

Agenda item 3iia

**Meeting of the Performance Committee
Held on 30 August 2018
At 9am in the Upper Lecture Theatre
Royal Papworth Hospital**

UNCONFIRMED MINUTES

Present	Mr D E Hughes	(DEH)	Non-executive Director (Chair)
	Mr M Millar	(MM)	Non-executive Director
	Dr R Zimmern	(RZ)	Non-executive Director
	Mr D Dean	(DD)	Non-executive Director (designate)
	Mrs E Midlane	(EM)	Chief Operating Officer
	Mr S Posey	(SP)	Chief Executive
In Attendance	Mrs A Colling	(AC)	Executive Assistant (Minutes)
	Edwina Fleming	(EF)	Junior Sister, Cardiac Day Ward
	Dr R Hall	(RMOH)	Medical Director
	Mrs S Harrison	(SH)	Associate Director of Finance (Commercial)
	Mr J Hollidge	(JH)	Deputy Director of Finance
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mr A Raynes	(AR)	Director of Digital (& Chief Information Officer)
	Mrs J Rudman	(JR)	Director of Nursing
	Mrs O Monkhouse	(OM)	Director of Workforce & Organisation Development
	Dr A Vuylsteke		Clinical Director, Critical Care and Diagnostics
Apologies	Mr R Clarke	(RC)	Director of Finance

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1	WELCOME, APOLOGIES AND OPENING REMARKS		
18/90i	The Chair opened the meeting and welcomed all including three guests: David Dean, Alain Vuylsteke and Edwina Fleming, as noted above. RZ and AV advised that they would need to leave the meeting at 10.30am.		
18/90ii	<u>Action Checklist Ref 18/70 PIPR - Caring</u> The Chair referred to Item 18/70 on the Action Checklist where a request was made to hear from a nurse involved in supporting patients where operations/procedures had been cancelled at short notice. EF gave a detailed account of her role in supporting patients coming in for elective cardiac surgery. She described the patient arrival experience,		

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	<p>what happens throughout the day and how patients and their relatives are kept informed throughout the day regarding the likelihood of the procedure going ahead or being cancelled. The Committee heard a number of practical suggestions to make this better for our patients including keeping the Day Ward team apprised of progress in theatres and what a difference it makes to a patient for their Consultant Surgeon to personally inform them when a cancellation needs to be made. The Committee also discussed whether the decision to only cancel at the last possible moment was best, balancing the patient experience with the risk of empty theatres when an operation is cancelled prematurely.</p> <p>It was highlighted that communication between all parties is key to achieving the best outcomes. Communication between Theatres and Cardiac Day Ward was identified as an issue. EM to feedback at the next meeting on actions taken to improve communications.</p> <p>The Committee was impressed by EF's candour and obvious care for her patients and thanked her for taking time from the Ward to appraise the Committee [0923hrs EF left the meeting].</p>	EM	27.9.18
2	DECLARATIONS OF INTEREST		
18/91	<p>There is a requirement 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. Ron Zimmern as Chairman for the Foundation of Genomics and 3. Population Health, an associate organisation of CUHP. 4. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. 5. Josie Rudman, Partner Organisation Governor at CUH. 6. Stephen Posey in holding an honorary contract with CUH to enable him to spend time with the clinical teams at CUH. 7. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board. 8. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd. 9. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT. 		
3	MINUTES OF THE PREVIOUS MEETING – 26 July 2018		
18/92	Approved: The Performance Committee approved the Minutes of the meeting held on 26 July 2018 authorised these for signature by the Chair as a true record.	Chair	30.8.18
4i	ACTION CHECKLIST / MATTERS ARISING		
18/93	The Committee reviewed the Action Checklist and updates were noted.		

