

Agenda item 4iva

**Meeting of the Performance Committee  
Held on 28 June 2018  
At 9am in the Upper Lecture Theatre  
Royal Papworth Hospital**

**UNCONFIRMED MINUTES**

<b>Present</b>	<b>Mr D E Hughes</b>	<b>DEH</b>	<b>Non-executive Director (Chair)</b>
	<b>Mr M Millar</b>	<b>MM</b>	<b>Non-executive Director</b>
	<b>Dr R Zimmern</b>	<b>RZ</b>	<b>Non-executive Director</b>
	<b>Mr R Clarke</b>	<b>RC</b>	<b>Director of Finance</b>
	<b>Mrs E Midlane</b>	<b>EM</b>	<b>Chief Operating Officer</b>
	<b>Mr S Posey</b>	<b>SP</b>	<b>Chief Executive</b>
<b>In Attendance</b>	<b>Mrs A Colling</b>	<b>AC</b>	<b>Executive Assistant (Minutes)</b>
	<b>Mrs A Jarvis</b>	<b>AJ</b>	<b>Trust Secretary</b>
	<b>Mrs M Maxwell</b>	<b>MMax</b>	<b>Deputy Director of Operations</b>
	<b>Mrs O Monkhouse</b>	<b>OM</b>	<b>Director of Workforce &amp; Organisation Development</b>
	<b>Mr A Raynes</b>	<b>AR</b>	<b>Director of Digital (&amp; Chief Information Officer)</b>
	<b>Mrs M Screaton</b>	<b>MS</b>	<b>Deputy Director of Nursing</b>
<b>Apologies</b>	<b>Dr R Hall</b>	<b>RMOH</b>	<b>Medical Director</b>
	<b>Mr J Hollidge</b>	<b>JH</b>	<b>Deputy Director of Finance</b>
	<b>Mrs J Rudman</b>	<b>JR</b>	<b>Director of Nursing</b>

Agenda Item		Action by Whom	Date
<b>1</b>	<b>WELCOME, APOLOGIES AND OPENING REMARKS</b>		
18/65	The Chair welcomed all to the meeting and apologies were noted as above.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
18/66	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).		

Agenda Item		Action by Whom	Date
	2. Ron Zimmern as Chairman for the Foundation of Genomics and Population Health, an associate organisation of CUHP. 3. Stephen Posey as Director of Cambridge University Health Partners (CUHP).		
<b>3</b>	<b>MINUTES OF THE PREVIOUS MEETING – 31 May 2018</b>		
18/67	<b>Approved:</b> The Performance Committee approved the Minutes of the meeting held on 31 May 2018 and authorised these for signature by the Chair as a true record.	Chair	28.6.18
<b>4</b>	<b>ACTION CHECKLIST / MATTERS ARISING</b>		
18/68	The Committee reviewed the Action Checklist and updates were noted.		
<b>IN YEAR PERFORMANCE &amp; PROJECTIONS</b>			
<b>5</b>	<b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR) - May 2018</b>		
18/70	<p>RC introduced the May 2018 PIPR. The overall performance was Amber; an improvement has been seen across all domains in month, linked to the 'golden thread' of flow and capacity.</p> <p>MM referred to the performance summary on Page 1 under "Effective" and queried the adverse performance around activity which was also reported as 'favourable'. RC explained that the 'favourable' refers to inpatient episodes as opposed to the overall number of patient episodes (some of which are day care patients).</p> <p><b>Safe</b> (Amber)  MS explained that the reason for 'safer staffing' flagging red which was due to this being calculated on the number of actual registered nurses; it does not include the cohort of overseas nurses who require specialist training and English language competency to achieve their NMC registration. These overseas nurses are being used on the wards in areas appropriate to their skills mix. MS advised of an error in the registered nurse vacancy number at 6.75% (37.38 wte); this will be corrected to 7.81% (52.19 wte) for the report to next week's Board meeting. MS explained the 'safer staffing at night' figure and the detail which sits behind this.</p> <p>The Committee were advised that the Trust had recently received a call from the Care Quality Commission (CQC) where an external organisation had reported a concern regarding safer staffing in Cardiology and Critical Care. MS advised that the Trust responded by providing CQC with comprehensive data, assuring that staffing in these areas were safe on the dates concerned. The Trust recognises that staffing in these areas are under pressure and therefore numbers are checked from shift to shift to ensure safer staffing compliance. It was acknowledged that no SIs or pressure ulcers had been reported in these areas, which in itself is a sign of good quality of care. It was noted that NHSI have been briefed</p>		

