

# Agenda item 2.a.i

Report to:	Board of Directors	Date: 6 August 2020
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 meeting on 30	
	July 2020	
Board Assurance	678, 841, 843, 865, 873, 874, 875, 1021, 1853, 1854, 2145,	
Framework Entries	2146, 2147, 2148, 2149, 2163, 2225, 2249	
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

### Golden Thread

The main areas focussed on in the Committee meeting this month were Critical Care update, PIPR, Financial report forecast and Restoration of Activity. The main theme from all these reports was the getting back to normal after the pandemic.

### Critical Care Update

The monthly presentation from services was from Critical Care. A particularly good presentation was given by Cheryl Riotto in which she took the Committee through the work that has been carried out through COVID-19 and the recovery work to get back to Business as Usual (BAU).

The optimisation project that had been initiated before the pandemic has now been reinstated and the eight work streams are being worked on. The recruitment and retention workstream is seeing some success. Some staff that were re-deployed have requested to stay with the team and they are using innovative ways in recruiting such as virtual recruitment seminars where at the last one they had over 100 people on the webinar. Rostering and Flexible working has seen changes in how the system is used by working with the supplier of the software to enable effective and efficient rostering and allowing people to do shifts that enable work life balance and higher shift fill rates.

Critical Care are working to 33 open beds but are planning on moving to 36 beds and then 40 beds by the end of October 2020. For the 33 beds there is a gap in the workforce of circa 15 staff but with the recruitment initiatives and training being given there is confidence that there will be enough staff to open the extra beds.

### PIPR

Full PIPR (Papworth Integrated Performance Report) was reinstated after four months of a COVID-19 focus reporting. The overall Trust rating is red with two green domains (safe and caring), one amber (transformation) and four red (effective, responsive, finance and people management & culture (PMC). This is an improvement from last month when there were two amber and one green (safe was amber last month).

A number of the metrics showed signs of improvement in June, but it is early days to get a sense of trends coming out of the pandemic. It was agreed that this should be closely monitored over the next few months. However, the 62-day cancer waits was discussed and the explanation given has assured that Committee that this area is under scrutiny but may have been exacerbated by patients presenting with more complex needs later in the pathway to Royal Papworth.

Theatre productivity was discussed, and assurance was given that the optimisation of theatre usage had been restarted and that some of the learning from the Outpatient Optimisation project was being applied by the Theatre team. One of the ways that the Trust was mitigating against surgery cancellations was to keep those patients that were already in the hospital for their operation to be rescheduled within days of the cancellation so that they did not have to go home and be re-admitted. This has had an impact on the length of stay but improved on the patient experience of not having their surgery cancelled.

### **Finance Forecast**

The financial regime for the rest of the year is still uncertain. The emergency financial operating model will be in place for August 2020 and possibly for September 2020. In order to achieve breakeven by the end of the financial year the forecast has a number of assumptions which includes the resolution of the Homecare drugs cost mismatch of £8.3m, PFI transitional support of £2.4m is received and the control of Pay increases( i.e. CIPs to reduce costs) £5.3m. It is difficult to assess what will happen with all the uncertainty, but it is clear the finance control will be one of our biggest areas of challenge.

#### **Restoration of Activity**

This was discussed in the context of what the other organisations in the STP responses have been. The setting up the Clinical Decision Group has been useful in enabling Royal Papworth services to prioritise the restoration of services. The use of the model developed to monitor progress against the plans is proving effective as shown by the continuous improvement in inpatient numbers given in the report. It was reported that the outpatients were at 70% in the restoration of activity although the numbers were not in the report produced.

### 2. Key decisions or actions taken by the Audit Committee

#### **Trust Strategy Review**

It was agreed to send the draft strategy to the Non-executive Directors as soon as possible so that they can have input into its development. This was in recognition that several the NEDs came in post after the original strategy, which is being reviewed, was developed.

### Inclusion of Outpatient Activity on the Restoration of Activity Dashboard

It was agreed that outpatient activity will be included from next month so that the Committee can see the overall picture of the progress being made.

### **BAF Risk on Cash**

The new BAF risk raised in April 2020 regarding cash risk from increase of COVID19 expenditure to be reviewed and reworded as it was felt it did not capture the risk accurately.

3. Other items of note None

## 4. Recommendation

The Board to note the contents of this report