

Trust Board in public
27th January 2011

ITEM:

MINUTES OF TRUST PERFORMANCE COMMITTEE

SYNOPSIS:

**Attached are the minutes of the meeting of the Trust Performance Committee
held on 24 October 2010**

AUTHOR:

**PAUL SIMPSON
DIRECTOR OF FINANCE & CONTRACTING**

ACTION REQUIRED:

For information

Signed:
Chair of the Performance Committee

Date:

**Minutes of the Trust Performance Committee
Held on Tuesday 26 September 2010
09.30 – 11.15 AD77 Maple House, ESH**

Present:		
Yvette Robbins	YR	Non Executive Director – Chair
Edward Cooke	EC	Non Executive Director
Graham Curtis	GC	Non Executive Director
John Power	JP	Non Executive Director
Norma Christison	NC	Non Executive Director
Richard Durban	RD	Non Executive Director
Paul Simpson	PS	Director of Finance & Contracting
Philip Holmes	PH	Director of Environment & Facilities
Rob Haigh	RH	Interim Medical Director
Yvonne Parker	YP	Interim Director of Human Resources
In attendance		
Lorraine Clegg	LC	Deputy Director of Finance
Elin Williams	EW	Head of Performance & Commissioning
Hamish Wallis	HW	General Manager Surgery - deputising for Joe Chadwick-Bell
David Amos	DA	KPMG – observer
Eleanor Richardson	ER	KPMG
Gillian Cruse	GAC	Minutes

Item	
	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>Apologies noted from Michael Wilson, Stuart Welling, Ian Mackenzie, Joe Chadwick-Bell and Mary Sexton.</p> <p>Introductions were made around table and new members welcomed. Y Robbins welcomed two members of KPMG who were attending the meeting as observers.</p> <p>Prior to commencement of meeting Y Robbins advised with immediate effect the Performance Committee would not be split into two parts and all items would be discussed under one agenda.</p>
1	<p>MINUTES OF PREVIOUS MEETING AND ACTIONS ARISING</p> <p><i>Minutes of previous meeting (Part 1).</i> P6 (AOB) Following PH response, additional wording on to read “While EC understands there are no plans to refurbish Outpatients under the current Capital Plan, he strongly supports a review, in light of expected activity levels following changes in commissioning intentions, that improves the Outpatients environment”.</p> <p>With amendment above minutes recorded as an accurate of meeting</p> <p>Actions arising from (Part 1) 18 weeks – J Chadwick-Bell to formulate a Pediatric strategy and present to this committee. HW advised that these were being reviewed as part of the Clinical Strategy. Action closed.</p> <p>Remainder of actions from Part 1 covered within exception reports and agenda items.</p> <p><i>Minutes of previous meeting (Part 2)</i> Recorded as an accurate record of meeting.</p>

	<p>Action arising from (Part 2): P Simpson to send copy of final documents regarding financial recovery to N Christison.</p>
2	INTEGRATED QUALITY & PERFORMANCE DASHBOARD AND REPORT
	<p>New format presented. Noted that the DoH performance framework for Q2 onwards had not been published and therefore two scenarios presented for the Trust's rating in Q2 – "performance under review" and "performing". Will move to one rating for future reports.</p> <p>"Performance under review" based on existing framework owing to adverse performances in certain fields which are highlighted in exception reports. Some data still subject to validation.</p> <p>The SHA's monitoring of SaSH has involved monthly meetings of the Trust with the SHA; this meeting will now be incorporated within the PCT's monitoring meetings.</p>
	<u>Exception reports</u>
	<p>HR Key points:</p> <ul style="list-style-type: none"> - Sickness absence deteriorated but other indicators are improving. - Number of joiners to Trust in August and a campaign currently underway for recruitment of nurses from Ireland. - Annual well-being event arranged for November - Long term service awards being held in November <p>NC questioned whether there was any link between staff sickness and D & V in wards and risk of cross infection. PS advised that rules around D & V recovery by staff were promulgated and actively policed.</p> <p>Action: Y Parker to review figures to scope any link between D & V on wards and staff sickness</p> <p>In response to a question, YP advised that there is an action plan in place for all staff on long term sickness.</p> <p>RDD questioned whether there was an update from MS regarding appraisals and requested a response on 1) Where we are now 2) Assurance on accuracy of figures 3) Priorities for moving forward.</p> <p>Action: Appraisals - M Sexton to provide a update and assurance to Performance Committee members prior to next meeting</p>
	<p>Leavers report YP presented report covering the period April to September 2010. Exit interview forms are being handed out to all leavers and interview training being undertaken with Managers.</p> <p>YR questioned whether there would be any benefit from Executives and Non Executives becoming involved in these interviews. Agreed that it would useful for all Directors to gain an understanding of reasons for leavers but it was essential that a consistent approach was taken throughout the Trust. Anyone carrying out interviews would have to be trained to ensure this consistency and it was a management function and operational</p>

