

## Agenda item 4.i

Report to:	Board of Directors	Date: 19 December 2024
Report from:	Chair of the Performance Committee	
Principal Objective/	GOVERNANCE: To update the Board of Directors on	
Strategy and Title	discussions at the Performance Committee on 19 December	
	2024	
Board Assurance	678, 1021, 2829, 2904, 2985, 3009, 3074, 3223, 3261	
Framework Entries		
Regulatory Requirement	Well Led/Code of Governance:	
<b>Equality Considerations</b>	None believed to apply	
Key Risks	To have clear and effective proces	sses for assurance of Committee
	risks	
For:	Information	

## 1. Significant issues of interest to the Board

**BAF.** The Committee discussed and approved an increase in risk for 2829: Achieving Financial Balance from 8 to 12 to reflect soft intelligence emerging around the financial framework for 2025/26 (and beyond) which suggests no growth funding and potential changes to the elective funding mechanism. The Committee queried whether 9 for risk 3536: Trusts ability to recover from a digital incident was too low – Execs will consider and revert.

**Finance.** While a significant capex underspend vs target remains, good progress has been made and some modest reprioritisation means that the target should be met by year end. A more detailed breakdown will be provided next month. **Assurance:** good

**Premium temporary staffing spend** remains a concern. The Committee discussed in some detail the complex basket of metrics being used on a ward-by-ward basis (e.g. absence, vacancies, agency/bank WTE, roster management and booking lead times) to identify where improvements are required. Further details of specific actions being taken will come to the next meeting. **Assurance: limited pending delivery.** 

CIP is on plan, with good progress is being made in Cardiology. Assurance: Good.

**PIPR** has moved from red to amber this month, with the move of People from red to amber, primarily as a result of the fall in the vacancy rate for registered nurses and vacancies overall. Effective and Responsive remain red.

**Effective.** While the improvement in ICU occupancy to over 90% is welcome, the Committee discussed at some length the reduced occupancy in the new ERU. A review of the ratio of ERU and ICU beds is being undertaken to confirm if the current ratio is correct. MS explained that ERU benefits will only be fully realised if the admission criteria for ERU are strictly adhered to; if ERU bed capacity is too great, there will be a tendency to flex the admission criteria. A report following the review will come to the Committee in January. Theatre capacity utilisation, however, remains pleasingly high. **Assurance: limited pending delivery.** 



**Responsive** Although the number of 52-week breaches has fallen by 11 to 58 in month, the Committee acknowledged that it remains far too high. While recognising the large number of late referrals to RPH, discussion focused on what we are doing to reduce internal delays. HMc explained that this continues to revolve around grip in relation to PTL management. While progress is being made, it needs to translate into results. HMC also explained that RPH has secured PET-CT capacity at Northampton for cancer patients while CUH continues to experience long waits. This should have a positive effect on reducing 62-day breaches for cancer patients. **Assurance: limited pending delivery.** 

**CT reporting.** Reporting suffered a deterioration in performance due to a fall in performance by our insource supplier. This has since been addressed following conversations with them but reveals the importance of ensuring longer term sustainability when relying on a single source of 3<sup>rd</sup> party supply. This will partly be addressed by making two substantive consultant appointments which are in train. A review of sustainability will come to the Committee next month. **Assurance: medium.** 

**Patient flow**. Despite much improvement work undertaken as part of the flow programme over the past twelve months, patient flow currently remains challenged through the organisation. In particular, early discharge performance and use of the discharge lounge remains poor, pointing to cultural issues. This is a topic which the Committee will continue to scrutinise and challenge. **Assurance: limited pending delivery** 

- 2. Key decisions or actions taken by the Performance Committee None
- 3. Matters referred to other committees or individual Executives
  None
- Other items of note None
- 5. Recommendation

The Board to note the contents of this report.