

**Meeting of the Performance Committee
Held 28 March 2019
At 9am in the
Upper Lecture Theatre
Royal Papworth Hospital**

MINUTES

Present	Mr D E Hughes	(DEH)	Non-executive Director (Chair)
	Mr D Dean	(DD)	Non-executive Director
	Mr R Clarke	(RC)	Chief Finance Officer
	Mrs E Midlane	(EM)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce & Organisation Development
	Mr S Posey	(SP)	Chief Executive
In Attendance	Mr M Blastland	(MB)	Non-executive Director
	Mrs A Colling	(AC)	Executive Assistant (Minutes)
	Mrs C Conquest	(CC)	Non-executive Director
	Dr R Hall	(RMOH)	Medical Director
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mr A Raynes	(AR)	Director of Digital (& Chief Information Officer)
	Mrs J Rudman	(JR)	Chief Nurse
	Alison Smith	(AS)	Inspector, CQC, Cambridge Region
	Jane Speed	(JS)	Operations Manager

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
19/37	The Chair opened the meeting and welcomed Michael Blastland, Non-executive Director. A 'round-the table' introduction took place.		
2	DECLARATIONS OF INTEREST		
19/38	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: 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		

Agenda Item		Action by Whom	Date
	<p>company providing specialist medical practice activities.</p> <p>3. Josie Rudman, Partner Organisation Governor at CUH.</p> <p>4. Stephen Posey in holding an honorary contract with CUH to enable him to spend time with the clinical teams at CUH.</p> <p>5. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board.</p> <p>6. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd.</p> <p>7. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT.</p> <p>8. Stephen Posey as Chair of the East of England Cardiac Network. Roy Clarke as a member Cambridge Global Health Partnerships Committee part of ACT.</p>		
3	MINUTES OF THE PREVIOUS MEETING – 28 February 2019		
19/39	Approved: The Performance Committee approved the Minutes of the meeting held on 28 February 2019 and authorised these for signature by the Chair as a true record.	Chair	28.3.19
4	i) Time plan of today's Agenda items		
19/40	The Chair advised that the focus will be on PIPR and the Operational Plan.		
19/41	ii) ACTION CHECKLIST / MATTERS ARISING		
	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
19/42	<p>Presentation by Jane Speed, Operations Manager Clinical Administration update (Bookings & Secretarial Department)</p> <p>The Chair welcomed Jane Speed who gave an update on the clinical administration team based at the Huntingdon administration offices. Key points covered were:</p> <ul style="list-style-type: none"> - Where we were - Key issues - Key actions taken - Vision <p>There are many challenges at both the Huntingdon and at Papworth sites with the biggest challenge seen as how to maintain relationships on split working sites. The clinical admin team are based across both sites; some staff are shadowing in outpatient clinics to gain a better understanding of the patient journey.</p> <p>The Chair asked how the Trust can use technology to help with the vast number of daily incoming calls. It was noted that there is a new telephone communication system installed at the Huntingdon offices; this new technology has helped identify real-time information and metrics about the volume of incoming calls. The introduction of "jabber" allows instant messaging and calls to be taken via a laptop or mobile.</p>		