management authority should not be overridden. It was noted that there is still a requirement to collate these exit interviews and analyse any recurring themes or specific areas where there are problems.

RDD summarized above and requested assurance from YP that all Managers are carrying out appraisals (see previous action point) and exit interviews as part of their job descriptions. The focus should be on taking actions against the known issues rather than over analyzing.

JP complimented YP on the amount of work that had been carried out but requested one addition to the statistics within the report to show the size of each department to make more sense of percentages.

GC noted that from the NEDs' perspective he was not assured about issues around accountability and how they will be resolved. YP advised that this is the responsibility of the management team adding that the implementation of the new clinical structure included clarification of accountability.

EC expressed concern around the about word "robustness" used within the retirement policy. He was given assurance that each member of staff reaching the age of 65 was given a letter which was copied into their line manager and that the approach to retirement ensures a two way process which has directly led to a decrease in the number of appeals. It was agreed to remove the word "robustness".

YR raised the issue around the percentage of employees leaving the Trust within their first year, resulting in very high cost to the Trust. There was a need to correlate reasons and some were moving to other Trusts within the South East region. Discussion took part around the Trust's retention strategy and how the Trust could improve the statistics. The question was raised as to how respective departments dealt with leavers and how much support people were given in their first year of service.

Actions:

- 1. Y Parker to produce a list of exit interviews by leavers joining other NHS organisations and key reasons for leaving.**
- 2. Y Parker to detail retention strategy and support structures for new employees in first year**
- 3. Y Parker to assess how well managers manage retirees and leavers**

A & E

HW spoke to the exception reports. He noted an observation over the past 2 weeks of the increase in more elderly, complex, high age profile people coming into A&E which slows down process and results in performance levels dropping.

In response to a question from YR, HW advised that the action plan developed applies to the health economy and a task force is meeting on a weekly basis to manage. The Trust escalation policy has been reviewed and will be re-launched shortly. Ward rounds are now included within all job plans resulting in improvements in ED regarding delayed discharges.

RH confirmed that with an increased average age over 75 this would result in increased admissions and increased delayed discharge with a likely adverse impact on A & E performance. He reminded the committee that the target was not just about A&E and that the wording on exception reports would be better revised to "admission targets".

RH also noted a need for the right skills within ED to safely discharge patients and deliver a service, and the impact of the EWTD rules restricting medical staff availability. Discussion took place around benefits of early ward rounds and the sensible balance with

