lists) would be reviewed by Executives, and further assurance included where appropriate.

PIPR. PIPR remained red although Finance moved from amber to green.

Safe. The Committee expressed concern as to high rate of SSIs and the four Other bacteraemia infections and escalated their concerns to Quality & Risk. MS explained these were linked and provided some assurance, in light of the internal review and external peer review that were being conducted.

Caring. The Committee agreed that care is needed when communicating to patients the outcome of complaints, especially when complaints are not upheld, to ensure we always demonstrate empathy and humility. This should also be reflected in the PIPR summaries.

Effective and Responsive. While all parts of the hospital remain under pressure, the Committee acknowledged that there are signs of improvement in performance. The Committee discussed this in some detail:

- It is pleasing to see that, as a result of the transformation project, CCA is now regularly operating at maximum capacity of 36 beds except during the industrial action and some nights (the shortfall in surgery had meant its maximum capacity had not been tested on a sustainable basis until recently), although there will still be times when staff shortages (e.g. due to sickness) when 36 beds cannot be safely opened. There will still also be some cancellations due to lack of CCA capacity where we cannot exceed 36 beds.
- Surgical activity has also increased ahead of plan, with 235 procedures delivered in month against a plan of 227, despite 3 days disruption due to IA. PIPR measures however utilisation based on open capacity rather than theoretical capacity and so shows a decrease in theatre utilisation from 84 to 79% as we have moved from 5 to 5.5 theatres.
- Cath cab utilisation has been sustained at target levels for the 2nd month in a row, despite IA.
- Outpatient attendances exceeded target levels notwithstanding IA as a result of huge efforts by the team, including rescheduling clinics so that patients not requiring junior doctor input were scheduled for junior doctor strike days, and vice versa.

The Committee was reassured by HM's verbal report of the large-scale project he is undertaking across all hospital activity to tighten planning, workflow and patient discharge to maximise activity. The Committee looks forward to receiving assurance on progress from future reports.

The Committee expressed concern at the creeping up of the surgical mortality rate, which was escalated to Q&R. IS confirmed that they are reviewing patient risk ratios against outcomes (it may be explained by the increase in IHUs at the expense of elective activity).

Activity Recovery.

Notwithstanding the signs of progress (incl outpatients and day cases), considerable challenges remain in the STA division and level 5 in particular.

The upward trend in theatre activity is largely due to successful recruitment which has enabled the opening of 5.5 theatres ahead of the June milestone. As the 79.4% utilisation figure demonstrates, there is still room for further improvement in utilisation. The Committee recognises however that the most important piece remains improvement in culture which continues to be a broad multifactorial challenge. Unless culture improves, we may not be able to retain new recruits, and improvement will not be sustainable.

Finance. In month 12, The Trust reported a deficit of £1.1m taking the final YTD position to a surplus of £1.2m against a breakeven plan for the year. Better Payments compliance is at or above targets. The CIP plan for 2022/23 has been delivered. There has also been a significant improvement in the 2023/24 pipeline: the current pipeline is now £6.12m, against a trust plan of £6.79m.

2. Key decisions or actions taken by the Performance Committee

None

3. Matters referred to other committees or individual Executives.

Other bacteraemia/SSIs and cardiac surgery mortality rates escalated to Q&R.

4. Other items of note

5. Recommendation

The Board to note the contents of this report.