

**Meeting of the Performance Committee
Held on 2 October 2019
10.30am-12pm
1st floor offices, rooms 3&4**

MINUTES

Present	Mr D E Hughes	(DEH)	Non-executive Director (Chair)
	Mr M Blastland	(MB)	Non-executive Director
	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)
	Mr I Graham	(IG)	Deputy Chief Nurse
	Mr J Hollidge	(JH)	Deputy Chief Finance Officer
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mr A Raynes	(AR)	Director of Digital (& Chief Information Officer)
	Mr G Robert	(GR)	Non-executive Director Designate
	Mr J Syson	(JS)	Deputy Director of Workforce
Apologies	Dr J Ahluwalia	(JA)	Non-executive Director Designate
	Mr D Dean	(DD)	Non-executive Director
	Dr R Hall	(RMOH)	Medical Director
	Ms O Monkhouse	(OM)	Director of Workforce & Organisation Development
	Mrs J Rudman	(JR)	Chief Nurse

NOTE: This was the 26 September meeting which, due to committee member availability, had been moved to 2 October.

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
19/127	The Chair opened the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
19/128	<p>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:</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. 		

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	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 Trading Ltd, a commercial subsidiary of Guy's and St Thomas' NHS FT, which is currently providing advisory services to the Estates team at Cambridge University Hospitals NHS Foundation Trust on Project Management. 9. Roy Clarke Trust as representative for Cambridge Global Health Partnership. 10. Roy Clarke as Independent Committee Member of the Royal College of Obstetricians and Gynaecologists Audit and Risk Committee, with effect 1 October 2019. 11. Stephen Posey as a member of the CQC's Co-production Group.		
3	MINUTES OF THE PREVIOUS MEETING – 29 August 2019		
19/129	The Committee noted one discrepancy on page 6 which noted the current vacancy rate at 23%; this should read 33%. Approved: Following the amendment of the vacancy rate to 33% as noted above, the Performance Committee approved the Minutes of the meeting held on 29 August 2019 authorised these for signature by the Chair as a true record.	Chair	2.10.19
4i	TIME PLAN OF TODAY'S AGENDA ITEMS		
19/130	The Chair noted that the main items to focus on were PIPR and the Financial Recovery Plan.		
4ii	ACTION CHECKLIST / MATTERS ARISING		
19/131	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
19/132	RC gave a summary of the August PIPR which rated Amber. The Chair was concerned on some performance dips, some of which could be attributed to fewer working days in month. The RTT performance was disappointing; this is reflected in the RTT update under "Responsive" which noted an increase in numbers on the respiratory waiting list. MB suggested that the graph on page 1 (RTT waiting time – no. of patients) could be better represented if averaged as one line against another, rather than by three bars.	RC/EM	31.10.19

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	<p>BAF A new risk had been added “Current trading impacts - Consultant job plans”. This had escalated this month as progress had not been completed. This refers to 2019/20 job planning and is a risk to cost. RC explained the work ongoing to mitigate this risk. SP was keen to see this issue resolved and have the correct rigour in place for this area going forward; to enable a good stance for 2020/21 job planning. The Chair took assurance that the process has flagged this issue and that actions are in place to improve this.</p> <p>Safe (amber) IG referred to the combined Safer Staffing metric and asked the Committee if this could be split into two lines (day and night). He advised that Nights would be ‘green’ but, as currently reported in a combined result, it shows a combined rating of red. He suggested that this would be a more honest and accurate way of reporting which would not affect the scoring in any way.</p> <p>RC was not supportive of this change and suggested Executive discussion outside of the meeting; MB was concerned on this metric where any element is flagging red, even if nights were green. IG advised that there is a breakdown of the detail in PIPR; the metric for Care Hours Per Patient Per Day more accurately reflects the position. IG also referred to the Safe Care Live project, which gives an even better drill down into the position.</p> <p>RC/MB points to be discussed further outside of the meeting. IG advised there will be a further update to the Board meeting tomorrow.</p> <p>Serious Incidents were noted and will be discussed in detail at Quality & Risk (Q&R) meeting this afternoon.</p> <p>The spotlight on Safer Staffing was noted.</p> <p>Caring (green) ‘Complaints received’ was the only metric rating red; which, at 5.2, had just exceeded the threshold of 5. IG reported an early warning of complaints received for September at 12; there are no common themes or areas; IG confirmed these will be reviewed and analysed.</p> <p>The Committee noted the spotlight report on “National Cancer Patient Experience Survey” where Royal Papworth Hospital reported the best results in the country. It was acknowledged that we report very small numbers but that this is a significant patient survey. Notwithstanding the Trust’s overall score, it is recognised that there are still learning points here.</p> <p>Effective (red) EM updated on this domain where the following items were noted/discussed:</p> <ul style="list-style-type: none"> • The figures reflect the under-performance on activity. • The previously discussed Safer staffing directly links to bed occupancy on Wards. 	EDs	Oct 19

