

Agenda item 2a.i

Report to:	Board of Directors	Date: 3 January 2019
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 20th December 2018	
Board Assurance Framework Entries		
Regulatory Requirement		
Equality Considerations	None believed to apply	
Key Risks	Non-compliance resulting in financial penalties	
For:	Information OR Approval	

- 1 **PIPR is Amber this month.** Following the NHS-I feedback we decided to adjust our approach to PIPR. We will review Red rated segments in full and will review all the “Spotlight on” sections, as these often are presented in response to committee action points.
- a. **Externally reported standards** – We discussed the Red on VTE performance; this is being reviewed by Q&R as a potential data quality issue. Once this is clarified if this is an actual failure, it will come back to Performance Committee to supervise its return to a Green rating.
 - b. **The Caring spotlight** was on the Return to Practice (nursing) programme. This is a great initiative aimed at making it easy for experienced nurses to return to the profession. The committee asked that the success of this be tracked in the overall HR stats.
 - c. **The Spotlight in Effective** covered the Perfect week. We asked to see the status of all the ideas picked up during the week. Later on in the meeting we also asked for information on what CIP ideas it had triggered.
 - d. **Responsive remains Red** driven by RTT, theatre cancelations and In House Urgent cases. A couple of inconsistencies were noted between the summary on page 4 and the theatre cancellation detail table which will be corrected. The Board will also receive the finalised, and slightly improved, RTT data due to timing of the meeting.
 - e. We asked about **the new 52 week breach**. Apparently, this patient had been missed by mistake but their treatment was delayed over the 52 week threshold as they were unwell.

- f. **The Spotlight in Responsive** was a review of our diagnostic imaging service performance. This painted a picture of significant year on year growth with more and more pathways requiring imaging of one sort or another. There are NHS wide initiatives developing KPI's in this area but pending these becoming available the committee asked for a Papworth generated quarterly report so it could understand the trends in our performance. RZ advised that we also need to understand the performance of pathology and ensure we had the right balance between pathology, imaging and the clinical work of the hospital. We agreed this would be a good agenda/objective for the board strategy workshop.
 - g. Maggie Maxwell (MM), who covered for EM at the meeting, pointed out that we were now in **Respiratory ECMO surge** and our critical care resources would be stretched as a consequence.
 - h. **The People Spotlight** was on nursing vacancies. John Syson (JS), who covered this meeting for OM, explained that the nurses we have awaiting registration are deployed as Health Care Support Workers almost eliminating the HCSW vacancies we have. He also reported that Southampton University had stepped in to help with training cardiac physiologists.
 - i. **Finance is Red.** We have had a hard month but our recently reforecast year end, is still robust.
- 2 **The Access and Data report** had been reformatted after the feedback from the committee last month. It was missing the detailed RTT sheets because of the timing of this meeting. These reports would remain in the report.
- a. We had a long discussion on the GP referral trend on page 7. Roger thought that this was good and in line with our tertiary role. We concluded that demand was a concern given the extra capacity in the new hospital. This subject should be discussed at the board strategy workshop.
 - b. The action plan in Appendix 1 needs to be reset. We asked that the owners of each action respond with their individual plans to get to green.
- 3 **The activity Recovery plan** was discussed. A formatting problem meant that the tables were illegible. We also asked for clearer graphs. It was really difficult for the committee to understand whether we were ahead or behind this important set of targets.
- 4 JS took us through his paper on the **nurse supply and demand** modelling covering the recruitment and accreditation process. He explained we were achieving a much higher pass rate for our nurses, 50% vs 20% national performance. Nevertheless this does increase the cost of recruiting band 5 nurses significantly.
- 5 RC took us through an update on implementing Lord Carter's recommendations. It is fair to say we have made some progress and would have made more had we not been so focussed on the hospital move. I think it is also clear that many of these recommendations don't easily apply to specialist hospitals like Papworth.
- 6 We had a substantial discussion on the **operational plan preparation**. We covered cost pressures, the importance of getting the right ramp down/ramp up of work during the move, the balance between demand and cost but also the risks of capped commissioned volumes limiting our ability to exploit the full capability of the new building.
- 7 We closed the meeting by **thanking the executive** for their hard work in presenting the excellent materials and reports to the committee during the year. It is easy for the committee to focus on things that are not going to plan; that is our job; but it is also clear that the vast majority of things are on plan and delivering world class outcomes for our patients. This is thanks to everyone who works at Papworth Hospital. Accordingly, and behalf of the committee can I say **thank you very much, and have a good Christmas.**

Dave Hughes
 Chair Performance Committee
 20th December 2018