Royal Papworth Hospital
NHS Foundation Trust

Performance Committee
Part 1 meeting
Held on 19 December 2024
0900-1045hrs via MS Teams

[Chair: Gavin Robert, Non-executive Director]

UNCONFIRMED M I N U T E S

Present		
Mr G Robert	GR	Non-executive Director
Ms C Conquest	CC	Non-executive Director
Mr T Glenn	TG	Deputy Chief Executive
Mrs S Harrison	SH	Chief Finance Officer
Mr H McEnroe	HMc	Chief Operating Officer
Mrs E Midlane	EM	Chief Executive
Ms O Monkhouse	OM	Director of Workforce and Organisational Development
Mrs M Screaton	MS	Chief Nurse
Mr A Raynes	AR	Chief Information Officer
Dr I Smith	IS	Medical Director
Mrs W Walker	WW	Director of Strategic Projects
In Attendance		
Mrs A Colling	AC	Executive Assistant (Minutes)
Mr T Collins	TC	Public Governor, Observer
Mr B Davidson	BD	Public Governor, Observer
Ms R Mahoney	RM	Public Governor, Observer
Mr K Mensa-Bonsu	KMB	Associate Director of Corporate Governance
Mr A Nyama	AN	Deputy Chief Finance Officer
Apologies		
Dr C Paddison	CP	Associate Non-Executive Director
Mr S Rackley	SR	Director of Estates & Facilities

[Note: Minutes in order of discussion, which may not be in Agenda order]

Agenda Item		Action by Whom	Date
1	**WELCOME, APOLOGIES AND OPENING REMARKS**		
24/306	The Chair welcomed all to the meeting and apologies were noted.		
2	**DECLARATIONS OF INTEREST**		
24/307	There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in relation to matters on the agenda. A summary of standing declarations of interests are appended to these minutes.		
3	**MINUTES OF THE PREVIOUS MEETING 28 November 2024**		
24/308	**Approved**: The Performance Committee approved the Part 1 and Part 2 minutes of 28 November 2024 meetings and authorised for signature by the Chair as a true record.	Chair	19.12.24

Agenda Item		Action by Whom	Date
4.1	**TIME PLAN OF TODAY'S AGENDA ITEMS**		
24/309	The Chair noted the agenda for Part 1 business, which is followed by a 15-minute Confidential Part 2 meeting.		
4.2	**ACTION CHECKLIST**		
24/310	The Committee reviewed the Action Checklist and updates were noted.		
5	**DIVISIONAL PRESENTATION**		
24/311	Next due on 30 January 2025 by Allied Health Professionals.		
IN YEAR PERFORMANCE & PROJECTIONS			
6	**REVIEW OF THE BOARD ASSURANCE FRAMEWORK (BAF)**		
24/312	**Received**: A summary of the BAF risks and mitigations in place for risks above target. A copy of the BAF tracker report was attached. **Reported**: KMB summarised recent changes: • BAF Risk 2829 has increased from 8 to 12 as detailed in the report. • There is a new BAF Risk 3649, 'Failure to embed sustainability into the culture and operations of the Trust '. • The Committee is asked to review and approve these two risks. • The cyber security update is included in meeting papers, highlighting investments being made to improve this area along with the revised Business Continuity Plan (BCP) and recovery plan. **Discussion:** SH referred to the increase in financial risk 2829 which related to allocations and financial frameworks for next year, although no formal NHS publication has come through yet. As we are working on our own financial planning, this is signalling a change in the financial framework and process over last few years. It represents a risk to the Trust on the medium term financial position and EPR. This is also a risk to the wider financial position which will be kept under review in planning for next year and we await further NHS guidance. SH explained why a flat cash position would increase financial risk. CC referred to BAF 3536 rated 9 which seems low particularly when linking in with the narrative in BAF 3101. GR agreed with this comment. AR explained the challenging position and agreed that the risk should be increased as flagged. AR and Execs to review this rating. EM asked AR to look at the impact of 3, which feels low. AR will review this. **Noted:** The Performance Committee noted the review of BAF.	AR	30.01.25
7.1	**FINANCIAL REPORT – Month 08 November 24/25**		
24/313	**Received:** Financial Report which provided oversight of the Trust's financial position as at Month 08, November 2024/25.		

