

**Agenda item 2ai**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 6 February 2020</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 30 January 2020</b>	
<b>Board Assurance Framework Entries</b>	<b>678, 841, 843, 865, 873, 874, 875, 1021, 1853, 1854, 2145, 2146, 2147, 2148, 2149, 2163, 2225, 2249</b>	
<b>Regulatory Requirement</b>	<b>Well Led/Code of Governance:</b>	
<b>Equality Considerations</b>	<b>To have clear and effective processes for assurance of Committee risks</b>	
<b>Key Risks</b>	<b>None believed to apply</b>	
<b>For:</b>	<b>Insufficient information or understanding to provide assurance to the Board</b>	

**1. Significant issues of interest to the Board**

**Critical Care:** The Committee received a presentation by Maggie Maxwell and Cheryl Riotto on Critical Care Staffing Demand; this covered diagnosis of issues, complexities involved and actions being taken to make improvements. A plan with the trajectory of improvement is being prepared for 7 February. It was agreed this would be brought forward so headlines can be communicated to the 6 February Board meeting; this will also be presented to the next Performance Committee for detailed consideration. The Committee thanked the team involved for the huge amount of resource that was being devoted to resolve this critical issue and noted the importance of achieving the right balance between long term actions and short term recovery, given the impact the issue is having on activity levels across the hospital.

**2. PIPR** remained red overall, although Safe and Caring both moved from Green to Amber.

**Effective:** NEDs challenged the Executive Directors that the CCA issue was not obscuring under-performance in other areas not linked to CCA. It was noted however that e.g. both Length of Stay and Bed Occupancy excl. critical care were both related to CCA: due to cancellation of elective work, the increased proportion of emergency work often involves higher acuity patients needing longer LoS; while pre-surgery beds would be unoccupied if surgery cannot take place. Cardiology and Respiratory Medicine are largely unaffected.

**Outpatients:** The Chair congratulated EM and members of team on the significant improvement in this area, where targets have already been exceeded, noting also thanks for the work undertaken by Meridian Productivity. The Committee also welcomed Meridian's comments on the unusually high levels of staff engagement with the project,

which were an important factor in enabling rapid and substantial improvements. The Committee looks forward to this improvement being sustained over coming months. It was also noted that there is headroom for further improvement.

The Committee discussed changes in referral patterns and welcomed the fact that messaging, particularly for Consultant-to-Consultant referrals, to promote Papworth (e.g. by the Clinical Director of Cardiology) for those areas not affected by CCA was already taking place.

**Finance:** It was noted that the forecast year end position now reflects the reduced surplus due to the failure of the old main site land sale. The risk of not achieving the forecast year end position excluding land sale has also increased in month as a result of operational issues in month. However, the Trust still anticipates meeting the forecast out-turn notified to NHSI/E by maintaining tight controls on expenditure.

**BAF:** The work on Consultant Job Plans is complete resulting in an increased £174k cost pressure. Mitigations are in place to ensure this is non-recurrent and is limited to an in-year only cost pressure.

### **3. Key decisions or actions taken by the Performance Committee**

**Operational Planning 2020-21 - draft submission:** The Committee discussed this at length including detail on GIC contracts, transplant tariff contingency planning and reserves. The Committee approved the draft submission and commended it to the Board of Directors. Further iterations of the plan will be presented to the Committee in March and April.

### **4. Matters referred to other committees or individual Executives**

There were no items for escalation. The Committee noted however that the new model of care in CCA, which is likely to evolve in the coming months as a result of the work currently being performed to increase the number of open beds, will be an important matter for consideration by the Quality & Risk Committee.

### **5. Other items of note**

**Governor Attendance at Performance Committee.** The Committee discussed whether there should be Governor representation on the membership of this committee. The Trust Secretary advised that there is currently a piece of work in progress, at the request of the Governors, to review where Governors can provide the best input to the Trust. The Committee postponed a decision to await the outcome of this piece of work, which will be reported at a future meeting.

### **6. Recommendation**

The Board of Directors is asked to note the contents of this report.