NHS
Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Performance Committee
Held 20 December 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**
	Mr R Clarke	**(RC)**	**Chief Finance Officer**
	Mr S Posey	**(SP)**	**Chief Executive** *(to 1010hrs)*
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**
	Mrs M Maxwell	**(MMax)**	**Deputy Director of Operations**
	Mr A Raynes	**(AR)**	**Director of Digital (& Chief Information Officer)**
	Mrs J Rudman	**(JR)**	**Chief Nurse**
	Mr J Syson	**(JS)**	**Deputy Director of Workforce**
Apologies	**Mrs E Midlane**	**(EM)**	**Chief Operating Officer**
	Ms O Monkhouse	**(OM)**	**Director of Workforce & Organisation Development**

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1	**WELCOME, APOLOGIES AND OPENING REMARKS**		
18/153	The Chair opened the meeting. Apologies were noted as above.		
2	**DECLARATIONS OF INTEREST**		
18/154	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		

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	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. Stephen Posey as Care Quality Commission (CQC) Executive Reviewer. 7. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd. 8. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT. 9. Roy Clarke as Care Quality Commission (CQC) Executive Reviewer		
3	**MINUTES OF THE PREVIOUS MEETING – 29 November 2018**		
18/156	**Approved**: The Performance Committee approved the Minutes of the meeting held on 29 November 2018 authorised these for signature by the Chair as a true record.	Chair	20.12.18
4	**ACTION CHECKLIST / MATTERS ARISING**		
18/157	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	**PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR) - November 2018**		
18/158	The Chair advised that the Committee would focus on those domains flagging red (Responsive and Finance) together review of the Spotlight reports for each domain. RC advised that the overall PIPR status for November 2018 was Amber; this was the second month in a row the overall position reported Amber. It was noted that November was a difficult month with regard to activity flow, which is evidenced through the financial reports; and relates to the underlying "golden thread" of activity/flow etc. **<u>At A Glance</u>** The Chair noted some inconsistencies between at the At A Glance summary page and the detail contained in the individual domain reports. These will be picked up during discussion. Page 5 - VTE 93.40% (NHSI target 95%) The Chair queried whether this is a breach of an external commitment? JR explained the reasoning behind the score where there were some issues on data quality. Wayne Hurst, Assistant Chief Nurse has been assigned to review this, working alongside the Digital team to improve data capture. The Trust was aware that there could be a slight dip in performance when moving from paper to electronic records; the Trust		

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	aspires to be an exemplar in VTE as reported previously. RZ confirmed that this had been discussed in detail at Q&R and confirmed it is being addressed. Q&R will escalate this to the Performance Committee as and when required. **<u>Focus on spotlight reports</u>** **Safe: safe staffing** Under the Performance Summary, the HCSW vacancy to be amended for the report to Board, to reflect the pre-registered nurses (PRNs). The spotlight report looked at capacity constraints and the work RSSC/Thoracic has done to mitigate this. **Caring: NHS Return to Practice (nursing) programme** The overall performance summary had moved to amber due to complaints reporting at 7 (target 5 or under). The RAG rating is assigned on number of complaints received, not number of complaints which are upheld. During the same period 695 recorded compliments were received. The Committee discussed the Spotlight report, where it was noted that this is tracked to see how many staff succeed in moving through the Return to Practice programme. **<u>Effective overall</u> (red)** MMax highlighted the key perf challenges on theatre and cath lab cancellations. A project will start after Christmas to look at scheduling of patients and cancellation rates. The Committee noted the review of the "Perfect week" which took place during 26-30 November 2018. MMax reported that the week had gone well despite major operational pressures. Some processes adopted during the Perfect Week have carried on such as Digital staff attending bed meetings. Practices. MMax advised that out of146 issues reported, 32 were resolved on day – MMax will report back to the Committee on the current status of outstanding issues. Staff will also get feedback on issues and how they have been resolved. **<u>Responsive overall</u> (red)** The figures for RTT were received yesterday and will be updated for the report to Board. EM advised that the a key highlight was Surgery where the working relationship between clinicians and operational managers is making a real difference, with waiting list being reviewed and patients booked accordingly. On Cancer reporting there had been some confusion re. delay of national digital reporting; this was resolved as at yesterday. There are national problems with regard to PET scanning and the Trust is starting to see some delays for patients waiting for PET scans, which are done at CUH. The issue relates to consumables where the Executive Committee have discussed this issue with NHS England.		

