

**Meeting of the Performance Committee
Held on 24 September 2020
At 0930hrs-1100hrs
Royal Papworth Hospital
Ground floor offices rooms 1&2 / via Webex**

MINUTES

Present			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	✓
Ms O Monkhouse	OM	Director of Workforce & Organisation Development	✓
Mr S Posey	SP	Chief Executive	✓
Mrs J Rudman	JR	Chief Nurse	✓
Mr A Selby	AS	Director of Estates & Facilities	✓
In Attendance			
Mrs A Colling	AC	Executive Assistant (Minutes)	✓
Mr E Gorman	EG	Deputy Director of Digital (& CNIO)	✓
Mr D Jenkins	DJ	Clinical Director, Surgery Transplant & Anaesthetics	✓
Mrs S Harrison	SH	Deputy Chief Finance Officer	✓
Mrs L Shacklock	LS	Operational Director, Thoracic & Ambulatory Services	✓
Apologies			
Mrs A Jarvis	AJ	Trust Secretary	
Mr A Raynes	AR	Director of Digital (& Chief Information Officer)	

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
20/138	The Chair opened the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
20/139	<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). 		

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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 Trustee of the Intensive Care Society. 7. Stephen Posey – from August 2020 as co-chair of NHS East of England Critical Care Strategic Project Board. 8. Stephen Posey, Josie Rudman, Roger Hall and Eilish Midlane as Executive Reviewers for CQC Well Led reviews. 9. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd 10. Stephen Posey as Chair of the East of England Cardiac Network. 11. Tim Glenn whose wife is ICS development lead for NHE/I for East of England (EoE).		
3	MINUTES OF THE PREVIOUS MEETING – 27 August 2020		
20/140	Approved: The Performance Committee approved the Minutes of the meeting held on 27 August 2020 and authorised these for signature by the Chair as a true record.	Chair	24.9.20
4i	TIME PLAN OF TODAY'S AGENDA ITEMS		
20/141	Today's main focus would be on Phase 3 Restoration of Activity and Planning.		
4ii	ACTION CHECKLIST / MATTERS ARISING		
20/142	The Committee reviewed the Action Checklist and updates were noted.		
4iii 20/143	Response to Surgery, Transplant & Anaesthetics estates issues raised at last meeting		
[1007hrs]	TG updated the Committee on progress with issues raised: <ol style="list-style-type: none"> 1. Drains issue: This is an issue of concern. Urgent meetings have taken place with Skanska and are ongoing. Daily rodding of drains is taking place to alleviate problems. Skanska have appointed an independent reviewer to assess the issue. A further update will come back to a future meeting. 2. Changing rooms: Lack of space in clinical staff changing areas. The Trust is actively looking into installing a modular changing room on site. The proposal & location is being reviewed to ensure it does not have drain issues as above. 3. Theatre temperature: Surgeons advise that cooling in theatres is required quicker than currently happens. This has been raised with Skanska who are reviewing the total energy usage of the hospital, linked to ground source heat issue. An update on progress will come back through this review as it occurs. 4. Theatre efficiency reported not as good as old site due to no anaesthetic rooms: This forms part of ongoing discussion with clinical staff. It was noted that the Trust will not be reverting to installing anaesthetic rooms. RH advised how use of 		

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	<p>anaesthetic rooms is a practice mainly in the UK. RH detailed his experience of working without specific anaesthetic rooms, with no issues. This was a well scrutinised design of the new hospital build; it may be that further work with staff is needed to embed this change in working practice.</p> <p>5. Rest area for on-call staff. This links into the issue on lack of changing area for staff and will form part of that solution and cost.</p> <p>Noted: The Performance Committed noted the update.</p>		
IN YEAR PERFORMANCE & PROJECTIONS			
5	PRESENTATION : THORACIC DIVISION UPDATE		
20/144	<p>The Committee welcomed Dr Mike Davies, Clinical Director Jennifer Whisken, Head of Nursing and Lisa Shacklock, Operational Director of Thoracic Services. MD also thanked colleague Carrie Symington who had helped compile the presentation slides.</p> <p>The Committee welcomed this presentation led by Mike Davies. Prior to the pandemic, Thoracic was struggling to achieve activity to match demand. The division made a massive contribution to both the hospital's and the system's response to the pandemic, including ECMO and a new acute CPAP pathway. Despite determined efforts, recovery of activity has been slower due to some unique challenges, including the high proportion of shielding patients, the especially complex pathways and the need for aerosol-generating diagnostics. As a result, it will likely fall just behind Phase III targets for recovery. The Committee commended the team's response to the pandemic and received considerable assurance on the substantial progress being made by the division to restore normal activity. MD anticipated that any second wave is likely to present different challenges, with more non-elective transfers. MD referred to 2nd Covid wave and the need to preserve our services as well as we can with a balanced response. This has been widely discussed via the Trust's Clinical Decision Cell (CDC).</p> <p>In response to a query from CC on staff morale, MD noted that despite the immense pressures they faced, MD thought staff morale was reasonably robust as we approach what is likely to be a uniquely challenging winter; the team were pleased to be back working with regular RSSC services, which had been reduced during 1st wave Covid. JW highlighted the need to support staff welfare through these challenging times.</p> <p>MD looked to how RPH via CDC could best help the Region with 2nd wave Covid response; this could come via ECMO service, non-invasive ventilation along with advice and guidance for Trusts to treat patients without necessarily transferring patients to RPH.</p> <p>MD thanked his team for their contribution to today's update and</p>		

