Royal Papworth Hospital
NHS Foundation Trust

Agenda item 4.i

Report to:	**Board of Directors**	**Date: 07 December 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

Radiology/Imaging presentation. We had a presentation from Jane Speed, Operations Director STA and Helen Rodriguez, Radiology Directorate Manager. We heard that significant progress has been made with staffing challenges and leadership, including increased staff retention, lower vacancy rate, training, development, and mentoring. Operational achievements include advance rostering practice, validation of data and reduction in MRI waiting times. On the other hand, there has been a significant increase in CT reporting times during the last year. This has many causes including PACS implementation, changes to consultant job plans, and increased national and regional demand, including greater demands placed on RPH by regional trusts. We discussed the plans being put in place to achieve the 6-week diagnostic reporting target, as well as a new risk oversight group and prioritisation of high-risk patients to minimise patient harm while delays continue. This will be a BAF risk for further monitoring (see below). The Committee thanked Helen and Jane for the presentation and for their hard work, and that of the division.

BAF. The Committee agreed that the emerging CT reporting risk should be added to the BAF and recommended that it be allocated to the Performance Committee. The Committee also discussed whether 3223 Activity Recovery remained with limited assurance, given all the further work that had been done, and tasked the Executives to consider and revert to the Committee with a proposal.

Finance. We noted this was the sixth month of increased bank spend and agency spend at mean levels to cover sickness absence. Loss of income from IA was largely offset by the Patient Safety Initiative (although of course this is not the objective of the PSI). The impact of industrial action in October is estimated to be c.10% loss in value terms compared to the October 2019 baseline. Debt levels are reducing, including those over 90 days, albeit slowly.
As requested, the Committee was provided with an explanation of the underspend on strategic investments previously agreed by the Board. This is largely due to underspend of the funds allocated to pump prime the R&D strategy. Whether and how to re-allocate these funds is a matter for discussion as part of the Trust's annual planning round.
CIP focus has already turned to next year's pipeline. The Committee was assured that work is ongoing with the ambition to close the current shortfall by year end.

PIPR. PIPR remains amber this month, but with an improvement (welcomed by the Committee) of Caring from amber back to green.
The Committee briefly discussed that it would be helpful to understand what the viable maximum capacity of the hospital is and how we are measuring against that. Although it did not request further work specifically on this, it was acknowledged that it naturally forms part of the operational planning process, and we will try to return to the question later in the year.
While bed occupancy improved in month (from 80% to the Trust target of 85%), only 28 out of 36 beds in CCA were open. 3-4 beds are likely accounted for by IA, but a further 4 beds due to the very high rate of short-notice sickness absence experienced in CCA in October. The committee discussed future planning, including planning (as a matter of safe staffing) for a reduction to 30 beds in November and 33 in December.
The PSI has been successful in reducing long waiters (the 16 breaches in October have all been treated) and RPH will have had no patients over 52 weeks in November – a huge achievement. (As all patients treated are over 18 weeks, it has no effect however on our RTT position.) Following discussion at previous Committees, RPH is now collecting cancer pathway data to measure progress against a target of treatment/diagnosis within 21 days of referral to RPH. The Committee discussed the appropriateness of the 21-day target which will remain under review.
While the workforce data on turnover, vacancies etc are positive, the Committee was concerned by the 9 leavers in CCA and requested feedback on exit interviews etc. be escalated to Workforce Committee.

STA Continuous Improvement. The Committee was pleased to see the further detail on plans to address the Culture and leadership challenges and looks forward to receiving further information on timing and trajectory.

Patient flow. The Committee welcomed the metrics dashboard demonstrating how this programme will be monitored and was pleased to hear the level of staff engagement. It was assured that patient care would not be compromised in the efforts to meet the new targets.

Elective Recovery. The Committee acknowledged the plan to achieve compliance with monitoring of patients on the waiting list (the only remaining red-rated area) by March, with a 30-day headroom prior to the national deadline.

2. Key decisions or actions taken by the Performance Committee

3. Matters referred to other committees or individual Executives
Extent of turnover in CCA escalated to Q&R.

4. Other items of note

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