

**Meeting of the Performance Committee
Held on 26 November 2020
At 0930hrs
Via MS Teams**

CONFIRMED

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
Mr S Posey	SP	Chief Executive Officer
Dr R Hall	RMOH	Medical Director
Mrs E Midlane	EM	Chief Operating Officer
Ms O Monkhouse	OM	Director of Workforce & Organisation Development
In Attendance		
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
Mr E Gorman	EG	CNIO/ Deputy Director of Digital
Mr I Graham	IG	Acting Chief Nurse
Mr A Selby	AS	Director of Estates & Facilities
Apologies		
Mrs A Colling	AC	Executive Assistant

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
20/177	The Chair opened the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
20/178	<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 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. 		

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	<p>7. Stephen Posey as co-chair of NHS East of England Critical Care Strategic Project Board.</p> <p>8. Stephen Posey as Chair of the East of England Cardiac Network.</p> <p>9. Tim Glenn whose wife is ICS development lead for NHSE/I for East of England (EoE).</p> <p>10. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd</p>		
3	MINUTES OF THE PREVIOUS MEETING – 29 October 2020		
20/179	<p>CC picked up one small amendment on page 5 under Agenda item 6 ‘Papworth Integrated Performance Report (PIPR)’ minute to be amended to ‘The Committee received PIPR for Month 6 2020/21 reporting September data.’</p> <p>Approved: Following the above correction, the Performance Committee approved the Minutes of the meeting held on 29 October 2020 and authorised these for signature by the Chair as a true record.</p>	Chair	26.11.20
4	TIME PLAN OF TODAY'S AGENDA ITEMS		
20/180	<p>GR advised due to the pressures the Cardiology division are currently facing, a decision had been made to postpone the presentation until the new year to enable the Performance Committee today to focus on second wave surge planning.</p>		
4ii	ACTION CHECKLIST / MATTERS ARISING		
20/181	<p>The Committee reviewed the Action Checklist and updates were noted.</p>		
IN YEAR PERFORMANCE & PROJECTIONS			
5	UPDATE ON WAVE 2 SURGE PLANNING / IMPLEMENTATION		
20/182	<p>SP presented this update to provide context to the Committee on the present position. At Royal Papworth Hospital (RPH) there are 11 COVID-19 patients all on extra corporeal membrane oxygenation (ECMO) with the National Team requesting the development of capacity planning to enable a surge to a possible 20 ECMO. The new infection control social distancing measures, an increase in COVID related staff absence, increased emergency activity and the increase in COVID demand has resulted in pressures seen within the wider NHS system with twelve hour trolley waits, discharge delays and ambulance offload delays reported. Consensus is a third wave may be highly likely following the lifting of restrictions over Christmas.</p> <p>In response, Cohort 1 being 35 members of staff have been redeployed to Critical Care and Cohort 2 being a further 35 members of staff are due to be released for Critical Care training and clinical familiarisation this week. This will result in a reduction in some elective activity.</p> <p>Preparations for the staff COVID vaccination programme to commence from 1 December are in progress which logically is challenging.</p> <p>Plans are also being developed to release a proportion of registered</p>		