Agenda Item		Action by Whom	Date
	<p>alongside the comprehensive report to CQC. This will also be reported through the Quality and Risk Committee. The issue had been shared with the Management Executive Group and Clinical Directors. RZ advised that he was content with the principles the Trust was working to and the way this matter was dealt with. In spite of all the pressures, the metrics are going the right way and staff should be congratulated on this.</p> <p>Linking into the above, OM advised that a new Freedom to Speak Guardian had been appointed at the Trust; this role provides another medium to support staff in being able to raise concerns. OM gave examples of how staff can actively be engaged in discussions to help resolve issues where appropriate.</p> <p>The key performance challenges were noted along with actions alongside these.</p> <p>The spotlight report focussed on Pressure Ulcers. Despite the acuity of patients, the incidence of pressure ulcers that are avoidable is extremely low. Again RZ noted that low pressure ulcer incidence is an indicator of good care; this is a fantastic reflection on the care given by our staff to avoid this type of hard.</p> <p><b><u>Caring</u></b> (Amber) MS reported the number of complaints as four, with these relating to cancellations, poor communication and inappropriate hospital discharge; all complaints are formally investigated. The Family &amp; Friends Test score was good ((96%) but MS advised the need to be mindful that the response rate is variable in different areas; Ward Sisters are aware of this with actions in place to improve.</p> <p>The spotlight reported on the National Inpatient Survey 2017 which included a summary of performance. MS advised that areas to improve were being reviewed with action plans to be put in place. It was noted that when issues are raised on the wards by patients; staff work hard to deal with these at the time, enabling issues to be resolved satisfactorily without leading to formal complaints.</p> <p>MS highlighted that Ward nurses are doing a tremendous job to support patients and families involved in cancellations and advised that a new Psychologist has been appointed in Transplant to support this group of patients. In discussion it was noted that all cancellations are decided on clinical priority.</p> <p>The Chair felt it would be valuable to hear from a nurse involved in supporting patients regarding cancellations, who could report a patient story to the Performance Committee or Board meeting. MS will arrange this.</p> <p><b><u>Effective</u></b> (Amber) EM advised that this domain had received Amber/red ratings over the month in terms of overall operational flow. There had been an increase in activity through but there had been a significant number of challenges on infrastructure as reported in Key Challenges; eight working days were lost in theatre 5 (20% loss capacity) due to a faulty air handling unit; cath lab 6 had seen generator problems and there had been a power failure issue in</p>	MS	26.7.18

Agenda Item		Action by Whom	Date
	<p>Pathology. The Estates team were phenomenal in the effort put in to resolve these issues as quickly as possible. The cab lab 6 issue had restricted the activity at night, which was reflected in the 'safer staffing at night' numbers discussed earlier.</p> <p>Without the issues of theatre 5 and cath lab 6, it is very likely that admitted patient care would have achieved the 2217 target figure.</p> <p>The key challenges were as reported – theatre 5, cath lab 6 and pathology. It was noted that service in pathology was not affected by the issue, with the Estates Team working quickly to fix the issue.</p> <p>The Chair queried whether we are seeing the efforts of the new capacity structure within the figures; at the moment this not evident due to the key challenges on infrastructure issues noted. The cath lab generator problem carried on into June and an additional theatre 3 &amp; 4 ventilation issue was restricted to hours rather days of outage, due to quick response by the Estates Team.</p> <p>It was noted that due to the delay in hospital move there is a heightened focus on risk assessments regarding current site infrastructure and impact on operational flow; new equipment will be pulled forward to use on the existing site where appropriate.</p> <p>RC advised that numbers were nearly 100 cases down on admitted patient care, with 25 due to infrastructure issues. These numbers are lower than we would have liked, still due to capacity constraints and staffing issues; particularly in RSSC where the activity has been lower due to staffing pressures</p> <p>The Spotlight focussed on the Electronic Referral System (ERS) where the Trust has had a soft launch of ERS which is due to rollout nationally from 1 October 2018.</p> <p>The Committee discussed how ERS worked and NEDS viewed concern around delays in patient care due to governance protocol of this system. AR explained that the timeline for linking ERS into Lorenzo via Lorenzo Digital Exemplar, was like to be six months.</p> <p><b><u>Responsive</u></b> (Red)</p> <p>EM advised that RTT recovery is on track although Cardiology and Cardiac Surgery had struggled due the infrastructure failings impacting in these areas.</p> <p>In-house Urgents (IHU) performance was struggling where there had been a significant increase in referrals resulting in insufficient capacity to meet this demand along with servicing the elective waiting list. The number of increased referrals has been raised with NHS England. The Chair asked for a future spotlight on IHUs, including deaths whilst on the waiting list. The Committee discussed IHU vs elective referrals. RZ requested a clinical audit to be undertaken on IHUs.</p> <p>The Committee was advised that Korner wait patients are not on the RTT</p>	<p>EM</p> <p>MS/JR</p>	<p>26.7.18</p> <p>26.7.18</p>