Agenda Item		Action by Whom	Date
	Reported: SH highlighted: Year to date surplus £1.4m after recognition of £1.5m provision for redistribution of system funding and £1m provision for staff benefit and well-being scheme. No change in overall drivers of the position. Cash held is approx. £80m; the aim is to hold onto this and increase it to support our EPR replacement, should no additional funding be forthcoming. Thanks were extended to the Deputy CFO and finance team regarding their work on the aged debt position. The capital plan at M08 is showing an underspend against total CDEL plan of £1.3m. This is due to rephasing of cost on the LIMS programme and a delay in ordering replacement heart-lung bypass machines. Further orders have come in this week. As at today, there are orders to £3.7m of the overall plan = 70%. There is £1.7m left to order which is split as to £700k digital, £850k medical equipment, and the balance in Estates items for works agreed and work to start in Q4. Next month's report will include a summary of items ordered, a focus on what orders are still outstanding with RAG ratings. NHSE are focussed on this and are asking Boards to have oversight and assurance on delivery of their capital plan. This work is detailed in reports from the Investment Group. **Discussion:** GR asked if the prioritisation was 'wholesale' or is there any significant areas to flag. SH advised that there are no particular items to flag; investment has been made into the cyber position and the current position relates mainly to underspends on capital projects rather than slippage of projects. CC referred to agency spend, noting a fuller update will come in the January report. It would be useful to be clear on actions being taken, especially those on the heat map. GR queried which metrics the Committee should be monitoring. SH confirmed that the metrics which the Committee should be monitoring are total agency spend against percentage of total pay bill. GR suggested that it would help to talk through some of the metrics on the slide to understand it better. SH noted that the plan in January is to talk this through in detail by area. SH, OM and MS talked through the metrics which included: • Highlights areas to possibly do deep dives. • Agency booking lead times vs reasons. • Heatmap – collective areas of metrics to help triangulate issues. • Unavailability – sickness leave, annual leave, study leave etc. It is normal to have approx. 22% staff unavailable throughout the year. • Roster approval lead times • Reasons for agency being booked when more than 48hours in advance. • Required care hours per patient day linked into rosters. • Vacancies and retrospective booking. • Colour coding of heat map, where blue represents under target. • On the heat map - cannot look at any one point in isolation; it needs review of the whole range of metrics to be considered.		
GR left – CC chaired			

Agenda Item		Action by Whom	Date
	• Agency usage discussed at divisional performance meetings with staff to aid understanding and oversight. IS could not see data for Ward 4N. SH apologised as this had been missed and will be included next month. **Noted:** The Performance Committee noted the financial position.		
7.2	**A BRIDGE TO EXCELLENCE (CIP) REPORT: Month 07 October 2024/25**		
24/314 GR joined	**Received:** An update report to Month 08 November 24/25 **Reported:** SH On track to deliver the CIP plan this year, with lots of work on recurrent and non- recurrent split. There is progress in cardiology and there is more CIP to come in this area. The CIP plan for 2025/26 is in hand and Execs are looking where they can support clinical teams. **Discussed:** As per discussion under Financial Report. **Noted:** The Performance Committee noted the update on CIP M08 24/25.		
7.3	**INVESTMENT GROUP – Chair's Report**		
24/315	**Received:** Chair's update summarising the meeting held on 2 December 2024. **Reported:** SH Highlights: • A number of schemes have been approved and some put on hold awaiting further discussion. • Remedial works for tunnel will start in January 2025. SH acknowledged the huge amount of work across teams to get to this point. • Replacement of pacing boxes had been an emerging risk over 6-9 months. • EPR programme will be discussed in the Part 2 meeting. **Discussed:** No further items were raised. **Noted:** The Performance Committee noted the update from the Investment Group.		
8	**PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)**		
24/316	**Received**: PIPR for M08 November 2024 **Reported:** SH Summary of the position was 'Amber', which comprised: • Three 'red' domains: Safe, Effective, and Responsive. • Two 'amber' domains: Finance and People Management & Culture. • One 'green' domain: Caring. **Discussion:** each sector as noted below.		