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	<ul style="list-style-type: none"> • CCA bed occupancy was 82% green (30-32 beds) being slightly lower than the 33 funded beds. This month it is planned to open 36 CCA beds. This area has new starters alongside leavers, with a healthy pipeline of new recruits. • Theatre utilisation at 85.49% is seeing the benefits of the theatre optimisation programme. • There is further work to be done on Cath lab utilisation (re. holding bay and streamlining process). • Same Day Admission (SDA) – this rated green for the first time ever for cardiac admission. Mitigation work continues to improve thoracic SDA. • The Chair was concerned that the Euroscore has been slowly creeping upwards. EM advised that this does fluctuate and has been discussed by RMOH at Q&R. • EM highlighted the key performance challenge: Out Patient Activity report. The optimisation plan is currently below delivery with improvement work planned on booking effectiveness, flow of patients and templates. The Trust is working with external consulting company, Meridian Productivity who have been able to accelerate diagnostic work in this area. • The Committee noted the spotlight report on inpatient Length of Stay pre and post move, where this area has seen improvement. <p>Responsive (red) EM updated on this domain where the following items were noted/discussed:</p> <ul style="list-style-type: none"> • RTT cardiology – reduction in breaches and waiting list size. • Cardiac surgery – this area should see improvements following the opening of Theatre 6 yesterday. • Respiratory RTT – PIPR noted that some increases were attributable to the impact of addressing the closure of the GP community sleep study service on behalf of CCG but that the biggest impact was due to the failure to draw activity through outpatients since the hospital move. Meridian Productivity is working with the Trust on this aspect. • The Chair queried how the increase in respiratory RTT affects patient care. EM advised that there is a safety net in place here but acknowledged that changes in patient welfare could happen during this time; the respiratory clinical team are reviewing this. • The opening of Theatre 6 should see a reduction in cancellations; reduce emergency disruptions and have increased capacity in CCA. The late theatre slots have been removed as these are often the ones that get cancelled due to overruns. RC confirmed that KPI forecast for this year has been updated for the new theatre step up. • Cancer performance 62 days – this area continues to be challenged regarding PET CT scanning, which is a national issue. A central booking system has been set up to refer to other centres, if local centres are full. • SP noted that looking forward, the areas of cancer performance and In-House Urgents still look like areas concern. • Julie Quigley is invited to the next meeting to update on IHU Project and frailty within surgery. • The Committee noted the spotlight report on Surgical RTT Recovery. 		