Agenda Item		Action by Whom	Date
	<p>pathway but still need to come back for further treatment/follow up.</p> <p>The spotlight featured NSTEMI (non-ST elevation MIs (or Acute Coronary Syndrome) with planned October go-live; although, due to the new hospital move delay, the team is now working to move this forward to September. It was acknowledged that there has been huge support from NHSE to get this in place.</p> <p><b><u>People management and culture</u></b> (Amber)</p> <p>OM reported that for the tenth month running, the Trust is a net recruiter for nurses and the same position is expected for June and July. Work is in hand to support the 53 pre-registered nurses to registered nurse status. IPRs had dipped to amber but this related to a very small number of IPRs completed but not logged onto the system in time for this reporting period. It is expected to move to green shortly.</p> <p>The impact on staffing of the delayed move to new Royal Papworth Hospital will be discussed at the Strategic Projects Committee following this meeting.</p> <p><b><u>Transformation</u></b> (Amber)</p> <p>At the time of writing this report, the Board decision had not been made regarding the proposed derogation. The overarching programme sits red and following the Board's decision not to accept the derogation, the construction and master commissioning programme will need to be revised. This item will be reviewed in greater detail at the Strategic Projects Committee SPC which follows. It was noted that SPC papers had been compiled following the Board decision.</p> <p><b><u>Finance</u></b> (Red)</p> <p>The Committee noted the position and agreed to cover this under Agenda item 6, Financial Report.</p> <p><b>Noted:</b> The Performance Committee noted the contents of the PIPR.</p>	OM	26.7.18
6	<b>FINANCIAL REPORT – May 2018</b>		
18/71	<p>The Trust in month position reported a surplus of £674k which is £93k ahead of the planned surplus of £581k. The Trust's year to date financial position was favourable to plan by £8k, with an actual deficit of £509k against a planned deficit of £517k (including donated assets); which was comprehensively detailed in the report.</p> <p>CIP plans saw some areas working above plan, but this was off-set with underspends in other areas. During May an additional £542k CIP was identified. Leaving a remaining unidentified gap of £671k. This is reported pre-recast of the PFI plan due to the delay in hospital move. Weekly budget meetings with managers are being held to drive the gap. It is uncertain at this point in time whether the control total can be reached</p>		

Agenda Item		Action by Whom	Date
	<p>as a result of the delay in hospital move. RC advised that this needs to be worked through with a clearer picture towards the end of July when we are due to submit a re-cast of the plan to NHSI. A revised financial plan should be ready in August.</p> <p><b>Noted:</b> The Performance Committee noted the contents of this report.</p>		
<b>7</b>	<b>OPERATIONAL PERFORMANCE Access &amp; Data Quality Report – May 2018</b>		
18/72	<p>RC highlighted the key headlines in the report noting that data quality had seen an improvement. There was still work to do and enhanced training programmes have been introduced for staff.</p> <p>To help the position further, the Trust has procured a front end waiting list management system to enable real time management of RTT waiting lists. AR and the digital team are working hard to ensure interfaces happen. It was noted that there are no issues with the scripting on Lorenzo, it is down to the quality of data put into the system. Back-end data cleansing is ongoing to ensure that correct data is being entered into system. The administration staff have now moved to the Huntingdon office; it is proving beneficial from a training and monitoring perspective to have members of the team in one office location rather than being dispersed on the Papworth site.</p> <p>RZ referred to page 7 of the report where graphs showed a decline in referrals. EM advised that is hoped this position will improve when ERS GP direct referrals come into operation. Once the waiting times reduce, this should see an increase in referrals. During discussion it was noted there is a general downturn in referrals; not related to any GP specifically. RC highlighted the risk of a longer time with lower referrals when other centres may start to commission the same services.</p> <p>Referring to page 17 – RTT surgery pathways and breaches graphs, the Committee discussed the data and EM explained the reasoning behind the outcomes.</p> <p>It was noted that Respiratory continues to deliver a strong RTT performance, notwithstanding constrained capacity in RSSC where there are a number of nurse vacancies.</p> <p><b>Noted:</b> The Performance Committee noted the contents of this report.</p>		
	<b>FOCUS ON</b>		
<b>8</b>	<b>FINANCIAL RECOVERY PLAN</b>		
18/73	<p>RC advised that the FRP will be re-worked against the revised plan due to delay in hospital move. There is a heightened risk with the land sale and some other minor amendments against risk profile as a result of the new identified £500k CIP previously mentioned.</p> <p>The Committee discussed the following schemes: D: Procurement:</p>		

