

Agenda item 4.i

Report to:	Board of Directors	Date: 30 May 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 30 May 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

BAF. While the risk rating for Industrial Action has only just been reduced from 20 to 16, the announcement of the junior doctors’ strike may have increased the risk. Although the risk does not pivot only on the likelihood of strike action but is focused on disruption to the ability to provide services, it was noted that the on-off nature of current strike action is particularly disruptive and difficult to plan for.

Finance. After discussing the Trust’s own position at Month 1 and the broader ICS and national context, discussion focused on **temporary staff controls**. While some controls and central oversight are already in place, a more detailed plan for controls and reporting will be prepared by end of June. At the same time, a longer-term strategy as to the optimal blend of agency, overtime and bank will be discussed by Execs. Both short-term controls and reporting and longer-term strategy will come back to Performance Committee in July. SH will look into what benchmarking, e.g. against national, ICS and other specialist trusts might be helpful to assess performance.

SH raised the risk that constrained capacity of divisional management teams, especially given the threat of further IA, may affect delivery of the **CIP** pipeline.

PIPR remained at amber but Effective declined from amber to red, and Finance from green to amber.

The **deterioration in Effective** reflected a reduction in Cardiology activity especially outpatient first appointments (and an increase in DNAs) due to booking system errors and leave absence. This is being addressed through use of DrDoctor which is already having a positive impact.

The Committee discussed the very high number of **52-week breaches** (62) which felt a very long way from the hopes of eliminating all waits over 40 weeks following the adoption of the PSI last Autumn. Nearly half were in Cardiology, including a number awaiting TAVI (see below). A large number are also due to reporting errors on transfer to RPH. There is also a large bulge of patients from one DGH above 52 weeks on transfer – once they have been treated, numbers are expected to come down. Mitigating steps include training to pick up errors on transfer, engagement with referring hospitals, a weekly COO-led review of patients >40 weeks, transferring cardiac surgery patients to consultants with shorter lists and increase in TAVI capacity. An increase in CCA bed

capacity and establishment of 5 ERU beds is also having a positive impact. The potential re-adoption of the PSI continues to be under review.

While productivity in the **TAVI** team has been good, an increase in demand has led to an urgent need to expand TAVI capacity and adopt shorter waiting time targets along the lines of cancer patients. Given the threat of mortality within a year, a wait of 40 weeks is not acceptable for this patient cohort and can result in significant patient harm.

CT reporting. While the insourcing of consultant capacity for 3 months reduced the waiting list from 1100 to 500, the discontinuation of the programme and resignation of RPH consultants has meant this has now increased to 780. Some internal confusion around the need to comply with tendering rules resulted in a delay to restarting the programme. IS reassured the Committee that he will be able to provide it with a clear plan to tackle the backlog and governance structure to avoid such confusion in future at the next meeting. In the meantime, 2.5 consultant posts have been advertised and steps taken to improve technology to facilitate home-working, which will make the posts both more attractive and more efficient.

Cyber risk. While risk 1021 includes the need to have systems in place to ensure recovery from a cyber attack, this is not addressed fully in the current cyber update report which focuses primarily on preventing a cyber attack. AR outlined some of the measures in place and it was agreed that the next quarterly update will include a specific report on recovery to provide assurance on this important subject. In the meantime, Execs will consider whether the risk should be split in the risk register, noting that it may also be covered under business continuity planning.

2. Key decisions or actions taken by the Performance Committee

None

3. Matters referred to other committees or individual Executives

None

4. Other items of note

None

5. Recommendation

The Board to note the contents of this report.