

**Meeting of the Performance Committee
Held on 30 May 2019
Ground Floor Offices, Meeting Rooms 1&2
Royal Papworth Hospital**

MINUTES

Present	Mr D E Hughes	(DEH)	Non-executive Director (Chair)
	Mr D Dean	(DD)	Non-executive Director
	Mr R Clarke	(RC)	Chief Finance Officer
	Dr R Hall	(RMOH)	Medical Director
	Mrs E Midlane	(EM)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce & Organisation Development
	Mr A Raynes	(AR)	Director of Digital (& Chief Information Officer)
	Mrs J Rudman	(JR)	Chief Nurse
In Attendance	Mr M Blastland	(MB)	Non-executive Director
	Mrs A Colling	(AC)	Executive Assistant (Minutes)
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mr A Raynes	(AR)	Director of Digital (& Chief Information Officer)
Apologies	Mr S Posey	(SP)	Chief Executive

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
19/70	The Chair opened the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
19/71	<p>There is a requirement that those attending Board Committees raise any specific declarations if these arise during discussions. The following standing Declarations of Interest were noted:</p> <ol style="list-style-type: none"> 1. Dave Hughes as Non-executive Director of Health Enterprise East (HEE). 2. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. 3. Josie Rudman, Partner Organisation Governor at CUH. 4. Stephen Posey in holding an honorary contract with CUH to 		

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	<p>enable him to spend time with the clinical teams at CUH.</p> <p>5. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board.</p> <p>6. Stephen Posey as Chair of East of England Cardiac Clinical Network.</p> <p>7. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd.</p> <p>8. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT.</p> <p>9. Roy Clarke Trust as representative for Cambridge Global Health Partnership.</p>		
3	MINUTES OF THE PREVIOUS MEETING – 25 April 2019		
19/72	Approved: The Performance Committee approved the Minutes of the meeting held on 25 April 2019 authorised these for signature by the Chair as a true record.	Chair	30.5.19
4i	TIME PLAN OF TODAY'S AGENDA ITEMS		
19/73	Prior to the meeting, the Chair had reviewed the Agenda with RC and EM; this was the last month of reporting data from the 'old' Papworth site and the focus for today would be on PIPR and the FSRA.		
4ii	ACTION CHECKLIST / MATTERS ARISING		
19/74	The Committee reviewed the Action Checklist and updates were noted.		
	IN YEAR PERFORMANCE & PROJECTIONS		
5	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
19/75	<p>RC introduced the April PIPR report which has an overall Amber status.</p> <p>The Chair recognised that Finance was amber for first time in a very long time. RC explained how it just fell short of green, due to a late payment by commissioners.</p> <p>The Chair referred to the BAF risks and specifically the CQC Fundamentals of Care CQUIN which was added as new in December 2018. JR noted that the Trust has a good track history of compliance here. She advised that there has been a change in the way the CQUINS were managed locally and nationally along with stipulation of how the CQUIN money should be spent. The Trust has not made provision for this in the Operational Plan and this will be managed through Investment Group/ATIR. RC and JR to review outside of this meeting how this will work for the Trust. The Committee proceeded to focus on individual domains as follows:</p>	JR/RC	June 2019

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	<p>Safe (Green) This domain had been reviewed in detail by the Quality & Risk Committee. The Key Performance challenges on Safe were noted, which reported two serious incidents in April. JR and RMOH gave some further details on the nature of the SIs.</p> <p>Caring (Amber) This metric had dipped slightly which was due to complaint response time during the period of the move; there had been some delays in responses by the team and getting letters out. This was not seen as an ongoing trend and the process should settle down post move. It was noted that the Trust achieved 100% promotor score in one of the weeks of May (relating to patient satisfaction).</p> <p>The spotlight on Friends and Family Test showed the latest benchmarking data where RPH was lower down the list than expected. The Committee discussed how the results were made up and that RPH at 96% was a realistic result.</p> <p>Effective (Red) The data reflected the 10 days of ramp down activity over the move period. For May the available bed base will be reflected in the metric. RC explained the restrictions of the national target. EM suggested doing a spotlight on bed staffing/bed base.</p> <p>It was noted that during the ramp down period, there was a surge in emergency activity which has continued (PPCI and rapid NSTEMI work). Some elective work was cancelled due to these emergencies. RMOH gave detail of our help to both Basildon and Peterborough Hospitals around the time of the hospital move; the Commissioners are aware of this.</p> <p>A consequence of less elective work planned over move, was that theatre cancellations were lower.</p> <p>The spotlight gave a 6 month review of the Rapid NSTEMI service. EM will ask the team to review the cash benefits of running this system.</p> <p>RMOH noted that at a recent GIRFT (Get It Right First Time) visit to the Trust, this service was favourably noted. The Chair hoped that some of this work could be fed into the forthcoming Board strategy workshop. RMOH suggested improving pacing and IHU by using the same 'rapid' principles as for NSTEMI.</p> <p>Responsive (Red) Cardiology RTT continued to see a reduction in the total number of patients waiting for treatment. Respiratory RTT currently exceeds the waiting list. The Trust will wait to see in next month's data the effect of the ramp down during the move period.</p> <p>Referring to cancer waits, it was noted that small numbers of patients here can trigger breaches. EM advised that many patients are referred late in the pathway which puts pressure on thoracic</p>	<p>EM</p> <p>EM</p>	<p>Tbc</p> <p>Tbc</p>