Agenda Item		Action by Whom	Date
	<p>The Chair asked what can be done to help the procurement CIP? RC advised that there is a robust work programme in place to enable delivery; operational managers are also working with procurement teams on CIP plan</p> <p>H – Offsite accommodation: MM queried why there is a delay regarding the R&amp;D element in contributing to the central overhead cost. RC explained this is covered by two elements relating to the wider Heart &amp; Lung Research Institute (HLRI) and historic arrangements whereby R&amp;D did not pay for the space taken in the CTBI building on the current Papworth site. The Committee discussed this risk going forward and how it can be mitigated.</p> <p>K1 –Activity recovery: MM noted that the report predicts this item to worsen and asked why. RC advised even though this papers was produced before the derogation decision; the decision taken affects financial recovery where confidence of delivery has been reduced due to this substantial new event alongside the issues of remaining on the aging site. MM highlighted that the impact of the hospital move delay needs to be factored into FRP. RC advised that each risk needs to be re-worked against new plan.</p> <p><b>Noted:</b> The Performance Committed noted the updated Financial Recovery plan and discussions.</p>		
<b>9</b>	<b>FINANCIAL STRATEGY RISK PERFORMANCE REPORT (FSRA) ACTION UPDATE</b>		
18/74	<p>RC took the paper as read; he advised that the master development control plan had increased risk to 20 due to the delayed land sale and hospital move. The FSRA will be reviewed and reset as part of the re-working.</p> <p><b>Noted:</b> The Performance Committee noted the contents of this report.</p>		
<b>FUTURE PLANNING</b>			
<b>10</b>	<b>INVESTMENT GROUP</b> i) Chair's report (including minutes of meeting held on 11 June 2018)		
18/75	<p>MM queried the two items approved where no financial data was included in the tables. RC advised that this is because both items are nil variations which do not require additional investment. MM queried the Lorenzo item which states a £326k funding requirement. RC referred to the paper which states that this was approved subject to evidence of CIP recovery against the required funding.</p> <p>RC added that the Investment Group tracks decisions within its financial remit, where decisions do not require Performance Committee approval and no additional funds are required over and above annual plan. RC is happy to revise the format of the on Chair's report if required.</p> <p><b>Noted:</b> The Performance Committee noted the contents of this report.</p>		
<b>11</b>	<b>BUSINESS CASES</b>		

Agenda Item		Action by Whom	Date
	There were no items to report.		
<b>12</b>	<b>COSTING TRANSFORMATION PROGRAMME (CTP) &amp; REFERENCE COSTS 2017/18 – Royal Papworth Hospital submission</b>		
18/76	<p>RC explained that Papworth had participated in the voluntary CTP collection in 2016/17 and had volunteered to submit data again in 2017/18. CTP data submission to NHSI is mandatory for all Trusts in 2018/19.</p> <p>During discussion the following items were noted;</p> <ul style="list-style-type: none"> <li>• All actions identified by the Audit Committee for CTP have been actioned and will be reported via Audit Committee.</li> <li>• Revenue will not go up or down as a result of CTP; it is effectively a different way of apportioning costs.</li> <li>• It is unclear whether costs will go up or down as a result of CTP but it is likely that future payment profiles will be backed by CTP when it becomes mandatory. Being part of the national programme at an early voluntary stage has helped the Trust have early insight and working of the system.</li> </ul> <p><b>Noted and Approved:</b> The Performance Committee <i>noted</i> the update on the 2017/18 CTP and Reference Costs submission and <i>approved</i> the delegation of the reference costing approval process to the Director of Finance.</p>		
<b>13</b>	<b>LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE</b>		
	No items were raised.		
<b>14</b>	<b>ANY OTHER BUSINESS</b>		
	No items were raised.		
<b>15</b>	<b>COMMITTEE FORWARD PLANNER</b>		
	<b>Noted:</b> The Committee noted the Forward Planner.		
<b>16</b>	<b>FUTURE MEETING DATES</b>		
	<u>2018 dates</u> 26 July 30 August 27 September 25 October 29 November 20 December		

The meeting finished at 11.10am

.....  
Signed  
.....  
Date

**Royal Papworth Hospital NHS Foundation Trust  
Performance Committee  
Meeting held on 28 June 2018**