

**Meeting of the Performance Committee
Held on 31 October 2019
At 9am-11am
Meeting room 4, 1st floor,
Royal Papworth House, Huntingdon**

MINUTES

Present	Mr D E Hughes	DEH	Non-executive Director (Chair)
	Mr D Dean	DD	Non-executive Director
	Mr G Robert	GR	Non-executive Director designate
	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
	Mrs J Rudman	JR	Chief Nurse [via telephone dial-in]
In Attendance	Mrs A Colling	AC	Executive Assistant [Minutes]
	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 Quigley	JQ	Nurse Consultant – Advanced Practice QI Project Lead for IHU Patient Pathway
Apologies	Mr S Posey	SP	Chief Executive

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
19/141	The Chair opened the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
19/142	<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. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. 2. Dave Hughes as a NED of Health Enterprise East (HEE); 3. Josie Rudman, Partner Organisation Governor at CUH. 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 		

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	Delivery Network Board. 6. Stephen Posey as Trustee of the Intensive Care Society. 7. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews. 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. Essentia are currently providing advisory services to the Estates team at Cambridge University Hospitals NHS Foundation Trust on Project Management. 10. Stephen Posey as Chair of the East of England Cardiac Network. 11. Roy Clarke as Trust representative for Cambridge Global Health Partnerships Committee part of ACT. 12. Roy Clarke as Independent Committee Member of the Royal College of Obstetricians and Gynaecologists Audit and Risk Committee, with effect from 1 October 2019.		
3	MINUTES OF THE PREVIOUS MEETING – 2 October 2019		
19/143	Approved: The Performance Committee approved the Minutes of the meeting held on 2 October 2019 authorised these for signature by the Chair as a true record.	Chair	31.10.19
4i	TIME PLAN OF TODAY'S AGENDA ITEMS		
19/144	The Chair noted agreed the timings as per the Agenda.		
4ii	ACTION CHECKLIST / MATTERS ARISING		
19/145	The Committee reviewed the Action Checklist and updates were noted.		
4iii	IN-HOUSE URGENT PROJECT UPDATE (Julie Quigley)		
19/146	<p>The Chair welcomed Julie Quigley to the meeting; Julie is the Quality Improvement Project Lead for the In-House Urgent Project. JQ updated the Committee since her last visit to the meeting in February 2019.</p> <p>During discussion the following items were discussed/noted:</p> <ul style="list-style-type: none"> • Referrals come via DGHs; delays can occur when the referral information (minimum data set) is incomplete. • The current target to surgery (when medically fit) is 10 days which is an improvement on the previously reported 14-16 days but not yet meeting the national target of 7 days. The trajectory to meet this national target is January 2020. • Any cancellations are rescheduled within 5 days. • There is some inconsistency within the referral process along with some disparity in reporting. • Recruitment of support staff has been a challenge; there is currently an advert running for an MDT Co-ordinator. An Advance Nurse Practitioner has been appointed to support the service. <p>[0910hrs OM arrived]</p>		

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	<ul style="list-style-type: none"> • JQ referred to the National Cardiac Surgery Audit target – NICOR; currently the Trust uses the “medically fit” target as opposed to NICOR and the reasons for this were noted. • The Committee discussed the NICOR measure and the implications of changing to this. • The Trust is reviewing its data to see how we measure against the 7 day standards. It was noted that very few Trusts nationally are meeting the 7 day standard. • The Committee discussed the referral pathway between in-house patients and externally referred patients • GR asked if in meeting the seven day target could some patients be put at risk? RMOH explained the operational challenges of this regarding capacity and patient flow. • The Committee would like to see this data broken down into specific areas to highlight where improvements could be made. It was suggested to include this data and “medically unfit” data as a future spotlight in PIPR. • The Committee discussed the “first on the list” for IHU patients; the medical reasons for this and how it helps with patient flow. • The Committee requested an update presentation to the 30 January 2020 meeting. <p>Noted: The Committee noted the update.</p> <p>The Chair thanked JQ for attending and for providing a comprehensive report.</p> <p>[0950hrs JQ left the meeting]</p>	EM EM/JQ	Tbc 30.1.20
IN YEAR PERFORMANCE & PROJECTIONS			
5	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR) – September 2019		
19/147	<p>RC gave an overview of the September data which showed four domains reporting as red and three as amber, giving an overall red rating.</p> <p><u>At a Glance – NHSI Compliance framework</u> The KPI score for VTE was noted at 94.44% (target 95%). Recent constructive conversation with Consultants at Management Executive meeting has helped to support this figure. AR noted training issues on Lorenzo and the need to change the software by adding ‘hard fields’; DXE wish to roll this change out to all Trusts, where some are more supportive than others.</p> <p><u>Safe</u> (Amber) Noted as per the report.</p> <p><u>Caring</u> (Amber) Complaints saw a small dip against target which was noted in further detail under key performance challenges. The Friends & Family score also noted a dip against target; the spotlight on this topic showed no trends; weekly review continues and actions taken as required.</p>		

