

**Meeting of the Performance Committee
Held on 25 October 2018
At 9am in the Upper Lecture Theatre
Royal Papworth Hospital**

MINUTES

Present	Mr D E Hughes	DEH	Non-executive Director (Chair)
	Dr R Zimmern	RZ	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
	Mrs A Jarvis	(AJ)	Trust Secretary
	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
	Liz Sanford	LS	Head of Business & Finance, NHSI Midlands & East
	Dr April Brown		Senior Clinical Lead, NHSI Midlands & East
	Dr Mike Davies	MD	Clinical Director, Thoracic Services
Apologies	Mr M Millar	MM	Non-executive Director
	Mr J Hollidge	JH	Deputy Director of Finance

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
18/119	<p>The Chair opened the meeting and welcomed all. Apologies were noted from Mark Millar (MM). The Chair advised that MM steps down from his NED role at the end of October 2018 and wanted to record his thanks to MM for his long service to the Performance Committee.</p> <p><u>Chair's report from Audit Committee: annual governance attendance</u> The Chair attended the 10 October 2018 Audit Committee meeting as part of the annual governance process.</p> <p>One key item identified was the need to explain to the Committee what are the assumptions that underpin the Operational Plan development 2019/20 e.g. capacity KPI's such as length of stay. The Chair would like to see this as an Agenda item for a future Performance Committee meeting, to enable full discussion.</p> <p>On the Agenda for today's meeting, the Chair noted Item 12 Operational</p>	EM	31.1.19

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	Planning Framework 2019/20 and it was noted that this will also be discussed at the November Board meeting.		
2	DECLARATIONS OF INTEREST		
18/120	<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. 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 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. 8. Roy Clarke as Care Quality Commission (CQC) Executive Reviewer. 		
3	MINUTES OF THE PREVIOUS MEETING – 27 September 2018		
18/120	Approved: The Performance Committee approved the Minutes of the meeting held on 27 September 2018 authorised these for signature by the Chair as a true record.	Chair	25.10.18
4i	ACTION CHECKLIST / MATTERS ARISING		
18/121	The Committee reviewed the Action Checklist and updates were noted.		
4ii	IHU Pathway Quality Improvement Project Update		
18/123	<p>The Chief Nurse (CN) presented this update which gave a summary of the current position. Some immediate actions have been instigated i.e., daily checks to ensure that the IHU ANP is role covered and that this cohort of patients is catered for. This work has enabled a slight improvement to be seen but there is further work to be done. During discussion the following items were noted/considered:</p> <ul style="list-style-type: none"> • RZ felt the report was unclear in laying out the strategy. • The CN advised that this work links into the main KPIs; there will be a regular update in PIPR going forward. • RMOH noted that a clear strategy for the Trust is to approach IHU in the same way as it does for ACS, and suggested a maximum wait time of five days. • It was acknowledged that this work forms the start of the process but not the answer. • RZ acknowledged the importance of clearly identifying patients for this pathway. RMOH gave some background as to how patients are categorised by referring centres and that this is then 		

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	<p>re-assessed on patient arrival and updated on their care plan. There is a need to also be mindful of patient frailty and patient choice.</p> <ul style="list-style-type: none"> • MD added that a quality project run by the British Thoracic Society had seen a “quick win” which had helped with further engagement in the project. • The project has involvement from our Clinical Governance Team and funding support from EAHSN for a 6 month programme. <p>The Chair acknowledged the update to come in PIPR but would like a separate report and discussion once the project is finalised.</p> <p>Noted: The Performance Committee noted the content of this report.</p>	JR	29.11.18
IN YEAR PERFORMANCE & PROJECTIONS			
5	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
18/125	<p>RC presented this report which is rating overall at Red. Safe (Amber)</p> <p>JR referred the Committee to the change in KPIs, where “number of serious incidents reported to Commissioners in month” has been added. This will also be covered in the Combined Quality report to the next Board and also at the Quality & Risk meeting in November. JR added that she will ensure this is reported correctly in Q3 and that the Board are satisfied.</p> <p>The Committee discussed ‘safe’ at length where the following was noted:</p> <ul style="list-style-type: none"> • As part of SI review, a new group, “Serious Incident Executive Review Panel” (SIERP) commenced weekly meetings from 2 October. RMOH noted the need to ensure that SIs are properly followed through which in turn will improve safety within the organisation. RZ also commented on the extremely high level of detail within the SI review reports. • DD referred to the recent “mock” CQC inspection and what issues had come to light. JR advised that the outcome had been ‘good’ overall with a recommendation to look at medicine management in theatres. There were no other recommendations relating to “safe”. • MD referred to ‘safer staffing’ on nursing, which is covered at the monthly directorate performance review meetings. The thoracic area is experiencing a high level of nurse vacancies and difficulty in recruiting to this area and this is not individually reflected within the overall PIPR reporting. He acknowledged that the nurse ANP role has been a success. MD was advised that a breakdown by area of nurse vacancies is seen at Board level. In further support of this issue, there is a Task & Finish Group led by the Deputy Chief Nurse. OM added that a vacancy list by ward areas is seen at Executive Committee every two weeks. The Chair assured MD that nurse vacancies within the thoracic area are well known to the Committee. 		