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<p>4ii</p> <p>18/94</p>	<p>Activity Recovery Plan (Ref. 18/82)</p> <p>The Committee received this report that presented the activity recovery plan which has been designed to address the activity shortfall. EM advised that the remedial actions are challenging with current staffing constraints but that the Executive Team fully understands the importance of this work to bring activity back in line.</p> <p>MM noted the contents of the paper but advised it does not quite close the issue made at last meeting; the report is a detailed list of work but does not give assurance of how recovery will be achieved. EM acknowledged this and</p> <p>EM advised that the recovery plan is dependent on other operational plans; all these elements are factored in and brought together via the weekly Access Meeting with Operational Managers.</p> <p>Noted: The Committee noted the update and approved the interventions and actions outlined.</p>	EM	27.9.18
<p>4iii</p> <p>18/95</p>	<p>Cardiology RTT Recovery</p> <p>EM presented the paper and apologised for its lateness. It was acknowledged that the Trust has failed to deliver performance recovery of Cardiology and Cardiac Surgery as outlined in the RTT Remedial Action Plan. Further work has been done with a deep dive into the waiting list, capacity and how capacity is utilised; this has highlighted 5 key areas within the diagnostic element: capacity, booking function, patient tracking meetings, validation and leadership.</p> <p>SP advised that the Executive Team recognise the frustration of not delivering in this area. The Committee was advised that the updated trajectory sees improvements month on month with a number of different variations to keep eye on to ensure the plan is on track. Scrutiny includes three times weekly Executive led meetings with Operational Managers.</p> <p>In reply to a query on how best laid plans are disrupted by transplant/emergency surgery, EM advised that in these cases elective surgery is cancelled. Plans at the new hospital see one of the six theatres used for emergency surgery.</p> <p>During discussion, RZ enquired about optimum time for IHU surgery. JR advised that this forms part of In-house Urgent (IHU) project and is happy to share this with Committee. JR agreed to circulate this information.</p> <p>Noted: The Performance Committee noted the update and endorsed the additional interventions and actions outlined.</p>	EM/SH	27.9.18
IN YEAR PERFORMANCE & PROJECTIONS			

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5	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR) - Month 4 2018/19		
18/96	<p>JH noted that the overarching position is red; the result of four domains flagging red being: Safe, Responsive, People Management & Culture and Finance. SP advised that this captures the position accurately; our own standards are high which are set against those at other Trusts. Notwithstanding this position, SP advised that with focus on RTT and recovery, there is good reason for optimism on improvement.</p> <p>NEDs acknowledged the reporting of each individual domain but that areas are interlinked and asked as a whole package, how 'green' can be achieved. It was noted that PIPR reports retrospectively and does not report progress coming through in current month.</p> <p>Safe (Red) The position reflected three Serious Incidents (SI) reported in July. The Committee discussed the very high standards set by the Trust; against this, DD questioned the risk of causing public concern and not being able to explain the higher standards we are applying. The Committee felt that it was better to hold our high standards and risk having to explain these to public/external parties. It was noted that proactively the Trust counts 'Never events' as SIs, with all SIs receiving a full investigation. As at today, there are no SIs reported for August.</p> <p>JR advised that the Quality & Risk Committee fully scrutinises this position and makes challenge to ensure that the Trust is running a safe organisation with safe care for patients.</p> <p>The spotlight focused on NHSI pressure ulcer recommendations.</p> <p>Caring (Green) JR advised that the number of formal complaints remains stable with five reported for August and two pending enquiries. The Trust had received 434 compliments in month.</p> <p>The spotlight focused on PEA PROM (Pulmonary Endarterectomy Patient Reported Outcome Measure) RZ queried the re-admission rate of PEA to DGHs which reported a 2% to 16% increase. JR advised that the team will review this.</p> <p>Effective (Amber) The summary of performance and key messages centred on bed occupancy, admitted patient care, same day admissions and cath lab 6 utilisation.</p> <p>The Committee noted the key performance challenge report on cancellations. Of particular note was cath lab cancellations at 85 for July; the result of PPCI admissions, case over-run, scheduling errors, ward availability, patient unfit or refused procedure. It was suggested that this area could benefit from a spotlight report and this will be included in next month's PIPR.</p>	<p>JR</p> <p>EM</p>	<p>27.9.18</p> <p>27.9.18</p>