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	<p>for the opportunity to present to the Performance Committee. GR and CC thanked MD for the Thoracic Division update and congratulated all involved for their hard work.</p> <p>[1007hrs MD and LS left the meeting]</p> <p>Noted: The Performance Committee noted the Thoracic Division update.</p>		
6	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
20/145	<p>The Committee received a summary version of PIPR for August 2020. 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); Although Effective and Responsive were still red, the Committee noted that many of the key metrics (theatre/cath lab utilisation, waiting lists, RTT) are moving in the right direction. Under Finance, despite the many positives, TG confirmed that Finance remains 'red' due to under performance on CIP where planning is behind schedule and there remains some uncertainty to be worked through in relation to the Trust's year-end position • Two domains were 'green' domain (Caring and Safe). <p>During discussion the following items were noted/considered:</p> <ul style="list-style-type: none"> • Effective and responsive - Red metrics are improving month on month as recovery starts; this is detailed further in the Restoration of Activity report. • Mandatory training was resumed from July along with Individual Performance Reviews (IPRs). • Following a query by CC as to why Finance flagged red and not amber, TG gave further detail of how this links to the CIP plans for 2nd half of the year. Work is ongoing in this area. • One date was noted as August 2019 which should be August 2020. This will be amended. • Under 'Effective' the Committee discussed referrals to the Trust; Consultant to Consultant referrals and those via GPs. Work is in hand by two Clinical Directors to inform GPs of our Covid safe environment and promote services available to patients. • GR queried the increase in staff turnover rate to 14.6% and decline in score as "recommended place to work". OM updated that turnover in July was 4% which was very low; the current percentage is a return to more normal levels as students return to University etc. The 'recommender' score is at 69% which is normal. • OM referred to staffing plans for 2nd Covid surge, where the Trust has learned from the 1st phase regarding risks and redeployment of staff. 		

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	Noted: The Performance Committee noted the summarised PIPR update for August 2020.		
7	RESTORATION OF ACTIVITY		
20/146	<p>Based on the data and explanations provided, the Committee continued to receive assurance that substantial progress was being made by the Trust to meet NHSE/I targets for activity recovery.</p> <p>Outpatient attendances and bookings had now returned to the level achieved as a result of the Meridian study. While there was under-delivery in respect of first outpatient appointments, this was due to a conscious decision to switch resources to follow-up appointments and should be just a temporary issue. Admitted activity was progressing really well. Day Cases remain difficult, largely due to the lead times between testing patients and receiving results from the CUH lab, requiring most admissions to be the day before. Overall, meeting NHSE/I targets is the most challenging in Respiratory for the reasons discussed by MD.</p> <p>Referring to diagnostics and radiology services, EM advised that the backlog of CT requests had been addressed and by end of September, this will also be the case with MRI scans. Radiology reporting is on track. There is a small backlog on Echo capacity which is expected to be back to normal levels shortly.</p> <p>The Trust is actively working to support the STP on the diagnostic front. Teams are working up plans to take cardiac CT referrals from CUH and perhaps NWAFT in order to free up space on their scanners. The Trust is commissioning a 2nd bronchoscopy room to offer capacity to the system thus freeing up endoscopy space in those areas which are nationally challenged.</p> <p>EM noted respiratory is slightly behind recovery plan as this is dependent on many complex services and diagnostics.</p> <p>EM gave an update of how local STP Trusts are challenged in terms of throughput. EM explained how RPH is part of a system plan in preparing for 2nd Covid wave and winter issues. The surge plan will be discussed at the next Board meeting.</p> <p>Noted: The Performance Committee noted the update on Restoration of Activity.</p>		
8i	FINANCIAL REPORT – August 2020		
20/147	<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 August 2020.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> • Statement of Comprehensive Income (SOI) position • Run rate trends • Activity 		

