Royal Papworth Hospital
NHS Foundation Trust

Agenda item 2.a.i

Report to:	**Board of Directors**	**Date: 7 March 2019**
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 28 February 2019**	
Board Assurance Framework Entries	**678, 746, 833, 835, 836, 837, 838, 839, 840, 841, 843, 847, 849, 850, 852, 865, 866, 868, 869, 872, 873, 874, 875, 877, 882, 884, 1427, 1853,1854**	
Regulatory Requirement	**NHS Foundation Trust Code of Governance** **Committee ToR**	
Equality Considerations	**None believed to apply**	
Key Risks	**Insufficient information or understanding to provide assurance to the Board**	
For:	**Information**	

1 The first item of business was an excellent presentation on the "In House Urgents" quality improvement plan led by Julie Quigley and Chandra Brown. Their presentation is available electronically for those interested. Julie explained a raft of improvements to the process that had already started to improve the performance, and, will over the rest of the year bring us back into full compliance. The committee was pleased that the improvements that have been implemented and are planned should be sustainable when the quality improvement team move on. Key improvements are strong enforcement of the data pack required associated with each new referral including frailty data, and a reinforced discipline about fully staffing of our MDT assessment of each patient via the data pack. It was good to see RH's proposals to start the process generically as perhaps revascularisation rather than accept the referral as presumptive surgery.

JQ will produce a glide path for the committee to scrutinise from time to time to ensure the improvement is on track.

2 PIPR is Amber with only 2 Red segments.

a. Although we as usual focussed the committees' time on the Red and Amber areas we did stop to celebrate **Safe** getting to Green. We have a lot more clarity on the VTE Red issue that emerged a few months ago. There is some data quality improvement required and some underlying improvement in how we carry out this work.
b. **Caring** is Amber but we expect the 12 month rolling average for complaints to improve to Green next month turning Caring Green also.
c. **Effective** is Amber driven by high Critical care occupancy – we currently have 7 ECMO Patients in our care – and low overall activity levels. DD questioned the assertion in the

balanced scorecard that theatre cancelations, currently at 67, would achieve green status, (30) by April. SP agreed this required further review as the balanced score care showed a number of critical KPIs getting to Green by April. Activity levels were certainly not going to achieve plan by April.

d. **Responsive** is Red. There has been great progress on RTT and we are on the cusp of achieving target, now just 1.09% away. We think it unlikely that we will achieve the new cancer wait target, though fully meeting the old one. Theatre cancelations have a way to go and as discussed above we now have a plan for IHU but it will take most of the year to deliver. So the outlook for Responsive is Red or Amber for the next 6 months.
e. **People, Management and Culture** is Amber. Turnover remains volatile and we have not regained our net nurse recruiter position. The recruitment pipeline is set to improve over the next few months.

3 The trust's **Finances** are still ahead of plan but more through exceptional items than underlying trading performance. We anticipate the activity reduction due to Flu in February will adversely impact finances and require even more focus to ensure the year end numbers are achieved.

4 The **Activity recovery plan** showed, with a few exceptions, that we have failed to achieve activity targets during the year and in some cases failed to match last year's performance. RC explained that because of prior year shortfalls we were trying to catch up more than one year's "normal Growth". Nevertheless, the operational plan submission for the next financial year demands that we achieve the planned activity.

5 We briefly looked at the **financial recovery plan** and the helpful impact of the Market Forces Factor (MFF) decision was noted. This plan will become central to success next year, once aligned to the new targets.

6 RC agreed to look at a couple of positive movements in **Financial Strategy Risk Assessmen**t that looked a bit optimistic.

7 We had a difficult discussion on the **Board Assurance Framework** report covering the committee's areas of responsibility. I challenged the description of "Adequate Assurance" against the Activity Recovery Plan. How could we have assurance with a plan that has clearly failed? The committee, advised by AJ, felt that "Adequate Assurance" was still appropriate. On reflection I would like to raise this at the board. Bearing in mind our activity plan was set on the assumption of the hospital move taking place in the autumn, with associated ramp down and back up our activity performance is all the more disappointing.

8 RC presented the **Operational Planning Checkpoint** and the status of the negotiation with the different commissioners we work with. We granted delegated authority to him and SP to enter Mediation if required by the process on Friday. He also covered of the progress on Gateway 2 and cost pressures more generally and reiterated the need for extra focus to deliver what will be a very challenging budget.

Dave Hughes
Chair Performance Committee
28th February 2019