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	<p>RZ particularly noted the decrease in LoS for CABG at 8 days (previously 9). This favourable position is a direct impact of the Advanced Nurse Practitioner role to facilitate discharges. RZ felt this positive position should be noted as a success story.</p> <p>The Chair noted Cath lab 6 utilisation up at 84% and cancellations reported at 38 in July (previously 54). EM explained that this was as a result of direct operational intervention where fewer elective surgery slots were booked, therefore less to cancel. It is not anticipated that this position will not happen again in August.</p> <p>The Committee noted the spotlight on activity and recovery. The Chair queried whether there was value in looking back at utilisation errors in theatres i.e., where operations are cancelled early which then might result in available slots not being used. This will be picked up in the Quality Improvement Project discussed at the start of the meeting.</p> <p><u>Responsive</u> (Red) The key challenge remains the RTT position which is detailed extensively in Items 4ii and 4iii.</p> <p>EM confirmed the NSTEMI go-live date as 10 September which is good news.</p> <p>A new metric had been added “number of patients on waiting list” and EM explained the reasoning behind this addition.</p> <p>The spotlight was on Cancer Wait Treatment (CWT) and the new 38 day Inter Provider Transfer rules and change to new rules. The changes were implemented in April 2018 – July sees the month where data has been uploaded and its impact. The new rules see a different allocation of breaches depending on the time each organisation takes on turning around its element of pathway. Under these new rules, breaches previously not had, or shared, have the potential to become our breach and adversely affect performance. The Trust is in discussion with the regulators regarding this as it appears that a number of patients are being disadvantaged because of rule change, but there is no change in clinical practice or outcomes.</p> <p>This creates a change in the way we count and performance will drop from green to red. Effectively it is the same treatment and clinical outcome but with different reporting outcomes.</p> <p>DD queried why there had been a change in rules. EM explained that it formalises work in general hospitals and across the system as a whole but does not take account of the nature of specialist hospitals. EM proposed to report the metric in PIPR calculated using the method before and after the rule change.</p> <p><u>People management and culture</u> (Amber) The report highlighted a jump in staff turnover and sickness within the admin& clerical group. OM felt this was as a result of the significant</p>	EM	27.9.18

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	<p>organisational change; the move to offices at Huntingdon and change in ways of working/processes for clinical admin staff. OM advised the deficit in leadership in this area with an Interim Manager in place to address this and an appointed Manager due from November. There is a recruitment focus on admin and clerical staff including recruitment events, job fairs, open days etc. This will be run along the same focus recently taken with nurse recruitment.</p> <p>The nurse turnover remains on trajectory and we remain a net recruiter for nurses. There is a good pipeline of new nurse starters. Sickness absence has increased which is linked to admin & clerical staff. This will be monitored.</p> <p>Vacancy hot spots areas are admin & clerical, estates, radiology and cardiac physiology/echo, the latter being a persistently difficult area to recruit to.</p> <p>RZ asked that the cardiac scientist area should be looked at by the Board and how this impacts on the Trust. OM to bring a report to the September Performance Committee.</p> <p>The Committee noted the spotlight on non-nursing vacancies.</p> <p><u>Transformation</u> (Amber)</p> <p>The position was noted with a detailed review within the Strategic Projects Committee to follow.</p> <p><u>Finance</u> (Red)</p> <p>The position was noted with review to be taken with the Financial Report.</p> <p>Noted The Committee noted the contents of the PIPR.</p> <p>[1030hrs RZ and AV left the meeting].</p>	OM	27.9.18
6	FINANCIAL REPORT – Month 4 2018/19		
18/97	<p>JH presented the financial report where it was noted:</p> <ul style="list-style-type: none"> • The Trust’s year to date position is a deficit of £2.16m, favourable to the refreshed plan by £0.03m. • In month the Trust reported a deficit of £0.70m which is £0.02m behind the planned refreshed plan deficit of £0.72m. • Actual year to date CIP achievement of £1.73m is £0.75m adverse to plan of £2.47m due to £0.21m planning gap and an operational gap of £0.53m. • The Committee discussed clinical income below plan by £1.33m (detailed on slide 3) and income device expenditure (detailed on slide 5). • MM noted that the Trust is now working to the refreshed financial plan but this does not seem to correlate with the activity plan. The EDs are looking into this and how it can be mitigated. 		

