Royal Papworth Hospital
NHS Foundation Trust

Agenda item 4.i

Report to:	**Board of Directors**	**Date: 1 June 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

BAF. The Committee reviewed the level of assurance for risks 678 (waiting lists) and 3223 (productivity). For 678, it was agreed that, although delivery remains dependent on setting and meeting trajectories, there was assurance as to the process, controls and mitigations in place. In contrast, for 3223, continuing lack of assurance around workforce engagement and establishment means that assurance remains limited.
TG also identified an elevated risk relating to flooding in the tunnel between RPH and CUH – although the risk has been identified for some time, the risk is escalated due to failure to reach agreement among relevant parties and therefore the commencement of works to remedy the problem, although it is hoped that progress will be made soon.

PIPR. PIPR remained red although Finance moved from green to red (see Finance below).
The Committee noted that the quarterly year-end forecast on p.4 showed all domains as Green. Although there is limited data to substantiate the forecast so early in the year, it was agreed that Executives would review again next month.

Effective and Responsive. During discussion of the substantive position of the hospital it is fair to say that some members of the committee struggled with the change of format to statistical process control (SPC), and therefore an additional training need has been identified for Executives to act upon. This resulted in some difficulty in interpreting the responsive and effective sections of PIPR and gaining the comfort required to assure the Board of positive progress in these areas from that report alone. Helpfully, elsewhere on the agenda the Chief Operating Officer presented a comprehensive report on the STA Division Continuous improvement plan and the flow programme, both of which provided some assurance as to the progress being made in these PIPR domains.

The Committee discussed the receipt of a letter from the Specialised Commissioning team setting out their concerns relating to the increase in waiting times (including 52-week breaches) for cardiothoracic surgery (especially IHUs) and requesting sight of recovery plans. Although it is understood that a similar letter has been sent to all cardiothoracic centres, it is the first time (as far as Executives are aware) that RPH has received such a letter and the Committee confirmed that it must be taken very seriously. It was noted that the increase in waiting times caused by the

reduced productivity in theatres and consequent recovery programme has been a major focus for the Committee for some time.

Activity Recovery
Key takeaways include diagnostic performance above plan and elective activity below plan.
HMc took the Committee through the detailed processes for STA improvement and KPI development that had been agreed and were being implemented, including importantly to ensure buy-in across the division. The Committee agreed that it was now assured that effective processes are in place to form the basis for the recovery programme. The next stage is for HMc to bring to the Committee the developed KPIs and dashboard so the Committee can gain assurance that substantive progress is being made. Further consideration needs to be given to how we address the notoriously difficult challenge of assessing improvement of culture and engagement.
HMc also provided an update on the new Trust Flow Programme designed to address Ambulatory Care and Outpatients, Internal Hospital Flow and Discharge processes. Again, the next step is to define key metrics (including new metrics such as pre-noon discharges) to assess substantive progress.

Finance. In month 1, the Trust achieved a small surplus. Finance is nevertheless red in PIPR because:

- Under the new variable income payment mechanism, the national activity/income targets were not met in April (clinical income £0.8m behind plan)
- Cash saw a reduction from the previous month due to a large payment for the purchase of the surgical robot. Since the Trust still has £66m in the bank, the Committee noted that the tolerance for cash variance is very low in PIPR and asked the Finance team to review.

The Committee considered the Medium-Term Financial Projection, noting that this was the first time that financial planning had extended beyond 6-12 months since the pandemic. At this stage, the Committee was confident that the key drivers had been captured in the scenario planning; the next stage would be to better understand the range of potential variation in assumptions captured by these drivers.

2. Key decisions or actions taken by the Performance Committee
None

3. Matters referred to other committees or individual Executives
None.

4. Other items of note
None.

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