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	It was felt important to highlight cardiology 3-5 day transfers remain at 100% and the NSTEMI pathway is going well. MMax flagged a new 52 week breach; this will be reported via the Q&R Committee. It was noted that each breach has full Root Cause Analysis (RCA). RZ would like to see the whole cohort monitored which includes those close to breach at 48-52 weeks. SP confirmed this is measured and explained this in detail. MMax added assurance via the weekly Trust wide PTL meeting with all clinical specialists in attendance; the whole waiting list is reviewed to 18 weeks with plans checked for these patients. DD referred to theatre cancellations and whether increased acuity of patients in CCA was seasonal? MMax advised that patient acuity was not a problem for November but that ECMO went into national surge yesterday; currently the Trust has two patients on respiratory ECMO. In mitigation of this issue, the new hospital has increased CCA beds and single patient rooms which will help this situation. Will this be remedied in new hospital? MMax to circulate draft business case on Theatre 6 to Executive Directors today; this is scheduled to be presented to the 14 January 2019 Investment Group meeting. The Chair spotted a formatting inconsistency between the Responsive summary and the At A Glance report where some numbers were greyed out and some not. Spotlight : Diagnostic Procedures The Committee noted the contents of this report. MMax explained the significant activity increase in radiology (CT and MRI scans. [0930hrs RMOH arrived] RZ referred to radiology reporting issues. MMax explained how the reporting system functions and national focus on this which is work in progress. The Committee were assured that the Trust tracks radiology reporting issues closely and this is shared with the Executive Team at the weekly Access meeting. The Chair stressed the need to keep an eye on this and asked for regular updates to this Committee. RZ agreed that pathology and imaging should be regularly reported to Executives to ensure that these services are being used efficiently and are balanced with front line activities. RMOH alluded to the national specification of these services and the current lack of radiologists nationally. On the back of this, SP highlighted the Trust's current partnership working with Philips. The Chair advised this work to be fed back to the Board Strategic Workshop planned for January 2019. An update to be brought back to this committee every three months. AJ to add this to Committee Forward Planner. **People management and culture** **Spotlight : Non-nursing vacancies** The Committee noted the contents of the report. RZ referred to recruitment to Healthcare Scientist (HCW) role; JR advised that the Trust is working with Southampton University and have a pipeline of HCS coming through. The Committee noted this good news story and	MMax AJ EM AJ	20.12.18 3.1.19 28.3.19 31.1.19

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	the importance of "growing our own" in other areas such as Respiratory physiologists and Cardiac physiologists. SP alluded to the Trust's work on Brexit along with Assurant and support to our EU staff. **Finance (red)** The position was noted with a detailed review to be taken within the Financial Report next on the Agenda. **Noted:** The Performance Committee noted the November 2018 PIPR report.		
6	**FINANCIAL REPORT- November 2018**		
18/159	RC presented this report with key items being: The Trust's year to date position is a deficit of £5.50m, favourable against the plan by £0.03m. Within this: • Total clinical income is below plan by £2.55m. Adverse high cost drugs and devices income is £1.69m, however, are procured on a pass through basis and therefore offsets lower expenditure. Additionally there is an adverse variance with the Trust experiencing lower than planned NHS activity of 1,712 (9.9%) inpatient/day cases equating to £2.75m, whilst favourable complexity in case mix of £1.61m offsets this. A combination of other favourable items totalling £0.28m gives a net underlying clinical income position which is behind plan by £2.55m. • Pay is £0.15m adverse to plan with temporary staffing costs replacing substantive savings from vacancies. Non pay is £1.96m favourable to plan, comprising favourable clinical supplies due to the lower activity (£3.37m), underspends due to timing on the NPH transition programme (£0.23m) and lower depreciation charges (£1.22m) due to a technical change following delayed capitalisation of assets. Offset by commissioner fines (£0.67m) and unachieved non-pay CIP (£0.56m). • EBITDA is behind plan by £1.18m as a result of the changed phasing of the costs of remaining on the existing site. • Actual year to date CIP achievement of £4.34m is £1.18m adverse to plan of £5.82m, due to £0.38m 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. Capital expenditure year to date is £13.73m which is underspent by £9.85m due to delays in timing of the new hospital equipment purchases as the refreshed plan anticipated significant expenditure in August which was delayed awaiting the finalisation of the master commissioning programme. The cash balance of £26.49m is favourable to the refreshed plan by £19.49m, predominantly due to the timing of the NPH capital equipping programme and working capital improvements to plan. In month the Trust has reported a deficit of £1.39m, which is £0.60m		