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	<p>SP added that the Trust is working hard to recruit to this area and will be using social media to target recruitment across the Trust. RC referred to the recent Thoracic Directorate Performance meeting where nurse staff was a key area of discussion. The Head of Nursing for Thoracic has worked up a detailed plan on nursing which will require support and help to overcome some issues, but that it was useful to have sight of this. He suggested a future PIPR spotlight in this area.</p> <p>MD added that he has been leading work on collaboration of respiratory services between RPH and CUH.</p> <p>The Committee noted the spotlight on the new Datix Serious Incident Dashboard.</p>	JR	20.12.18
	<p><u>Caring</u> (Green)</p> <p>JR gave an over of the performance summary results.</p> <p>The Committee discussed the dip in Direct Care Time; RZ asked if this data could be split between registered and unregistered nurses. JR added that the Trust is reviewing the role of ward clerk/patient flow facilitator which gives administration support to nursing staff; it is envisaged that this would be a more fulfilling role for ward clerks. During this discussion, reference was made to the impact of pre-registered practitioner (PRP) nurses, including supervision requirements and how this reflects on registered nurse direct care time.</p> <p>The number of complaints included one complaint reported last month, so not a new complaint. This was a patient food related issue which had been resolved within one hour of being notified and the patient then satisfied with the outcome.</p> <p>The Committee noted the spotlight report on National Cancer Patient Experience Survey where the Trust gained an average score of 9.1 against the national average of 8.8.</p>		
	<p><u>Effective</u> (Red)</p> <p>During discussion the following items were noted/considered:</p> <ul style="list-style-type: none"> • It was reported that admitted patient care is the lowest in 6 months showing a need to get more activity through. As mentioned earlier, cases have been longer with higher patient acuity. This flow of work is being managed through the weekly Access Meeting focussing on the activity recovery plan. • Higher theatre utilisation was reported which related to additional emergency activity. This had seen an impact in Critical Care where the high acuity of patients had resulted in longer stays. • Bed occupancy continued to run at low 70%. An extra measure taken had noted what occupancy would be at 6pm and over the first six months of the year this resulted in a 1.1% higher bed occupancy measured at 6pm vs 12 midnight. It is difficult to compare Royal Papworth to other Trusts as we are a specialist centre, but still need to conform to the national generic metric. 		

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	<ul style="list-style-type: none"> • Even though LoS is reporting an increase, this is significantly lower than 8-9 bed days reported 18 months' ago. • The increase in staffing vs lower bed usage has a significant financial impact. Bed occupancy related to staffing is projected to improve in the New Year when PRP nurses become registered. • RZ requested data showing staffed available beds which would help make a better informed judgement of bed occupancy figures. EM advised that this is not an automated process and would involve a manual count. It was suggested to cover this item via a future spotlight report. <p>A key performance challenge reported on theatre cancellations, which detailed reason codes for cancellations. Problems with transport were highlighted – SP advised of work being undertaken with STP in looking to remove transitional costs to help repatriate patients therefore freeing up beds and lowering cancellation rates.</p> <p>The Committee noted the spotlight on TAVI Frailty Network.</p>	EM	31.1.19
	<p><u>Responsive</u> (Red)</p> <p>EM reported that the RTT position continues to improve. This has been helped by the three-time weekly Executive led meeting which has seen a high level of granularity. There has been helpful discussions between patient and Consultant to ensure correct treatment; which may result in some alternative procedures to surgery.</p> <p>RC referred to the cleanse of the non-admitted clock stops data which has helped in identifying potential breaches earlier in the process to then enable action within the timeline.</p> <p>AR advised that a recent assessment of staff on working practice here has been good.</p> <p>EM referred to the trust-wide PTL Meeting, (patient tracking list) which looks at the whole waiting list by patient and is managing the list down to 14 weeks wait. EM will refer this back as a spotlight report to a future meeting. It was suggested to see the impact of Körner waits in this spotlight report.</p> <p>MD referred to cancer wait times which have excellent outcomes and good patient experience. It was noted that a change to this metric would see this reporting as red even though treatment and good outcomes have not changed. The Trust would not want to rush patients through treatment in order to meet this new metric, which could then impact on patient safety. Both LS and AB from NHSI understood this scenario and advised that when national guidance is issued it will show a better position.</p> <p>The Committee noted the key performance challenge report on RTT performance and 52 weeks waits.</p> <p>The Committee noted the spotlight report on Rapid NSTEMI Pathway which is reporting good progress.</p>	EM	31.1.19