	<p>other commitments, for example outpatient clinics.</p> <p>GC expressed encouragement about RH's approach and requested assurance that an action plan is being developed to address these issues. RH advised that he could not give assurance at present time and that the issues were challenging but could be resolved and the Trust would be working to this end. By way of example, length of stay figures in Chichester reduced by 0.7 days based on changes implemented there and had a financial impact.</p> <p>YR questioned whether the Strategic Programme Board were reviewing above and was advised that there was no quick fix for community care and the ongoing review was for managing older people at home. No timescales for change currently identified as the unscheduled care model is still being actively developed...</p>
	<p>Stroke</p> <p>HW presented the exception report describing adverse performance and the options under review to improving it. Stroke performance was also linked to overall admission performance and effective actions on the flow of patients generally would favorably impact.</p> <p>RH advised that the Trust's issues were common elsewhere and that the SaSH AMU unit was one of the best that he had seen. It was essential to make diagnosis as early as possible and then move patients to stroke unit, however, diagnosis takes time and eats into the performance timeline. However, he emphasised that the AMU was very slick in its procedures.</p> <p>YR requested that A Stevenson fed back on the stroke action plan and how performance would be improved.</p> <p>Action: AS to provide update for next month.</p>
	<p>Cancer Breast Symptomatic / Cancer 2 week waits</p> <p>YR questioned whether the Trust talked to other hospitals with regard to how they are managing. EW noted that JCB had done so and had refreshed the implementation plan to take forward additional actions around following up patients directly and through GPs to ensure awareness of the importance of the appointment.</p> <p>HW advised that he was looking at how patients can be offered dates earlier in the process to allow more time to deal with their availability within the 2 week window, given first appointments were often well into the second week due to take up of earlier appointments by the backlog, raising the question of capacity. RH reiterated comments from past months about GPs sometimes being reluctant to discuss cancer directly with patients.</p>
	<p>18 weeks admitted</p> <p>YR raised concern regarding the increasing backlog.</p> <p>HW confirmed the issue and that plans for outsourcing to address were intended to deal with this over the next few months. The plan had been adjusted from the original (so outsourcing had been intended to be completed earlier in the year) and this did cause an issue about PCT payment. He advised that JCB was confirming with PCTs clarity over the timetable.</p> <p>In response to a question from EC regarding expectations following press coverage of changes to this performance target, HW gave assurance that the Trust are not relaxing and were still bound contractually and by the NHS Constitution to the delivery of the</p>

	target.
	<p>Cancelled Operations not treated within 28 days Advised that drop in targets was a blip which has now been resolved.</p>
	<p>Fractured Neck of Femur (FNoF) Noted that the exception report had not been properly updated from last month. EW advised that the focus is currently on surgical performance and the finalisation of an action plan agreed with consultants. RH to review this.</p> <p>RH advised that not all FNoF symptoms are as a result of direct falls. It is key to define underlying medical cause ensuring there is medical condition focus rather than just surgical with the requirement to provide timely operative theatre time. HW acknowledged that there is a need to plan whole trauma pathway.</p> <p>PS advised that Dr Foster data was flagging up higher than expected mortality rates in respect FNoF (and also Stroke and Pneumonia).</p> <p>RH confirmed that action in respect of addressing each area was being taken and strong action plans were required focusing on patient care, safety and quality with breakdown of issues and actions. An update would be provided to the next meeting. In addition the Trust was preparing in advance of any adverse press coverage once the Dr Foster data was published during November.</p> <p>Action RH to outline to the Performance Committee his overall opinion of safety and quality and resulting priorities with actions to address performance and safety issues underlying the five adverse mortality indicators. November meeting.</p>
	<p>Pressure Ulcers Noted that this was showing as red but no exception report presented. Will be reviewed and update given for next meeting.</p> <p>Action: MS to provide exception update on pressure ulcers.</p>
	<p>Patient Experience With MS absent the exception report was noted. RDD advised that the Healthcare Governance Committee had asked about strategies and action plans being developed in relation to patient experience and questioned when the NEDs were going to see an output.</p> <p>Action: MS to provide update and timescale on patient experience strategy and reporting via the scorecard.</p> <p>Patient Safety (Incidents) The zero thresholds set indicated the Trust zero-tolerance. While SaSH's incidence of falls compared to national averages for other Trusts, SaSH was not complacent and had falls groups and action plans in place to reduce incidence.</p> <p>NC requested comparative year on year data around patient safety to provide a clearer view of what the data was saying.</p> <p>Action: MS to incorporate comparative data in future patient safety exception reporting.</p>