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	adverse against the planned refreshed plan deficit of £0.79m. High Cost/Low Volume activity has driven increases in both income and expenditure. The underlying run rate deficit of £1.02m in month and £5.98m year to date, is adjusted for costs of transition, the associated funding, fines, bad debt provision movements and the R&R project. The forecast out-turn position has been updated this month following the approval of the master commissioning plan and reflects the Trusts anticipated year end deficit of £11.79m (£11.5m adjusted control total basis). The key movements are the removal of the activity ramp down, full year impact of the technical depreciation movement due to delayed capitalisation and the run rate impact of pay and non-pay costs. During discussion the following items were noted/considered: • CIP performance was a concern. Page 14 of the report showed the variance on CIPs. The year-end position is not likely to improve and this is of high importance to the Executive Directors. • The "perfect week" revealed some productivity gains but no new CIPs. • There is no specific successful area with CIP; the Trust wide schemes centrally led are the most successful. • RC explained the run rate and how this will increase. • DD asked how much of the activity issue was in the Trust's gift to solve? RC explained that issue is not restrained by commissioners. The constraints are mainly workforce related i.e., beds closed as not correct mix of staff to manage. Work is progressing on effective rostering and finding efficiencies here. The ageing estate also impacts on activity. The Trust has lost many experienced staff which are replaced with new non-experienced staff; there is also have a high number of pre-registered and agency staff. • The Trust is aware of the risk of staff leaving prior to the hospital move and implications to EU staff of Brexit. • Some cancellations are low volume but high cost. [1010hrs SP left the meeting] **Noted:** The Performance Committee noted the contents of this report.		
7	**OPERATIONAL PERFORMANCE** **Access & Data Quality Report – November 2018**		
18/160	RC presented this report and highlighted changes in format requested at the November meeting: the report includes a summary level snapshot on the front cover. Up to date RTT data was not available due to the earlier timing in the month of the meeting RC confirmed that the report updated on the waiting list with data quality analysis including how much of under-performance in RTT is due to data efficiencies. RC gave some background on RTT issues relating to data and booking office procedures. He updated on changes made to improve RTT and		

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	how progress has been made. He referred to action plan and how success here will improve the situation. AR also noted how the Lorenzo optimisation programme was addressing RTT training. RZ referred to page 7 showing graphs re. GP referrals to cardiology, which were decreasing. RMOH how, as a tertiary centre, our referrals should come from DGHs and Cardiology Departments, not via GPs. This process ensures that patients are triaged correctly prior to being referred to Royal Papworth. The Chair understood this strategy, but did feel that lower GP referrals showed a cause for concern; he suggested the Trust makes the most of the move to the new hospital and the potential marketing opportunity this presents, with a focus on GP referrals. RMOH highlighted the need to be mindful of Royal Papworth's purpose and its highly specialised services versus les specialist work, which could be better placed elsewhere. He suggested that the best possible indicator as a referral centre is to be able to treat quickly. The Chair reiterated the need to have a strong demand and would like to discuss the marketing plan following hospital move, reinforcing its brand. Action: The Chair requested SP to give thought as to how we can use the new hospital as a way of reinforcing the hospital's positon in the GP community. The Committee had further detailed discussion on: - Aligning this report to data contained in PIPR. - Slide 5, Referrals registered on Lorenzo. - Slide 6, Referrals 3 or more days old yet to be seen by consultant. - Slide 18, data quality on outpatient appointments. The Chair noted with concern the amount of issues flagging red on the Action Plan and asked when the targets will be met and why have these gone past the due date. RC noted that this information was included in the report to the 20 December meeting. **Noted:** The Performance Committee noted the contents of this report.	SP	31.1.19
8	**ACTIVITY RECOVERY ACTION PLAN**		
18/161	In presenting this report, MMax acknowledged that there were some formatting errors which will be corrected for future reporting. The Chair noted this and asked for page numbers to be included. He also asked for the graphs to be reformatted to give a clearer view of the issues. It was noted that the initiatives are RAG rated but this does not show how much work is being brought through. This was requested to be reviewed. **Noted:** The Performance Committee noted the contents of this report.	EM EM	31.1.19 31.1.19
FOCUS ON			
9	**FINANCIAL RECOVERY PLAN**		
18/162	RC presented this report and acknowledged that progress is not as the		