Agenda Item		Action by Whom	Date
	<p>The clinical admin team is a good example of where an issue has been identified; a clear diagnosis made followed by actions to resolve. The Band 5 junior leader positions have taken on good supporting leadership roles.</p> <p>Patient feedback is being used to improve services. A monthly building user group (BUG) has been set up to allow issues or concerns from staff to be addressed. This has helped put the clinical admin team onto a more business-like footing and focus.</p> <p>The Trust is using 'Lessons learnt' from the Huntingdon office move to inform the main hospital move.</p> <p>The Chair noted some of the benefits discussed:</p> <ol style="list-style-type: none"> 1. The admin team has moved to become a more professional service. 2. There is more flex more between lines of business. 3. Call handling has seen a move to outpatients contacting us when they need to and not because they have needed to ring due to problems caused by the Trust. This has reduced the number of unnecessary calls. 4. The Chair advised that this committee and Strategic Projects Committee meet at the Huntingdon offices every 3 meetings; he would welcome engagement from staff to this meeting and invited Jane to note this. <p>Noted: The Performance Committee noted the presentation on the clinical administration team.</p>		
5	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
19/43	<p>The overall status is Amber. The Chair agreed to focus discussion on domains flagging red along with green and amber spotlight reports.</p> <p>Safe (green) 'Safe' reports a good position but JR advised that there had been a 'never event' this week, which was the first since April 2017. JR gave brief details of the issue and confirmed there was no harm to the patient concerned. A formal investigation will take place and CQC have been advised. There is no formal process to advise Commissioners but NHSE have also been informed. The review will be seen at Quality & Risk Committee and the Board meeting.</p> <p>Caring (green) The key performance challenge focussed on complaints with the spotlight looking at the Friends and Family test.</p> <p>Effective (red) The red status reflected the impact of the flu outbreak in February. Alongside the 2½ weeks of flu issues, there had also been a series of equipment breakages. This had led to a 2-week period of a cancelled elective programme and two wards being shut. We have also seen an extremely high level of ECMO activity (8 patients) resulting in less CCA bed availability for other activity.</p>		

Agenda Item		Action by Whom	Date
	<p>DD picked up on Same Day Admission (SDA) falling below target. EM explained that Thoracic surgery had been particularly affected; a task and finish group will review SDA and how it can be improved.</p> <p>The Committee noted the key performance challenge report on Clinical Administration which dovetailed today's presentation by Jane Speed.</p> <p><u>Responsive (red)</u> This domain remains red, whilst RTT (cardiology) moves to 'green' which is excellent progress. The committee discussed RTT in cardiac surgery which, although dipped below target this month, was good considering the number of theatre closures due to flu impact.</p> <p>The Trust continues to focus on respiratory RTT with a strong management plan in place.</p>		
	<p>The spotlight report on Korner wait times was noted. RC noted the good work here, where teams are making sure that they are bringing patients in within the right time frame.</p> <p>IT was noted that the % of IHU surgery performed <7 days of acceptance for treatment or transfer had dipped since last month. This could be due to flu impact; an action plan is being developed and will be covered under a spotlight report next month. RC suggested that if a glide path comes together, that this is formally referred back to Q&R.</p> <p>It was noted that a visit this week from the Get It Right First Time (GIRFT) team, complemented some of the Trust's best practice work.</p> <p>During discussions RMOH referred to the Clinical Reference Group (CRG) who advise on standards, and their stance on anti-platelet drugs. This discussion to be led by the Quality & Risk Committee with any issues of concern being reported to the CRG.</p> <p><u>People, Management & Culture (amber)</u> OM advised that the March turnover figures look similar to February's, expecting these to recover from May onwards following the hospital move. Leavers have not increased but starters have not increased either. April induction has low numbers which is not unexpected. If leaver numbers for April look high this will be reported to the Board. Mandatory training compliance had dipped which could be a result of the focus on the move. The Trust is moving more training to eLearning. Approximately 1000 staff have completed familiarisation training at the new hospital. The Staff Engagement Group will have a re-vamp following the move and the Pulse survey will move from monthly to quarterly.</p> <p>OM advised that some areas of the key performance challenge report were still to be updated (Staff survey, free bus service to Waterbeach and Mandatory training).</p> <p>OM updated on the free bus service where the hospital charity had approved some funding to maintain the subsidised bus service between the hospital and Waterbeach accommodation.</p>	EM	25.4.19

