

Agenda item 4.i

Report to:	Board of Directors	Date: [] 2024
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 on 29 February 2024	
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

CCA Presentation. We had an excellent presentation from Jane Speed, Judith Machiwenyika and David Jenkins. This included greater forensic analysis of the staffing and bed numbers, which NEDs found especially helpful. The trajectory, including the underlying factors/people movements to support the trajectory, to return to 35 beds by May and 36 beds by September was clear. The CCA team also explained the planned 10 bedded standalone Enhanced Care Unit, co-located within the existing footprint of the CCA, ring-fenced for post-surgical care with onward flow to Floor 5. It is hoped that this will facilitate more efficient use of beds with lower staff ratios for identified patients, shorter lengths of stay, facilitate recruitment within a wider pool of candidates and improve morale through working in smaller teams. The Committee thanked Jane, Judith and David for an excellent presentation.

Operational Plan 2024-25

The draft plan forecasts a £1.5m budget deficit. The Committee discussed key assumptions:

- the 2% net growth in activity once the impact of tariff changes and unwinding of IA are factored out;
- CIP delivery; and
- the 28% workforce headroom – this is the current rate required to take into account sickness cover etc, compared to the standard measure of 22%. The scenarios demonstrate how the financial position would be improved if the headroom can be reduced to 22%.

The plan will return to the Committee in March for recommendation to the Board in April following further work with Divisions and Commissioners.

Productivity

PIPR moved from amber to red as a result of Safe moving from amber to red, reflecting the decline in safe staffing fill rates for HCSWs (although fill rates for nurses and supervisory time % improved in-month).

Key productivity measures reflect the impact of the 6-day IA in January, reduction in number of CCA beds to 30 and, consequently, the opening of only 5 theatres.

IS explained the progress being made to address the **CT reporting backlog**. At its peak the backlog was 1,111 patients. This is now down to 723 (of which 347 are waiting over 4 weeks) as a result of insourcing extra resource over the first four weekends of the programme. The aim is to have no patients waiting over 4 weeks by the end of March. Data will be included in next month's PIPR.

Progress continues to be made on the **Flow programme** which is benefiting from real staff engagement at ward level. Metrics and trajectory will be available for next month's papers. While the **STA CI programme** continues to make progress, Part 4 on Culture & Leadership is not progressing as hoped and requires reconsideration.

The Committee discussed **temporary staffing** (agency, bank and overtime) and the fact that the volume has not reduced as one might have expected with the fall in vacancy rate. Further consideration needs to be given to what is the most appropriate mix, value and volume to support productivity, and measures required to control cost and improve efficiency (incl. e.g. shared bank across the ICS). The Committee will be considering this further in future meetings.

2. Key decisions or actions taken by the Performance Committee

3. Matters referred to other committees or individual Executives

Case of C.Difficile in CCA relating to equipment cleansing escalated to Q&R.

4. Other items of note

5. Recommendation

The Board to note the contents of this report.