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	<p>staff for the Mass Population Vaccination Programme, the ask being around 60 / 70 registered staff in Bands 5 and 6. In line with all organisations, the impact of this request is being modelled but it is anticipated for RPH it would likely generate a 33% reduction in elective throughput and limit ECMO capacity to 10.</p> <p>In terms of Regional Surge Centres, this will require the redeployment of 1,000 staff members across the region if triggered.</p> <p>The rollout of lateral flow self-testing commences on 30th November at the hospital site, again a huge logistical exercise.</p> <p>Alongside all of the above, RPH has resumed its planning as part of the national response to the EU Exit Strategy.</p> <p>A focussed piece of work has been commissioned to address the health and wellbeing of staff. In order to reduce the burden on Trust teams, a reduction in Committee agendas may be required although will be agreed with Chairs in advance.</p> <p>EM informed the Trust is experiencing higher levels of staff absence due to a combination of symptomatic family members and/or track and trace. The split of green and purple pathways is also a challenge although the single room layout of the hospital is of benefit.</p> <p>CC questioned how many members of staff had tested positive and the resulting impact on colleagues having to self-isolate. EM replied the figures are tracked through Command and Control and there are currently around 4/5 members of staff reporting with active infection. SP assured that Committee, staff are adhering to social distancing and mask wearing regulations resulting in few instances where colleagues have been required to self-isolate. Nosocomial infection rates remain at a low level.</p> <p>Referring to the impact of supporting the Mass Vaccination Programme and the resulting ECMO bed reduction, the Chair asked if the request for support was being actively challenged. SP assured challenges are being made however all organisations are being faced with the same request. At a system level, a review is ongoing to consider utilising a proportion of staff classified as vulnerable to support the programme if deemed appropriate.</p> <p>Noted: The Committee noted the update on wave 2 surge planning.</p>		
6	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
20/183	<p>The Committee received PIPR for Month 7 2020/21 reporting October data. TG summarised the overall position as 'red' but noted the 'October report includes part weeks of continued recovery. 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). 		

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	<p>The Committee discussed PPE stock with the Chair asking for assurance that current stock levels are sufficient to meet demand. EM assured the review of the PPE dashboard takes place on a daily basis with 12-18 days' supply reported currently. The move to sustainable reusable forms of PPE has also placed the Trust in a very strong position. IG relayed to the Committee during clinical rounds, a stores person commented on the Trust having a strong supply of PPE with stock levels being well managed.</p> <p>Upon reviewing the Friends and Family Test (FFT) scores, the Chair asked how RPH's outpatient participation rate compares nationally. IG advised the monitoring of this data was stopped nationally in February. At RPH however, FFT scores continue to be monitored. Ways to increase participation rates are also being explored. The Chair questioned what a good participation rate looks like and IG assured that RPH's level of outpatient participation is good.</p> <p>Noted: The Performance Committee noted the PIPR update for Month 7 2020/21.</p>		
7	RESTORATION OF ACTIVITY		
20/184	<p>EM presented this update. GP referrals are beginning to pick back up. In terms of elective both admitted and day case activity, a strong performance in October and good flow of outpatient activity is being seen. Diagnostics continue to deliver although some of the metrics look light from November due to the 6 weeks window on bookings. Diagnostics have also commenced supporting Cambridge University Hospitals with Cardiac CT imaging to assist with clearing their backlog. In terms of waiting list management, the Referral to Treatment (RTT) metric for October shows Cardiology at 96%, a solid recovery in Respiratory Medicine >80% and Surgery at 71%.</p> <p>CC queried if the increase in GP referrals was considered optimistic. EM informed it reflected the incremental increase seen over time, but with the launch of the Mass Vaccination Programme which will be heavily dependent on GP surgeries to support; this may result in a negative impact on recovery.</p> <p>The Chair questioned the 'steady state' target for sustainable activity levels. TG replied the Clinical Decision Cell has developed a plan setting out ambition and aspiration however the effect of the second wave will affect the ability to obtain targets. The constant titrating of demand against emergencies and the surge response, EM added, allows for maximising elective activity. Through this next phase, the actual flow of activity will be less of a leading indicator with productivity indicators as to how effectively we are using Cath labs, theatres and bed base becoming the suggested leading metric.</p> <p>The Chair asked about the return to normal activity levels and whether it was felt this could be achieved faster following the lessons learned from the first wave. EM informed the hospital had been through multiple ramp up and ramp down cycles over the last two years, with the teams becoming more effective in restoring services swiftly. This time the Trust is turning down services and will be focussing on increasing throughput</p>		