Agenda Item		Action by Whom	Date
	<p>The Committee noted the spotlight on the recruitment nurse pipeline. OM confirmed that the Trust has paused EU recruitment due to Brexit instability, with current focus on non-EU recruitment.</p> <p>Transformation (amber) The position was noted with a detailed review to be taken within the Strategic Projects Committee.</p> <p>Finance (red) The position was noted with a detailed review to be taken within the Financial Report.</p> <p>Noted: The Performance Committee noted the February PIPR update.</p>		
6	FINANCIAL REPORT – Month 11 February 2019		
19/44	<p>RC presented this report where key issues were noted as: The Trust's year to date position is a deficit of £7.42m, favourable against the plan by £3.39m.</p> <p>Total clinical income is below plan by £1.95m, this comprises an adverse variance resulting from lower than planned NHS activity of 2,623 (11.2%) inpatient/day cases equating to £4.71m, partially mitigated by a favourable complexity case mix of £3.00m and a combination of other favourable items totaling £0.06m, to give an underlying net clinical income position which is behind plan by £1.65m. In addition, high cost drugs and devices income is £0.30m adverse to plan, however, they are procured on a pass through basis and therefore offsets lower expenditure, this is a reduction from previous months following the completion of the contract variation for EP devices.</p> <p>Pay is £1.36m adverse to plan with temporary staffing costs replacing substantive savings from vacancies, together with higher Medical staffing costs this year. Non pay is £2.78m favourable to plan, comprising favourable clinical supplies due to the lower activity (£2.80m), underspends due to timing on the NPH transition programme (£0.44m) and lower depreciation charges (£2.59m) due to a technical change following delayed capitalisation of assets. These favorable variances as offset by the timing of additional E&F related expenditure due to the delayed move (£0.82m), commissioner fines (£0.77m) and unachieved non-pay CIP (£0.54m).</p> <p>EBITDA is ahead of plan by £0.47m due to £2.00m settlement income for the delayed move to the hospital, together with lower activity related expenditure and timing of the site continuation costs.</p> <p>Actual year to date CIP achievement of £6.04m is £2.48m adverse to the plan of £8.52m, due to £0.1m planning gap and an operational delivery gap of £2.38m from overspends in Pay compared to the Gateway 2 rosters, these are partially offset by non-recurrent underspends not reported as CIP.</p> <p>Capital expenditure year to date is £15.86m which is underspent by £8.36m due to delays in timing of the new hospital equipment purchases as the refreshed plan anticipated significant expenditure in August, which</p>		

Agenda Item		Action by Whom	Date
	<p>was delayed, following the reset of the master commissioning programme.</p> <p>The cash balance of £25.36m is favourable to the refreshed plan by £20.76m, predominantly due to the timing of the NPH capital equipping programme and working capital improvements to plan.</p> <p>In month the Trust has reported a surplus of £0.07m, which is £2.08m favourable against the planned refreshed plan deficit of £2.15m and is largely as a result of the £2.00m settlement due to the delayed move. Lower expenditure, due to lower activity against plan, also contribute to this difference to plan.</p> <p>The underlying run rate deficit of £0.68m in month and £11.59m year to date, is adjusted for costs of transition, the associated funding, fines, bad debt provision movements and the R&R project.</p> <p>The forecast out-turn position was has improved this month and now reflects the Trusts anticipated year end deficit of £10.90m (£11.0m adjusted control total basis). Key driver for this improvement is the £2.00m settlement for the delayed hospital move, partly offset by increased provisions for consultant job plans and move related expenditure, compared to the previous out turn position.</p> <p>Actions Arising / To be taken Actions are in line with the financial recovery plan, with focus on returning activity flow to planned levels and delivering the CIP gap. The activity recovery plan is now in place with progress monitored on a monthly basis.</p> <p>It was noted that £1m of capital equipment was delivered just after year end, which was simply due to an issue with the delivery date. Issues regarding Brexit has seen some impact with EU deliveries.</p> <p>RC referred to the current position regarding the underlying run rate and what is anticipated next month.</p> <p>The Committee noted the Trust's disappointment in not achieving the CIP target. RC explained next year's plans for CIP delivery which is covered in more detail within the Operational Plan report.</p> <p>Noted: The Performance Committee noted the Financial Report.</p>		
7	<p>OPERATIONAL PERFORMANCE Access & Data Quality Report – February 2019</p>		
19/45	<p>RC gave an overall summary of the position where key headlines were noted. The report demonstrated areas of improvement and those areas which require further mitigation.</p> <p>It was noted that the Trust has a granular set of performance requirements in the access and data quality pathway; the Trust sets itself high standards. The Trust acknowledges that the underlying improvement is a good achievement in challenging times; but cannot become complacent.</p>		

