

**Meeting of the Performance Committee
Held on 28 November 2019
Ground Floor meeting rooms 1&2
Royal Papworth Hospital**

MINUTES

Present	Mr G Robert	(GR)	Non-executive Director (Chair)
	Mr D Dean	(DD)	Non-executive Director
	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 & OD
	Mr S Posey	(SP)	Chief Executive
	Mrs J Rudman	(JR)	Chief Nurse
In Attendance	Mrs A Colling	(AC)	Executive Assistant (Minutes)
	Dr M Davies	(MD)	Clinical Director, Thoracic Services
	Mr E Gorman	(EG)	CNIO/Head of Operations ICT Applications
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mrs L Shacklock	(LS)	Operations Manager, Thoracic Services
Apologies	Mrs C Conquest	(CC)	Non-executive Director
	Mr J Hollidge	(JH)	Deputy Chief Finance Officer
	Mr A Raynes	(AR)	Director of Digital (& Chief Information Officer)

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
19/158	The Chair opened the meeting and apologies were noted as above. The Chair welcomed Dr M Davies and Mrs L Shacklock for the Thoracic RTT Recovery update.		
2	DECLARATIONS OF INTEREST		
19/159	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: <ol style="list-style-type: none"> 1. Cynthia Conquest as Deputy Director of Finance and Performance at the Norfolk Community Health & Care NHS Trust. 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. 		

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	5. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board. 6. Stephen Posey as Trustee of the Intensive Care Society. 7. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews. 8. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd 9. David Dean as Chair of ETL, a commercial subsidiary of Guy's and St Thomas' NHS FT. ETL are currently providing advisory services to the Estates team at Cambridge University Hospitals NHS Foundation Trust on Project Management. 10. Stephen Posey as Chair of the East of England Cardiac Network. 11. Roy Clarke as Trust representative for Cambridge Global Health Partnerships Committee part of ACT. 12. Roy Clarke as Independent Committee Member of the Royal College of Obstetricians and Gynaecologists Audit and Risk Committee, with effect from 1 October 2019.		
3	MINUTES OF THE PREVIOUS MEETING – 31 October 2019		
19/160	Approved: The Performance Committee approved the Minutes of the meeting held on 31 October 2019 authorised these for signature by the Chair as a true record.	Chair	28.11.19
4i	TIME PLAN OF TODAY'S AGENDA ITEMS		
19/161	The Chair agreed to take the Thoracic RTT Recovery presentation ahead of other matters arising.		
4iib	Ref: 19.147 thoracic RTT Recovery		
19/162	MD referred to the slide deck presented: <ul style="list-style-type: none"> • Thoracic activity 2014-2020 shows a dip in trend and the forecast outturn shows a further dip; MD queried whether this is a declining service? • Patients alive and treated with CPAP therapy; this is a high volume service with more than 15000 patients under care and 500 referrals each month. • RTT open pathway vs referrals: there has been a 25% growth in referrals in the last two years; with 600 referrals a month (95% are outpatients). We are seeing more referrals go onto waiting list. Traditionally RTT has not been a problem in RSSC. It was noted that respiratory pathways are relatively simple (compared to those such as cardiology which are dependent on other tests such as scans). • Respiratory RTT dipped under 92% target in July and September this year; data for October shows this at 92.4%. There is a need to reduce long waiting patients; focus at PTL (patient tracking list) meetings does help to bring numbers down; the Trust needs to have a robust recovery plan - this links into the current work by Meridian Productivity. • Data and quality validation need to set pathways in a robust way – work is ongoing in this area. <u>Key actions:</u> <ul style="list-style-type: none"> • Review of waiting list and review of the dip, particularly as to how this happened so quickly; need to plan ahead to see when bottle-necks are coming up. • Improved data quality; Looking at long list waiters and clock stops; PTL meetings and weekly monitoring. 		

