

Performance Committee

Committee Chair Report for Board Meeting on 30th January 2020

The Performance Committee ('the Committee') met on 9th December 2019. The following is a summary of the areas considered at the meeting to update the Board. The formal record of the meeting remains the approved minutes.

Summary of areas considered

This was the first substantive meeting of the Committee, the focus of which was on unscheduled care. There was representation from operational Directors on their areas of unscheduled care management, as well as an Executive Director – Medical, Nursing and social work focus on their respective issues specific to unscheduled care. Children and Young People's issues relating to unscheduled care will be brought to the Committee as part of the deep dive into children's services.

1. Draft Performance Management Framework

The Committee was advised this will remain in draft in the context of regional work now commencing through TIG to establish the strategic performance oversight group (SPOG). The Performance Committee will need to take stock at that point of any issues relevant to local performance management. Members welcomed a diagram explaining the interface between the performance and governance frameworks.

2. Performance Reporting

a) Internal Assurance

i) Integrated Performance Report: Unscheduled Care

Key points:

- Six formal OGIs for unscheduled care. All OGIs are failing to meet the target;

- Directors' focus on a wider remit for unscheduled care across Mental Health, Acute and Older People and Primary Care.

Mental Health

- Focus and discussion on key issues and key actions in Home treatment and Crisis Response.
- Highlight of issues with transformation funding
- Potential areas for development/new models of care shared

Acute

Key issues ED CAH & DHH, conversion from ED, workforce issues to admission discussed as well as activity trends and areas that require further explanation were highlighted.

Unscheduled surgical services – 40% unfilled nurse theatre posts. Committee was advised of the planned closure of 1 T&O theatre in December – 55-59 patients planned for elective surgery.

- ICU and HDU availability – challenge with discharge reducing capacity for urgent patients.
- Outliers non- medical wards and impact on patient experience and continuity of care.
- NHS Wales reps visiting to share experience and provide critical friend support re patient flow.
- Transition ward and 3 North medical funded as core and winter beds remain open since last year.
- Patients attending ED with GP referral letters highest in NI.
- Committee updated on establishment of clinically led projects under 'Speed' project aligned to ED, Patient flow/discharge, ambulatory, surgical access

OPPC

- Focus on urgent Out of Hours. Action agreed from Governance Committee that Chief Executive would escalate to HSCB re need for regional approach.
- Residential and Nursing Homes – average bed occupancy 90.4% - highest in the region.

- Key issues, impacts and actions Domiciliary Care – constant challenge with NISCC registration. Workforce issues with social care governance and impact of Mental Health Capacity Bill on Adult Safeguarding.
- Key issues District Nursing /Intravenous Meds service

Professional Governance perspective – medicine, nursing and social work

- Director of Nursing advised of work in ED on patient experience, comfort and quality. The Chair suggested exploring use of E&G funds for this purpose.
- ED nursing staff progressed at risk. ANP & ED practitioners training ongoing-no funding.
- Medical workforce IPC – need for isolation 48 side rooms if all in use impacts on patients waiting in ED. Constrained due to infrastructure challenges as included in Trust capital priorities.
- Domiciliary Care – constant Social work challenge with NISCC registration. Workforce issues with social care governance and impact of Mental Health Capacity Bill on Adult Safeguarding.

b) Elective Care

- Key Issues demand, capacity, workforce and unscheduled care pressures and growing waiting lists/waiting times.
- Red flag and urgent priorities, competing pressures for diagnostics.
- Concerns re reviews beyond clinically indicated timescales
- Funding –short term nature non – recurrent funding
- Focus of discussion was on Urology and Endoscopy.

c) Executive Director of Nursing, Midwifery and AHPs

- Reporting by exception. Agreed next report would be more explicit on Nursing KPIs appraisal, mandatory training etc.

d) HCAI - Recent increase in c-difficile discussed.

e) Corporate Performance Scorecard - approved

External Assurance

- a) Sentinel Stroke National Audit** - Improvement plan in place.
Update on the relocation of beds into Acute 3 North, CAH to Trust Board in January 2020.
- b) Summary Briefing of Outcome of Acute Bed Modelling Exercise commissioned via Utilisation Management Unit (Health Innovation Manchester)**
 - DOH bed modelling- presented to Commissioner and DoH. Committee supported raising issues of the Trust's capital infrastructure requirements with Commissioner/DoH.

3. Draft Committee Work Programme 2020

- Agreement that year end performance report will be presented to Trust Board in June 2020.

4. Draft Terms of Reference

- Approved

Action(s) requested / required of Trust Board

- Note the areas considered
- Approval of previous minutes 17th October 2019
- Approval of Terms of Reference
- Approval of Committee Work Plan 2020

Mrs Siobhan Rooney
Committee Chair
On behalf of the Performance Committee
January 2020