	<p>RDD requested to see the Patient Safety Strategy asap. The Committee had received a presentation from a consultant in April 2010 and Committee advised at that time that they would see the output in 6-8 weeks.</p> <p>Patient Safety Strategy now in draft format. Currently communicating with staff on safety priorities and identifying leads for all safety workstreams. Once this has been completed the paper will be presented to the Management Board for approval and then for ratification at the Performance Committee. Due for completion by end January 2011.</p>
	<p>NICE</p> <p>It was noted that Trust compliance was improving favourably and was closing on the indicator thresholds. RH advised that from his limited time in the Trust this was not a significant issue and the backlog is virtually cleared. YR stressed however this did not mean we were practicing to NICE standards, only that we were aware of which NICE regulations applied to which areas of SaSH.</p>
	<p>VTE Thromboprophylaxis</p> <p>PS advised that there are currently two issues:</p> <ol style="list-style-type: none"> 1) Recording data for all patients (new data) 2) Delivering the quality indicator itself <p>Currently Trust systems were unable to record compliance easily (an issue for many Trusts) and the data provided was from those areas with pilot electronic discharges, and this was why the data on the dashboard was so poor.</p> <p>An audit had been completed across the Trust showing a much higher level of compliance (averaging 60%) which compared favourably to an audit last year that showed 30% compliance. The audit data was not admissible, the Trust needed to provide ongoing data about all admissions. The Trust has until the end of the calendar year to deliver the CQUIN requirement and its actions were based around agreements with PCTs about the timetable.</p> <p>Those actions were addressing the data collection issue (nurse collation of data daily was currently favoured) and ensuring that all admissions were risk assessed and that medical staff were prioritising this. This work was overseen by a project team.</p> <p>YR expressed concern about the statement in the exception report around the risk of junior doctors not prioritising VTE risk assessments, which she felt required a clear action with consultant leadership. RH agreed but also noted that the very prescriptive requirements from the Department on VTE needed review as they required the completion of paperwork, including in situations where the action was not clinically appropriate.</p>
	<p>Bank and Agency</p> <p>PS advised that figures had fallen in the month with less agency usage. YP noted that wards were being more flexible and pro-active in reducing bank and agency.</p> <p>Given that Month 6 reflected the end of the holiday period, YR requested assurance that the initiative put in place by MS was producing results.</p> <p>PS advised that MS had taken forward the actions she had outlined previously, that processes were in place (including weekly performance management meetings and the setting of targets on a weekly basis, and in advance) and that the approach was assertive and engaged all wards. He reminded the Committee of the risk from the tension around temporary staff reduction versus safety and operational pressures.</p>

	<p>In MS's absence, it was accepted that the outputs of the recovery plan workstream (which will impact on M07 data) would be reported at the next Committee.</p>
	<p>Revised dashboard and reporting format Summary of points raised regarding revised format:</p> <ol style="list-style-type: none"> 1. Inclusion of a summary page outlining different groupings for indicators (e.g.: patient safety, quality), consideration of linkage to BAF and summary of impact on delivery of strategic objectives 2. Clearer cross on exception reports to specific activity/performance lines in the scorecard 3. EW agreed to add explanation where necessary to differentiate "data not available" against the unavoidable lag in the availability of some indicators. 4. NC requested actual numbers rather than percentages against delayed transfers 5. Need to ensure that exception reports written for all red risk rated areas to ensure consistency e.g. environment was highlighted in red but no exception report. . 6. Glossary of terms to be extended 7. Exception reports need to be up to date, comprehensive and transparent. 8. RDD suggested that an accountable executive director reported against each corporate objective and also reported against the risks to that objective under the BAF agenda item. <p>Action: EW to review above points, discuss with lead Directors and update report for future meetings</p>
3	FINANCE
	<p>M06 Finance report PS presented report and highlighted key points.</p> <ul style="list-style-type: none"> - M6 YTD showed a £1.5M deficit which was a slight improvement against forecast (but £2.7M adverse from original plan). - The breakeven forecast reported at M05 remained (£4.8m adverse to plan) - Recovery plan in place with a £3.0M risk of which £1.0M is currently not identified) – the forecast will be reviewed at M07, along with performance against the first full month of the recovery actions - MW/PS had met with NHS Surrey to discuss income arrangements for the year and made the Trust's position clear – there has been no agreement on any block arrangement. <p>PS advised that the SHA had written to SaSH about the recovery plan. MW/PS attending a meeting on the 4/11 at the SHA to discuss.</p> <p>PS also went through the risks to the forecast, as follows:</p> <ul style="list-style-type: none"> - The assumption remained that the SHA would pay the cost for the Care Record Service transition. - Commercial discussions were still ongoing regarding the asset sale, as discussed at the Private Board. Impairment is anticipated but remained a "below the line" technical adjustment. - Directorates with adverse performance to forecast were reported as exceptions in the main paper - The provider to provider risk was likely to be realised but also likely to be set off by recovery plan actions. - The recovery plan included a £1.0m unidentified element and this describes the net risk recorded. This risk would be considered against the forecast at M07, and the whole recovery plan risk (totaling £3.0m also reviewed depending on delivery).

