

Meeting of the Performance Committee
Held on 25 April 2019
Upper Lecture Theatre
Royal Papworth Hospital

MINUTES

Present	Mr D E Hughes	(DEH)	Non-executive Director (Chair)
	Mr R Clarke	(RC)	Chief Finance Officer
	Dr R Hall	(RMOH)	Medical Director
	Mrs E Midlane	(EM)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce & Organisation Development
	Mr S Posey	(SP)	Chief Executive
	Mr A Raynes	(AR)	Director of Digital (& Chief Information Officer)
	Mrs J Rudman	(JR)	Chief Nurse
In Attendance	Mr M Blastland	MB	Non-executive Director
	Mrs A Colling	(AC)	Executive Assistant (Minutes)
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mr A Raynes	(AR)	Director of Digital (& Chief Information Officer)
Apologies	Mr D Dean	(DD)	Non-executive Director

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
19/55	The Chair opened the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
19/56	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 company providing specialist medical practice activities.		

Agenda Item		Action by Whom	Date
	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 Chair of East of England Cardiac Clinical Network. 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 Trust as representative for Cambridge Global Health Partnership.		
3	MINUTES OF THE PREVIOUS MEETING – 28 March 2019		
19/57	Approved: The Performance Committee approved the Minutes of the meeting held on 28 March 2019 authorised these for signature by the Chair as a true record.	Chair	25.4.19
4i	TIME PLAN OF TODAY'S AGENDA ITEMS		
19/58	As the hospital was now in the middle of move and transition from old to new hospital site, the Chair had agreed for this meeting to be shortened to 1 hour; with the main focus being in PIPR.		
4ii	ACTION CHECKLIST / MATTERS ARISING		
19/59	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
19/60	<p>RC introduced the March PIPR report which has an overall Amber status. The Committee proceeded to focus on individual domains as follows:</p> <p>Safe (Amber) In advance of JR joining the meeting, RMOH advised of a 'never event' regarding a misplaced nasal gastric tube (NGT). There are already a suite of checks in place to mitigate this issue happening but, even so, it was apparent that this error still does happen occasionally.</p> <p>[0917hrs JR arrived]</p> <p>JR continued the reporting of this issue. She confirmed that there had been no harm to the patient but it is still recorded as a never event. This does go through the Serious Incident (SI) process with a full root cause analysis (RCA) which is ongoing.</p> <p>The spotlight looked at 'safe staffing'. As we move to new site, it is planned that the Trust will have a larger amount of vacancies as we try to grow capacity. SP stated that we need to ensure that we do not open up</p>		

Agenda Item		Action by Whom	Date
	<p>activity at the same time as the vacancies open up. Vacancies will at this point move to 'red' but capacity will not be increased until there is sufficient staff to safely do so. This needs to be narrated correctly in PIPR so that safer staffing does not then flag red during this transitioning vacancy/activity period and we then don't miss real issues masked by the radically changed KPI results.</p> <p><u>Caring</u> (green) JR advised that reported complaints were within accepted target levels. The 'direct care time' had dipped due to one area having a significant increase in admin function; this was not felt to be reflective of the actual position and it was noted that staff should be supported in this exercise to ensure correct data input. JR added that this is a worthwhile national scientific measure for caring and one which the Trust finds useful.</p> <p><u>Effective</u> (amber) EM advised that this domain has moved from red to amber, following a good month in March, as detailed in the PIPR metrics.</p> <p>There was concern with CCA bed occupancy figures where it had not been possible to move a number of patients from CCA to wards due to lack of ward beds. The Committee also discussed the increase in Length of Stay.</p> <p>The spotlight detailed the recent ECMO (Extra-Corporeal Membrane Oxygenation) surge and impact of this, including the financial value of this activity. The Trust is now out of surge on ECMO. With additional CCA beds at the new hospital, it may be possible to offer more ECMO beds and reduce elective cancellations. RMOH highlighted that this is a national programme and Royal Papworth does have a good triage system with potential ECMO patients to ensure this is the correct treatment for them prior to admission.</p> <p><u>Responsive</u> (red) Cardiology RTT was reporting green for the second month in a row which is a positive success story. Much of this success has been down to the Operational and Booking teams working well together to achieve this outcome.</p> <p>Cardiac surgery has moved to 6% ahead of trajectory, with the breach rate reducing as planned. There appears to be more demand within the Respiratory area; it is planned to swap a theatre day from cardiac surgery to thoracic surgery to help alleviate the respiratory demand.</p> <p>There has been a small decrease in performance for Respiratory RTT over a number of months and this is being monitored.</p> <p>PIPR showed the March update for 62 days cancer waits at 45%; this figure is still awaiting finalisation, so not a true figure at this time.</p> <p>The figure for IHU surgery performed <7 days of acceptance for treatment or transfer, was showing a deterioration, but this was due to data quality issues in March, therefore not representative of the true position. It was noted that there is currently a surge of IHU.</p>		