Agenda Item		Action by Whom	Date
24/317	**Safe (Red)** MS No items were raised. This will be reviewed at Quality & Risk Committee.		
24/318	**Caring (Green):** MS No items were raised. This will be reviewed at Quality & Risk Committee.		
24/319	**Effective (Red)** HMc Ran through the slides, giving further detail on highlighted areas. • Utilisation of CCA occupancy in month has continued with steady grip. • Balancing ERU occupancy against demand and flexing where necessary. • Cath lab standards – maintaining position, with a review on planning and utilisation with Meridian. Questions from the Committee: CC referred to the data on ERU, which, with figures adjusted, is showing that this target had not been hit from the opening of the unit. What is not happening to enable the target to be reached and what can be done to make this work? How can this learning be applied to aid other projects? HMc explained how we are still working to understand this position and will know more in January. This relates to bed profiling, modelling ERU/CCA bed base and utilisation which is acknowledged as not right. GR asked to what extent is the bed base balance between ERU and the rest of CCA fixed, e.g. can the bed base be flexed on a daily/weekly basis to accommodate case mix? MS confirmed that the bed base can flex on a daily basis. ERU was created to ensure support to elective activity and create smaller teams. She agreed the need to review the bed base and suggested it needs strict criteria for admission, daily compliance with that criterion, and a limit on the number of beds in order for it to operate efficiently. HMc advised that review of the bed base and next steps will come back to the Committee at end of January.	HMc	30.01.25
24/320	**Responsive (Red):** HMc Highlighted percentages in areas. Referring to access to PET scanning services at CUH, we are working on and have secondary plan in place to improve this position in cancer improvement work; further detail on this will be reported next month. CC noted that 52w breaches had seen an improvement of 11. Was that planned or a coincidence? HMc noted that the position is both positive and a challenge. We are very reliant on other providers referring to us on time along with managing our internal pathways. Delay of internal pathways has contributed more than normal. He is expecting to see a drop in referrals in December and then increased level of delay in January and February. It is a top priority. CC asked if it is possible to list the longest waiter in weeks? HMc confirmed this information can be included. GR noted the improvement but suggested that breaches are still too high; acknowledging that late referrals account for a large proportion, but he was concerned on our internal delays and asked what we can do to address	HMc	30.01.25

Agenda Item		Action by Whom	Date
	issues. HMc explained the high level of scrutiny on patient delays/review of those waiting and ran through the reason for each of the eight internal delays. CC referred to CT reporting where the number of reporting sessions had been reduced in November and December. HMc noted that this is due to the external resource not being able to provide the provision required, which has been escalated. CC requested that the report in January lists actions taken and whether they are working or not. IS referred to CT backlog and the insource supplier and recognised the pertinence of the Committee's previous request for greater scrutiny of the resilience of depending on one external provider. We are going out to advert for another two full-time Consultants with good potential candidates. HMc will be meeting the insource team fortnightly to understand their position. GR asked if the new Consultants are in the existing establishment or a new investment. IS advised that these roles will be refilling empty posts where the team have never been at establishment. We are looking to grow the team to meet demand. AR added that the Digital team is supporting this technology wise to cope with increase in CT capacity.	HMc	30.01.25
24/321	**<u>People Management & Culture</u> (Amber): OM** A positive change this month from 'red' to 'amber' was reflected by slow and steady improvements in a couple of areas. The 'Retire and Return' scheme is becoming more popular. This is where staff leave and take some of their NHS pension and return to their work in a reduced hours post in the same role or to a different role. It is a feature growing across the NHS. Nurse vacancy rate has reduced. The staffing position for unregistered nurses is more volatile where it was noted that NHS salaries for Band 3 posts are not competitive. Sickness remains 1% over KPI. GR asked how the decline for registered nurses compares with the rest of the system and how does sickness absence compare with the rest of the system. OM advised that there is no official benchmarking data from the system and national data runs 6 months behind. CC referred to the metrics for bank usage and overtime (which are 'monitor only') but these are coloured (whereas other 'monitor only' areas are greyed out), are they included in figures. OM advised that these metrics are 'monitor only'. CC added that the percentages for the target do not tally – OM will ensure review of these figures. It was noted that 'time to hire' has reduced, which is positive.	OM/ AN	30.01.25
24/322	**<u>Finance</u> (Amber): SH** This was covered under Item 7. Financial Report.		

