

**Meeting of the Performance Committee**  
**Held on 25 June 2020**  
**0930-1100hrs**  
**Royal Papworth Hospital**  
Ground floor meeting rooms 1&2 / via WebEx

**MINUTES**

<b>Present</b>			<b>Present</b>	<b>WebEx</b>
Mr G Robert	GR	Non-executive Director (Chair)		✓
Mrs C Conquest	CC	Non-executive Director		✓
Mr T Glenn	TG	Chief Finance & Commercial Officer	✓	
Mrs E Midlane	EM	Chief Operating Officer		✓
Ms O Monkhouse	OM	Director of Workforce & Organisation Development	✓	
Mr S Posey	SP	Chief Executive		✓
Mrs J Rudman	JR	Chief Nurse		✓
Dr S Webb	SW	Deputy Medical Director		✓
<b>In Attendance</b>				
Mrs A Colling	AC	Executive Assistant (Minutes)	✓	
Mr E Gorman	EG	Deputy Director of Digital (& CNIO)		✓
Mrs S Harrison	SH	Deputy Chief Finance Officer	✓	
Mrs A Jarvis	AJ	Trust Secretary	✓	
Dr D Begley	DB	Clinical Director, Cardiology		✓
Mrs C Skelton-Hough	CSH	Divisional Operations Director, Cardiology		✓
<b>Apologies</b>				
Dr R Hall	RMOH	Medical Director		
Mr A Raynes	AR	Director of Digital (& Chief Information Officer)		
Mr A Selby	AS	Director of Estates & Facilities		

Agenda Item		Action by Whom	Date
<b>1</b>	<b>WELCOME, APOLOGIES AND OPENING REMARKS</b>		
20/89	The Chair opened the meeting and apologies were noted as above.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
20/90	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. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities.		

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	2. Cynthia Conquest as Deputy Director of Finance and Performance at Norfolk Community Health and Care Trust (Contractor). 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 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. Stephen Posey as Chair of the East of England Cardiac Network. 10. Tim Glenn whose wife is ICS development lead for NHE/I for East of England (EoE).		
<b>3</b>	<b>MINUTES OF THE PREVIOUS MEETING – 28 May 2020</b>		
20/91	<b>Approved:</b> There were two minor amendments to draft minutes; following these amendments, the Performance Committee then approved the Minutes of the meeting held on 28 May 2020 and authorised these for signature by the Chair as a true record.	Chair	25.6.20
<b>4</b>	<b>TIME PLAN OF TODAY'S AGENDA ITEMS</b>		
20/92	Today's main focus would be COVID-19 Performance Report, PIPR and the Finance Report.		
<b>4ii</b>	<b>ACTION CHECKLIST / MATTERS ARISING</b>		
20/93	The Committee reviewed the Action Checklist and updates were noted.		
<b>IN YEAR PERFORMANCE &amp; PROJECTIONS</b>			
<b>5i</b>	<b>CARDIOLOGY DIVISION UPDATE</b> David Begley, Clinical Director Carrie Skelton-Hough, Divisional Operations Director.		
20/94	<p>The Chair welcomed DB and CSH who joined the meeting via WebEx.</p> <p>DB and CSH provided an overview of how Cardiology had responded to the pandemic and its plans for recovery. There are significant differences in activity between different service lines. For instance, while rhythm management consultations had largely continued as usual, elective activity and electrophysiology had largely ceased. There has also been a significant reduction in emergencies/urgent treatments, leading to a rebound now as urgent patients returned often requiring greater intervention and longer length of stay. Unsurprisingly compliance with the Referral to Treatment (RTT) target had fallen significantly, from around 95% before the crisis to around 75%. Waiting lists are being</p>		