Agenda Item		Action by Whom	Date
	<p>SP referred to the IHU 7 day performance metric and asked for future narrative to state exactly how many days over the 7 days the actual is. In discussion it was noted that there may sometimes be good medical reason to wait until day 8 or later. The data shows that over time IHU waiting times have reduced; this was discussed in detail on how it should be managed effectively and safely for patients, but ensuring our data has the reasoned narrative behind it.</p> <p>The spotlight looked at radiology reporting times between January-March 2019. The Trust is awaiting national reporting standards to be issued and will welcome these.</p> <p><u>People management and culture (red)</u> OM reported that staff turnover was up slightly; the leaver figures coming in for April are currently showing 32 leavers. New starter numbers for April are low, as expected at this point of the hospital move; this figure should increase in May.</p> <p>Sickness absence has reduced to 2.26%. OM highlighted the recent change in NMC rules regarding requirement for English language qualifications. Previously there was a route for employers to recommend registration for nurses who had not met the required levels in the OET but who the employer believed demonstrated a satisfactory level of competence in written and spoken English. The NMC have withdrawn this option. Where we have nurses who fall into the above category, we will look at skill mix on Wards to put these to Band 4 posts and then support these staff with the OET.</p> <p>[0955hrs MB left the meeting]</p> <p>OM advised of a recruitment event on 22 June in conjunction with CUH which is focussed on nurses and AHPs. The Trust will not be net recruiter next month but will work to achieve net recruiter status again following the move.</p> <p>The spotlight covered mandatory training which has seen a general decrease in compliance over the last few months; this could be as a result of the focus on familiarisation training at the new hospital; the feeling is that staff are keen to engage in training but the current focus is on the hospital move. An improvement plan is being implemented including a strong focus on eLearning.</p> <p><u>Transformation (amber)</u> The position was noted with a detailed review to be taken within the Strategic Projects Committee.</p> <p><u>Finance (red)</u> The position was noted with a detailed review to be taken within the Financial Report.</p> <p>Noted: The Performance Committee noted the March PIPR update.</p>		
6	FINANCIAL REPORT – Month 12 2018/19		

Agenda Item		Action by Whom	Date
19/61	<p>RC introduced the financial report as follows:</p> <p><u>Key Items</u></p> <p>The Trust's year end (pre audited) financial position is a deficit of £10.23m, favourable against the plan by £6.78m.</p> <p>Total clinical income is below plan by £0.28m, this comprises an adverse variance resulting from lower than planned NHS activity of 2,450 (9.7%) inpatient/day cases equating to £3.69m, mitigated by a favourable complexity case mix of £3.82m and an increase in Private Patient income of £0.36m. In addition, the plan assumed the activity ramp down for the hospital move of £1.26m would be in March 2019 and high cost drugs and devices income is £0.32m adverse to plan (however, are procured on a pass through basis and therefore offsets lower expenditure), resulting in an underlying net clinical income position for the year which is behind plan by £1.32m.</p> <p>Pay is £1.33m adverse to plan with temporary staffing costs replacing substantive savings from vacancies, together with higher Medical staffing costs this year. Non pay is £4.43m favourable to plan, comprising favourable clinical supplies due to the lower activity (£4.24m), underspends due to timing on the NPH transition programme (£0.75m) and lower depreciation charges (£3.08m) following delayed capitalisation of assets and reduced impairment charge of £0.91m. These favourable variances are offset by commissioner fines (£0.89m) and unachieved non-pay CIP (£0.59m).</p> <p>EBITDA for the year finished ahead of plan by £0.79m 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 CIP achievement for the year was £7.37m, which is £2.15m adverse to the plan of £9.52m. This shortfall has been rolled forward into the 2019/20 plan. Note that the refresh of the Gateway 2 process has invested an additional c.£2m into staffing costs post the CIP achieved.</p> <p>Capital expenditure year to date is £20.87m which is underspent by £3.53m due to delays in timing of the new hospital equipment purchases as the refreshed plan anticipated significant expenditure in August, which was delayed, following the reset of the master commissioning programme.</p> <p>The cash balance of £22.72m is favourable to the refreshed plan by £18.12m, 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 deficit of £2.81m, which is £3.39m favourable against the planned refreshed plan deficit of £6.20m. Lower impairment charge against plan of £0.90m together with higher activity against plan; also contribute to this difference to plan.</p> <p>The underlying run rate deficit of £0.14m in month and £13.53m year to date is adjusted for costs of transition, the associated funding, settlement income for the delayed move to hospital, fines, bad debt provision</p>		

