

**Agenda item 2ai**

<b>Report to:</b>	<b>Board of Directors</b>	<b>1 November 2018</b>
<b>Report from:</b>	<b>Chair of the Performance Committee</b>	
<b>Principal Objective/ Strategy and Title</b>	<b>GOVERNANCE: To update the Board on discussions at the Performance Committee meeting dated 25 October 2018</b>	
<b>Board Assurance Framework Entries</b>		
<b>Regulatory Requirement</b>		
<b>Equality Considerations</b>	<b>None believed to apply</b>	
<b>Key Risks</b>	<b>Non-compliance resulting in financial penalties</b>	
<b>For:</b>	<b>Information</b>	

1. The Committee welcomed two guests from NHS Improvement (NHSI); Sara Howlett and April Brown as well as Mike Davies (MD), Clinical Director of our Thoracic Services Department.
2. I gave feedback from the Audit Committee discussion reviewing the Performance Committee for the last year. My key action having reviewed the Board Assurance Framework (BAF) was for the Committee to review the forward looking capacity assumptions in detail. The Chief Operating Officer (COO) agreed to provide those for the current site; they underpin the RTT (Referral to treatment) and Activity recovery plans. We will look at the assumptions for the new site as part of the 2019/20 budget build.
3. We had a long discussion on the IHU (In House Urgent) quality improvement paper from the Chief Nurse (CN). We agreed it was good that this work has started but the Committee is eager to see the recommendations and plan forward once developed.
4. PIPR remains RED overall but on an improving trend.
  - a. Activity levels are quite low nearing 20% under by volume. This is explained in part by the acuity and complexity of the work we are executing. The financial impact of the volume reduction is in part cushioned by a favourable mix of procedures with high tariff.
  - b. MD wanted to highlight the localised nurse recruitment problems he is facing in the Thoracic department. He asked for no action and was satisfied that HR are doing all they can to fix this. I reassured him that the Committee was well aware of the issue and asked that he flag any help we could offer.
  - c. We spent some time reviewing the Direct Care time stats per department. Ron Zimmern (RZ) spoke for the Committee in wishing we could get this safely over 50% across the hospital.

- d. Bed occupancy calculation was discussed again and the COO offered to provide a spotlight next month showing the occupancy vs staffed open beds. This is not the NHS required KPI and has to be calculated manually.
  - e. Patient transport was identified as an administrative headache hindering prompt discharges home and repatriations to DGH's. The Chief Executive Officer (CEO) told us that he was raising this with the STP (System & Transformation Programme) and asking for this responsibility and budget to be reviewed possibly given to providers rather than commissioners to simplify and speed up the process.
  - f. The COO updated on progress with RTT recovery and the really strong engagement and focus on this task. The final Recovery glide path will be signed off by the Executive team next week.
  - g. Thankfully there have been no new 52 week breaches revealed by the data cleanse activity. However, RZ asked to see how many patients were waiting for between 9 and 12 months. The COO agreed to provide a snapshot of this data.
  - h. MD made a plea to our NHSI observers to look beyond the headlines that will be created for Papworth by the new approach to cancer wait time KPI's. NHSI said they appreciated our strong and effective role but needed the wider system to respond to improve performance.
  - i. We all celebrated the new Rapid NSTEMI performance since its recent launch. This is great news for the Cambridge and Peterborough system and for Papworth.
5. The Committee did not review the Financial Recovery Plan (FRP) in detail. However, the Committee did note the comments from the Chief Finance Officer (CFO) that progress in the FRP was not in line with expectations and that this would put additional pressure on the Annual Planning cycle. The Committee agreed that the FRP remains critical to the medium term success of the organisation.
6. We discussed the excellent paper covering the Operational Planning Framework for 2019/20. The CFO agreed to provide the Committee and/or the Board with the high level planning assumptions going into the planning process. We felt that the NEDs could constructively engage with these assumptions, setting the context for the draft and final budget submissions due in the New Year; but on the understanding that the assumptions may change or fall in the detailed planning process.

Dave Hughes  
Chair Performance Committee  
25<sup>th</sup> October 2018