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	<p>It was noted that surgery is often cancelled following emergency work, where the surgeons carrying out the emergency work(such as transplants) cannot then do the elective surgery the next day.</p> <p><u>People, Management & Culture (red)</u> JS reported on this domain which had seen some changes both positive and negative; the following items were noted/discussed:</p> <ul style="list-style-type: none"> • IPR performance at 87.01% was slightly lower than last month (88.77%) Actions are in place to improve this; there may be some issues around the recording of IPRs. The Trust is currently refreshing the IPR and pay progression policies, engaging staff side representatives in further discussions. SP added that this links in with the Compassionate and Collective Leadership Programme, where managers and staff keen to see additional IPR training. • The additional KPI shows that the Trust is a net loser of registered nurses, which flags red and is a concern. JS highlighted the numbers coming to induction which should improve this metric. The Chair asked if this should this be tracked like RTT? He accepted the verbal update but felt it would be useful to see in this report. A glide path would give further assurance in this area. • GR asked if the metrics are measured against length of service. JS advised that HR do have this data – which is reported in deep dives periodically. • MB noted that long term sickness absence was creeping up steadily across the year. JS advised that the numbers here are small; he is content that the Trust has a good handle on each individual case. Overall long term sickness is low. IG listed trends of reasons for long term staff who leave but that amongst these we do also have some returners. • The Committee noted the spotlight on Time to Hire (TTH); this had increased due to the number of new starters in the pipeline. Some experienced recruitment staff have left, which has had an impact. SP noted the current 300 starters in the pipeline; this is not usual and numbers should drop and steady out. He acknowledged the importance of not losing new starters due to high TTH . <p><u>Transformation (amber)</u> The position was noted with a detailed review to be taken within the Strategic Projects Committee (SPC) to follow. The KPIs will be reviewed by SPC, resulting in new projects/KPIs being added. These will be reflected in future PIPR reports. The committee noted the spotlight on CTP Cardiology</p> <p><u>Finance (amber)</u> The position was noted with a detailed review to be taken with the Finance report next.</p> <p>The spotlight on Directorate financial performance was noted.</p> <p>Noted: The Performance Committee noted the PIPR report for August 2019.</p>	OM/JS	31.10.19

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6	FINANCIAL REPORT – Month 5 August 2019		
19/133	<p>RC gave an overview of the report with key headlines and risks:</p> <p>The Trust's year to date (YTD) position is a deficit of £2.7m on both a Control Total basis excl. land sale and a net basis, which is favourable to plan by £0.8m.</p> <p>However, the land sale was planned to complete in August generating a profit of £10.5m, therefore, the net position is £9.7m adverse to plan when this is included.</p> <p>The analysis below excludes the land sale impact, as follows:</p> <p>EBITDA is on plan in the month. Drivers of the year to date favourable position are as follows:</p> <ul style="list-style-type: none"> i. Clinical income £1.4m adverse to plan after Guaranteed Income Contract (GIC) protection, due to lower activity of 8.70% in Outpatients, 7.7% in Inpatient and day case activity and lower levels of Private Patient income. This has resulted in the GIC protection of £1.8m, £0.7m more than planned. ii. Pay expenditure to date is adverse against plan by £0.2m. The substantive cost favourable variance driven by 251 WTEs vacancies, is offset by temporary staffing costs totalling £4.7m. This continues to be an area of concern as staff costs are not flexing in line with activity delivery. A series of rapid actions have been instigated to address this issue. iii. Non pay expenditure is £0.5m favourable to plan in month and £3.4m year to date. This YTD position is driven by lower expenditure on clinical supplies due to activity levels, central procurement of defibs, non-utilisation of contingency reserves £1.2m, PFI contract volume adjustments / performance deductions of £0.3m and old site decommissioning and new site project costs of £0.2m. iv. CIP is in line with plan in month, however, only marginal levels had been planned up to September 2019. The shortfall in identified schemes remains at £3.2m (63% of the £5.1m target). Of the £1.9m identified, £0.2m has been delivered year to date , with the remainder forecast for delivery in the latter half of the year. <p>Non-operating items are ahead of plan due to the interest income received as a result of the favourable cash position and reductions in depreciation.</p> <p>In-month the Trust had a deficit of £0.3m, £0.1m favourable to plan. Staffing levels are above the comparable 2018/19 period, however, inpatient activity represents a 6.8% increase compared to August 2018 and an 8% increase against the average Q4 2018/19 activity, from increased ECMO, PCP and Thoracic surgery, but lower Cardiology, indicating a further improvement compared to the loss of productivity seen earlier in the year.</p> <p>The underlying position after non-recurrent and normalising items have been removed, is a deficit of £6.7m year to date, £1.7m deficit in-month. The key adjustments include FRF/PSF funding of £4.4m, PFI transition funding £1.7m and New Papworth Hospital Programme expenditure £0.8m.</p>		

