

Meeting of the Performance Committee

Held on 27 September 2018
In Meeting Room 4, Royal Papworth House,
Ermine Business Park, Huntingdon

UNCONFIRMED

MINUTES

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

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
18/104	The Chair welcomed all to the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
18/105	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: 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.		

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	4. Stephen Posey in holding an honorary contract with CUH to enable him to spend time with the clinical teams at CUH. 5. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board. 6. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd. 7. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT.		
3	MINUTES OF THE PREVIOUS MEETING – 30 August 2018		
18/106	Approved: The Performance Committee approved the Minutes of the meeting held on 30 August 2018 and authorised these for signature by the Chair as a true record.	Chair	27.9.18
4i	ACTION CHECKLIST / MATTERS ARISING		
18/107	The Committee reviewed the Action Checklist and updates were noted.		
4ii	Ref. 18/94 Activity Recovery Action Plan		
18/108	<p>EM gave background to the paper which forecast a recovery of £2.7m; it was noted that there is still an underlying deficit due to lack of activity in the past five months.</p> <p>If this recovery is achieved it will deliver on income but not activity, where there will be an underlying shortfall; this risk would need to be carried into next year. It was noted that these are new plans with a very stretched operational team; a full assessment will happen at month 6.</p> <p>Executive Directors have discussed the Recovery Plan at their weekly meetings, and going forward a RAG rating and commentary from EDs will be added on a fortnightly basis; ensuring actions are completed in a timely manner and new actions added on, creating a continuous refresh of the plan.</p> <p>EM referred to the weekly activity recovery plan 2018/19 on page 2, and advised that the figures are not strict targets but that each Department will try and achieve these forecasts. This will help inform on a weekly basis what the position is.</p> <p>The Committee referred to the dual running of the Activity Recovery Plan and RTT Recovery Plan, including complexities alongside case mix and specialities.</p> <p>The Chair queried the private patient element running alongside NHS activity. EM advised that all activity is based on clinical priority whether this is an NHS or private patient.</p> <p>It was agreed to keep this report as a standing agenda item.</p> <p>Noted: The Performance Committee noted the Activity Recovery Action Plan.</p>		

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4iii	RTT Recovery Update		
18/109	<p>EM presented this update to the Committee and advised that the recovery plan is focussed on breach reduction and waiting list reduction; national drivers which impact on patient outcome and experience. EM explained to the Committee some of the initiatives which are showing real patient benefits.</p> <p>A lengthy discussion took place on why the cardiac surgery target is not being met, whereas this was on target 18 months ago.</p> <p>The Chair noted the importance of understanding how to manage this going forward; the Committee discussed what could be done differently to avoid this position in the future. In answer to a query, RMOH confirmed that there is no correlation between length of waiting list and outcomes.</p> <p>It was noted that the revised plan will be taken to Commissioners to agree.</p> <p>Noted: The Performance Committee noted the revised recovery trajectory for RTT performance and the August reduction in breaches of the standard and total waiting list size.</p>		
4iv	Ref. 18/98 Lorenzo Optimisation paper to Executive Committee		
18/110	<p>AR submitted this paper which had previously been seen by the Executive Committee. It highlighted the five key areas as; communication and engagement, system functionality, business change, training and benefits realisation. The move to Lorenzo had been a big impact on business change and training alongside a huge effort from the EPR team in implementing the new system.</p> <p>AR explained the reasoning behind the slowdown of work during Lorenzo implementation which related to clinical safety.</p> <p>JR added that it was useful to see how the Lorenzo optimisation programme links to BAF risk which has been picked up by the Quality & Risk Committee.</p> <p>AR was pleased to inform the Committee that the EPR team have been nominated at the Health Tech Newspaper (HTN) Awards 2018.</p> <p>Noted: The Performance Committee noted the Lorenzo Optimisation Programme.</p>		
IN YEAR PERFORMANCE & PROJECTIONS			
5	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR) Month 5 2018/19		
18/111	<p>The overall position is Red, with some movement within domains seen from last month. It was noted that the overall rating for People, Management & Culture is Red but this is showing as Amber in the</p>		

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	individual report. This Amber will be amended Red prior to the report going to Board next week.		
	<p>Safe (Amber) JR advised that the safer staffing figures related to skill mix rather than number of nurses and the Trust is working hard to ensure the right skill mix is in the right areas.</p> <p>Pressures ulcers reported for August 2018 is five; the Trust is monitoring this closely.</p> <p>Reported falls has increased slightly against our very strict target. It was suggested to go out to peers for benchmarking although it was acknowledged that it can be difficult to benchmark on specialist hospitals.</p> <p>JR advised that the Q&R Committee had reviewed SIs in line with KPIs; following this review a request will be submitted to the next Board meeting to move the SI KPI below the PIPR reporting line. JR advised that this is a moderate harm metric with a very good measure. Should anything move above the line this will be reported. The Chair commented that he felt unsure about moving SIs out of reporting view as this is an outcome measure of safety. During discussion there was a concern that the Safety domain in PIPR is becoming too narrative as it does not have the richness of what is reported to Q&R, therefore this Committee only sees a narrow view of what safety is. JR added the context that no other Trust has a benchmark/metric for SIs and our target is beyond what others do in the area. The Committee discussed the expectations of CQC on Safety reporting and how CQC are keen to see the learning from any issues. As noted above, this will go to the Board for consideration. The Chair was happy that the Trust is working to these high standards.</p>		
	<p>Caring (green) Compliments for July and August had seen a large increase, attributed to the inclusion of Friends & Family positive comments within this.</p>		
	<p>Effective (red) The Committee noted that the bed occupancy target was low and admitted patient care has dipped and not delivered on target. Some of this was related to staffing; the planned September hospital move had seen increased annual leave in August; this had impacted on capacity and on the physical activity in organisation. An equipment failure in Cath Lab 6 resulted in six patient cancellations, which effectively made the position on RTT recovery an even greater achievement.</p> <p>EM explained skill mix and how this affects our staffing. There is a reduction in activity in Thoracic and recruitment is slow in this area. During discussion, OM alluded to the recruiting process for junior doctors and how this might affect the Trust. The Chair suggested the Trust look at a forward resource plan to deal with what is expected to be a tighter junior doctor supply.</p>	OM	tbc
	<p>Responsive (red) The Committee noted the performance summary with key messages in RTT, cancer waits, theatre cancellations and 52 week breaches. The spotlight on Cancer Wait Time 62 day and 38 day IPT Rule was noted.</p>		

