

**Meeting of the Performance Committee
Held on 29 October 2020
At 0930hrs
Via MS Teams**

UNCONFIRMED MINUTES

Present		
Mr G Robert	GR	Non-executive Director (Chair)
Mrs C Conquest	CC	Non-executive Director
Mr T Glenn	TG	Chief Finance & Commercial Officer
Dr R Hall	RMOH	Medical Director
Mrs E Midlane	EM	Chief Operating Officer
In Attendance		
Mrs A Colling	AC	Executive Assistant <i>[Minutes]</i>
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs L Howard-Jones	LHJ	Deputy Director of Workforce
Mrs A Jarvis	AJ	Trust Secretary
Mr A Raynes	AR	Director of Digital (& Chief Information Officer)
Mrs J Whisken	JW	Deputy Chief Nurse
Mrs M Maxwell	MM	Deputy Chief Operating Officer <i>[For item 5 only]</i>
Dr M Goddard	MG	Business Unit Lead for Radiology <i>[For item 5 only]</i>
Apologies		
Mr I Graham	IG	Acting Chief Nurse
Ms O Monkhouse	OM	Director of Workforce & Organisation Development
Mr S Posey	SP	Chief Executive Officer
Mr A Selby	AS	Director of Estates & Facilities

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
20/157	The Chair opened the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
20/158	<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. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. 2. Cynthia Conquest as Deputy Director of Finance and Performance at Norfolk Community Health and Care Trust (Contractor). 3. Stephen Posey in holding an honorary contract with CUH to enable him to spend time with the clinical teams at CUH. 4. Stephen Posey as Chair of the NHS England (NHSE) Operational 		

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	Delivery Network Board. 5. Stephen Posey as Trustee of the Intensive Care Society. 6. Stephen Posey, Roger Hall and Eilish Midlane as Executive Reviewers for CQC Well Led reviews. 7. Stephen Posey as co-chair of NHS East of England Critical Care Strategic Project Board. 8. Stephen Posey as Chair of the East of England Cardiac Network. 9. Tim Glenn whose wife is ICS development lead for NHSE/I for East of England (EoE). 10. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd		
3	MINUTES OF THE PREVIOUS MEETING – 24 September 2020		
20/159	CC picked up one small amendment required to note that the previous minutes received were for August 2020 and not July 2020. Approved: Following the above correction, the Performance Committee approved the Minutes of the meeting held on 24 September 2020 and authorised these for signature by the Chair as a true record.	Chair	29.10.20
4	TIME PLAN OF TODAY'S AGENDA ITEMS		
20/160	GR advised of one amendment to the Agenda; Item 9 Workforce - Temporary Staffing Usage to be postponed to 26 November meeting when OM would be in attendance to speak to this report.		
4ii	ACTION CHECKLIST / MATTERS ARISING		
20/161	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	PRESENTATION: RADIOLOGY AND IMAGING		
20/162	<p>The Committee welcomed this presentation led by Dr Martin Goddard and Maggie Maxwell. Dr Goddard described the implementation of the recommendations that arose out of the previous review, including some substantial restructuring. Despite the historic shortage of radiologists, recent recruitment had been successful and they are now almost fully staffed. The focus is now on training and (especially for recent international recruits) retention.</p> <p>During the pandemic, routine diagnostic work ceased but urgent and cancer referrals were maintained. MDT meetings had moved to being 'virtual', where support from Digital Dept had enabled more home working, to help those shielding and comply with social distancing guidelines.</p> <p>Activity has now recovered to pre-Covid levels, exceeding national recovery targets, the backlog has been cleared and the better deployment of staff has released capacity enabling the division to provide CT capacity to CUH. By evening out allocation of reporting, they have also achieved productivity gains, reducing consultancy costs. In preparation for a second wave, they have learned lessons from the first wave, and expect to redeploy fewer staff to other areas of the hospital</p>		