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	<p>Forecast year end position remains in line with the planned control total break-even position, however, risk in regard to CIP and activity recovery levels must be addressed to ensure its delivery.</p> <p>Capital expenditure is £0.8m lower than plan year to date, relating to the timing of small works and blood fridges (£0.3m) and ongoing replacement underspends (£0.5m). The Trust previously reforecast its CDEL in line with an NHSI request linked to the land sale, this does not affect the overall capital programme. The risk remains around the old site land sale which was planned to complete in August with a profit of £10.5m.</p> <p>Cash is £3.3m favourable due to lower capital expenditure and improved working capital position.</p> <p>Use of Resources metric is 3 for the month in line with the planned score. There has been no change in the month to the financial Risks identified.</p> <p>The following further points were noted:</p> <ul style="list-style-type: none"> • RC explained that legal notice has been served on the land sale; this does not affect the current control total or recovery plan. The land sale does not have an adverse impact on the cash position as this is linked to a mitigating action of bridging loan. • Overall, any further adverse impact will be hard to absorb due to use of contingency monies. • M06 does not envisage a change to year end forecast or control total. <p>The Chair raised a question relating to clinical income which sees a variance in the 2nd half of the year. RC referred to the GIC contracts in place and page 5 of the report which refers to the underlying run rate. This will also be covered in the Financial Recovery Plan. RC explained how performance relates to GIC contracts.</p> <p>The Chair also asked that if there was no GIC in place, how would this affect the position. RC referred to page 13 of the report which looked at GIC in the financial statements. RC acknowledged that this could be made clearer in reporting with better narrative.</p>	RC/JH	31.10.19
7	<p>OPERATIONAL PERFORMANCE Access & Data Quality Report – August 2019</p>		
19/134	<p>RC presented this update report to the Committee. It was noted that the Committee had already discussed activity trends and outpatient flow.</p> <p>During discussions the following items were considered/noted: Concern on decline in referral volumes: Page 7 of the report gives a detailed analysis of what is happening to referrals by geographical area. EM added that analysis of referrals</p>		

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	<p>received is being shared with operational areas. The opening of Theatre 6 and increase in flow could see positive change in this referral pattern. This is included in the Recovery plan.</p> <p>RC referred to other local Trusts opening up cath labs/heart attack centres and how this can be worked to a positive effect for patients and Trusts; this refers to patient flows and how RPH can retain its high complexity referrals as a specialist centre. Collaborative work with the network and commissioners could support this.</p> <p>Page 12 showed the number of overdue appointments at 55%, with the largest area being respiratory, as already discussed. EM advised that this work was undertaken to identify these patients and this is the analysis of that work. Out of the patient cohort there has been some duplications and some patients already discharged. Work is also in hand to ensure no harm for these patients.</p> <p>Page 18 detailed the daily backlog in the RTT pathway. EM advised that Meridian have mapped this work and highlighted gaps on the system.</p> <p>MB was concerned on issues of data quality and Lorenzo but was pleased to see work to drill down into this. It is essential to have dependable data.</p> <p>An error was noted on page 20 which stated "Cardiology breaches decreased by 13.33%. This was made up of 433.3% decreases in breaches". The 433.3% is an error and will be corrected.</p> <p>MB asked if the data difficulties on Lorenzo reflected on our position as a digital exemplar. AR explained work ongoing with training the team to improve data accuracy. RC explained the huge amount of work involved in validating data following the new EPR system.</p> <p><i>11.46hrs: at this point of the meeting the Chair reviewed the remaining Agenda items. It was agreed to concentrate on Item 10.1 Financial Recovery Plan and note other items as read.</i></p>		
8	IMPACT OF HOSPITAL OPTIMISATION PROJECT		
19/135	Noted: The Performance Committee noted the contents of this report.		
	FOCUS ON		
9	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
19/136	Noted: The Performance Committee noted the contents of this report. The Chair will discuss some items off line.	AJ	Oct 19
	FUTURE PLANNING		
10.1	FINANCIAL RECOVERY PLAN		
19/137	RC presented this report and summarised the requirement for the Financial Recovery Plan to be updated. This is a reset and further		