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	<p>scrutinised carefully to prioritise those patients requiring urgent treatment. The main constraint to achieving recovery of activity is staffing (e.g. in order to open the 6<sup>th</sup> cath lab). The Committee received assurance that everything was being done to deliver effective care for as many patients as possible, given the constraints created by the pandemic. Bed capacity has been constrained due to increased emergencies and longer length of stays; along with the need to comply with Covid infection control guidelines.</p> <p>DB explained some future plans including Heart MDT and use of mitra clip where the first patient is expected towards the end of July. There is some partnership working with East &amp; North Herts NHS Trust on electro-physiology work; some complex pacing services may be devolved out to regional partners, which will help RPH capacity issues. DB detailed the development of a cardiac HDU which could see a decreased reliance on CCA beds.</p> <p>[0956hrs SP arrived via WebEx]</p> <p>DB highlighted work under the national GIRFT (Get It Right First Time) Review bringing a potential 2000 cath lab cases to the region. The Trust is keen to see these patients and improve patient care.</p> <p>The Committee thanked DB and CSH for their valuable update.</p> <p>[1000hrs DB and CSH left the meeting]</p>		
<b>5ii</b>	<b>i) COVID-19 PERFORMANCE REPORT</b>		
20/95	<p>The report summarised the Trust's response to the COVID-19 crisis.</p> <p>The Committee welcomed the informative report and noted that the very high Friends &amp; Family Test (FFT) score during the pandemic was a testament to the Trust staff and the effort that had gone into looking after patients and their families during the pandemic. OM confirmed that the Trust is re-focusing on the Compassionate Leadership, BAME and staff wellbeing initiatives that have been progressed prior to the pandemic and which are even more important now as we move into a recovery phase. Retention, currently below historic levels, will likely become a significant issue as staff may reactivate plans to leave that had been put on hold during the pandemic. Recruitment is continuing with improved communications to enable this to happen. OM explained the staff Risk Assessment process during COVID and that a detailed paper on this will be discussed at Quality &amp; Risk Committee later today. SP referred to work responding to the staff survey results; this had seen similar themes to those noted by the Collective and Compassionate Leadership Programme.</p> <p>Finance will be reviewed separately in the following Financial Report.</p>		

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	<p>CC referred to page 5 which noted staff related pressure ulcer issues. The Committee was advised that this specifically related to the wearing of PPE; JR advised that staff tissue viability clinics had been set up to support staff along with procurement of more tornado hoods to avoid sores associated with other types of mask.</p> <p>The Committee noted that some patients transferring from DGHS had arrived at RPH with existing pressure sores.</p> <p>TG advised that as the Trust moves into a new recovery phase, this COVID-19 report comes to an end as work begins to focus on hospital optimisation in the new COVID world.</p> <p><b>Noted:</b> The Performance Committee noted the COVID-19 Performance Report.</p>		
<b>6</b>	<b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)</b>		
20/96	<p>The Committee received a summary version of PIPR for May 2020. TG advised that the full PIPR report will resume next month. TG summarised the overall position as 'red'. This comprised:</p> <ul style="list-style-type: none"> <li>• Four 'red' domains (Finance, Effective, Responsive, and People Management &amp; Culture);</li> <li>• Two domains were 'amber' (Safe and Transformation); and</li> <li>• One 'green' domain (Caring).</li> </ul> <p>There had been a significant reduction in referrals during the pandemic, which are now likely to rebound. In the meantime, growing waiting lists had been validated (including with the help of reassigned administrative staff). While cancer treatment has continued unabated, there have been some clinical decisions to delay treatment in some cases, which are expected to lead to breaches of the 62-day pathway next month.</p> <p>The Chair queried the relatively high number of 52-week breaches. A large number relate to respiratory sleep study patients which had been stuck "in transition" for whom there was a very low risk of harm. Clinical decisions had been taken to prioritise patients which had been on the list for a shorter time but which required more urgent treatment. The Committee was assured that prioritisation decisions were being driven by clinical need rather than compliance with targets, and that all necessary steps were being taken to avoid patient harm.</p> <p>SW and JR provided an update on the M.absessus situation in response to a request from the Chair. While the Serious Incident Investigation found no acts or omissions on the part of the Trust, the Committee was assured that lessons are being learned to improve hospital practices in light of the experience. This remains an ongoing issue where the Trust has reduced the risk to as low as possible, and this is kept under constant review.</p> <p><b>Noted:</b> The Performance Committee noted the summarised PIPR update for April 2020.</p>		