Agenda Item		Action by Whom	Date
	<p>EM advised that the reporting standards had been reviewed and stretch targets applied to all of the metrics in the report . As these are significantly more challenging most of the metrics now appear at a red status in spite of consistent improvement in many of the metrics. She advised the committee that a focus on the trend rather than the status colour would be more informative when discussing the metrics.</p> <p>The ambition and long term goal is for good reliable data quality.</p> <p>The Action plan summary showed several items rated at red due to targets having been set high. It was noted that the rag rating is on the metric rather than the action. MB added that it would be useful for the report to show the change in standards over old and new standards; this will be encompassed into future reports.</p> <p>AR added that we put forward a training programme for CUHP accreditation for our end users on using Lorenzo and awaiting outcome from the accreditation panel.</p> <p>Noted: The Performance Committee noted the update on Access & Data Quality.</p>		
8	ACTIVITY RECOVERY ACTION PLAN		
19/46	<p>EM presented this report acknowledging the challenges during February; cardiac surgery cancellations being just one. Work continues within RSSC and Thoracic to push activity through; the summary report graph shows improvement in terms of bookings for RSSC.</p> <p>The Committed discussed Consultant leave and policy; noting the need to consider specialities, international commitments, and study alongside national commitments.</p> <p>EM advised that the incremental impact of plan had not happened due to flu impact and other issues, but that the work was sufficiently strong to inform commissioners.</p> <p>New actions will be seen for the new financial year and new hospital. This will be a phased plan in line with Operational Plan. It was suggested that the new hospital should see many opportunities for CIPS.</p> <p>Noted: The Performance Committee noted the Activity Recovery Plan update.</p>		
FOCUS ON			
9	FINANCIAL RECOVERY PLAN		
19/47	<p>RC presented the FRP report which noted two minor updates.</p> <p>Noted: The Performance noted the FRP update.</p>		
10	i) FINANCIAL STRATEGY RISK PERFORMANCE REPORT (FSRA) ACTION UPDATE		
19/48	The FRSA showed a static risk position; the refreshed risks 2019/20 have		


Agenda Item		Action by Whom	Date
	<p>been included with in the Operational Plan report which will also be presented to the Board meeting. A typo was noted on page 26 of the report where 4x4=20 should read 5x4=20. This will be amended.</p> <p>Noted: The Performance Committee noted the FSRA update.</p>		
10	ii) Board Assurance Framework (BAF) Update		
19/49	<p>AJ presented the BAF update which gave a summary of movements over the last month.</p> <p>Changes in risk had been previously seen and approved at Committee and Board. These are included within the Operational Plan. Some re-mapping of strategic objectives had already been seen.</p>		
	<p>AJ confirmed that those items flagging red had been discussed at Committee, Board and Executive Director meetings. The IHU risk will be escalated to Quality & Risk Committee and Board.</p> <p>SP asked if the Committee felt this report was capturing risk against strategic objectives. CC advised that she had read the report with that in mind and did not have any issues to raise.</p> <p>The Chair noted that this report is becoming a useful, worthwhile summary for the Committee.</p> <p>Noted: The Performance Committee noted the BAF update.</p>		
FUTURE PLANNING			
11	2019/2020 OPERATOINAL PLANNING		
19/50	<p>RC presented the final version of the 2019/20 Operational Plan which was due for submission on 4 April 2019.</p> <p>The report detailed the changes made since the last draft version was seen by this Committee. The Committee discussed these changes which included:</p> <ul style="list-style-type: none"> • Executive Director agreement of a new suite of 2019/20 PIPR metrics. • Completion of Gateway 2 review prior to the hospital move. A full review of associated rosters has taken place showing no unidentified cost pressures going forward. • Increased identified CIP by £1.2m; £2.7m of CIP being unidentified with a holding of £3m in revenue reserves as potential mitigation. • £5m extension to the bridging loan on the land sale. This to be received in the first quarter which will ease cash flow. This has been agreed with the Independent Trust Financing Facility (ITFF) at the DoH. • All NHSI feedback has been incorporated in the final plan, including expanding the quality section. • The main contracts with C&P CCG and NHSE haven been agreed with some on Guaranteed Income Contract (GIC). Contracts should be with us for review and signature shortly. RC detailed the value of the contracts agreed. 		

