

**Agenda item 2ai**

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| <b>Report to:</b>                              | <b>Board of Directors</b>   | <b>Date: 7 November 2019</b> |
| <b>Report from:</b>                            | <b>Chair of the Performance Committee</b>   |                              |
| <b>Principal Objective/ Strategy and Title</b> | <b>GOVERNANCE:<br/>To update the Board on discussions at the Performance Committee meeting dated 31<sup>st</sup> October 2019</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 OR Approval</b>  |                              |

- 1 Julie Quigley kindly attended the committee and presented an update on her **In House Urgent (IHU)** project. A slide set will be circulated to committee members. The overall picture was very encouraging with “flash figures” for October showing 87% of IHU patients are being treated within our interim targets i.e. 7 days from medically fit. We discussed the external targets which are 7 days from angiogram and the data is being collected to enable us to monitor our compliance against this more stringent target. We asked Julie to return in the New Year to show more analysis of the cohort so we can see which groups are proving more difficult to treat within target and what interventions might be appropriate to correct this. Overall, we were left with the impression that significant progress is being made and full compliance was within reach.
- 2 PIPR has deteriorated to Red driven by adverse movements in Finance and Caring.
  - a. **Safe is Amber**; we reviewed the work to resolve **VTE assessment** and recording. Josie explained one of the difficulties in moving at pace was the required changes on Lorenzo which are being resisted by other trusts also using the system.
  - b. **Caring is Amber** driven by some negative Friends and Family scores from outpatients and a relatively (for us) high level of complaints. There does not however appear to be any obvious trend or common cause behind the increased numbers.
  - c. **Effective remains Red** driven by the bed occupancy and same day admissions for Thoracic. Activity is still Red, but the gap is closing. Theatre cancellations were lower, particularly pleasing given this is the last month before Theatre 6 came on stream.

- d. **Responsive is solidly Red** with overall RTT and IHU still below target, albeit rapidly improving. One 52 week breach was found and appeared to be caused by incorrect use of Lorenzo. The patient has since received their treatment.
  - e. **People, Management and Culture is Red.** Oonagh asked for us to consider two months' data together because recruitment events etc had been moved across month boundaries. Her verbal two-month figures were strong with 120 staff appointed to roles vs 34 resigned from roles in the trust. She also explained the efforts being put in place to nudge IPR's to green. More worrying was her feeling on staff turnover looking forward with one key department, critical care, expecting 10 resignations from their nursing team. The department was suffering lower staff engagement she thought driven by the volume changes in working practices.
- 3 RC presented the **Finance report**. Ignoring the protection of the GIC we are £3.2m **under performing on income**. As discussed under PIPR, our activity levels are still under plan and must substantially exceed plan in the second half of the year if we are to meet our full year targets. Hence the need to focus on optimisation. **Pay cost control** is also critical and we have 2 focus areas; the consultant job planning exercise which is nearing completion and the focus on reducing agency spend and overtime.
- 4 EM presented the latest report on her **hospital optimisation programme**. Good progress is being made; the committee asked for a forward plan covering the impact she expects to make so we can both judge if the level of planned impact is sufficient and what progress is being made towards delivering it.
- 5 We briefly discussed the **Access and Data Quality Report**. RC reassured the Committee that a number of actions are underway to address the **decline in consultant to consultant referrals**, including ensuring that data on improved waiting times are available and building referrals from Hertfordshire to Papworth rather than London.
- 6 Finally, I closed what is **my last meeting** by thanking Roy for his collaboration as executive lead for the committee and Alison for her tireless work compiling and distributing the committee's papers and for her prompt and excellent minutes. I also wanted to thank all the Exec and Non-Exec members of the committee who have helped me during my tenure to get the job done. I feel overall, we have created "more light than heat" and I hope I have done that in a collegiate and good humoured way. It only remains for me to wish Gavin all the very best luck in taking the committee forward.

Dave Hughes

Chair Performance Committee  
31<sup>st</sup> October 2019