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	<p>Effective (Red) EM ran through the report. Bed occupancy links to safer staffing in the first domain. Critical care is showing 89% occupancy which relates to 31/32 beds (calculated on 36 funded beds). On a positive note, Same Day Admissions is above target.</p> <p>Cancellation rates improved even though the data is based prior to the opening of Theatre 6. The 62 day cancer wait also saw improvement; it was noted that numbers here are small where one patient can make a huge difference either way against target.</p> <p>The Committee noted the spotlight report on Cardiology Emergency and Urgent Pathways.</p> <p>Responsive (Red) EM reported a slight improvement on the RTT aggregate position, but this remains below trajectory. The respiratory RTT breach was noted; pleasingly since PIPR was finalised, this patient has received treatment.</p> <p>Surgery RTT is back on trajectory with the focus on Respiratory RTT which is detailed in the Spotlight report.</p> <p>The Committee noted the key performance challenge report on Outpatient DNAs.</p> <p>EM referred to the Spotlight report on Thoracic RTT recovery. This area has seen a decline in performance particularly in bringing patients through during the move period. It was acknowledged that this area is within our control to improve. The work by Meridian in this area is 3 weeks into plan and should result in an improvement next month.</p> <p>The Chair suggested inviting Dr Mike Davies, Thoracic Clinical Director, back to this meeting to discuss this further; previous visits by MD were very informative for the Committee. EM to invite MD to attend the 28 November meeting</p> <p>People, Management and Culture (Red) Due to room availability, two inductions for new starters were held in September; there was a small October induction for nursing apprentices only. Over the two months there were 120 starters and 34 leavers. This sees a significant net increase in staffing, many of these starters being registered nurses. There was an increase in establishment for October due to Theatre 6 opening and cardiology work from CUH scheduled to begin in December. The Chair said it was useful to hear the actual number of starters/leavers as opposed to percentages.</p> <p>Health Care Support Workers has seen significant improvement in recruitment.</p> <p>There have been 10 resignations in CCA, some being internal moves so they are not lost to the Trust. Others have cited reasons for leaving as journey/work pressure/difficulty adapting to new nursing model/rostering practice.</p>	EM	28.11.19

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	<p>JR spoke about the rostering issues which have been always been underlying but, due to more focus, have become more apparent. The Compassionate & Collective Leadership Programme has received staff feedback which reflects on adapting to new ways of working and hospital move which has impacted on this staff group. This along with other factors such as changing rooms too small, staff rest room dark, lack of on-call rest areas are all noted. The Trust is working hard to improve these areas. CCA has a new leadership team giving support to this large cohort of staff. With staff engagement low and sickness high, this is currently an area of concern.</p> <p>IPRs at 87.9% still struggle to meet the 90% target; the Trust is looking to support Managers in this area. Sickness absence has increased which could be attributed to seasonal coughs, colds and also linked to low staff morale.</p> <p>The Compassionate & Collective Leadership Programme are finalising their reports on the first phase diagnostic work with a goal for this to come to the December Board with a first cut of data.</p> <p>The National staff survey is currently in circulation. Flu vaccination is going well – concentrating initially on patient-facing staff.</p> <p>The Spotlight looked at nurse recruitment and vacancies. There continues to be a challenge in recruiting to respiratory areas. The next recruitment event takes place on 2 November.</p> <p>It was noted that nationally EU exit has seen a large decline in NHS staff; locally this has not been the case regarding staff from overseas.</p> <p><u>Transformation</u> (Amber) This month showed the new reporting format. The key area being CIP where the focus is on working through to bridge the current CIP gap and ensure delivery of schemes. Cambridge Transition Programme is flagged as amber – this will receive detailed discussion at Strategic Projects Committee (SPC). The Committee noted the spotlight report on the hospital optimisation project, with a separate report at Agenda item 8.</p> <p>It was suggested that future Performance Committee meetings should give more focus to the Transformation domain as, due to a change of NED Committee representation, there is no NED overlap with SPC. This to be discussed at a Board of Directors' meeting.</p> <p><u>Finance</u> (Red) The position was noted with a detailed review to be taken within the Finance Report next.</p> <p>The Committee noted the spotlight report on Directorate financial performance.</p> <p>Noted: The Performance Committee noted the PIPR report for September 2019.</p>	AJ	7.11.19

