

Agenda item 2.a.i

Report to:	Board of Directors	Date: 4 July 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 27 June 2019	
Board Assurance Framework Entries	678, 841, 843, 847, 849, 850, 865, 873, 874, 875, 1853, 1854, 2145, 2148, 2149, 2163, 2225, 2249	
Regulatory Requirement	Well Led/Code of Governance: To have effective structures, processes and systems of accountability to support the delivery of good quality, sustainable services.	
Equality Considerations	None believed to apply	
Key Risks	Non-compliance resulting in financial penalties	
For:	Information	

- 1 The committee welcomed David Begley and Carrie Skelton-Hough, Clinical Director and Operations Manager for Cardiology respectively, who joined for the meeting, and presented the item on Rapid NSTEMI.
- 2 **PIPR is Amber** this month and showing a slight deterioration over the previous month. We discussed the **BAF chart** and the significant number of changes since last month. CQC Fundamentals of Care and Cyber Security showing reduced risk for the Trust, whilst FM mobilisation, Trading, Hospital Optimisation, and Master Commissioning showed increased risk. In addition, three new risks were added covering growth, capacity and efficiency assumptions. The committee felt these changes really chimed with our understanding of the hospital's current status.
- 3 **Safe is Green** but we did touch on the 2 SI's that were being investigated. The spot light on safer staffing prompted an in-depth discussion about whether the "**designed**" **fill rate** was adequate for safe operation. Some areas notably critical care were adding more staff to their rosters whilst they get used to single room working. It remains to be seen if these staffing levels are needed long term. This was discussed at Q&R earlier this week apparently and an in-depth board and ME discussions are being scheduled to test if we have got the risk balance right between staffing, activity and safety.
- 4 **Caring is Amber** driven by a significant drop in **Outpatients Friends and Family** survey results. The team are working hard to drive up the response level and to address any concerns being expressed by patients. Suffice to say we ideally need this to move

back to 'normal' in the next period.

- 5 **Effective is Red.** Bed Occupancy is poor and activity levels are well below the target set for this stage in the ramp up plan. Today EM reported we only have 27 Critical Care beds open rather than the planned 33. The finance report covers the impact of low activity on the hospital's income, but this is quite serious and must be improved by year end. The GIC contract provides a degree of protection for the hospital's income but the commissioners will take a dim view of large underperformance which will result in reduced commissioned revenues for the following year and loss of the hope of long-term financial sustainability for the organisation.
- 6 **Responsive is Red** driven by our waiting list missing its' reduction target and theatre cancelations moving up. RTT overall is just behind target driven by surgery. Respiratory will be revised up since the c200 patient from GP surgeries have been reclassified as part of a primary diagnostic pathway and not a referral to treatment pathway. Cardiology has beaten target for the fourth consecutive month and is now considered to be in "BAU". The committee expressed its' thanks to David, Carrie and their team for this great turnaround performance. It has put the whole hospital within touching distance of RTT compliance.
- 7 **Cancer wait performance** is failing both the new and old targets. EM has agreed to share her analysis of the causes of this, but at least in part the less agile interim Histopathology service is contributing, exacerbated by poor synchronisation with MDT meetings. EM expressed her frustration that the ACS performance has dipped below 100% for the first time in many months and attributed this to a hospital transport failure at West Suffolk Hospital.
- 8 **People, Management and Culture is Red** driven by high staff turnover and a dip in mandatory training performance. OM explained the efforts being put in place to recruit to the new hospital exploiting the numerous PR opportunities that we have had. Last Saturday's event, manned by dozens of volunteer hospital staff, was a great success with a number of direct hires and many more prospects. A number of the Executive team commented on how professional Papworth looked. The committee accepted that failing to complete Mandatory training under the extreme pressure of the move was understandable; but this should be recovered fast now we are settling in. OM reminded us in her spotlight that the "bar" has been raised across Safeguarding, Radicalisation, and Health, Safety and Welfare categories, increasing the number of staff required to complete it.
- 9 RC covered **Finance in PIPR, which is Amber**, and with his more comprehensive Financial report. The bottom line is extremely disappointing as activity levels are reducing income despite the collar provided by the GIC contracts. Costs are being controlled well and are providing favourable variances. He is holding his end year forecast just now but emphasised how important it was to drive up activity levels as soon as possible to avoid downgrading the forecast and a very difficult conversation with the commissioners regarding GIC underachievement. CIP is on track so far albeit against a very low target. Looking forward a substantial gap still exists between the targets and the planned projects.
- 10 We discussed the executive summary of the **Access and Data Quality report**. This highlighted both the underlying lower activity levels and the low referral levels. Some sort of marketing campaign was discussed to emphasise to our referrers that we are now at or close to RTT targets. We think that the failure to achieve these targets for the last year of so has put off referrers sending their patients to us.

RC and EM highlighted opportunities to improve outpatient activity now we are working with one physical department. Post the meeting I suggest we ask for a special presentation on Outpatients so the committee can understand the issues and opportunities to achieve more with the assets we have.

- 11 Carrie led the committee through an excellent set of slides covering the creation and evolution of the new **Rapid NSTEMI service** over the last 6 months. I recommend that the board be given sight of the slide pack for their information. There is no doubt this is a significant advance in the care of our patients, but also a substantial saving to the system as a whole from more efficient use of Ambulances, A&E facilities and beds across the patch. The team plans to extend these benefits in three ways. 1) by linking more local hospitals to Papworth via this service; 2) by supporting other hospitals, (like NNH) to act as an NSTEMI hub for their geographies; and 3) by using this approach on other services e.g. Rapid Pacing. So far, the benefits can be summarised as c£600k and 1,500 bed days across the system, more the double the forecast.

Dave Hughes

Chair Performance Committee
27 June 2019