Royal Papworth Hospital
NHS Foundation Trust

Agenda item 4.i.b

Report to:	**Board of Directors**	**Date: 29 March 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 28 March 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

Operational Plan 2024-25

The draft plan continues to forecast a £1.5m budget deficit. At 0.5% of turnover the forecast deficit is one of the lowest both in the region and nationally. Risks have mitigated to some extent as the CIP pipeline improves and discussions with Commissioners progress. If national pay awards are higher than assumed, it is expected that the difference will be funded centrally as in previous years. SH confirmed that assumptions forming the base case include vacancies essentially at the revised target of 7.5% and meeting the trajectory of CCA bed availability (36 beds from August/September). Further activity improvements beyond this, e.g. as a result of the flow programme, would contribute to upside.

PIPR metrics:

- While it was agreed to remove the ICS segment from PIPR, NEDs find benchmarking where available against ICS metrics helpful. ICS data is often however lagging RPH metrics in PIPR. EM agreed to bring back a proposal for 6-monthly benchmarking against the ICS.
- It was acknowledged that performance metrics eg re PIFU and 25% reduction in follow up OP appointments do not measure impact on safety and quality of care. The Committee escalated to Q&R a query as to how the Board obtains assurance that meeting performance targets re follow up appointments do not have an adverse effect on safety/quality.

The Plan is due to be submitted on the same day as the 2nd May board meeting. It was suggested, subject to agreement of the Board, that all NEDs would be invited to the relevant section of Perf Cttee on 25th April to approve the Plan. An update on the ICS position in the following week would be communicated by email.

Productivity

PIPR moved from red to amber as a result of all of Safe, Effective and (for the first time in a while) People moving from red to amber notwithstanding a 5-day period of IA during month. This reflects improvements in safer staffing fill rates, higher theatre and cath lab utilisation, and reduced vacancy and sickness rates.

Although theatre activity continues to be affected by constrained bed availability in CCA, smart scheduling has increased theatre utilisation to 87% with a larger volume of thoracic cases which, unlike cardiac surgery, do not generally require a CCA bed.

The Committee discussed the disappointingly high number of 52-week breaches. A number of these are referred to RPH already in breach. Where PIPR refers to admin errors and missed clock start dates, HMc confirmed these were not RPH errors. PSI has again been limited in month due to lack of CCA bed availability and prioritisation of scheduled elective and emergency activity. Indeed, the lack of CCA bed availability has meant that the original PSI target of eliminating 52-week breaches and having no patient waiting longer than 40 days by end March has not been achieved. The formal PSI programme ends at the end of March – further thought is being given as to whether and, if so, how to extend the programme. Although operational matters are for the Executive, as a directional indication, the Committee expressed a preference for prioritising use of funds in-year to maximise activity rather than ending up at year-end with an unspent surplus.

HMc reported that his team are investigating further how best to deal with the increased referral to RPH of complex patients presenting multiple co-morbidities many of which are outside RPH's specialist expertise and which are not ready for community discharge after successful treatment at RPH leading to longer lengths of stay.

On the plus side, for the first time in many months, we achieved 100% compliance with the 3-day cancer standard (25 patients), notwithstanding IA in month. Average time from decision to treat to surgery (once referred to RPH) was down from 27 to just 16 days.

While the CT reporting backlog continues to be reduced, the Committee agreed that the reporting of this could be improved to show a clear trajectory with progress month-by-month.

The Committee welcomed the detailed metrics being developed for management use. Further consideration will be given as to the suite of patient flow metrics which can be presented to the Committee to demonstrate impact of the flow programme, including impact on patient safety.

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

3. Matters referred to other committees or individual Executives
Query as to how the Board obtains assurance that meeting performance targets re follow up appointments do not have an adverse effect on safety/quality – escalated to Q&R

4. Other items of note
None

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