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	Trust would have hoped at this point. He noted that the FRP needs to be refreshed and re-targeted through business planning. The main areas of concern being Activity and Recovery plan. DD referred to Page 9 and the risk rating change on Travel Costs from Green to Amber/Red. RC explained that this was due to the delay in hospital move and this position should have been reported in last month's report. **Noted:** The Performance Committee noted the contents of this report.		
10	**FINANCIAL STRATEGY RISK PERFORMANCE REPORT (FSRA) ACTION UPDATE**		
18/163	The report advised that there were no changes to the risk scores in the month. DD asked whether once the revised BAF reporting is in place, would the FSRA report still be required. RC explained that the FSRA gives more granularity than the BAF and when risks move down to a standardised level, then it would be sensible to combine the two reports. Whilst in the process of moving to the new hospital, he suggested that the two reports are still required. **Noted:** The Performance Committee noted the contents of this report.		
FUTURE PLANNING			
11	**WORKFORCE** **Band 5 Nurse Demand and Supply Modelling**		
18/164	OM presented this paper to the Committee which updated on: • Band 5 Nurse demand and supply modelling • Nurse recruitment activity • The progress of overseas nurses with achieving registration with NMC registration The trajectory shows recruitment targets should be met by April 2019. OM detailed the support given to PRP and overseas nurses where we are achieving a 50% pass rate as opposed to the national 20% pass rate. It was noted that our pass rate is being achieved without reducing standards. The Chair noted this good news story particularly in the area of staffing, which is one of the Trust's highest rates risks.		
12	**INVESTMENT GROUP** i) Chair's report		
18/165	The Chair informed that the December Investment Group meeting had been deferred to the next date of 14 January. The Performance Committee will receive an update at its 31 January meeting.		

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13	**CARTER REVIEW UPDATE**		
18/166	The Committee received this report which outlined the 15 headline recommendations covering four key areas: 1. Optimising clinical resources. 2. Optimising non-clinical resources. 3. Quality and efficiency across the patient pathway. 4. Creating the model hospital and an integrated performance network. DD asked about the process against outcomes and how can this can change our financial outcomes. RC explained that some of the items will help underpin work such as rostering. The Trust has worked with the Carter plan to fit with requirements in the Master Commissioning Plan for the new hospital. **Noted:** The Performance Committee noted the contents of this report.		
14	**2019/20 OPERATIONAL PLANNING CHECKPOINT**		
18/167	RC presented this paper which provided a checkpoint for the progress of the Operational Planning process and an overview of the proposed initial plan submission to NHS on 14 January 2019. As the national plan has not yet been sent out, this checkpoint shows the basis for the submission. RC noted the cost pressures and how these are being worked through. This work results in a revision to gateway 2 plans and Executive Directors have asked for assurances on this. Section 2 highlighted some new risks. It was noted that in 5-10 years' time there will be a requirement to replace approx. £40m of medical equipment. This is not an uncommon risk for organisations and will be more of a standard strategic risk following the move. The Trust is still in negotiation with Commissions regarding contracts. NHS England and the local Clinical Commissioning Group are not able to make commitments until they receive their allocations. The Trust will meet with NHSE earlier in the New Year to discuss options. Work in progress was noted as: • Ramp up/ramp down plan - final figure. This is an outstanding action for Strategic Projects Committee. • Capacity plan to be finalised. • CIP plan to be closed. During discussion the following items were noted/considered: • Interest rates on distress funding. RC advised the current position which will be moved into the plan. • CIPS – should the Trust be more ambitious than the £5m projected? • Potential growth and how this affects tariffs agreed with commissioners, including the GIC (blocked / guaranteed income		

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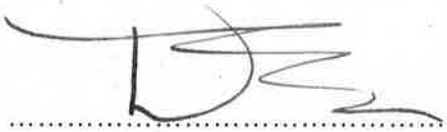
	contract). • Private Patient income now has industry prices; there is a need to grow this work. **Approved**: The Performance Committee reviewed and approved the submission with recommendation to the Board to approve the submission of the outline activity plan on this basis, and give delegated authority to the Chief Executive and Chief Finance Officer to reflect significant changes to the plan resulting from the release of national guidance or outcome of the contract negotiations prior to submission date.		
16	**LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE**		
	There were not items to report.		
17	**ANY OTHER BUSINESS**		
18/168	The Chair thanked everyone for their hard work at Trust and wished all a Merry Christmas.		
18i	**COMMITTEE FORWARD PLANNER**		
18/169	**Noted:** The Committee noted the Forward Planner.		
18ii	**Review of actions and items identified for referral to committee/escalation**		
	Attachment: BAF Open Risks		
18/170	It was noted that the BAF risks will be presented on a monthly basis to the Committee and Board. The Committee was asked if there was anything that was not currently covered by the BAF report. RC noted the need to link in that the Committee has seen the transition plan for BAF and how these will merge (reference to FSRA report). **Noted**: The Performance Committee noted the BAF open risks.	AJ	31.1.19
19	**FUTURE MEETING DATES**		
<u>2019 dates</u> 31 January *[to be held at Royal Papworth House, Huntingdon]* 28 February 28 March 25 April *[to be held at Royal Papworth House, Huntingdon]* 30 May 27 June 25 July *[to be held at Royal Papworth House, Huntingdon]* 29 August 26 September 31 October *[to be held at Royal Papworth House, Huntingdon]* 28 November 19 December			

The meeting finished at 11.10am



Signed

31st January 2019

Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 20 December 2018