

**Agenda item 4.i.b**

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| <b>Report to:</b>                              | <b>Board of Directors</b>   | <b>Date: 05 September 2024</b> |
| <b>Report from:</b>                            | <b>Chair of the Performance Committee</b>   |                                |
| <b>Principal Objective/ Strategy and Title</b> | <b>GOVERNANCE: To update the Board of Directors on discussions at the Performance Committee on 27 June 2024</b> |                                |
| <b>Board Assurance Framework Entries</b>       | 678, 1021, 2829, 2904, 2985, 3009, 3074, 3223, 3261   |                                |
| <b>Regulatory Requirement</b>                  | Well Led/Code of Governance:  |                                |
| <b>Equality Considerations</b>                 | None believed to apply  |                                |
| <b>Key Risks</b>                               | To have clear and effective processes for assurance of Committee risks  |                                |
| <b>For:</b>                                    | Information   |                                |

**1. Significant issues of interest to the Board**

**BAF.** We have previously queried the process for escalating risks from the corporate risk register to the BAF where the risk receives Board scrutiny. We are pleased to hear that a new Risk Oversight Committee will be established which will oversee this as well as risk assessment and mitigation more generally. We look forward to further details in due course.

**Finance.** Although premium temporary staffing spend is on a trajectory to decrease due to recruitment plans, it remains high. While benchmarking demonstrates that RPH spend is lower than most other Trusts, it is believed that further work can be done to reduce premium spend. A report on controls will be reviewed next month. **Assurance: limited pending further report**  
An additional £1m has been allocated to RPH for capital projects in recognition of our breakeven plan and financial contribution to the system. We agreed that an annual capital plan, including the increased allocation, will be brought to next month's Committee.  
While the risk remains that constrained capacity of divisional management teams, especially in cardiology, may affect delivery of the **CIP** pipeline, the Committee recognised the very positive achievement of identifying 90% of this year's target, 85% of which is recurrent. **Assurance: high**

**PIPR** moved from amber to red as a result of Safe moving from amber to red (although Finance moved from amber to green).  
Although CCA beds were at 35 incl ERU and theatre utilisation increased from 81% to 86%, occupancy has been driven by cardiology emergency demand which has meant that there has not been any material impact on elective activity. The Committee expressed concern at the continued high number of 52-week breaches and the deterioration in IHU performance.

**TAVI.** The short-term PSI-style response to increase TAVI activity to meet immediate demand forecasts the treatment of 66 additional patients by November 2024, by which time the waiting time should be below 6 weeks. The Committee discussed whether more could be done to reduce the waiting list in the short-term given the acute risk of harm to this cohort of patients. But even if we deployed third party facilities, we would still need to use the same RPH consultants given the specialist nature of this work. Further consultancy review and modelling work is being commissioned to establish a longer-term plan to meet demand. **Assurance: limited pending delivery.**

**CT reporting.** The Committee discussed the detailed report presented by HMc. It is clear that considerable work remains to be done, but there is now a plan and governance structure in place with a trajectory to achieve 100% compliance with the 4 weeks standard by November/December 2024. Trajectory already takes into account less intense work during the Summer holiday period. Data tracking within PIPR to be agreed. **Assurance: limited pending delivery.**

**Patient flow.** While the processes are now in place and there has been good engagement, that is not yet translating into increased earlier discharges, while the discharge lounge remains under-utilised. Further focus and prioritisation is required. **Assurance: limited**

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.