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	<p>and maintain a higher level of routine diagnostics (incl. minimising DNAs through advance telephone contact).</p> <p>MG referred to the national GIRFT review (Get It Right First Time) where RPH was noted for its good service and level of expertise. While a number of challenges remain, the Committee commended the team's tremendous progress, including contribution of capacity to the STP, and received considerable assurance as to the division's performance. The Committee noted MG's attendance and contribution to the Trust's Clinical Decision Cell. The Committee was also assured that team is closely engaged with the new PACS procurement.</p> <p>Noted: The Committee noted the update on Radiology and Imaging.</p>		
6	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
20/163	<p>The Committee received PIPR for Month 6 2020/21 reporting August data. TG summarised the overall position as 'red'. This comprised:</p> <ul style="list-style-type: none"> • Five 'red' domains (Finance, Effective, Responsive, People Management & Culture and Transformation); • Two domains were 'green' (Caring and Safe). <p>Two domains were rated as Green (Caring and Safe) and all other domains were rated as Red. Although other areas were still red, the Committee noted that many of the key metrics continue to move in the right direction. In addition, the Committee noted that two areas (Finance and Transformation) were red due to lack of progress on CIP. TG stressed that although CIP sits under Finance for reporting purposes, responsibility for its improvement is Trust wide. TG and EM will review Transformation to more closely reflect the work of SPC as certain projects move to day-to-day operations.</p> <p>The Committee discussed PPE stock levels and gave assurance to the NEDs that stocks are adequate and being managed well.</p> <p>Following a query by CC on Same Day Admissions, EM explained why some patients are admitted the night before, which does increase Length of Stay but can help theatre productivity. The Trust is looking to move to actual Same Day Admission and release the need for night staffing with SDA.</p> <p>GR referred to the slide on cancellations and would find it useful to see the graph showing the changes, which had previously been in the report. EM confirmed that this graph can be added back in.</p> <p>Noted: The Performance Committee noted the PIPR update for Month 6 2020/21.</p>	EM	26.11.20
7	RESTORATION OF ACTIVITY		
20/164	EM presented this update, noting a good flow through of elective activity and day cases, especially in Cardiology. RSSC activity is picking up steadily and Outpatients is working well.		

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	<p>GP referrals are still down with many patients reluctant to come into hospital due to Covid reasons; this is recognised as a national issue. The Trust has limited opportunity to influence this area, but is writing to its top GP referrers to give assurance that the hospital is open and safe. TG referred to targets, referring centres, referral patterns and how RPH can manage this effectively and improve the referral base over wider area.</p> <p>The Chair referred to the charts in the report and queried whether these are reported as year-to-date (ytd) or monthly. EM confirmed it is a monthly target and this will be made clearer in future reports.</p> <p>The Chair queried why the summary shows CT scanning as 'red'. He would also find it useful to show variances on speciality as opposed to several charts. SH explained how the CT rating worked and will adjust future reporting as suggested by the Chair.</p> <p>On discussing CDC targets, TG explained how these are used by the Trust; CDC look at aspirational targets and there is a gap between these and those set out by Sir Simon Stevens (SS); in all cases the CDC targets are above the SS targets. The Trust is financed and commissioned to deliver the SS targets. TG noted that it is unlikely to be affordable in current circumstances for the Trust to meet the higher CDC targets.</p> <p>Noted: The Performance Committee noted the update on Restoration of Activity.</p>	EM SH	26.11.20 26.11.20
8i	FINANCIAL REPORT – Month 6 2020/21		
20/165	<p>The Committee received this report which gave an oversight of the Trust's in month and full year financial position.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> • Financial performance dashboard summary • Statement of Comprehensive Income (SOI) position • Forecast • Financial modelling and future projections • Run rate trends; Activity; Cash position and forecast; COVID-19 expenditure; Capital expenditure. <p>TG gave overview of the STP deficit position since last updated to the Board. The current regional STP position has improved, where RPH has played a positive part. TG advised of the position with other local STPs.</p> <p>The Committee noted the importance of the Trust 'controlling what it can control' mainly being CIP and revenue opportunities.</p> <p>The Trust had received the positive news that the full £1.8m Covid capital expenditure had been approved. It was noted that this was not the case for all Trusts.</p> <p>TG flagged that the Cambs & Peterborough STP month 5 top-up is</p>		

