

**Agenda item 2ai**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 6 December 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 29 November 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. The committee discussed the feedback from the NHS-I observations of the October meeting. The feedback was broadly positive but we agreed to take on board many of their suggestions.
2. PIPR is Amber overall this month, a welcome positive movement. We focussed our time on discussing the Red segments.
  - a. Effective is Red driven by bed utilization and admitted patient care. The common cause is shortages of trained and qualified nurses. Oonagh talked us through the success we are having recruiting nurses from the UK and abroad and helping them to achieve UK registration. Our relatively small size as a trust and depth of specialism creates many individual centres of excellence but exacerbates the recruitment and skilling process. Eilish hoped that Effective would move to Amber in the next 2 months but cautioned that we are just entering the winter stress period, and this could easily drive us in the opposite direction.
  - b. Responsive is Red, driven by 4 KPI's. RTT recovery is covered in a dedicated agenda item and the impact of the new measures for cancer wait times is well understood but being closely monitored. Theatre cancellations and the severe impact they have on patients has been directly investigated by the committee recently, and a quality improvement report is due shortly. That leaves In house Urgent patients (IHU), which is chronically and substantially adrift of our target. Roger offered insight into the interdependencies between these patients, those receiving emergency treatment and those being treated under RTT governance. He assured us that IHU patients whose condition deteriorates critically, get emergency treatment, and that as our RTT performance improves so the IHU referrals will reduce. Overall the solution to this is the extra theatre capacity we

receive in New Papworth. We concluded the discussion by asking Roger and Eilish to produce a focus on IHU to assure the committee that we are on the best possible course of action for these patients.

- c. The impact of shortages of PET scanning consumables prompted an action to show the committee our overall diagnostic imaging performance across all technologies.
  - d. People and Culture is Amber but pivotal to the Effective and Responsive areas. Oonagh described the active performance management approach being taken to ensure our pipeline of unqualified nurses achieve their registration ASAP.
  - e. The committee also reinforced that the trust wide IPR target and standards are crucial to the success of the hospital.
  - f. Finally, we discussed the uneven balance across PIPR segments between total KPI's and the subset that actually count toward the overall RAG status. As a guide we thought a minimum of 50% of the KPI's should count. We will include this thought in the review of PIPR conducted as part of the 2019/20 plan.
3. Roy took us through the Finance report in particular we recommended that the board approve the revised year end forecast of £11.5m vs plan of £15.8m. This improvement is enabled by one off benefits from the delay of the hospital move into the new financial year. Other key points we touched on in the discussion:
- a. Agency spend is Red and not likely to resolve by year end.
  - b. The SIP planning gap could close by year end but the execution gap is unlikely to.
  - c. The transplant service loss has deteriorated, now exceeding 50%.
4. We discussed the Access and Data quality report. The NEDs asked if a more comprehensive exec summary could be added to focus the committee on the critical data and items requiring review and action. At present it is a very detailed and high-quality document, but, it would help the committee to highlight items that have changed month on month. We committed to focus on the data quality actions and add our weight to ensuring they get completed.
5. Eilish took us through her RTT recovery paper which included the recovery glide path agreed with CQC and our commissioners. Very good news is that we are overall ahead of the agreed glide path although individually surgery is just behind plan.
6. We have not been able to devote sufficient meeting time to discussing the progress on the Financial Recovery Plan (FRP) so far this year; indeed the short term focus on the hospital move and RTT recovery has drawn attention from the FRP across the trust. It was timely, therefore, for Roy to remind us that executing on this plan is crucial to our long term sustainability as a trust. The FRP fundamentally is about productivity and efficiency. We will ensure all these items get designed into next year's financial plan and deliver their part in it.
7. Anna talked us through her paper focussed on the risks in the BAF owned by the committee. We will use this to cross check that we are covering the right topics at committee and Anna promised a prototype of a report correlating our meeting actions and decisions against the risks.
8. We received the Investment Group minutes and clarified that we do not expect to see business cases that the group has rejected. We would like to see summaries of those that have been approved.
9. We approved, and recommended to the board, Roy's excellent document explaining out our negotiating strategy towards agree next year's budget.

10. We approved the business case for the implementation of a smart theatre solution following the comprehensive procurement process.
11. We noted the Brexit due diligence on contracts critical to the operation of the trust.
12. We reviewed the committee forward planner and asked for confirmation that work is in hand to present the quarterly or annual items planned for the December meeting. We did not discuss the cardiac scientist item and this will be covered next time.

Dave Hughes  
Chair Performance Committee  
29<sup>th</sup> November 2018