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	<ul style="list-style-type: none"> • The Committee discussed the run rate (detailed on slide 4) and how this looks in the refreshed plan. JH advised that the work in this area is ongoing. • SP referred to PIPR (slide 25) which showed an increase in debtors over 90 days. The majority of this relates to private patients; the Finance Team are actively looking at this area. • The activity graphs on slide 20 showed Thoracic behind forecast and behind on day cases; this relates to constraints on nursing and medical staff and highlights the fragility in this area • The Committee discussed private patient activity against NHS work as reflected in the graph on slide 20. • DD referred back to page 16 and queried income loss on transplants. SH explained the block payment element and commissioned costs where higher volumes of transplants incur a loss on the block element. Work is ongoing in this area to petition to change to the historic block element. <p>Noted: The Performance Committee noted the contents of this report.</p>	AC	tbc
7	OPERATIONAL PERFORMANCE Access & Data Quality Report – Month 4 2018/19		
18/98	<p>SH referred to the report which covered the five key areas:</p> <ul style="list-style-type: none"> - Activity - Referral management - Outpatient scheduling - Elective management - RTT <p>The key message and recurrent theme relates to below plan admitted activity – currently 8% below plan. Referrals were up in July which also saw a reduction in backlog. This aspect is covered in the action plan. The underlying data still requires improvement with actions in place for this.</p> <p>The Chair referred to page 13 of the report and queried how Lorenzo was helping clarify data due to the number of inconsistencies and duplications seen. AR advised that an Optimisation paper will be presented to Executive Directors this week. The Chair felt it would be useful for the Committee to see the Optimisation plan. There is a focus on training including tools, user groups, competency based training on all modules of Lorenzo in order to improve user competency. It is recognised that data quality must improve and actions are in place. NHSI are also supporting this by providing workshops and training on RTT.</p> <p>Note: The Performance Committee noted the Operational Performance - Access and Data Quality Report.</p>	AR	27.9.18
FOCUS ON			

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8	FINANCIAL RECOVERY PLAN (FRP) – Month 4 2018/19		
18/99	<p>JH reported that there had been a marginal improvement in plan in month. It was noted that the FRP needs to be recast against the revised financial plan.</p> <p>An update on the sale of the current site will be discussed at the Strategic Projects Committee to follow.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
9	FINANCIAL STRATEGY RISK PERFORMANCE REPORT (FSRA) ACTION UPDATE – Month 4 2018/19		
18/100	<p>It was noted that there had been two risk decreases in month being:</p> <ul style="list-style-type: none"> • the Master Commissioning Programme: resulting from progression on the sale of the current site. • Whole hospital equipping plan: following the completion of the Bill of Quantities and the alignment to the revised hospital move date, together with the bringing forward of certain equipment to the current site. <p>It was noted that both of these items will be covered in detail within the Strategic Projects Committee to follow.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
10	BOARD ASSURANCE FRAMEWORK - Committee open risk July 2018		
18/101	<p>The Committee received this new report; following an action at the previous meeting, it was agreed to have the BAF update as a standing agenda item. The report provides a summary of the open risks on the BAF where the Performance Committee is identified as the committee responsible for the risk.</p> <p>The Chair gave initial feedback on the format of the report:</p> <ul style="list-style-type: none"> - Page numbers to be inserted to aid reference. - Difficult to put risks into context, when only being shown the risks which are not part of a balanced reflective report. <p>Noted: The Performance Committee noted the contents of this report and actions discussed to progress this work.</p>	AJ	27.9.18
FUTURE PLANNING			
11	INVESTMENT GROUP i) Chair's report (including minutes of meeting held on 6 August 2018)		
18/102	Noted: The Performance Committee noted the contents of this report.		

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12	BUSINESS CASES		
	There were no items to report.		
13	LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE		
	There were no items to report.		
14	ANY OTHER BUSINESS		
	There were no items raised.		
15	COMMITTEE FORWARD PLANNER		
	Noted: The Committee noted the Forward Planner.		
16	FUTURE MEETING DATES		
<u>18/103</u> <u>2018 dates</u> 27 September <i>[to be held at Royal Papworth House, Huntingdon]</i> 25 October 29 November 20 December <u>2019 proposed dates</u> 31 January <i>[to be held at Royal Papworth House, Huntingdon]</i> 28 February 28 March 25 April <i>[to be held at Royal Papworth House, Huntingdon]</i> 30 May 27 June 25 July <i>[to be held at Royal Papworth House, Huntingdon]</i> 29 August 26 September 31 October <i>[to be held at Royal Papworth House, Huntingdon]</i> 28 November 19 December			

The meeting finished at 1105hrs

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
 Meeting held on 30 August 2018