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	<ul style="list-style-type: none"> • Optimisation workstreams working with Meridian. • This area has no cath lab or critical care dependency, which should help. • The ability to fill respiratory nursing resources is a challenge. • The key to recovery is knowing our pathways and with good service planning built into the year; this is now done and linked to capacity and demand with the work to be finalised by end of year. • The work around validation of current waiting list on RTT and follow ups which needs balance across all services. <p>During discussion the following points were noted/considered:</p> <ul style="list-style-type: none"> • Why has there been a dip in respiratory RTT? This was due to several issues: ramp down prior to move period; issues with booking; increase of DNAs, cancellations and access plans – which is all under review. There has been significant issues in getting patients booked in and admin time then needed to deal with DNAs and cancellations which has taken time away from actual bookings. • The Trust provides a mixture of local and national services; some of the work is specialist work which other respiratory hospitals cannot do. • Recent improvements have been seen in GP referrals which are up 18% and Consultant to Cons referrals are up 10% year on year. Demand for services are high, capacity is high but not being utilised. We have capacity to get more patients through. • MD referred to the 'follow up' element for this growing group of patients.. He referred to work with STP partners and RPH competitive pricing. It was noted that some patients could be worked more intelligently such as skype or care at home etc but some small groups do need to have 'face-to-face follow ups (such as patients with motor neurone disease). • When will we know if plan is working? MD advised that when clinics are full and pathways back to previous capacity then RTT will reduce. Issue with clearing backlog of patients. <p><u>Future updates</u> The Chair asked when we should see this again at Committee. It was noted that respiratory RTT is reported monthly and through PIPR. MD suggested an appropriate time would be end March/April next year, which should give time to see progress of the recovery plan. MD added that there was incredible anxiety in the team that patients are not getting through the system as we would like</p> <p>Noted: The Chair thanked MD and LS for the update on respiratory RTT.</p> <p>[0925hrs MD and LS left the meeting]</p> <p><i>Post meeting: The slide deck was circulated to the Committee.</i></p>		
4ii	ACTION CHECKLIST / MATTERS ARISING		
19/163	The Committee reviewed the Action Checklist and updates were noted.		
4iia	Ref: 19/148 Workforce: Temporary Worker Controls		
19/164	<p>OM presented this report which provided an update on the measures currently being implemented to reduce the Trust's use of agency and overtime and to reduce the cost per hour of those workers being utilised.</p> <p>During discussion the following items were noted/considered:</p>		

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	<ul style="list-style-type: none"> The vacancy rate has increased since 2017 which is seen as the destabilising effect of the move, including two delayed moves. The Trust has become accustomed to using temporary staffing to bridge the gap and has paid enhanced overtime rates to ensure safer staffing. The proportion of temporary staffing resource is made up of approx. 1/3 bank staff, 1/3 agency and 1/3 overtime. The Trust's ideal is to use its own bank worker resource. OM explained how the bank staff set up works in local trusts to avoid using agency staff. OM detailed how the bank staff needs to be administered to be effective, which is noted in the report. OM advised of the controls and caps on agency/temporary workers. RPH is the highest user of agency in the local STP. Work is in place on nurse rostering to reduce temporary flexible staffing costs. The Trust has invested in additional resources for rostering to help this issue which is high priority. The Chair asked if the Committee should see targets for reducing agency staff and increasing bank staff. SP suggested bringing these numbers to next meeting. It was noted that the Trust is monitored on an NHSI target, which we are currently breaching. The agency usage dropped in March during the double running on both sites for Estates & Facilities; at this point all previous agency staff where stopped. As assurance to the Committee it was acknowledged that EDs have realigned resources against this issue; a new rostering team police the new temporary staffing rules, which are 3 weeks in. OM/EM/JR have total oversight of this area. <p>Noted: The Performance Committee noted the update on temporary worker controls.</p>	OM	19.12.19
	IN YEAR PERFORMANCE & PROJECTIONS		
5	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
19/165	<p>RC gave overview of the domains where four flag red (Effective, Responsive, People Management & Culture and Finance; two flag amber (Safe and Transformation) and one flags green (Caring).</p> <p>Safe (amber) JR advised that the recent Quality & Risk meeting had scrutinised safer staffing in detail. The areas flagging red in PIPR are the persistent areas which Q&R are focused on. JR explained how the difficulties in recruiting to specialist nursing areas and what the Trust is doing to combat this. The Trust lost some experienced staff due to the move who chose to retire and staffing has not recovered from this. It is difficult to benchmark against other specialist hospitals in this area. The Committee noted the spotlight report on Safer Staffing.</p> <p>Caring (green) JR advised that the Friends & Family outpatient score has recovered position from a previous dip; the team have worked hard to get right returns in, keeping the response rate high in order to gain a better picture of the feedback. There are no specific downward trends by Ward area but it was noted that CF patients are often more critical; this could be due to the fact that they have long</p>		

