

Agenda item 2.a.i

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| Report to: | Board of Directors | Date: 5 September 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 29 August 2019 | |
| Board Assurance Framework Entries | 678, 841, 843, 847, 850, 865, 873, 874, 875, 1853, 1854, 2145, 2148, 2149, 2163, 2225, 2249 | |
| Regulatory Requirement | Well Led/Code of Governance: To have clear and effective processes for assurance of Committee risks | |
| Equality Considerations | None believed to apply | |
| Key Risks | Non-compliance resulting in financial penalties | |
| For: | Information | |

- 1 **PIPR** has improved this month to **Amber** overall. We all felt relieved that the summary of activity showed an overall upward trend. Caring and Finance have advanced to Green and Safe advanced to Amber.

Looking at the **overall balanced scorecard** we asked if the year-end forecast was a statement of intent or a realistic forecast. The plan is to formally reforecast at the end of Q2 so an updated position will be provided to the next meeting.

- a. **VTE performance** was discussed under **externally reported/regulatory standards**. We discussed this at a previous meeting and it was referred to Q&R to determine if it was data quality or an underlying performance issue. JR reported that it was primarily the former and improvements in Lorenzo were being fast tracked to ensure VTE assessments were being recorded as they are done. RH added to the discussion reporting that a recent SI investigation had surfaced a case where a DVT had occurred but we must wait for the final report on this. He also explained that there was an imminent GIRFT focus on VTE which could only help focus everyone on best practice.
- b. **Safe's** move to Amber was attributed to their being no never events this month.
- c. **Caring** improved to Green thanks to a big effort by staff to regularly engage with out-patients whilst waiting for their appointments/treatments.

- d. **Effective** remains Red but it was very encouraging to see activity at 2118 in the month, the first time we have gone over 2000 since March, albeit still short of the target of 2325. EM reported the use of the discharge lounge is ramping up, peaking at 16 patients so far, and helping patient flow. Length of Stay has jumped up but we were assured that this was caused by a small number of very poorly patients and did not represent an underlying shift in the bulk of patient journeys. The nature of cancelations is changing from capacity-oriented issues such as critical care beds; to emergencies, transplants and over runs. Both RH and EM are determined to get back to the discipline of “3 pump days”; i.e. three operations per theatre per day.
 - e. **Responsive** remains Red with overall with RTT dropping back slightly driven by a fall in thoracic performance and a slowing of the improvements in surgery. We are all looking forward to the opening of theatre 6 from October which should increase our capacity significantly provided it is accompanied with additional critical care beds. We discussed whether the needs of the local system could over-rule our focus on RTT in favour of in house urgent’s. Our 31 day Cancer performance has improved but recovery of 62 day performance is being constrained by the PET/CT scanning performance being provided by CUH. They are failing to meet the 7 day target which whilst clearly causing distress to patients, is not causing patients to lose the option of surgery, we were assured. EM is looking at the option of alternative suppliers whilst CUH work to get back on target.
 - f. **People, Management and Culture** is Red driven by vacancy levels and John presented a separate paper looking in more detail at the vacancy rates. He assured us that the pipe-line was very healthy. We asked if he could show us the performance of the recruitment process next time. We regularly saw this performance about 18 month ago and we need to be sure that we are not losing candidates for want of more resource or focus in HR or the frontline departments.
 - g. Jason presented the detailed **Finance** report on the back of PIPR’s finance section achieving Green this month. Year to date we are on target assisted by the GIC contract mechanism, but activity and CIP plans are back end loaded and must deliver. Failure to deliver will trigger the loss of one-off payments and could result in an overall deficit of c£25m vs break even in our plan. The relatively new charts covering Directorate performance against targets showed Surgery achieving above plan but Cardiology significantly behind plan both in month and year to date. Delivering the activity and CIP plans are critical for the trust this year.
- 2 Sophie Harrison presented the access and data quality report which has been improved this month with more individual measures being inserted into the summary roadmap. Significant work is being put in to improve outpatient performance and data quality including better matching capacity and demand and ensuring appointments are linked to access plans. EM has brought in external help to clean up the records. We discussed the stubborn RED items in the quality improvement plan annex. EM has deliberately kept the bar high for these to be closed and assured us that work and focus is continuing to get to green.
- 3 The final topic was the committee forward plan where we discussed the focus on items for the next 6 months. For me this is part of my hand over to the new committee Chair in November. We decided on the following items:
- a. In House urgent improvement plan
 - b. Echo
 - c. Out patients

- d. CIP/SIP
- e. Critical Care Staffing
- f. Theatre and Cath lab flow.

Each of these has an Executive owner but the committee asked of the project leads could come and present, so we get a view of them and their work and they get the chance to see the committee at work.

Dave Hughes

Chair Performance Committee
29th August 2019