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	<p>currently withheld as this has been selected for validation by the centre. RPH is responding to queries regarding this and initial feedback from the centre suggests this will be paid. TG will keep this Committee and the Board updated.</p> <p>CC queried the figures in the report under Clinical income excluding homecare – it was agreed to discuss this outside of the meeting CC also queried the EBITDA figure; it was agreed to discuss this outside of the meeting.</p> <p>CC referred to ‘expenditure differences’ and asked for an example of this. TG explained that this is linked to pay spend and pay run rate – this will be detailed in the report on Temporary Staffing to the next meeting.</p> <p>The Chair asked how the Trust ensures that any increase in private patient revenue is not at the risk of NHS activity. EM replied, from an operational perspective; there are areas of opportunity where the Trust is achieving its RTT standard and capacity can be invested into private patient activity. Private patient activity is not actively being driven in areas which are not achieving RTT.</p> <p>Noted: The Committee noted the financial update for month 5 2020/21.</p>	CC/TG	Oct/Nov20
8ii	CIP UPDATE		
20/166	<p>The report summarised the Trust’s progress with the M07-12 2020/21 CIP plan; details of the CIP plan and steps being taken to close this gap to enable the Trust to meet its plan.</p> <p>TG added that improvement is still required and explained the strong focus on CIP. Regular CIP meetings are being held with Divisions and it is hoped a more positive position can be shown in next month’s report; notwithstanding this, there will need to be a strong push to year end to achieve meaningful results.</p> <p>Noted: The Performance Committee noted the CIP update.</p>		
9	WORKFORCE: TEMPORARY STAFFING UPDATE		
20/167	As agreed earlier, this will be presented to the 26 November meeting.	OM	26.11.20
10	OPERATIONAL PERFORMANCE - Access & Data Quality Report		
20/168	<p>The Committee received this revised format report which provided an oversight of the Trust’s performance against a selected group of data quality key performance indicators, and highlighted areas for improvement.</p> <p>The report included updates on outpatient scheduling and GP referrals, which had been discussed earlier under ‘Restoration of Activity’.</p> <p>Referring to Outpatient clinical management, CC asked if the previous work by Meridian would need to be implemented to see improvements. EM advised that this forms part of the work required, alongside utilisation on Lorenzo.</p>		

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	<p>The Chair referred to backlog of outpatient referrals with no plan and an increase in appointments. EM advised this relates to administrative processes on patient access plans and live input to the system.</p> <p>The Chair found the report helpful and was pleased to see the new format.</p> <p>Noted: The Performance Committee noted the Access & Data Quality Report.</p>		
FOCUS ON			
11i	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
20/169	<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 October 2020.</p> <p>The report covered the key risks already noted in PIPR and CIP reports; it also included cardiac and cancer wait times. The workforce risk had been reviewed by OM and AJ, who explained the context behind this and how the assessment was based on consequence and likelihood.</p> <p>Noted: The Committee noted the BAF update.</p>		
11ii	CORPORATE RISK REGISTER (CRR)		
20/170	<p>The Committee received the update which provided an overview of those risks graded 12 and above that are included on the corporate risk register. A summary of entries was provided for information. Work continues to ensure all risks are brought up to date in a format easy to understand.</p> <p>CC commented that many of those listed are not risks but issues. AJ agreed to feed this back, which will help inform training for those inputting entries onto the system.</p> <p>Noted: The Performance Committee noted the CRR update.</p>	AJ	26.11.20
FUTURE PLANNING			
12	TWO YEAR ANNUAL PLAN		
20/171	TG referred to the earlier discussions on existing run rate which had been covered under both the Finance and CIP reports.		
13	INVESTMENT GROUP		
20/172	The Performance noted the Chair's report detailing the recent Investment Group meetings on 14 and 20 October 2020. It was noted that the Digital Aspirant Programme request will be presented to the Strategic Projects Committee, which immediately follows this meeting.		

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	Noted: The Performance Committee noted the update from the Investment Group.		
14	LOCAL HEALTH ECONOMY UPDATE		
20/173	Noted: The Committee noted discussions on STP under the Finance report.		
15	ANY OTHER BUSINESS		
20/174	No items were raised.		
16i	COMMITTEE FORWARD PLANNER		
20/175	Noted: The Performance Committee noted the Forward Planner.		
16ii	REVIEW OF MEETING AGENDA AND OBJECTIVES		
20/176	On review, it was noted that the meeting objectives had been met and the Agenda ran well. The Chair thanked all concerned for the good preparation of reports.		

2020 dates

Date	Time	Venue	Apols rec'd
26 November	9am-11am	Mtg rooms 1&2, Ground Floor	
17 December	9am-11am	Mtg rooms 1&2, Ground Floor	

Date	Time	Venue	Apols rec'd
28 January	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	
25 February	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	
25 March	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	
29 April	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	
27 May	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	
24 June	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	
29 July	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	
26 August	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	
30 September	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	
28 October	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	
25 November	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	
16 December	9am-11am	Mtg rooms 1&2, Ground Floor / MS Teams	

The meeting finished at 1057hrs

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Signed

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Date

**Royal Papworth Hospital NHS Foundation Trust
Performance Committee**

Meeting held on 29 ~~October 2020~~ October 2020