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	<p>surgery. A cardiac surgery theatre day have been moved to a thoracic surgery theatre day in an attempt to deal with the breaches.</p> <p>The spotlight was on the IHU recovery where the glide path is still work in progress; EM advised that this would benefit from another month's worth of data to capture the position accurately. This data is collected via clinical audit rather than an immediate electronic pull of data.</p> <p>The Chair referred to the useful presentation given by Julie Quigley at a recent meeting, but felt there is still work to do for the Trust to get this process right. Executive Directors are keen to focus on giving support to this area which could prove to be a very worthwhile CIP. DEH wanted to add support from the Performance Committee and would be happy for it to come back to this Committee should further scrutiny be required. The Chair acknowledged that the time spent in planning is beneficial to the end outcome. RMOH discussed the benefits of running a more flexible booking system.</p> <p><u>People management and culture (Red)</u></p> <p>OM reported that turnover had increased marginally over March. Staff appeared in general to be settling in to the new building although there is some concern in areas over increased length of journey time. This may see a rise in leavers come the winter time.</p> <p>The spotlight focussed on Registered Nurse Supply and Demand. OM updated on the encouraging latest nurse recruitment figures. Respiratory area is still proving difficult to recruit to; this area will be showcased at a joint recruitment event on 22 June with CUH.</p> <p>RC confirmed that there had been no change in Market Forces Factor due to the hospital move.</p> <p>OM noted that there were a high number of applications for Health Care Support Worker posts and a recruitment event yesterday had focussed on bank staff and flexible working. There is a need to improve capacity for bank/temporary staff. The Trust has appointed to a new post for bank staff rostering which should help this process. The new hospital location makes it better for public transport which should help recruitment.</p> <p>It was noted that there were Admin & Clerical leavers both at the house and hospital; although the Trust has seen some returners to the house.</p> <p>The Chair asked if the Trust could contribute to transport to support staff with journeys to work. OM added that this related more to journey times than cost.</p> <p>There will be another staff survey in June where local questions can be added regarding travel time, to help get some real feedback in this area. The A14 upgrade is due to finish in 2020 which</p>		

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	<p>should improve journey times.</p> <p>IPR figures are expected to dip in April due to time spent on the hospital move. There has been some change in the safeguarding training module which has increased the number of staff needing to do it. The Committee discussed how this low compliance figure might be rated by CQC and mitigations in place for this. RC suggested that this is scrutinised via a spotlight to the June meeting; the report should reflect previous compliance on the old criteria. It was suggested that this is also reported via a combined quality report to the Quality & Risk Committee.</p> <p>Action: JR to email Alison Smith at CQC to gain clarity over this metric and the new timespan for each member of staff (3 years) to gain compliance. How should the national policy be interpreted in terms of 3 years to gain compliance and how does this affect local policy?</p> <p>OM noted a decrease in sickness absence during the move period reflected the commitment by staff during this time, which was acknowledged by the Executive Team.</p> <p>Transformation (amber) The position was noted with a detailed review to be taken with in the Strategic Projects Committee.</p> <p>Finance (Amber) The position was noted with a detailed review to be taken within the Financial Report.</p> <p>Noted: The Performance Committee noted the April PIPR update.</p>	<p>OM/JR</p> <p>JR</p>	<p>27.6.19</p> <p>May/June 19</p>
6	FINANCIAL REPORT – Month 1 2019/20		
19/76	<p>RC introduced the financial report as follows:</p> <p>The Trust's year to date (YTD) position is a deficit of £0.8m on both a Control Total basis excl. land sale and a net basis. This is favourable to plan by £0.5m, driven by:</p> <ul style="list-style-type: none"> • EBITDA is £0.5m favourable to plan in month, EBITDA margin is 0.0% compared to planned margin levels of (3.4)%. This comprises: <ul style="list-style-type: none"> i. Clinical income is £0.1m favourable to plan. This is due to increased Private Patient activity (6.6% ahead of plan) and increased overseas patient activity. The Trust has also experienced 6.4% lower admitted activity and 5.1% lower Outpatient activity than planned, resulting in the Guaranteed Income Contracts (GIC) contributing £0.5m to the position in line with plan. ii. Pay expenditure is £0.2m adverse to plan in month. This is driven by temporary staffing costs of £0.99m, being greater than the saving from the 231 WTEs substantive vacancies, which is an area of concern. iii. Non pay expenditure is £1.1m favourable to plan in month. This is driven by £0.13m lower expenditure on clinical supplies 		

