

Agenda item 2ai

Report to:	Board of Directors	Date: 1 August 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 25th 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 clear and effective processes for assurance of Committee risks	
Equality Considerations	None believed to apply	
Key Risks	Insufficient information or understanding to provide assurance to the Board	
For:	Information	

- 1 **PIPR disappointingly is Red** this month showing a deterioration over the previous month due to Safe now being Red. We discussed the **BAF chart** and in particular the increase in risks regarding staffing and current trading. The former was the subject of detailed discussion throughout the meeting as it has knock-on effects in a number of key areas.
- 2 **Safe is Red** driven by a Never Event (retained guidewire) and a deterioration in the safe staffing fill rate. In the spotlight on safe staffing it was confirmed that the fill rates quoted were pre-mitigation though Michael expressed concerns that there was not a written record of the actual staffing levels as proof that the service was safe. Josie drew the committee's attention to the Direct Care Time activity follows metric which again is 100%.

There is a golden thread running through the challenges faced by the Trust which is that the inability to recruit, leads to bed closures which in turn leads to cancellations and lower activity and pressure on finances. The Trust has been making great efforts to attract new staff including its successful weekend recruitment events. It was noted that this has resulted in the recruitment of more than 200 new staff though there will naturally be a time lag before these all commence employment.

- 3 **Caring is Amber** with challenges remaining with the **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 and it is still likely that this lower score is

related to the move.

- 4 **Effective remains Red.** Bed Occupancy for the reasons outlined above is still poor and Theatre utilisation reduced to around 82% as cancellations increased to 60 due to the constrained bed base. The spotlight was on Outpatients and Bookings and attention was drawn to clinics being cancelled due to Consultant short notice leave. In future no clinics will be able to be cancelled with less than 6 weeks' notice without the authorisation of the COO.
- 5 **Responsive is Red** driven by the increase in theatre cancellations and RTT still slightly below plan. RTT overall has dipped in month though Surgery is now above trajectory. Indeed, Surgery was explored in more detail as a key performance challenge and has been identified as a primary area of focus for the Trust Optimisation Programme particularly as the number of patients on the waiting list and the number exceeding 18 weeks have both increased since the hospital move. Disappointingly Cancer performance is still below target based on the old rules.
- 6 **People, Management and Culture is Red** though voluntary turnover has decreased to 11%, well within the target of 15%. The Trust vacancy rate has also decreased – to 14% - though there has been an increase in the registered nurse vacancy rate to above 10%. There was a more detailed discussion of the successful recruitment days mentioned above but it was noted that Respiratory remains a challenge and will require a targeted campaign. It was also noted that theatres will need to increase their workforce to enable theatre 6 to be opened.
- 7 **Finance is Amber** and was covered by Roy in his more comprehensive financial report. The YTD position is still ahead of plan but Clinical Income is £1.1m adverse to plan even after Guaranteed Income Contract Protection. The GIC is currently contributing £0.7mn more than planned and it was noted that if this continued not only would 2020/21 discussions with commissioners be difficult but worryingly the GIC was also at risk of being renegotiated in year. The weak income position has necessitated the use of reserves earlier than anticipated. £0.4mn of new CIPs have progressed in-month though there remains a gap of schemes fully signed off of 73% of the target. The year-end forecast of break-even remains though a “worst case” underlying unmitigated run-rate of a deficit of around £30mn was also highlighted. The focus will remain on driving up activity levels and closing the CIP gap.
- 8 The discussion on the **Access and Data Quality report** centred around the backlog of outpatient referrals that do not have a linked appointment booking which continues to increase each month. There needs to be a focus on this area by the admin teams to ensure there is no risk to patients.
- 9 Stephen presented a paper on the **Activity Recovery Plan** which, due to the slower than anticipated ramp-up post move, had been requested to be brought forward from August by the committee Chair. The paper highlighted action to be taken immediately and there is now a clear sense of urgency. The three key areas of focus are: open the 14 surgical beds on level 5 (partly through deploying the CUH Bank resource); open a further 3 Critical Care beds and diagnose the issues impacting outpatient activity in order to agree a set of high impact interventions.

David Dean

Acting Chair, Performance Committee
26th July 2019