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	<p>inpatient stays where their needs are different to other patients. The F&F survey is a paper exercise which the Trust is looking to go electronic. The Committee noted the spotlight report on Friends and Family Test (inpatients).</p> <p>Effective (red)</p> <p>EM advised that there had been increased throughput with the opening of Theatre 6 but there were constraints on rostering in CCA, where staff were not being rostered as effectively as possible.</p> <p>[0955hrs JR left the meeting]</p> <p>Key items in month:</p> <ul style="list-style-type: none"> • Cath lab usage had decreased due to cath lab 5 being out of use for 4.5 days due to equipment failure. out for 4 half days. • CCA bed occupancy flagged amber at 92% amber; EM explained the challenges in this area. • SDA admissions for cardiac surgery saw a decline and this is being reviewed. • Key performance challenges on theatre cancellations was discussed and the reasons behind this. The Committee would like to see trends for the reason; EM will include this in the next report. • SP commented that if CCA could open to 33 beds each day consistently, this will see cancellations come down. Due to emergency work, (ECMO, transplant etc) there will always be an element of cancellation due to; again this is linked to effective rostering of staff. • EM gave example of issues today with transplant accepted overnight and staff today off sick, reducing staffing numbers. EM explained a CCA staffing requirements and headroom of 22% is already built into the roster. • This issue has been discussed at length by EDs on how to resolve this as priority. • RMOH advised there had been good discussion on this issue at Q&R on the impact to patients other hospitals. • The Chair queried the Euroscore mortality rate which seems to be increasing slightly. RMOH gave assurance on this aspect, explaining how the Euroscore works and how the Trust benchmarks against other Trusts nationally and worldwide. RC added that it is right to flag this and keep under review; historically the change in Euroscore is a trend which we have seen before and it is regularly reviewed. <p>[1008hrs SP left the meeting]</p> <p>The Chair took the opportunity to review forthcoming presentations to the Committee.</p> <ul style="list-style-type: none"> • Cardiac surgery – it would be useful to see the impact of Theatre 6. • Cardiology – update on NSTEMI? • Work in outpatients by Meridian? EM gave brief update on this: the project is 7/13 weeks; it was suggested that Operational Managers attend to present this item rather than a presentation by Meridian. <p>The Committee noted the spotlight report on Outpatient Productivity. The project is 7 weeks in; plans are in place to improve the booking centre; outpatient room utilisation has been reviewed to use more effectively; training will be given on key skills to embed the project; allocated patient time slots will</p>	EM	19.12.19

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	<p>be reviewed which may free up time.</p> <p>Responsive (red) The overall RTT position has improved; cardiology is positive at 96.96; respiratory has achieved 92% but is being kept under review; surgery has slipped slightly this month due to theatre 6 usage/CCA rostering issue.</p> <p>The reported the second 52 weeks breach for this year. This related to a cardiology patient and after review, an admin issue had caused this. The review ascertained that there had been no harm to patient who has since been treated. This breach has no connection to previous 52 weeks breach. Following the reviewing, processes have been improved to ensure that this type of breach does not recur.</p> <p>Cancer performance is still feeling the effects of ongoing delays with PET CT scanning, as discussed at previous meetings. The Trust continued to work with partners to get this resolved. EM advised this relates to a very small number of patients (6) where a root cause analysis on issues shows that PET CT scanning is the issue. The Trust is in discussion with Regulators/CQC who are aware of the issue and the small numbers involved.</p> <p>The Committee noted the spotlight report on IHU performance which has seen a good improvement. EM explained the 6-4-2 methodology on pathways.</p> <p>People management and culture (red) Earlier discussions were noted on staffing and utilisation. Vacancy rate increased due to increase in budgeted establishments as a result of opening Theatre 6 and increase in CA beds to 36. There has been a significant increase in sickness; this trend is consistent with seasonality coughs and flu. CCA sickness is likely due to low level of staff engagement where absence is higher than Wards and other areas. Improvement work is ongoing in this area.</p> <p>The spotlight on mandatory training reflected a CQC query in this area, which is seeing an improving trend. There is a new plan in place for Safeguarding level 3 training methodology and compliance.</p> <p>The Trust is looking at further at digitalising HR processes, reducing emails and paperwork.</p> <p>It was noted that the BAF showed the recruitment pipeline decreasing; AJ explained that this reflects the transitioning of staff from the pipeline to starting in post</p> <p>OM advised that numbers for leavers expect to remain low for November but is likely to see an increase in December and January; much of this is related to journey implications on getting to the new hospital site.</p> <p>Transformation (amber) The Chair asked how to deal with this domain now that Strategic Projects Committee is run bi-monthly and NED committee memberships have changed so that there is no overlap between Performance Committee and SPC. RC advised that key items were the continued CIP failure and the go-live on</p>		


