

**Minutes of a meeting of the Performance Committee held on  
Thursday, 17<sup>th</sup> October 2019, at 2.00 pm in the Boardroom,  
Trust Headquarters**

**PRESENT:**

Mrs S Rooney, Non-Executive Director (Chair)  
Mrs R Brownlee, Trust Chair  
Ms G Donaghy, Non-Executive Director  
Mrs P Leeson, Non-Executive Director

**IN ATTENDANCE:**

Mr S Devlin, Chief Executive  
Mrs A Magwood, Director of Performance and Reform  
Mr P Morgan, Director of Children and Young People's Services /  
Executive Director of Social Work  
Dr M O'Kane, Medical Director (*item 5 onwards*)  
Ms H O'Neill, Director of Finance, Procurement and Estates  
Mrs H Trouton, Interim Executive Director of Nursing and Allied Health  
Professions  
Mrs S Hynds, Deputy Director of Human Resources and Organisational  
Development (*for Mrs Toal*)  
Mrs S Judt, Board Assurance Manager  
Mrs L Gribben, Committee Secretary (*Minutes*)

**1. WELCOME AND APOLOGIES**

Mrs Rooney welcomed everyone to the first meeting of the Performance Committee. Apologies were noted from Mrs V. Toal, Director of Human Resources and Organisational Development.

**2. DECLARATION OF INTERESTS**

The Chair asked members to declare any potential conflict of interests in relation to items on the agenda. There were none noted.

### **3. PERFORMANCE COMMITTEE – INTRODUCTION, PURPOSE AND REMIT**

The Chair reminded members that at the Trust Board Workshop in June 2019, members identified the requirement for a Performance Committee to be established as a formal standing Committee of the Trust Board. Scope of powers delegated by the Board to this new Committee, together with draft Terms of Reference were agreed by the Board in August 2019.

The Chair stated that the purpose of the Performance Committee is to assist Trust Board in exercising one of its key functions of overseeing the delivery of planned results by monitoring performance against objectives and ensuring corrective actions are taken when necessary within agreed timelines.

The Committee will provide oversight of the Performance Management Framework and through its utilisation will provide assurance to Trust Board that:

- Trust strategic performance objectives are being met
- Potential risks are identified and brought to the attention of Trust Board
- There is focus on the continual improvement of service delivery
- Trust resources are effectively targeted to support the achievement of high quality, safe and effective services and the delivery of key organisational objectives and targets

### **4. CHIEF EXECUTIVE'S ACCOUNTABILITY ARRANGEMENTS AND PERFORMANCE MANAGEMENT FRAMEWORK**

The Chief Executive set the context for accountability within the HSC and highlighted the six key elements of the HSC performance management arrangements. He outlined his operational accountability arrangements and took members through the detail of a Director specific dashboard.

Mrs Magwood spoke of the current arrangements for Performance Management within the Trust and it was agreed that the Trust's

Performance Management Framework would be brought to the next meeting.

Mrs Leeson asked if the performance indicators have been agreed with the Department of Health (DoH). Mrs Magwood clarified the objectives and goals for improvements (OGIs) are included in the commissioning plan which the Trust is held to account for. The Trust has the opportunity to respond in its Trust Delivery Plan on whether these are achievable or not. The Chief Executive added the Trust is not involved in the definition of the targets and that is why the Transformation Implementation Group (TIG) has agreed to a review of the Performance Management Framework.

*Dr O'Kane arrived to the meeting at this point*

## **5. PROPOSED PERFORMANCE REPORTING TO COMMITTEE**

### **a) Internal Assurance**

Mrs Magwood presented a paper which identifies both the internal and external performance reporting in place and seeks consideration of a work plan to direct future integrated reporting. There was discussion on the monthly corporate performance scorecard. It was agreed that Trust Board would continue to receive the corporate performance scorecard on a monthly basis via email and it would be presented quarterly to the Performance Committee.

Ms Donaghy queried if the performance indicators from the performance scorecard are incorporated into the directorate domains dashboard. Mrs Magwood stated the Directorate domains dashboard is a work in progress and being further developed.

Mrs Magwood proposed themed reporting areas for integrated reporting i.e. those areas of challenged performance in the first instance.