Agenda Item		Action by Whom	Date
	<p>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 an 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>RC confirmed the underlying run rate in plan is what was expected. The Annual Accounts have been submitted on time to the Auditors and we await their feedback.</p> <p>The Chair referred to the GIC (guaranteed income contract) block contracts, how these can be managed and the possible consequences of over achieving. RC confirmed that the Trust needs to run 4% more activity in the new hospital to deliver to current GICs, before running into over performance on these contracts. RC outlined the options should the Trust run over on the block contracts; the effect of this and discussions which would then ensue with Commissioners.</p> <p>RMOH noted the potential for growth in other areas outside of block contracts such as international work and out of area activity.</p> <p>The Chair congratulated the Trust on achieving the financial target, albeit deficit, for the year.</p> <p>Noted: The Performance Committee noted the Financial Report.</p>		
7	OPERATIONAL PERFORMANCE - Access & Data Quality Report		
19/62	Noted: The Performance Committee noted the content of this report.		
8	ACTIVITY RECOVERY ACTION PLAN		
19/63	<p>EM confirmed that there was no written report to the meeting; there will be a new financial year update next month.</p> <p>Noted: The Performance Committee noted the verbal update.</p>		
FOCUS ON			
9	FINANCIAL RECOVERY PLAN (FRP)		
19/64	<p>RC advised that there was no change in month.</p> <p>As from next month the FRP this will be reported as part of the Financial Report, moving to a more standardised financial pack in line with national timelines.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		

Agenda Item		Action by Whom	Date
10i	FINANCIAL STRATEGY RISK PERFORMANCE REPORT (FSRA) ACTION UPDATE		
19/65	<p>RC advised that there had been some changes to risk. Those risks shown on page 3 of the report were mapping correctly to the new operational plan as signed off. A number of risks are changing which will change the risk profile. This will form part of the standard Board reporting pack as of next month.</p> <p>Several risks are reducing due to the hospital move.</p> <p>Noted: The Performance committee noted the contents of the report.</p>		
10ii	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
19/66	<p>AJ presented the BAF report which follows on from the FRSA where the biggest movements coming through are BAF risks due to the move.</p> <p>AJ confirmed there are no movements on risk in month; work is in hand to ensure that risks are mapped around the 2019/20 Operational Plan.</p> <p>At last month's meeting the Committee discussed the flagging IHU performance to Quality & Risk Committee; AJ advised that a project plan and trajectory had been presented at this month's Q&R meeting. The Committee requested further clarification and EM advised she will present the trajectory at the next Performance Committee.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>	EM	30.5.19
FUTURE PLANNING			
11 19/67	INVESTMENT GROUP Chair's report (including minutes of meeting held on 27 March and 8 April)		
	<p>RC took this report as read. He confirmed that suppliers for Point of Care Devices were approved by the Investment Committee and contracts now signed off.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
12 19/68	BUSINESS CASES There were no items to consider.		
13	LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE There were no items to consider.		
14	ANY OTHER BUSINESS There were no items raised.		

Agenda Item		Action by Whom	Date
15i	COMMITTEE FORWARD PLANNER		
19/69	Noted: The Performance Committee noted the Forward Planner.		
15ii	REVIEW OF ACTIONS AND ITEMS IDENTIFIED FOR REFERRAL TO COMMITTEE/ESCALATION		
	There were no items to consider.		
16	FUTURE MEETING DATES		
	2019 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		

The meeting finished at 1008 hrs

.....
Signed

.....
Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 25 April 2019