Agenda Item		Action by Whom	Date
<b>7</b>	<b>FINANCIAL REPORT – May 2020</b>		
20/97	<p>The Committee received this report which gave an oversight of the Trust's in month and full year financial position. A summarised version of the report was presented for May 2020.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> <li>• Statement of Comprehensive Income (SOCl) position</li> <li>• Run rate trends</li> <li>• Activity</li> <li>• Cash position and forecast</li> <li>• COVID-19 expenditure</li> <li>• Capital expenditure</li> </ul> <p>TG explained that the existing block payments regime is due to end in July and, whilst we are aware of the significant amount of work that is taking place at NHS England to define the financial framework of the NHS post July, there is currently some uncertainty as to what that future framework will look like. Prudence is therefore required and, whilst money will not be a barrier to providing care to Covid-19 patients, as we turn our minds to recovery, we cannot assume that costs above prior year spend will be funded (e.g. it would be sensible not to establish new services or increase trust establishments). SP added that during Covid-19 there had been unprecedented levels of expenditure covered by the centre which will soon come to an end. The Trust has business development cases in hand but need to be assured of funding to support these before proceeding.</p> <p>In May, the Trust broke even as a result of the emergency regime that is currently in place. If the Trust had been functioning under the pre-Covid financial architecture, it would have posted an underlying deficit of c.£3.8m in-month. £1.3m would have previously been covered by Financial Recovery Fund (FRF), however a further £2.5m was a result of the impact of Covid-19 reducing overall activity levels at the trust (both NHS and Private Patients). There would be a renewed focus next month on CIP and the Trust's capital expenditure programme.</p> <p>EM and TG will review PIPR, COVID-19 Performance alongside work being undertaken by the Living With Covid Steering Group and how this will best inform future reporting and assurance to the Committee.</p> <p><b>Noted:</b> The Committee noted the financial update for April 2020.</p>	EM/TG	30.07.20
<b>8</b>	<b>OPERATIONAL PERFORMANCE - Access &amp; Data Quality Report</b>		
20/98	During the Trust's response to COVID-19, this item has been 'parked'.		
<b>9</b>	<b>ACTIVITY RECOVERY – HOSPITAL OPTIMISATION GROUP</b>		
20/99	During the Trust's response to COVID-19, this item has been 'parked'.		

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<b>FOCUS ON</b>			
<b>10</b>	<b>BOARD ASSURANCE FRAMEWORK (BAF) UPDATE</b>		
20/100	<p>AJ presented the BAF update with a summary of BAF risks and actions for risks above risk appetite and a copy of the BAF tracker report for June 2020.</p> <p>Strategic objectives had been updated for 2020-21 with ongoing work to update some areas.</p> <p>Key changes were noted as a reduction in risk for COVID, PPE and CCA surge.</p> <p>The increased risk on future growth and future funding was noted and discussed, along with the increased risk under Digital on EPR and costs pressures going into 2021.</p> <p><b>Noted:</b> The Committee noted the BAF update.</p>		
<b>FUTURE PLANNING</b>			
<b>11</b>	<b>PARKED ITEMS REVIEW</b>		
20/101	<b>Noted:</b> The Performance Committee noted the contents of this report.		
<b>12</b>	<b>INVESTMENT GROUP</b>		
20/102	<p>The Chair's report (including minutes of meeting held on 8 June 2020) was noted by the Committee.</p> <p><b>Noted:</b> The Performance Committee noted the update from the Investment Group.</p>		
<b>13</b>	<b>ANY OTHER BUSINESS</b>		
20/103	<p>The Chair welcomed further updates from division heads and for these to be a regular monthly addition. EM advised that Surgery, Transplant &amp; Anaesthetics will report next month; she will arrange for a rolling plan to be added to the Forward planner, to include supports services such as Diagnostics.</p> <p>The Chair thanked all concerned for this month's reports.</p>	EM	30.07.20
<b>14i</b>	<b>COMMITTEE FORWARD PLANNER</b>		
20/104	<b>Noted:</b> The Performance Committee noted the Forward Planner.		
<b>14ii</b>	<b>REVIEW OF ACTIONS AND ITEMS IDENTIFIED FOR REFERRAL TO COMMITTEE/ESCALATION</b>		
	There were no issues raised.		

Agenda Item	Action by Whom	Date	
<b>FUTURE MEETING DATES</b>			
<b>2020 dates</b>			
Date	Time	Venue	Apols rec'd
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	
29 October	9am-11am	Mtg room 4, 1st floor, RP House, <b>Huntingdon</b>	
26 November	9am-11am	Mtg rooms 1&2, Ground Floor	
17 December	9am-11am	Mtg rooms 1&2, Ground Floor	

*CB Langest*

The meeting finished at 1055hrs

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Signed  
.....30 July 2020.....  
Date

**Royal Papworth Hospital NHS Foundation Trust**  
**Performance Committee**  
Meeting held on 25 June 2020