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	<p>the first part of CTP transfer of cardiology service from CUH on 2 December. The Chair was unsighted on this work and RC will ensure he is appraised out of the meeting. The CTP work is reported under SPC but this Committee will keep an eye on performance following this. The full service transfer is scheduled for April 2020.</p> <p>Finance (red) The Committee noted the update and agreed to review this in the detailed Financial Report to follow.</p> <p>Noted: The Performance Committee noted the PIPR update.</p>		
6	FINANCIAL REPORT – Month 7 October 2019		
19/166	<p>RC presented this report which gave an oversight of the Trust's in month and full year financial position and risk rating.</p> <p>Key Items The Trust's year to date (YTD) position is a deficit of £2.1m on a Control Total basis excl. land sale, which is favourable to plan by £0.7m. However, as the land sale planned to complete in August, generating a profit of £10.5m, the net position is £9.6m adverse to plan when this is included. The analysis below excludes the land sale impact.</p> <p>EBITDA is ahead of plan by £0.4m. Drivers of the YTD favourable position are as follows:</p> <ul style="list-style-type: none"> i. Clinical income £1.8m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 7.3% in outpatients, 6.4% in inpatient and day case activity and lower levels of Private Patient income. Activity performance has resulted in YTD GIC protection of £1.1m, £0.4m more than planned for this stage of the year. Of this protection £0.03m has unwound from prior months benefit in month. Without the GIC protection, the Trust's income position would be £2.9m adverse to plan YTD. ii. Pay expenditure to date is adverse against plan by £1.4m. The substantive cost favourable variance driven by 114 WTEs vacancies. This is net of temporary staffing costs totalling £6.4m. 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, although the impact of these items has not been seen to date with Agency expenditure increasing in month. iii. Non pay expenditure is £0.2m favourable to plan in month and £4.3m YTD. This YTD position is driven by lower expenditure on clinical supplies due to activity levels, central procurement of defibs, non-utilisation of contingency reserves £1.4m, PFI contract volume adjustments / performance deductions of £0.5m and old site decommissioning and new site project costs of £0.4m. iv. CIP is £1.1m adverse to plan due to the start of the CIP gap phasing. The shortfall in identified schemes remains at £3.2m (63% of the £5.1m target). Of the £1.9m identified, £0.4m has been delivered YTD. <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 generated a surplus of £0.4m on a Control Total basis (£0.6m on a net basis), £0.04m adverse to plan. £1.5m of PSF/FRF income is</p>		

