

**Agenda item 4.i**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 05 October 2023</b>
<b>Report from:</b>	<b>Chair of the Performance Committee</b>	
<b>Principal Objective/ Strategy and Title</b>	<b>GOVERNANCE: To update the Board of Directors on discussions at the Performance Committee</b>	
<b>Board Assurance Framework Entries</b>	678, 1021, 2829, 2904, 2985, 3009, 3074, 3223, 3261	
<b>Regulatory Requirement</b>	Well Led/Code of Governance:	
<b>Equality Considerations</b>	None believed to apply	
<b>Key Risks</b>	To have clear and effective processes for assurance of Committee risks	
<b>For:</b>	Information	

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

**Respiratory Division presentation.** We received a presentation from Zoe Robinson, Divisional Operations Director, on performance of the Thoracic and Ambulatory Care Division. After a year of steady decline, there has been slow progress in RTT since Spring this year which now stands at 74% although still some way below pre-COVID levels of 97%. The number of those waiting over 18 weeks has begun to decrease while those waiting over 30 weeks remains relatively stable. Industrial action has led to a significant volume of lost activity. The presentation covered substantial detail on different areas of activity. The Committee received considerable assurance as to the work being done to improve performance and expand elective capacity. This includes an external review of RSSC to address inefficient processes and increase capacity, review of missed appointments/short-notice cancellations, improved processes to increase the available bed base, increased use of Patient Initiated Follow Up (PIFU), additional oversight of cancer performance (which is a particular focus for the Division) and thoughtful implementation of the Workforce Strategy. It is clear that improvement depends not on any one silver bullet, but on identifying and managing a wide range of focused actions across the many different activities of the Division. The Committee thanked Zoe for an excellent and informative presentation.

**BAF 678.** The Committee discussed the programme to reduce the backlog of patients waiting over 40 weeks by increasing work at weekends to deliver 367 additional elective spells. Estimated cost is £660,000 – part of this will be compensated through the variable ERF mechanism, but the premium paid for overtime would not be covered by this.

**PIPR and Activity Recovery.** PIPR returned to Red, with Effective moving back to Red from Amber last month and Caring from Green to Amber.

It was noted that Caring had moved to Amber due to one complaint, i.e. 20% of the 5 complaints received, not being responded to within agreed timescales due to a delay in completion of the investigation (which was now completed), although other metrics continued to be highly positive. The Committee queried the wording on closure of formal complaints that no learning had been identified. MS acknowledged that there are always lessons to be learned in the event of a complaint, usually around better communication, even if the complaint is not upheld.

August was another challenging month due to the impact of IA, including on staff morale.

Bed occupancy is now measured against commissioned beds e.g. 36 in CCA, which has resulted in a larger drop in reported occupancy (although occupancy remains significantly affected by industrial action). Similarly, theatre utilisation is now measured against the Trust capacity baseline (rather than average theatres open across month) – currently 5, on track to move to 5.5 next month. It was pleasing to see utilisation broadly maintained against this new denominator (see STA below). Cath lab utilisation and Day Cases continue to be strong.

The Committee discussed the importance of understanding the narrative behind the data. There were two examples of this. First, while 52-week breaches and 62/104-day cancer breaches were largely the result of late referrals from referring hospitals (in some cases even after the treatment deadline), it was important for the Committee to understand what was being done to ensure that processes within RPH enabled patients to be treated as quickly as possible following referral (as well as discussion with referring hospitals to facilitate earlier referral). Secondly, the Committee would like to better understand how performance is improving “but for” the industrial action.

**STA Improvement Programme.** The Committee received a very helpful presentation from HM. The Committee acknowledged the very significant turnaround in operational performance notwithstanding IA, including increases in the number of theatres in use, increases in utilisation, improvements in knife to skin time and reductions in late starts etc, as well as collection and use of data by the division. HM acknowledged however that continuing challenges in culture and leadership threaten to undermine the sustainability of these improvements.

**Expanding Elective Care.** The Committee discussed and endorsed the draft response to the letter on Protecting and expanding elective capacity of 4<sup>th</sup> August. It welcomed the additional approach of distinguishing between amber and green RAG ratings which provides a helpful nuance which would not be available by simply signing off the assurance checklist. The Committee expressed regret that the timing meant that the response could not be considered by the full Board prior to the submission deadline of 30<sup>th</sup> September (although it would be ratified by the Board post-submission).

The Committee hopes that the consolidation of reporting from next month proposed by HM on activity restoration will provide greater efficiency and coherence to the Committee’s work.

**Finance.** The Trust achieved a small surplus this month, demonstrating a strong financial performance relative to the ICS and nationally. Pay expenditure adverse to plan reflects the recognition this month of recent pay awards. A deep dive into capex on medical equipment and IT provided assurance that the capex plan for these items would be met by year end; further assurance will be provided next month in relation to Estates spend and potential use of reserves. CIP remains broadly on track but has fallen back in a couple of clinical divisions with meetings postponed due to sickness. Further assurance will be sought next month.

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

Approved self-certification of assurance by Chair and CEO in response to Protecting and Expanding Elective Capacity letter of 4<sup>th</sup> August.

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

Ongoing review of mandatory training to be a matter for Workforce Committee going forward.

## **4. Other items of note**

## **5. Recommendation**

The Board to note the contents of this report.