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6	FINANCIAL REPORT – September 2019		
19/148	<p>RC introduced this report with key items being:</p> <p>Key Items</p> <p>The Trust's year to date (YTD) position is a deficit of £2.5m on a Control Total basis excl. land sale, which is favourable to plan by £0.8m. However, the land sale was planned to complete in August generating a profit of £10.5m, therefore, the net position is £9.6m adverse to plan when this is included. The analysis below excludes the land sale impact, as follows.</p> <p>EBITDA is on plan in the month. Drivers of the YTD favourable position are as follows:</p> <ol style="list-style-type: none"> i. Clinical income £1.6m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 8.2% in outpatients, 9.3% in inpatient and day case activity and lower levels of Private Patient income. Activity performance has resulted in YTD GIC protection of £1.6m, £0.4m more than planned for this stage of the year. Without the GIC protection, the Trust's income position would be £2.0m adverse to plan YTD. ii. Pay expenditure to date is adverse against plan by £1.3m. The substantive cost favourable variance driven by 88 WTEs vacancies, a reduction from prior months due to targeted CIP phasing. This is net of temporary staffing costs totalling £5.5m. This continues to be an area of concern as staff costs are not flexing in line with activity delivery. A series of rapid actions have been instigated to address this issue (see Appendix 8). iii. Non pay expenditure is £0.4m favourable to plan in month and £3.8m YTD. This YTD position is driven by lower expenditure on clinical supplies due to activity levels, central procurement of defibs, non-utilisation of contingency reserves £1.3m, PFI contract volume adjustments / performance deductions of £0.4m and old site decommissioning and new site project costs of £0.2m. iv. CIP is £0.5m adverse to plan due to the start of the CIP gap phasing. The shortfall in identified schemes remains at £3.2m (63% of the £5.1m target). Of the £1.9m identified, £0.4m has been delivered YTD. <p>Non-operating items are ahead of plan due to the interest income received as a result of the favourable cash position and reductions in depreciation.</p> <p>In-month the Trust had a surplus of £0.2m, £0.1m adverse to plan. Staffing levels are above the comparable 2018/19 period, however, admitted activity in month (excl. ITU) represents a 12.5% increase compared to September 2018 and a 4.4% increase against the average Q4 2018/19 activity, indicating a further improvement compared to the loss of productivity seen earlier in the year.</p> <p>The forecast year end position on an adjusted run rate basis demonstrates mitigating actions are required to hit the planned control total break-even position. Without action, the Trust's deficit is forecast to reach a downside position of £19.8m. The report identifies the £3.3m of previously approved, non-recurrent mitigations and sets out a further £1.0m of Executive Director approved actions and enhanced controls to bridge the gap to control total achievement. Key actions include the mitigation of cost pressures from</p>		

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	<p>consultant job planning reviews and the implementation of additional controls on agency to reduce run rate spend. The underlying position after non-recurrent and normalising items have been removed is a deficit of £8.5m YTD.</p> <p>Capital expenditure is £0.9m lower than plan year to date, relating to the timing of small works and ongoing replacement programme underspends. The risk remains around the old site land sale which was planned to complete in August with a profit of £10.5m.</p> <p>Cash is £8.9m favourable due to lower capital expenditure, improved working capital position and the impact of the delayed land sale.</p> <p>Use of Resources metric is 4 for the month below the planned score of 3 driven by the delayed land sale.</p> <p>The Committee considered the unmitigated financial position and discussed the run rate, control total and financial recovery funding. It was noted that key items of concern were control of expenditure, control of agency and consultant job planning.</p> <p>OM advised the need to reduce the high costs of agency and overtime and use bank staff more efficiently to keep within safer staffing figures. This includes the need to improve the correct use of the roster system and use the functionality within the system to book bank staff, with use of agency as a last resort.</p> <p>GR suggested that OM come back with a spotlight report on the detail and data surrounding overtime, agency pay and plans in place to reduce this.</p> <p>DD referred to the graph at the top of page 4 and queried the labelling re. actual/GIC. JH clarified the position and will update the labelling accordingly on future reports.</p> <p>Noted: The Performance Committee noted the financial update for September 2019.</p>	<p>OM</p> <p>JH</p>	<p>28.11.19</p> <p>28.11.19</p>
7149	<p>OPERATIONAL PERFORMANCE Access & Data Quality Report – September 2019</p>		
19/	<p>RC presented the update for September 2019.</p> <p>During discussion the following items were noted/considered:</p> <ul style="list-style-type: none"> • Referral volumes had increased but were still below the six month average. There are still underlying trends relating to consultant-to-consultant referrals. • Outpatient clinic management remains a concern. EM advised of the consultancy work by Meridian to improve this area. • There looks to be an improvement in activity resulting from the opening of theatre 6 and hospital optimisation work. • The Committee discussed the data on page 7 relating to geographic areas of referral pattern. It was noted that further analysis of referral patterns could be useful but we need to see an improvement in 		