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	<ul style="list-style-type: none"> • Cash position and forecast • COVID-19 expenditure • Capital expenditure <p>SH updated the Committee on the year to date finance position where the Trust is still working under an emergency financial operating model.</p> <p>The Committee received assurance that the Homecare Drugs costs and PFI support monies would be resolved. TG also confirmed that, notwithstanding previous uncertainty, the STP has confirmed that RPH will receive full funding for its £7m of additional COVID-19 costs. The impact of elective activity incentive scheme remains however unclear, with the risk that RPH may not be compensated for exceeding activity targets (and increased costs associated with that) if the STP overall fails to deliver the targets. Executives will consider whether to update its forecast in light of these recent indications.</p> <p>Noted: The Committee noted the financial update for July 2020.</p>		
8ii	FORECAST OUTTURN & RECOVERY		
20/148	<p>The report summarised the Trust's forecast outturn for 2020/21 and the progress to date in delivery the mitigating actions inherent to this plan, as well as further actions to meet the break-even requirement of NHSI/E.</p> <p>TG updated on discussions at the recent Extra Ordinary Board meeting which focussed on the Phase 3 Planning 21 September submission.</p> <p>Noted: The Performance Committee noted the update.</p>		
9	WORKFORCE: TEMPORARY STAFFING USAGE		
20/149	<p>The Committee received this report from the Director of Workforce.</p> <p>The Committee welcomed OM's very helpful paper. It was noted that the proposed metrics in para 2.3 (included in the 20/21 Operational Plan) may no longer be applicable. Executives will consider further what targets and trajectories could be reported against and monitored on a rolling basis, although the Committee noted there may be too much uncertainty to come up with meaningful metrics. It was agreed, however, regardless of metrics, that it was very important to maximise progress in this area, and the Committee would continue to monitor progress closely.</p> <p>The Chair added that he would like to see targets and trajectories to measure against on monthly basis. TG/OM to discuss how this can be reviewed on monthly basis.</p> <p>TG linked this into the CIP programme with the need to allocate</p>	OM/TG	29.10.20

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	<p>CIP across workstreams, one of which is agency; then introducing underpinning actions which will deliver these numbers. The Trust understands the urgency of this work which is already in hand.</p> <p>Noted: The Performance Committee noted the update on temporary staffing usage.</p> <p>[1103 SP left the meeting]</p>		
10	OPERATIONAL PERFORMANCE - Access & Data Quality		
20/150	<p>During the Trust's response to COVID-19, this item has been 'parked' until the October meeting. A 'shadow' report for September with revised formatting was presented to the Committee for review.</p> <p>CC confirmed she was happy with the revised format and content. The Chair suggested it would be useful to see targets or baselines. TG will look to add these to the revised format.</p> <p>The Chair referred to previous inclusion of granularity on referrals – SH advised that this level of detail is contained within the Restoration of Activity report. The Committee were assured that this level of granularity will still be captured should the Restoration of Activity report end.</p> <p>Noted: The Committee noted the revised format of the Access & Data Quality Report.</p>	SH	29.10.20
FOCUS ON			
11	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
20/151	<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 August 2020.</p> <p>Key changes in month were noted as:</p> <ul style="list-style-type: none"> - Improvement in risk rating for staff turnover and recruitment. - Improvement in COVID expenditure where the national team has indicated that these costs will be reimbursed in 20/212. <p>During discussions on BAF it was agreed that a new risk regarding the proposed financial plan will be discussed at the September Board meeting.</p> <p>Noted: The Committee noted the BAF update.</p>		
FUTURE PLANNING			
12	INVESTMENT GROUP		
20/152	The Chair advised that he preferred the format of this report which		

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	<p>was easier to decipher, rather than receiving accompanying minutes. TG noted that future reports will include a table with a summary of capital expenditure</p> <p>Received and noted: The Committee received and noted the Chair's report from the Investment Group meeting held on 14 September 2020.</p>		
13	ANY ISSUES FOR ESCALATION TO OTHER COMMITTEES		
20/153	<p>Strategic Projects Committee: GR advised there will be a Chair-to-Chair discussion on the appropriate committee to present CIP.</p> <p>Board of Directors: As noted, Covid surge plans will be discussed at the next meeting.</p>		
14	ANY OTHER BUSINESS		
20/154	No items were raised.		
15i	COMMITTEE FORWARD PLANNER		
20/155	Noted: The Performance Committee noted the Forward Planner.		
15ii	REVIEW OF MEETING AGENDA AND OBJECTIVES		
20/156	<p>On review of the meeting the following areas were noted:</p> <ul style="list-style-type: none"> • CC agreed that the objectives had been met. • The meeting ran slightly over and was rushed at the end. • The meeting pre-Covid ran for 2 hours; the NEDs would like to stick to the current 1.5 hours but encouraged a better balance of discussion. • It was felt very useful to hear Divisional presentations. • It was agreed to take PIPR and Finance reports as read; highlighting only any new or outstanding items, also allowing for questions. • It was agreed that to improve the above, the Committee could be more efficient with time. <p>Noted: The Performance Committee noted the review of meeting agenda and objectives.</p>		
	FUTURE MEETING DATES		
2020	Time	Venue	Apols rec'd
29 October	0930-1100hrs	Mtg rooms 1&2, Ground Floor/ Webex	
26 November	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex	
17 December	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex	

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2021	Time	Venue	Apols rec'd	
28 January	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		
25 February	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		
25 March	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		
29 April	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		
27 May	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		
24 June	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		
29 July	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		
26 August	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		
30 September	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		
28 October	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		
25 November	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		
16 December	0930-1100hrs	Mtg rooms 1&2, Ground Floor / Webex		

The meeting closed at 1113hrs


 Signed
 (Chair authorised electronic signature to be added)

29 October 2020

Date _____

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
 Meeting held on 24 September 2020