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	<p><u>People Management and Culture</u> (Red)</p> <p>OM talked through the summary of performance and highlighted the key messages.</p> <p>The PRP staff are receiving support and teaching to gain their Occupational English Test (OET) and then registration. There is close monitoring of their progress. We have used a conservative estimate of a 50% pass rate and modelled this into our workforce projections.</p> <p>The Recruitment Team is working with universities and students together with a new social media campaign; this information will be shared at the next Board meeting. A recent Administration & Clerical Recruitment Open Day had received a positive response; a further event is planned for November.</p> <p>IPR response rate has fallen to 85%; this is driven by the two largest areas, CCA and theatres and work is in hand to improve this.</p> <p>OM advised that the Cardiac & Respiratory Physiology Programme run by Anglian Ruskin University (ARU) will be closing. These roles are already hard to recruit into and the concern has been raised at the East Anglian HR Directors Forum. Liaison work is underway with Health Education England and ARU to develop an apprenticeship programme.</p> <p>The first event for Black, Asian and Minority Ethnic (BAME) Network was launched in September with a positive response. The next meeting in November will focus on career progression and development.</p> <p>The spotlight focused on Turnover. It was noted that the main reason given for people leaving the Trust is lack of career development and progression and not seemingly relating to the new hospital move.</p> <p>OM added that a report will be presented to the next Board meeting on the Culture and Leadership Programme which also ties into the friends and family data.</p>		
	<p><u>Transformation</u> (Amber)</p> <p>The position was noted with a detailed review to be taken with the Strategic Projects Committee to follow.</p>		
	<p><u>Finance</u> (Red)</p> <p>The position was noted with a detailed review to be taken with the Financial Report to follow.</p>		
6	FINANCIAL REPORT – Month 6 September 2018		
18/126	<p>RC presented the Month 6 Financial Report highlighting key items: The Trust's year to date position is a deficit of £3.94m, favourable to the refreshed plan by £0.01m. Within this:</p> <ul style="list-style-type: none"> Total clinical income is below plan by £1.23m, this continues the adverse variance with the Trust experiencing lower than planned NHS activity of a total 1,270 (9.9%) inpatient/day cases (includes 		

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	<p>work in progress but excludes private patient activity) equating to an adverse £1.37m position. This position is offset by the increased complexity in case mix of £1.23m. In addition, the Trust has reduced high cost drugs and devices income of £1.24m; however, these are procured on a pass through basis and therefore offsets lower expenditure.</p> <ul style="list-style-type: none"> • Pay is £0.35m adverse to plan with temporary staffing costs replacing substantive savings from vacancies, however, this reflects only a 0.7% reduction compared to the 9.9% lower levels of activity. • Non pay is £0.66m favourable to plan, comprising favourable clinical supplies due to the lower activity (£1.15m), underspends due to timing on the NPH transition programme (£0.82m) and lower depreciation charges (£0.33m) following delayed capitalisation of assets. Offset by commissioner fines (£0.71m) and unachieved non-pay CIP (£0.24m). • EBITDA is behind plan by £0.3m as a result of the changed phasing of the costs of remaining on the existing site, this is offset at the net deficit level by the reduced depreciation charges to date. • Actual year to date CIP achievement of £3.02m is £0.83m adverse to plan of £3.95m, due to £0.26m planning gap and an operational delivery gap of £0.67m from overspends in Pay compared to the Gateway 2 rosters, these are partially offset by non-recurrent underspends not reported as CIP. <p>Since the date of the papers, there have been discussions with NHSI regarding the Control Total where NHSI have since advised that this cannot be revisited.</p> <p>DD referred to the run-rate which the Committee discussed in detail. DD noted the increased funding establishment against CIPs; RC explained the rationale for the increased funding establishment and the effect this had on CIP. It was noted that a large proportion of the CIPs are linked to the hospital move, which should have happened in September.</p> <p>SP referred to the possibility of reinvestment of fines where there is ongoing dialogue with Commissioners. Commissioners had agreed to cap at £75k and written confirmation is awaited on this, which the Trust is pursuing.</p> <p>Noted: The Performance Committee noted the Month 6 Financial Report.</p>		
7	<p>OPERATIONAL PERFORMANCE Access & Data Quality Report – Month 6 September 2018</p>		
18/127	<p>The reported concluded that year to date admitted activity is behind planned levels but ahead of 2017/18 levels. RTT is moving in the right direction but still requires improvement with data quality and areas highlighted in the report. The Committee discussed in detail GP referrals. MD noted that GP referrals within RSSC are mainly for the sleep centre service.</p> <p>Noted: The Performance Committee noted the contents of the report.</p>		

