

Agenda item 2ai

Report to:	Board of Directors	6 September 2018
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 30 August 2018	
Board Assurance Framework Entries	SO 1.ii 678/ 868/ 869/ 871 SO 3.i 850/ 865/ 866/ 873/ 874/ 882 SO 3.ii 833/ 835/ 836/ 837/ 841/843/ 1114/ 1427	
Regulatory Requirement		
Equality Considerations	None believed to apply	
Key Risks	Non-compliance resulting in financial penalties	
For:	Information	

1. The committee welcomed three guests, David Dean (DD) a new Non Executive Director (Designate), Alain Vuylsteke, Clinical Director of Theatres, Critical Care and Anaesthesia (TCCA), and Eddie Fleming (EF), Junior Sister, Cardiac Day ward.
2. EF gave us a powerful account of her role dealing with our patients coming in for elective cardiac surgery. This was in response to an action from the June meeting about understanding the patient experience around theatre cancellations. She described the patient arrival experience, what happens to them, and how they and their relatives are kept informed as the day progresses. The committee heard a number of practical suggestions to make this better for our patients including keeping the day ward team apprised of progress in the theatre, and what a difference it makes to a patient for their surgeon to personally inform them when a cancellation is made. We also discussed whether the decision to only cancel at the last possible moment was best, balancing the patient experience with the risk of empty theatres when an operation is cancelled prematurely. These ideas and actions will be shaped into a quality improvement project which will come back to the committee to report progress. The committee was really impressed with Eddie's candour and obvious care for her patients. We appreciated her taking time out to brief us.
3. Eilish Midlane (EM) presented a late, but very welcome, paper covering the latest progress on RTT. A fully detailed version 4 recovery plan is imminent aided by the work of the IMAS team. Disappointingly this process is still uncovering new root causes for the problem. Cardiac Rhythm Management (CRM) is going to be the most difficult Cardiology subspecialty to get to a Green rating because of the scarcity of

skilled resources, the length and complexity of each procedure and the “staff time in lab limits” imposed by radiological safety regulations. EM was confident the Trust will get to an aggregate RTT Green rating by March 2019, though CRM may take longer to get to Green individually. We await the detailed plan and weekly/monthly reporting against this.

4. PIPR moved to Red with 4 segments individually at Red. Mark Millar (MM) prompted a discussion about the do-ability of moving **all** segments to Green given the myriad pressures on the teams. Stephen Posey (SP) recognised the challenge this presented, however he drew the committee’s attention to the improving metrics and was confident that the organisation could deliver the required improvements. The risk of referrals rising rapidly once RTT is back to Green was discussed. Our RTT is paradoxically harder to achieve because the Trust waiting list has reduced by circa 1000 patients.
 - i. **Safe** is Red driven by three SI’s reported this month. We discussed the very high standard we set ourselves for this and DD questioned the risk of causing public concern and not being able to explain the higher standards we are applying. The committee felt that it was better to hold our high standards and risk having to explain this to stakeholders or the press. Roger pointed out that we treated SI’s as never events and one of this month SI’s concerns a missed cancer diagnosis dating back to 2015 but identified and reported this month. The committee will look to see how these SI’s are explained once investigated and took assurance from Josie Rudman (JR) that so far for August we have had none.
 - ii. **Effective** is Red driven by overall activity levels and same day admissions. EM explained that the recent prioritisation of IHU has disproportionately impacted the same day admissions by impacting theatre slots later in the day. Ron Zimmern noted the remarkable improvement in CABG length of stay which has reduced by almost a day compared to previous years. JR explained that this was driven by nursing resources focussed on discharge.
 - iii. **Responsive** is Red centred on RTT performance. The relatively new KPI covering the overall waiting list size reflects a drop of circa 1000 since last year. EM took us through a new way of apportioning cancer wait times against the 62 day target. This new mandated methodology will drive us to a Red rating but we resolved to maintain the old measure alongside for comparison. Disappointingly we didn’t seem to think the new measure would drive innovation, new ways for us to work or patient benefits.
 - iv. **People management and culture** is Red driven by an increase in staff turnover this month. Oonagh Monkhouse felt this could be correlated with the move to Royal Papworth House. A number of actions were in hand to address this. She also explained that a focused project on admin and clerical recruitment was being put in place mirroring the hugely successful registered nurse recruitment focus.
 - v. **Finance** is Red in PIPR and although we remain slightly ahead of surplus/deficit budget the situation is tightening. Key issues are short fall in revenue from lower activity, RTT fines and slow CIP delivery. Whilst we are behind on CIP execution, we are close to having a zero CIP planning gap, reported today at £95k. This is a great achievement, and Eilish explained that she wanted to go further and scope CIP projects that aspired to exceed our target thus covering off the individual project execution risk.
5. We didn’t discuss the Financial recovery plan in detail, preferring to see it re issued when the new budget is presented adjusting for the New Papworth move date.

6. Anna Jarvis presented a new report covering the status of the BAF risks owned by the Performance committee. She will report to all board committees on this basis. We asked for some time to understand how this format works and noted this was planned as a full board workshop.

Dave Hughes
Chairman Performance Committee
30 August 2018