	<p>Balance sheet and cash: PS had met with the SHA and advised them of the capital outturn of £6.0M, discussed the use of the capital loan to provide temporary cash support, the technical actions around capital resource and cash limits and the need for a working capital loan at year end to allow the capital loan to be replenished.</p> <p>RDD noted the reduction in nursing agency costs and questioned whether similar action was ongoing in other areas. PS confirmed that all areas of temporary staffing were targeted, although controls around medical temporary staff required further work.</p> <p>EC raised a concern around cash levels and the level of debtors. LC advised that there were no major concerns around debtors at the moment but she would review to give assurance.</p> <p>In response to a question from YR regarding directorate control on savings, HW advised that in his directorate action was being taken according to an action plan and the Directorate's internal management. There were issues around non pay and he felt more emphasis was required there. In response to a question from RDD, PS confirmed that HW was aware of his accountability, which HW agreed.</p> <p>Committee accepted Financial report</p>
	<p>M06 Savings report</p> <p>Revised plan from previous months presented: savings not achievable were removed and recovery plan actions added. Savings plan now set at £5.3M. PS went through key issues and advised that performance was discussed at directorate performance reviews and at the Savings Delivery Group.</p> <p>RDD understood why the savings report had been re-drafted but wanted assurance that by recasting the numbers we did not lose individual accountability against the numbers originally signed up to. LC confirmed that the original budget was still being monitored (it was included in the main Finance Report) and that those savings confirmed as undeliverable had been dropped.</p> <p>PS repeated that the forecast will be reviewed at M07 in the light of delivery against the recovery plan.</p> <p>The Committee noted and accepted report</p>
4	<p>SLR REPORT</p> <p>SLR report present for information only.</p> <p>EC requested information regarding the comparison between last month and this month. LC advised that there were a couple of material changes as SLR was refined (as flagged up the previous month): the amendment to the A & E service line budget and more precise calculation of the case mix (price) and volume variances. PS/EC to discuss variances in figures outside of meeting.</p> <p>Action: PS and EC to meet to discuss analysis and utilisation of SLR</p> <p>JP believed that SLR reporting provided significant potential for the future and asked about the timescale to get it operated as a budget by service lines. PS advised that this was service line management which the Trust was currently not yet ready for – budget management remained on a cost centre basis. In addition the revised clinical structure would mean some changes in clinical leads receiving reports which also needed to be</p>