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8	ACTIVITY RECOVERY ACTION PLAN		
18/128	<p>EM presented this report to the Committee which updated on progress against the Activity Recovery plan presented at last month's meeting. The Committee was advised that Action Plans are on track with continued monitoring against all actions.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
FOCUS ON			
9	FINANCIAL RECOVERY PLAN UPDATE		
18/129	<p>RC presented this report which is also linked to the Operational Planning Framework at Agenda Item 12. It was noted that the financial recovery work needs to be underpinned by annual operational cycle to see recovery.</p> <p>Areas of progress have been the finalisation of land sale (to be discussed at Strategic Projects Committee) and early indications that a change to the MFF might be possible; although the changes are not at a level yet to move the RAG rating. DD asked for confirmation whether this was provided in the report; RC confirmed that it was.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
10	FINANCIAL STRATEGY RISK PERFORMANCE REPORT (FSRA) ACTION UPDATE		
18/130	<p>RC presented the update where the main concern is current trading and future growth items which are above the risk tolerance. Additional costs are linked to operational transition and the prolonged stay on this site.</p> <p>The annual report on risk appetite is due shortly when there is opportunity to review and make recommendation on whether risk appetite should change. Once the report is received, it is proposed to go through each risk in detail and test the appetite.</p> <p>It was noted that the Trust is only one month into the new plan following the delay to the move, therefore not sufficient time to see risks mature.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
11	CORPORATE RISK REGISTER (Operational Corporate Risks Graded 12+)		
18/131	<p>The Trust Secretary presented this report which provided a summary of Operational Corporate risks Graded 12+ plus which had previously presented to the Quality & Risk Committee.</p> <p>JR advised that the key themes are large scale equipment and staffing. DD referred to the risk regarding Junior Doctors and it was agreed to</p>	JR	29.11.18

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	<p>discuss this outside of the meeting and bring a summary back to the committee.</p> <p>RZ noted it is essential to see risk reported in this way and for the Board to review this.</p> <p>The Chair highlighted that 10% of the risks are overdue for review which he felt was an unacceptable level. The Executive Directors will act on this.</p>	AJ	Oct 18
FUTURE PLANNING			
12	OPERATIONAL PLANNING FRAMEWORK 2019/20		
18/132	<p>RC presented the paper which provided a framework for the 2019/20 Operational Planning process. The Performance Committee is asked to approve this framework.</p> <p>RC advised that it has been a complex year for annual planning when taking into consideration: Outturn performance and current trading; new planning guidance; tariff; delay in hospital move along with other factors. And others</p> <p>The proposed framework has seen robust discussion at Executive Director meeting and also at the Management Executive meeting (includes senior clinical management). The Executive Directors approved the framework and commended this for approval to the Performance Committee and Board.</p> <p>RZ referred to the activity plan and assumptions which were discussed in detail. The Chair suggested it would be useful for the Committee to see the assumptions which would give a clearer understanding of the rationale behind the planning framework before it reaches approval stage. RC advised that it is difficult to provide accurate assumptions at this early part in the process but agreed to bring further information back to the Committee.</p> <p>Approved: The Performance Committee approved:</p> <ol style="list-style-type: none"> 1. The framework for the 2019/20 Operational Planning round; 2. The principles contained within the paper; and 3. The delegation of authority to the Executive Directors to amend the planning framework in line with NHSI national guidance once published. <p>The Performance Committee noted the work that is already underway to build the contracting baseline and start dialogue with commissioners on key items. Should the planning guidance be released earlier than anticipated and require a submission prior to the end of the calendar year the “envelope” Operational Plan will be used as the first draft.</p>	RC	29.11.18
13	INVESTMENT GROUP i) Chair’s report (including minutes of meeting held on 8 October 2018)		
18/133	The Performance Committee received the update from the Chair of the		

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	<p>Investment Group. RC noted that although the two funding requests were well presented, they were not approved in their current form and a request made for these to be re-worked, as currently they sit as cost pressures.</p> <p>Noted: The Performance Committee noted the content of the Chair's report.</p>		
14	BUSINESS CASES		
	There were no cases to consider.		
15	LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE		
	There were no items to consider.		
16	ANY OTHER BUSINESS		
	There were no other items raised.		
17	COMMITTEE FORWARD PLANNER		
18/134	Noted: The Committee noted the forward planner.		
18	FUTURE MEETING DATES		
18/135	<p>2018 dates 29 November 20 December</p> <p>2019 dates 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 11.15am

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 25 October 2018