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	<p>People Management & Culture (red) As mentioned earlier, the PIPR individual report to be amended from amber to red in time for the report to Board.</p> <p>The Committee was concerned at the latest pulse survey results showing less than half staff would recommend the Trust as a place to work. OM felt that this was driven by the sheer level of change the organisation is going through.</p>		
	<p>Transformation (amber) The position was noted with a detailed review within the Strategic Projects Committee to follow.</p>		
	<p>Finance (red) The position was noted with review to be taken within the Financial Report.</p>		
	<p>Noted: The Committee noted the contents of the PIPR.</p>		
<p>6</p>	<p>FINANCIAL REPORT – Month 5 2018/19</p>		
<p>18/112</p>	<p>RC presented this report which shows the Trust's financial position as at August 2018 where the following was noted:</p> <ul style="list-style-type: none"> • Total clinical income is below plan by £1.72m, this continues the adverse variance with the Trust experiencing lower than planned NHS activity of 939 (8.8%) inpatient /day cases equating to an adverse £1.50m position. This position is offset by the increased complexity in case mix of £0.91m. • Pay is £0.39m favourable to plan with temporary staffing costs replacing substantive savings from vacancies, however, this reflects only a 1.9% reduction compared to the 8.8% reduction in income. • Non pay is £1.15m favourable to plan, comprising favourable clinical supplies due to the lower activity (£1.73m), underspends due to timing on the NPH transition programme (£0.96m) and lower depreciation charges (£0.23m) following delayed capitalisation of assets. Offset by commissioner fines (£0.59m), unachieved non-pay CIP (£0.34m) and timing of expenditure related to existing site continuation (£0.58m). • The year to date position is a deficit of £2.99m, favourable to the refreshed plan by £0.01m. • In month the Trust reports a deficit of £0.82m which is £0.02m behind the planned refreshed plan deficit of £0.80m. • Actual year to date CIP achievement of £2.29m is £0.72m adverse to plan of £3.01m, due to £0.26m planning gap and an operational delivery gap of £0.46m from overspends in Pay compared to the Gateway 2 rosters, these are partially offset by non-recurrent underspends not reported as CIP. • Capital expenditure year to date is £10.84m which is underspent by £10.73m due to delays in timing of the new hospital equipment purchases as the refreshed plan anticipated significant expenditure in August which has been delayed awaiting the finalisation of the master commissioning programme. • The cash balance of £36.98m is favourable to the refreshed plan by 		

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	<p>£16.27m, predominantly due to the timing of the NPH capital equipping programme and working capital improvements to plan.</p> <p>Noted: The Performance Committee noted the detailed Month 5 2018/19 financial report.</p>		
7	OPERATIONAL PERFORMANCE Access & Data Quality Report – Month 5 2018/19		
18/113	<p>RC referred to the report which covered the five key areas:</p> <ul style="list-style-type: none"> - Activity - Referral management - Outpatient scheduling - Effective management - RTT <p>Noted: The Performance Committee noted the detailed Month 5 2018/19 Access & Data Quality report.</p>		
FOCUS ON			
8	FINANCIAL RECOVERY PLAN		
18/114	<p>RC presented this report showing the position as at August 2018. It was noted that a further reset of the FRP will be prepared after the refreshed Operational Plan for 2018/19 has been approved by the Performance Committee and Board following the further delay to the hospital move.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
9	FINANCIAL STRATEGY RISK PERFORMANCE REPORT (FSRA) ACTION UPDATE – August 2018		
18/115	<p>The report advised that there were no changes in risk score in month. A detailed summary of risk changes which had happened earlier in the year was noted.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
FUTURE PLANNING			
10	INVESTMENT GROUP		
18/116	<p>i) Chair's report (including minutes of meeting held on 10 September 2018)</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
11	BUSINESS CASES i) Provision of Off-site Processing Histopathology		
18/117	<p>The Committee received this paper which set out the procurement process and recommendation on a service provider to provide an interim</p>		

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	<p>off-site processing service for Histopathology when the service relocates to the new Royal Papworth Hospital. The service will comprise of processing of histology specimens from receipt of cassette to dispatch of slides.</p> <p>The Performance Committee considered the detailed reported and attachments.</p> <p>Approved: The Performance Committee approved the contract award for off-site processing contract to Unilabs for an initial period of three months that is extendable if required to support the hospital on relocation to the new Royal Papworth Hospital site.</p>		
12	LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE		
	There were no items to report.		
13	ANY OTHER BUSINESS		
	No further items were raised.		
14	COMMITTEE FORWARD PLANNER		
	Noted: The Performance Committee noted the Forward Planner.		
15	FUTURE MEETING DATES		
18/118	<p><u>2018 dates</u> 25 October 29 November 20 December</p> <p><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</p>		

The meeting finished at 11.05am

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Signed
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Date

**Royal Papworth Hospital NHS Foundation Trust
Performance Committee**
Meeting held on 27 September 2018