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	<p>evaluation of the Trust's Financial Strategy (last updated May 2018) and builds upon the Trust's Financial Strategy Interim Report of May 2016 and the 2019/20 Operating Plan (April 2019).</p> <p>The report covered:</p> <ul style="list-style-type: none"> • Diagnosis (RC referred to McKinsey diagnostic work within STP) • Recovery initiatives • Outcomes • Control Total • Market Forces Factor <p>RC stated that the plan is achievable but this will not be easy and requires all 17 initiatives to be achieved in full. This has been discussed fully by the Executive Committee. The Performance Committee is asked to recommend approval of the plan to the Trust Board.</p> <p>During discussion, the following areas were noted/considered:</p> <p>RC referred to control total changes where currently £15.5m is accepted; provided that the Trust can control its "controllable elements" together with commissioner agreement to changes in the transplant tariff.</p> <p>The Chair referred to the activity assumptions over 4 years and where these are in the plan. RC explained the assumptions are based on equivalent contracts plus 2% demographic growth. He referred to page 26 on operational flow which helps to explain this.</p> <p>No other questions were raised. RC advised that this item will be considered in the Part Two confidential Board meeting tomorrow.</p> <p>GR stated that he had no objections with the plan but with a caveat that he is new to the organisation without knowledge of previous plans. The Chair, with the benefit of his knowledge, gave further assurance to GR on the recovery plan.</p> <p>Approved: The Performance Committee recommended approval of the Financial Recovery Plan and the agreement of the Financial Recovery trajectory targets set by NHSI/E to the Trust Board.</p>		
10.2	<p>INVESTMENT GROUP Chair's report (including minutes of meeting held on 10 September 2019)</p>		
19/138	<p>Noted: The Performance Committee noted the contents of this report.</p>		
11	<p>BUSINESS CASES</p>		
	<p>There were no items raised.</p>		
12	<p>LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE</p>		
	<p>There were no items to consider.</p>		

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13	ANY OTHER BUSINESS		
	There were no items raised.		
14i	COMMITTEE FORWARD PLANNER		
19/140	Noted: The Performance Committee noted the Forward Planner.		
14ii	REVIEW OF ACTIONS AND ITEMS IDENTIFIED FOR REFERRAL TO COMMITTEE/ESCALATION		
	There were no items to consider.		
15	FUTURE MEETING DATES		

2019

31 October [to be held at Royal Papworth House, **Huntingdon**]

28 November

19 December

2020 dates

Date	Time	Venue	Apols rec'd
30 January	9am-11am	Mtg room 4, 1st floor, RP House, Huntingdon	
27 February	9am-11am	Mtg rooms 1&2, Ground Floor	
26 March	9am-11am	Mtg rooms 1&2, Ground Floor	
30 April	9am-11am	Mtg room 4, 1st floor, RP House, Huntingdon	
28 May	9am-11am	Mtg rooms 1&2, Ground Floor	DD
25 June	9am-11am	Mtg rooms 1&2, Ground Floor	
30 July	9am-11am	Mtg room 4, 1st floor, RP House, Huntingdon	
27 August	9am-11am	Mtg rooms 1&2, Ground Floor	
24 September	9am-11am	Mtg rooms 1&2, Ground Floor	DD
29 October	9am-11am	Mtg room 4, 1st floor, RP House, Huntingdon	
26 November	9am-11am	Mtg rooms 1&2, Ground Floor	
17 December	9am-11am	Mtg rooms 1&2, Ground Floor	

The meeting finished at 1205hrs

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 2 October 2019