Agenda Item		Action by Whom	Date
	Noted: The Performance Committee noted the PIPR update for M08 November 2024/25.		
9	**OPERATIONAL REPORTS**		
9.1	**PATIENT FLOW IMPROVEMENT PROGRAMME** (bi-monthly)		
24/323	**Received:** Following the issue of the Elective Care 2023/24 Priorities letter from Sir James Mackey, Sir David Sloman, Dame Cally Palmer and Prof Tim Briggs, in 2023, and the assessment of the Trust against these requirements, the Committee requested a review of the "red" rated activities detailed within the checklist be provided on a quarterly basis. This paper is the latest update regarding progress towards delivery of the requirements outlined in the checklist. **Reported:** HMc HMc updated on work in progress to free up time to manage effective flow which is supported by Execs and relates to 'planning for tomorrow's discharges today'. **Discussed:** CC raised several queries: • Referred to the dashboard, which was useful, but found that it was not easy to link to the narrative and asked for this to be simplified. • Discharges in section 3 – it was not clear on what is being done to improve the position. HMc advised that there is active response to management of discharge planning and prioritisation of this. We are creating capacity and time to care over the next month, meeting with teams daily for rapid review of benefits, reviewing sustainable and continued resource for the discharge lounge. The 'planning today for tomorrow programme' needs to be prioritised for first 3 hours of the day. CC thanked HMc for this explanation where it would have been helpful to include this is the report. • ACS section 5; the narrative says this commenced in November 2024 but includes figures for July and August 2024. HMc explained that the ACS standard existed before our intervention programme, which relates to the earlier data. • CC referred to the virtual ward pathway where the dashboard includes several 'not applicables' and asked why? If these are not applicable can these be removed from the dashboard. HMc advised that some of the national dataset is not applicable as part of our work. He will review this section. • Outpatients in appendix 4, this also includes several 'not applicables'. HMc explained that some areas do not apply as we do not report in certain areas, but we are looking to collate this and will build into the referral pathway. • ERU does not seem to be covered in the narrative? HMc advised that governance for this has been moved into a deep dive review process. This will be covered in the ERU paper coming next month. GR asked if the metric on clinic room utilisation in Outpatients is dependent on getting an electronic booking system. HMc confirmed that this is directly linked, with the hope to manage this by the recent investment approval.	HMc	30.01.25

Agenda Item		Action by Whom	Date
	Noted: The Performance Committee noted the update.		
FUTURE PLANNING			
10	**ANNUAL / AD-HOC REPORTS**		
	No items due.		
11	**POLICY APPROVAL**		
24/324	DN171 Innovation & Intellectual Property – deferred to January meeting.	**TG**	**30.01.25**
12	**ISSUES FOR ESCALATION TO OTHER COMMITTEES**		
	No items were raised.		
13.1	**COMMITTEE FORWARD PLANNER**		
24/325	**Received**: The updated Forward Planner. **Reported:** KMB **Discussion:** The planner was taken as read. **Noted:** The Performance Committee noted the Committee Forward Planner. CC asked if the annual planner could move to a 'rolling 12-month planner' rather than a set year January-December. GR agreed. AC will revise this to start at the January 2025 meeting.		
14.2	**REVIEW OF MEETING AGENDA & OBJECTIVES**		
24/326	All items were covered as planned with good time for discussion.		
14.3	**BAF end of meeting wrap-up**		
24/327	No items were raised.		
14.4	**Emerging Risks**		
24/328	None raised.		
15	**ANY OTHER BUSINESS**		
24/329	No items were raised. The meeting finished at 1016hrs.		
	FUTURE MEETING DATES		

2024/25	Time	Venue	Divisional Presentation	Apols rec'd
30 January 2025	0900-1100hrs	MS Teams	**AHPs**	
February	0900-1100hrs	MS Teams		
27 March	0900-1100hrs	MS Teams	**PHARMACY**	
25 April	0900-1100hrs	MS Teams		
29 May	0900-1100hrs	MS Teams	**RADIOLOGY**	
June	0900-1100hrs	MS Teams		
July	0900-1100hrs	MS Teams	**CCA**	
August	0900-1100hrs	MS Teams		
September	0900-1100hrs	Face to Face / HLRI	**THORACIC**	
October	0900-1100hrs	MS Teams		
November	0900-1100hrs	MS Teams	**CANCER**	
December	0900-1100hrs	MS Teams		

Abbreviations and Acronyms

ACS	Acute Coronary Syndrome
ATIR	Authority to Invest Request
BAF	Board Assurance Framework
CCA	Critical Care Area
CIP	Cost Improvement Programme
CUH	Cambridge University Hospitals NHS
ICB	Integrated Care Board
ICS	Integrated Care System
IHU	In-House Urgent
LoS	Length of Stay
NED	Non-executive Director
PIPR	Papworth Integrated Performance Report
Q&R	Quality & Risk Committee
RPH	Royal Papworth Hospital
RSSC	Respiratory Support and Sleep Centre
RTT	Referral to Treatment
STA	Surgery, Transplant, Anaesthetics Division
TAVI	Transcatheter Aortic Valve Implantation
52WW	52 week wait