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	<p>capacity before opening up to further referrals.</p> <ul style="list-style-type: none"> EM noted that there are key actions underway to bring some referrals to RPH rather than to London hospitals. <p>Noted: The Performance Committee noted the update on Access and Data Quality.</p>		
8	ACTIVITY RECOVERY – HOSPITAL OPTIMISATION GROUP		
19/150	<p>EM presented this update advising that there are some improvements on the run rate of previous years but still improvements to be made. The Chair was concerned that more improvement had not been seen following the move to the new hospital. RC explained one factor being activity linked to GIC contracts where if there is more activity than contracted for, the Trust would not get paid for this. It was confirmed that there are no financial restrictions to achieving the RTT targets.</p> <p>Key areas of improvement were noted as cardiac surgery and cardiology. Work continues on ambulatory care (day care) alongside the Meridian work. EM advised that we are awaiting an outcome report of the Meridian work which will be reported next month in more detail.</p> <p>As regards the report format, the Chair felt it useful to report in patient numbers with an accompanying narrative explanation as to how this translates to cash.</p> <p>Noted: The Performance Committee noted the progress that has been made to date and areas of focus for next month.</p>	EM EM	28.11.19 28.11.19
FOCUS ON			
9	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
19/151	<p>AJ presented the update and noted that there were no changes or escalations in month. Following an action from the last meeting, the Chair and AJ had discussed BAF offline.</p> <p>AJ advised that Consultant job plans are still working through Consultant final sign off, therefore this risk has not moved.</p> <p>Noted: The Committee noted the BAF update.</p>		
FUTURE PLANNING			
10	INVESTMENT GROUP		
19/152	<p>Chair's report (including minutes of meeting held on 7 October 2019)</p> <p>Noted: The Performance Committee noted the Chair's report and that one item had been approved which was covered within the existing clinical administration budget.</p>		
11	BUSINESS CASES		
19/153	There were no items to consider.		

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12	LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE		
19/154	There were no items to consider.		
13	ANY OTHER BUSINESS		
19/155	<p><u>Goodbye to the Chair</u> The Committee were advised that the Chair steps down from his NED role as of today; RC took the opportunity to thank Dave Hughes for his chairmanship of both Performance Committee and Strategic Projects Committee over the last few important years for the Trust. The Chair advised it had been an honour and privilege to work for the Trust; he expressed thanks both to Roy and Alison for their support during his NED tenure.</p> <p><u>Payroll contract</u> OM advised that following a recent retender of the Payroll Contract, this has been awarded to NHS SBS. A more detailed update will come to a future meeting along with transition arrangements.</p>	OM	tbc
14i	COMMITTEE FORWARD PLANNER		
	A request was made to bring a monthly report on the hospital optimisation project.	EM/AJ	28.11.19 & monthly
19/156	Noted: The Performance Committee noted the Forward Planner.		
14ii	REVIEW OF ACTIONS AND ITEMS IDENTIFIED FOR REFERRAL TO COMMITTEE/ESCALATION		
19/157	There were no items to consider.		
15	FUTURE MEETING DATES		

2019

31 October [to be held at Royal Papworth House, Huntingdon]

28 November

19 December

2020 dates

Date	Time	Venue	Apols rec'd
30 January	9am-11am	GRDF offices rooms 1&2, Hospital	
27 February	9am-11am	GRDF offices rooms 1&2, Hospital	
26 March	9am-11am	GRDF offices rooms 1&2, Hospital	
30 April	9am-11am	Mtg room 4, 1st floor, RP House, Huntingdon	
28 May	9am-11am	GRDF offices rooms 1&2, Hospital	DD
25 June	9am-11am	GRDF offices rooms 1&2, Hospital	
30 July	9am-11am	GRDF offices rooms 1&2, Hospital	
27 August	9am-11am	GRDF offices rooms 1&2, Hospital	

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24 September	9am-11am	GRDF offices rooms 1&2, Hospital	DD	
29 October	9am-11am	Mtg room 4, 1st floor, RP House, Huntingdon		
26 November	9am-11am	GRDF offices rooms 1&2, Hospital		
17 December	9am-11am	GRDF offices rooms 1&2, Hospital		

The meeting finished at 10.55am



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Signed

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28 / 11 / 19

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Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 31 October 2019