

**Agenda item 2ai**

<b>Report to:</b>	<b>Board of Directors</b>	<b>2 August 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 26 July 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 OR Approval</b>	

1. I was the only NED in attendance, a situation we had agreed to avoid if at all possible.
2. PIPR remained Amber this month with 2 red rated areas: Finance and Responsive which is the same position as last month. All other domains are rated Amber.
3. The “golden thread” remains unchanged in that the throughput of cases is 7.4% below plan, resulting in lost income opportunities, together with failure to meet waiting time requirements and results not only in failing to meet patients expectations but also incurs financial penalties for the Trust. The evidence is that the quality of the service we provide to patients continues to hold up well in difficult circumstances.
4. The Caring domain would have been rated green if we calculated complaints on either a monthly or quarterly, rather than annual basis. We also felt that whilst the Workforce domain remains Amber, significant progress has been made in this domain over the last six months.
5. We were particularly disappointed that the latest RRT recovery plan is not delivering. The full discussion identified historic issues around booking protocols which means patients were not booked in turn. Assurance was sought and given of the actions being taken to remedy this and a revised trajectory to compliance is being drawn up. Everyone recognised that there have been several iterations of a recovery plan yet we were still making discoveries around how the organisation is operating. It is anticipated that the percentage of Cardiology slots being used for breached patients will rise from the current 25% to over 50%.

6. We also had a lengthy discussion on the In House Urgent performance and recovery plan, concluding that the papers did not really set out a plan, but that one is required. The Medical Director shared some helpful and encouraging ideas.
7. Financially we are on plan despite the clinical underperformance for factors which are unlikely to be present all year. Our position of "In the right place for the wrong reason" requires urgent action.
8. Much of this is overshadowed by the delay in moving to New Royal Papworth. Due to timing reasons a recast of the 2018/19 Operational Plan will go directly to the Board for approval in August.
9. We recognised that the Financial Recovery Plan and Financial Strategy Risk Assessment will similarly need to be revised when the Operating Plan recast has been approved. We were clear however that this process cannot be used as an excuse to lose focus on delivering each of the elements in the Plan and Assessment.

Mark Millar on behalf of  
Chairman Performance Committee  
26 July 2018