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	<p>included within this position, an increase from £1.0m per month in the previous quarter. Staffing levels are above the comparable 2018/19 period, however, overall admitted activity in month (excl. ITU) is 10.2% lower than October 2018, however, a 7.1% higher than the average 2018/19 activity, indicating a further improvement compared to the loss of productivity seen earlier in the year.</p> <p>The forecast year end position on an adjusted run rate basis demonstrates mitigating actions remain required to hit the planned control total break-even position. Without action, the Trust's deficit is forecast to reach a downside position of £19.8m. The report identifies the £3.3m of previously approved, non-recurrent mitigations and sets out a further £1.0m of Executive Director approved actions and enhanced controls to bridge the gap to control total achievement. Key actions include the mitigation of cost pressures from consultant job planning reviews and the implementation of additional controls on agency to reduce run rate spend. The underlying position after non-recurrent and normalising items have been removed is a deficit of £9.7m YTD.</p> <p>Capital expenditure is £1.0m lower than plan year to date, relating to the timing of small works and ongoing replacement programme underspends. 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 £7.3m favourable due to lower capital expenditure, improved working capital position and the impact of the delayed land sale.</p> <p>Use of Resources metric is 4 for the month below the planned score of 3 driven by the delayed land sale.</p> <p>During discussion the following items were noted/considered:</p> <ul style="list-style-type: none"> • The trajectory is to meet £15.5m control total and work is ongoing to achieve this. • Work continues to control pay expenditure and look at CIPs in place for next year. This has been discussed with the Regulators. • The risk of losing the Financial Recovery Funding (FRF) funding was discussed, along with year-end forecast and run rate. • RC gave a confidence verbal update on the land sale position. <p>Noted: The Performance Committee noted the Financial Update for October 2019.</p>		
7	<p>OPERATIONAL PERFORMANCE Access & Data Quality Report – October 2019</p>		
19/167	<p>RC presented this report which provided an oversight of the Trust's performance against a selected group of access and data quality key performance indicators, and highlights areas for improvement.</p> <p>Key headlines</p> <ul style="list-style-type: none"> • Referral volumes to October has seen a 9.5% increase on 6 month average. Referrals were high in respiratory areas (as noted earlier). Referrals should continue to increase as a result of the optimisation work. Referrals county to county will be kept under review. • The Chair was concerned over the drop in waiting list previously seen – RC/EM explained previous discussions at this Committee which the Chair was not aware of. 		

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	Noted: The Performance Committee noted the update on Access and Data Quality for October 2019.		
8	ACTIVITY RECOVERY – Hospital Optimisation Group		
19/168	<p>EM presented this paper which updated the Committee on activity recovery progress as the Hospital Optimisation Project continues to be delivered.</p> <p>This had been discussed earlier on the Agenda; key items to note were:</p> <ul style="list-style-type: none"> • Still behind plan but the gap is decreasing and we are seeing an increase in day case and outpatient bookings. • The current positions takes us back to the run rate of the previous year and also takes us up to GIC planned levels to recover underperformance earlier in the year. • Cardiology and Cardiac surgery has seen improved activity. • Ambulatory: the report showed an increase in activity in outpatients which was prior to Meridian input. • The next report should see the impact of the Meridian work. • EM confirmed the split of work between Performance Committee and SPC as: <ul style="list-style-type: none"> - milestone and targets in optimisation plan (SPC) - impact of project (Performance Committee). <p>Noted: The Performance Committee noted the update on Hospital Optimisation Project.</p>		
FOCUS ON			
9	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
19/169	Noted: The Chair thanked AJ for this report which was noted by the Committee.		
FUTURE PLANNING			
10	INVESTMENT GROUP		
19/170	<p>Chair's report (including minutes of meeting held on 4 November 2019)</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
11	OPERATIONAL PLANNING FRAMEWORK 2020/21		
19/171	<p>The Committee received this paper which provided the Trust with a high level timetable of the steps required to deliver the 2020/21 Operational Plan, including the financial budget and Operational Plan.</p> <p>RC advised that due to government elections, the national planning framework from NHSI will not be received until 24 December 2019. The Trust's Operational Plan (OP) will be tailored further when this guidance is issued. RC confirmed that the deputy finance team has this work in hand and that all contractual work is also being done. A key element in the Operational Plan will be CIPs.</p> <p>The Committee discussed the Trust's performance on GIC contracts this year. The Chair acknowledged that all items discussed at this Committee feed into the OP.</p>		

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	Noted: The Committee noted the update on the 2020/21 Operational Planning Framework.		
12	LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE		
	There were no items to consider.		
13	ANY OTHER BUSINESS		
19/172	The Committee discussed the date of the next meeting on 19 December which, due to Christmas, falls in only three weeks' time. RC advised that all reports will be run as usual and the need to keep all items under close scrutiny. As there would be no Board meeting in January, it was agreed that the 19 December Performance Committee should go ahead.		
14i	COMMITTEE FORWARD PLANNER		
19/173	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	19 December – apologies noted from Roy Clarke.		
2020 dates			
Date	Time	Venue	Apols rec'd
30 January	9am-11am	Mtg rooms 1&2, Ground Floor	
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 rooms 1&2, Ground Floor	
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 1110hrs

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 Signed
 19/12/19
 Date

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