These were agreed and scheduled for future meetings as outlined below. :-

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|----------------|--|
| December 2019  | <ul style="list-style-type: none"> <li>• Unscheduled Care</li> <li>• Elective Services</li> </ul>  |
| March 2020     | <ul style="list-style-type: none"> <li>• Cancer Performance</li> <li>• Children's Services (LAC and Child Protection issues)</li> </ul>  |
| May 2020       | <ul style="list-style-type: none"> <li>• Mental Health access times</li> <li>• Infection Control</li> </ul>  |
| September 2020 | <ul style="list-style-type: none"> <li>• Support to Carers</li> <li>• Adult Community Services and Annual Care Reviews</li> <li>• Self-Directed support / Direct Payments</li> </ul> |

Operational Directors will be invited to attend as appropriate. Input into the integrated reporting will be sought from the perspective of Human Resources, Governance, Professional (medical, nursing / AHP and social Work) and Finance / Estates where relevant.

## **b) External Assurance**

Mrs Magwood presented the CHKS performance report. She stated that the report provides external assurance on a range of clinical and performance indicators which includes benchmarking at regional and national level. Mrs Magwood advised a drill down of the data at speciality level is carried out at operational level as appropriate.

Mrs Leeson queried the learning disability outpatient DNA rate of 9.8% compared to peer DNA rate of 0.75% and Mrs Brownlee referred to page 6, 3.7 Day Case Performance and noted the Trust's Trauma and Orthopaedics performance was lower compared to peers (46.5% v 61.15%) and asked what action the Trust was taking to improve this. Mrs Magwood provided assurance that the report is disseminated and shared with relevant staff for further review via their performance and governance fora for action / improvement in directorates.

Following discussion on service user/patient experience data, Mrs Magwood advised that the themed performance reporting would include patient and service user experience data.

The Chair asked if the data from this report will be included in the Directorate dashboard domains. Mrs Magwood stated the information from CHKS is targeted at service level however dashboards will be populated for specific domains as agreed at directorate / accountability meetings.

### **c) Executive Director of Nursing, Midwifery and AHPs**

Mrs Trouton spoke to the above named report which provides assurance on the standard of professional practice of Nurses, Midwives and Allied Health Professionals (AHP) in the Trust. The indicators are taken from SHSCT Nursing and AHP Assurance and Accountability Framework and include areas regarding workforce, education training, and quality of practice.

Mrs Trouton highlighted the supervision data which requires registered nurses and midwives to avail of two formal supervision sessions annually. She noted this has not been met across the Directorates and the aim is to increase supervision uptake by 10% over the next quarter, however this is reliant on operational managers.

Members discussed the report and it was agreed that a shorter report on the key performance/quality indicators would be brought to the Committee and any key issues highlighted.

Reporting from the Executive Directors of Medicine and Social Work was raised. Mrs Magwood agreed to work with the Executive Directors to develop an agreed template.

## **6. DRAFT TERMS OF REFERENCE**

Members reviewed the draft Terms of Reference. Ms Donaghy queried if the Director of Acute Services should be a member of the committee. The Chief Executive advised the Director of Acute Services, Director of Mental Health and Learning Disability and Director of Older People and Primary Care will be invited to attend the committee as and when required.

The Chief Executive confirmed that he would be attending meetings of the Committee. Mrs Magwood felt it would be beneficial for the Assistant Director of Performance Improvement to attend meetings. Members agreed to the membership being revised to include the Chief Executive and Assistant Director of Performance Improvement being 'in attendance.

Following discussion on escalation of risks, it was agreed to include escalation to the HSCB and PHA as appropriate.

Mrs Judt agreed to amend the Terms of Reference to reflect the changes outlined above for approval at the next meeting.

**7. PROPOSED REPORTING TO TRUST BOARD**

The Chair advised a Committee Chair Report will be submitted to Trust Board following each Committee meeting using the standardised template. Ms Donaghy noted her concern the performance dashboard will not be discussed at Trust Board. It was clarified the performance dashboard will continue to be circulated to Trust Board members and discussed in detail at each Performance Committee meeting.

**8. FUTURE MEETING DATES**

The proposed dates for 2019/20 were approved.

**9. ANY OTHER BUSINESS**

None noted.

The meeting concluded at 4.05 p.m.

**Signed** \_\_\_\_\_ **Dated** \_\_\_\_\_