Agenda Item		Action by Whom	Date
	<p>RC noted the growth needed to deliver the plan, along with increase of 180 WTE staff and the need to achieve the new PIPR KPI metrics.</p> <p>The final Operational Plan is commended to the Performance Committee by the Executive.</p> <p>During discussions, the following items were noted/considered:</p> <ul style="list-style-type: none"> • DD noted the agreed contract values and that transplant remains underfunded along with Critical Care tariffs. RC explained that negotiations will be ongoing with Commissioners with arbitration a possibility if required. • The plan is hugely de-risked as a result of GIC contracts where the Trust has negotiated some good deals. • Specialist commissioners have included a contract clause to allow changes to GIC should this be required. • The Trust is the first in the region to accept its Control Total. • The Chair was concerned regarding the activity run rate and raised caution not to relax here due to non-volume related contracts being agreed. • The benefit of workforce redesign has seen £2.7m CIP identified which is seen as solid and robust. Beyond this CIP pipeline, it is anticipated that the new hospital environment will bring further CIP opportunities. • There are opportunities on international work which may arise from the current strategy work. Previous limitations of the current site will cease. • Strategic objectives noted on page 7 will be launched next week. <p>The Chair commended the Trust on this good quality piece of work. The Committee agreed with the plan and recommended this to the Board.</p> <p>Approved: The Performance Committee reviewed the draft Plan, and approved the acceptance of the Control Total offer from NHSI and recommended to the Trust Board to:</p> <ol style="list-style-type: none"> a) Approve the submission of the planning documentation including the acceptance of the Control Total offer from NHSI, PIPR KPI's and Corporate Strategic objectives; and b) Give delegated authority to the Chief Executive and Chief Finance Officer to: <ol style="list-style-type: none"> i. Reflect any phasing adjustments to the capital plan resulting from the actual deliveries to site for the new hospital equipping programme; ii. Approve the contract values with NHSE and C&P CCG (and associate CCGs) based upon the letters of comfort from commissioners, if they are unable to sign contracts by the national deadline due to external factors. 		
12	<p>INVESTMENT GROUP</p> <p>i) Chair's report (including minutes of meeting held on 13 March 2019)</p>		
19/51	<p>Noted: The Performance Group noted the Investment Group Chair's report.</p>		

Agenda Item		Action by Whom	Date
13	BUSINESS CASES		
	There were no items to consider.		
14	LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE		
	There were no items to consider.		
15	ANY OTHER BUSINESS		
19/52	The Committee discussed arrangements for the next meeting on 25 April, which is during the hospital move period. In considering attendance and production of meeting papers, the Chair suggested being as flexible as possible but not to distract from the hospital move. SP noted that the Trust needs to maintain governance throughout the period.		
	The Committee agreed to go ahead with the meeting on 25 April but to have a reduced agenda and a shortened meeting time. The meeting venue to move from Huntingdon offices to the Upper Lecture at the hospital's Papworth site.		
16	i) COMMITTEE FORWARD PLANNER		
19/53	Noted: The Committee noted the forward planner.		
	ii) Review of actions and items identified for referral to committee/escalation.		
19/54	One item escalated to the Quality & Risk Committee as noted in PIPR Response above.		
16	FUTURE MEETING DATES		

Date	Time	Venue
25 April	9am-11am	Mtg room 4, 1st floor, RP House, Huntingdon Upper Lecture Theatre
30 May	9am-11am	Mtg rooms 1&2, Ground Floor, new RPH
27 June	9am-11am	Mtg rooms 1&2, Ground Floor, new RPH
25 July	9am-11am	Mtg room 4, 1st floor, RP House, Huntingdon
29 August	9am-11am	Mtg rooms 1&2, Ground Floor, new RPH
26 September	9am-11am	Mtg rooms 1&2, Ground Floor, new RPH
31 October	9am-11am	Mtg room 4, 1st floor, RP House, Huntingdon
28 November	9am-11am	Mtg rooms 1&2, Ground Floor, new RPH
19 December	9am-11am	Mtg rooms 1&2, Ground Floor, new RPH

The meeting finished at 1050hrs



 Signed
 25th April 2019

 Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
 Meeting held on 28 March 2019