	<p>addressed.</p> <p>The Committee noted and accepted report</p>
5	<p>CAPITAL REPORT</p> <p>PH presented mid year report against £6.0M capital budget of which £5.5M is committed to date against projects. In addition to committed projects a number of requirements have been listed in the last 6-8 weeks following CQC inspections.</p> <p>YR requested assurance around the ED outline business case meeting all regulatory requirements and whether this would be presented prior to full business case. PH confirmed that in line with best practice, this will be done. YR emphasised the need for more realistic estimates of costs and PH confirmed that the Outline business case/tendering/Full business case process would ensure that.</p> <p>In response to a question from YR, PS advised that a meeting is arranged for this week regarding the Extremity Scanner. The suppliers had now fixed the functionality of the scanner but the issue of funding for the additional work required by SaSH has not yet been resolved.</p> <p>The wide bore scanner is now fully operational and a question was raised over additional income being raised from spare capacity. PS advised that this was not in the original business case and that in practice Trust clinicians were now using the additional functionality and the scanner to 100% capacity leaving no real opportunity currently for income generation. RH confirmed that using this was clinically justified and improved patient care.</p> <p>Report noted and accepted.</p>
6	<p>ANY OTHER BUSINESS AND REVIEW OF MEETING</p> <p>Review of meeting summarized:</p> <ol style="list-style-type: none"> 1. Single format meeting preferred (previously: meeting in two parts) 2. Agenda needs to allocate sufficient time to cover important issues. 3. Appropriate focus on quality at top of agenda 4. Exception reports – ensure right people are present at meeting to answer questions – performance exception reports needed to be properly updated with key dates and appropriate targets/timescales. 5. NEDs provided most of the challenges to EDs 6. Executive Director should nominate a deputy to present and respond in their absence 7. Adequate time needed to speak on issues highlighted as “red”. 8. Management Board to review level of feedback / timeframe / actions <p>Meeting closed 12.30.</p>
	<p>DATE OF NEXT MEETING</p> <p>Tuesday 23 November 2010 AD77 Maple House 09.00 – 12.30</p>

PERFORMANCE COMMITTEE – ACTIONS				
Committee date	Minute ref no.	Action	Action by	Review Date
22/06/10	Part 1 Item 2	Capsticks A review of Capsticks review report, costs, VFM and the learning curve from them to be bought to Performance Committee in 6 months.	Yvonne Parker	Paper December meeting
24/10/10	Part 2 minutes	PS to send copy of final documents regarding financial recovery to N Christison.	Paul Simpson	Immediate
24/10/10	Exception reports	D & V YP to review figures to ensure no link between D & V on wards and staff sickness owing to cross infection	Yvonne Parker	Verbal update November meeting
24/10/10	Exception report	Appraisals MS to provide a response to Performance Committee members prior to next meeting an update from MS regarding appraisals and requested a response on 1) current position 2) Assurance on accuracy of figures 3) Priorities for moving forward	Mary Sexton	Circulate update prior to next Performance Committee
24/10/10	Exception report	Leavers 1. Y Parker to produce a list of exit interviews by leavers joining other NHS organizations and key reasons for leaving. 2. Y Parker to detail retention strategy and support structures for new employees in first year 3. Y Parker to assess how well managers manage retirees and leavers	Yvonne Parker	Paper November meeting
24/10/10	Exception report	Stroke AS to provide update for next month.	Angela Stevenson	Verbal update November meeting
24/10/10	Exception report	Mortality Alerts RH to report back to November Performance Committee on actions to address performance and safety issues underlying the five adverse mortality indicators.	Rob Haigh	Paper November meeting

PERFORMANCE COMMITTEE – ACTIONS

24/10/10	Exception report	Patient Experience MS to provide update and timescale on patient experience strategy and reporting via the scorecard.	Mary Sexton	November meeting
24/10/10	Exception report	Pressure Ulcers MS to produce exception report	Mary Sexton	November meeting
24/10/10	Exception reports	Patient Safety (Incidents) MS to incorporate comparative data in future patient safety exception reporting.	Mary Sexton	Reports November meeting
24/10/10	Scorecard	Exception reports EW to review points raised about report format, consult with Lead Directors and make changes to future reports.	Elin Williams	Reports November meeting
24/10/10	SLR	SLR reporting PS and EC to meet to discuss analysis and utilization of SLR	Paul Simpson	November