

Agenda item 4.i

Report to:	Board of Directors	Date: 02 November 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

PIPR. PIPR returns from red to amber this month, reflecting the change from red to amber for Effective. Consolidation of Committee papers for the first time this month has facilitated a more coherent discussion and the Committee spent much of the meeting discussing productivity, the impact of IA and improvement measures:

- The impact of IA is not consistent across the Trust. While admitted activity has lost an estimated 16-17% of activity, Thoracic & Ambulatory (where there is less impact from IA) is above plan at 112% of baseline.
- CCA had open on average only 26 of 36 beds, with occupancy at 73% compared to 80% across the rest of the Trust. While a major driver of reduced occupancy is IA as a result of curtailed activity going into IA days and an emergency-only service during IA, sickness and rostering challenges in CCA mean that CCA is currently only able to open 33-34 beds even in the absence of IA.
- That we were able nevertheless to maintain 88% theatre utilisation reflects smarter optimisation of available bed capacity through better planning of case mix, theatre scheduling etc. (see Patient flow, below)
- RTT is holding up and the Patient Safety Initiative (extra funding to work weekends to reduce the longest waits) is expected to bring about a material improvement in RTT, ultimately with no waits above 40 weeks. The programme has already successfully curtailed new 52-week breaches in-month (the 20 breaches are the same as last month, 10 of which are still awaiting treatment). HM will bring benchmarking data on relative RTT performance as evidence to the next Committee.
- The Committee expressed concern at the RTT performance in RSSC. A deep dive is already in progress and HM will report back next month.
- A COO-led action plan is underway to prioritise performance improvement against cancer targets. HM will consider metrics which better reflect our own performance (e.g. time to treatment once referred), rather than current “breach” metrics which are so dependent on time of referral to us.

STA Continuous Improvement. Operational performance remains strong – above plan trajectory but still below 108% of baseline, while improved business intelligence is enabling STA to better understand and measure flow through theatres. The key weakness remains Culture & leadership. The Committee was pleased to hear that plans are evolving on all three elements of this domain, but noted that it is time to see measurable actions by the Division.

Flow Improvement Programme. The Committee received a detailed report and presentation from HM, noting that improvements will bring about benefits for staff as well as patients. A draft dashboard with smart metrics should be in place by end November and will be provided to the Committee. In light of the number of actions and meetings which appear to be involved, alongside other initiatives, the Committee queried capacity within Execs, Divisional leadership and workforce and the risk of “initiative overload”. We were reassured that this programme is largely pulling together existing workstreams into one place, providing coherence which is widely welcomed.

Finance. YTD surplus is holding at around £1m. The Committee noted that pay expenditure continues to be adverse to plan, including the fourth consecutive month of increases in temporary staffing to cover sickness and vacancies. We were pleased to see that the Capex spend variance is closing and % of spend by Purchase Order (which increases payment efficiency) is slowly progressing. It was noted that there is an underspend on the strategic initiatives agreed by the Board earlier in the year, and this will be brought to the next Committee for scrutiny.

2. Key decisions or actions taken by the Performance Committee

The Trust’s annual assessment of Trust Compliance against the Emergency preparedness, resilience and response (EPRR) Core Standards is recommended to the Board for approval. Compliance has improved from “partial” in August to “substantial” in October.

3. Matters referred to other committees or individual Executives

4. Other items of note

5. Recommendation

The Board to note the contents of this report.