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	<p>representing a 4.6% reduction driven by lower activity levels, non-utilisation of contingency reserves of £0.24m and £0.33m relating to the timing of old site decommissioning costs and new site project costs.</p> <p>iv. CIP is in line with plan in month with only marginal levels planned until September 2019. There remains a gap of identified schemes fully signed off through the gateway process of £3.6m, 70% of the total CIP target.</p> <ul style="list-style-type: none"> • Non-operating items are in line with planned levels. <p>The underlying position is a deficit of £1.54m once non-recurrent and normalising items are removed. Key items include FRF/PSF funding: £0.77m, PFI transition funding: £0.34m and New Papworth Hospital Programme expenditure: £0.32m</p> <p>The Trust is Forecasting the achievement of the planned control total break-even position by year end.</p> <p>Capital expenditure is £0.5m higher than plan in month due to timing of new hospital equipping spend and is expected to return to planned levels next month.</p> <p>Cash is £2.7m adverse to plan due to the late receipt of the transitional funding of £4.1m, excluding this the underlying position is ahead of plan by £1.3m due to the in month trading and movements in capital creditors.</p> <p>Use of Resources metric is 3 for the month in line with the planned score.</p> <p>Actions Arising / To be taken</p> <p>Actions are in line with the financial recovery plan, with focus on returning activity flow to planned levels and delivering the CIP gap. The activity recovery plan is now in place with progress monitored on a monthly basis.</p> <p>RC explained how the GIC contracts worked and the need to monitor these to ensure agreed contract limits are not exceeded.</p> <p>Referring to CIPS, it was noted that now we are in the new building, staff are seeing more clearly how CIP opportunities can emerge.</p> <p>MB queried that if there is no growth in activity, would a financial recovery plan be required? RC advised that yes this would be the case and explained how this would need to work.</p> <p>The Chair referred to the risk chart on slide 10 and achievement of control total. RC explained this which is expected to go back to risk appetite in month 2.</p> <p>Noted: The Performance Committee noted the Financial Report.</p>		

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7	OPERATIONAL PERFORMANCE - Access & Data Quality Report		
19/77	<p>The Committee noted the key headlines detailed in the report and the need to ensure that ramp down does not become 'business as usual'. It was noted that the work on 18 week RTT recovery plan was an area of success.</p> <p>Again, the Chair reiterated that he was impressed with the level of detail and information contained in this report.</p> <p>Noted: The Performance Committee noted the content of this report.</p>		
8	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
19/78	<p>AJ introduced the report which reflected all the changes which had gone through Committees and Board.</p> <p>The mobilisation risk will be covered in Strategic Projects Committee.</p> <p>[1037hrs RMOH and OM left the meeting]</p> <p>RC advised that this BAF report, with the exception of mobilisation, runs true to the Operational Plan.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
FUTURE PLANNING			
9 19/79	<p>INVESTMENT GROUP Chair's report (including minutes of Extra Ordinary meeting held on 10 May)</p>		
	<p>The Committee noted the Investment Group approval to set aside £70k for an EBUS scope, which is in budget.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
10	BUSINESS CASES		
19/	There were no items to consider.		
11	LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE		
	There were no items to consider.		

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12	ANY OTHER BUSINESS		
	<p><u>Review of PIPR</u> JR advised that the Q&R Committee reviewed in detail the sections relevant to that Committee; and should this be the same process for other Committees? She added that Q&R now meets monthly, giving timely scrutiny to issues and able to look at the PIPR report in real time, rather than as history data.</p> <p>The Chair felt it was important for the Performance Committee to review all domains and not lose sight of any areas. The Chair was happy for JR to reflect discussions held at Q&R. This was an opportunity for cross delegation between Committees.</p>		
13i	COMMITTEE FORWARD PLANNER		
19/80	<p>EM advised that the Activity Recovery Plan will report to the August meeting.</p> <p>The FSRA can come off the standard agenda as this is now covered with in the Finance Report.</p> <p>Noted: The Performance Committee noted the Forward Planner.</p>	EM	29.8.19
13ii	REVIEW OF ACTIONS AND ITEMS IDENTIFIED FOR REFERRAL TO COMMITTEE/ESCALATION		
	There were no items to consider.		
14	FUTURE MEETING DATES		
	<p>2019 27 June 25 July [to be held at Royal Papworth House, Huntingdon] 29 August 26 September 31 October [to be held at Royal Papworth House, Huntingdon] 28 November 19 December</p>		

The meeting finished at 10.47 hrs



Signed

21st Jun 2019

Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
 Meeting held on 30 May 2019