Royal Papworth Hospital
NHS Foundation Trust

Agenda item 2.a.i

Report to:	**Board of Directors**	**Date: 6 February 2020**
Report from:	**Chair of the Performance Committee**	
Principal Objective/ Strategy and Title	**GOVERNANCE:** **To update the Board on discussions at the Performance Committee meeting dated 19 December 2019**	
Board Assurance Framework Entries	**678, 841, 843, 865, 873, 874, 875, 1021, 1853, 1854, 2145, 2146, 2148, 2149, 2163, 2225, 2249**	
Regulatory Requirement	**Well Led/Code of Governance:**	
Equality Considerations	**To have clear and effective processes for assurance of Committee risks**	
Key Risks	**None believed to apply**	
For:	**Insufficient information or understanding to provide assurance to the Board**	

1. **Outpatients**. Carrie Symington, Operations Manager, gave an excellent presentation on the optimisation work that is being conducted in Outpatients with Meridien. The presentation highlighted the very significant underutilisation of capacity, and the committee noted the concrete actions being taken to improve room booking and reporting, and to reduce cancellations.

   We agreed this would be the subject to a spotlight report in PIPR every two months, with the first in February 2020.

2. **Critical care.** Since the staffing failures in Critical Care were the golden thread that affected almost every aspect of performance in PIPR, we agreed to turn to this first and spent a large proportion of the time discussing it. Around only 29-30 beds out of a maximum of 36 beds are regularly open. Eilish and Ivan confirmed that the issue is not one of vacancies (there are 20 vacancies out of 250 staff, and that is reduced to just a handful once temporary workers are taken into account), but rather ineffective rostering practices. Rostering in Critical Care is uniquely challenging, given the complex mix of staff skills and patient needs; the particularly large size of the team; a large number of "flexible" working regimes (some of which had been in place for many years) which restricted who can work when, and which places increased strain on those that do not have flexible working regimes in place; and the changed physical layout at the new hospital, including changes in line of sight and isolation rooms for infection control. It was acknowledged that not enough had been done to prepare to meet the rostering challenges of critical care in the new hospital.

   A very experienced programme manager who was instrumental in RTT recovery has returned to the Trust to manage rostering in Critical Care, and all management throughout

the hospital has been made aware that Critical Care is the no.1 priority in terms of focus and resources. A project plan, with a full diagnosis, action plan and recovery trajectory, is being developed for 10 January 2020, when it will be decided what further external expertise (if any) is required. In the meantime, a number of short-term actions have been identified that will be implemented quickly to address the urgent issues over the winter period.

The Committee will have the opportunity to review the plan and actions already taken when it next meets at the end of January, and was reassured that this important issue is getting the attention it needs from management.

3. **PIPR** remained red overall, although Safe moved from amber to green,

a. **Safe**. Staffing moved to amber, out of red for the first time since May 2019.
b. **Caring** FFT scores remain green for both inpatients and outpatients, and number of complaints unchanged.
c. **Effective** Additional cardiology and surgery beds have been opened, but hospital utilisation has been adversely affected throughout by CCA issues. The only exception is cath lab utilisation which improved. The Committee welcomed the new reporting of cancellations, which clearly showed the spike in cancellations due to unavailability of critical beds since September.
d. **Responsive** Again this has been significantly affected by Critical Care. The Committee noted its concern that a third 52-week breach occurred in consecutive months. The Committee was assured no patient harm resulted and the patient has been treated, but further work is urgently being conducted to review 6,000 patient files to avoid any other potential breaches.
e. **People** While staff turnover was now at its lowest for over 2 years, sickness absence had increased due to stress (rather than colds & flu) and the proportion of leavers due to work-life balance was too high. Addressing rostering issues in critical care would go some way in tackling this, but it will remain a priority for 2020.

4. **Finance** £3.1m out of £4m of CIP had already been identified for 2020/21 and is going through the assurance process. This would place RPH in a very good position for next year at this point in the cycle.

5. **Access & Data Quality.** The decline in cardiology referrals remained a matter of concern. This was undoubtedly due to the critical care position and waiting lists, as well as the spare capacity at Barts and growth in cath labs elsewhere in the region. Execs agreed to look into what was happening to cardiology referrals elsewhere in the region, but the main action was to address rostering issues in critical and thereby improve RPH cardiology activity.

6. **BAF.** The Committee agreed to add cyber risks to the Performance Committee report (as well as Quality & Risk).

7. **System planning.** Sophie Harrison presented the negotiation framework and strategy. The current run rate (and therefore sorting out critical care as a matter of urgency) would have an important impact on any agreement reached over the next couple of months with Commissioners. Progress would be reported monthly to the Committee.

Gavin Robert

Chair Performance Committee
22 December 2019