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	<p>rather than recovering from a standing stop. IG highlighted the need to be mindful of staff requiring considerable rest and recuperation and every opportunity will be maximised in the new year to ensure staff catch up on their annual leave.</p> <p>Noted: The Performance Committee noted the update on Restoration of Activity.</p>		
8i	FINANCIAL REPORT – Month 7 2020/21		
20/185	<p>The Committee received this report which gave an oversight of the Trust's in month and full year financial position.</p> <p>COVID spend in month dropped to £500k, private income continued with a strong performance resulting in a better than plan posted deficit of £500k being a £200k positive variance. Forecast is £2.8m deficit at year end. COVID underspend however is a non-recurrent benefit with COVID spend expected to increase in November through to the end of the financial year.</p> <p>CC queried the progress with invoicing home care pharmacy drug costs and income. SH assured good progress had been made with extra resource being provided to support the Pharmacy Department. The figures continue to be monitored weekly with a marked reduction seen in the backlog. The Chair asked whether the failure to issue invoices promptly in the previous month disclosed underlying system issues and received assurance from TG that this was not the case, since it was quickly spotted and addressed.</p> <p>CC referred to the deferral on the Papworth Everard site sale income. SH informed the deferral was down to timing of receipts and will likely slip into December. The Committee were advised the land sale is due to complete today.</p> <p>The Chair queried the £0.2m income from non-contract activity not included within the block framework and which cannot be billed under national guidance. SH advised under the framework for M07-12 there are a number of commissioners where payment is made via fixed block basis which is nationally determined. For any commissioners that are not included in that national arrangement, there is no mechanism to bill. The Trust has completed around £200k worth of work which sits outside that national arrangement due to being small in value which is unable to be passed on to the commissioners. The Chair questioned if this was being monitored or whether it was feasible to reduce down this activity. TG informed the Committee the block contract funds the Trust's expenditure base irrespective of activity (including areas where activity may be below budgeted levels) so would be unable to challenge without recourse in other areas, however a watching brief will be kept on this over the next few months.</p> <p>CC advised that at the Charitable Funds Committee, the Research and Development (R&D) £1m loss of income was queried. It was mentioned that whilst not being fully mitigated, it was not seen as a problem. CC made a request for the matter to be addressed through the appropriate R&D Committee as the issue was not about income variation but about</p>		

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	the effect on R&D projects if funding is withdrawn. TG informed monthly meetings are now being held with R&D to monitor this position.		
8ii	CIP UPDATE		
20/186	<p>The report summarised the Trust's progress with the M07 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>CC queried the Trust's confidence in being able to deliver the £3.8m remaining CIP target. Whilst being a very challenging target, TG conveyed confidence in keeping the focus on CIP in a kind and compassionate way. An improvement has been seen but the concern remained with the recurrent position.</p> <p>The Chair asked what proportion of CIP is predicted to be realised at year end. TG confirmed the requirement is to hit the £3.8m remaining target within year. Plans and ideas amounting to £2m have been identified but as one-off savings. The focus remains on the recurrent underlying CIP position. The Chair questioned the governance arrangements relating to CIP schemes to ensure they do not compromise quality/safety etc. TG assured every CIP scheme goes through a stringent evaluation and quality assurance process with clinical colleagues providing input and challenge.</p>		
	Noted: The Performance Committee noted the CIP update.		
9i	WORKFORCE: TEMPORARY STAFFING USAGE		
20/187	The Committee noted an update with proposed metrics on Temporary Staffing Usage had been postponed although the importance of maintaining focus on the issue was acknowledged.		
9ii	VACANCIES		
20/188	<p>The Committee noted the spotlight within PIPR on vacancy rates reporting a positive trend of less than 5%. Radiology, Cardiac Physiology, Echo and Clinical Administration have made positive inroads into vacancy rates as a result of working in collaboration with recruitment. A reduction has also been seen in the time to hire rate.</p> <p>The spotlight includes data relating to COVID absence which is on a downward trend as a result of the robust Risk Assessment process in place.</p> <p>The Chair congratulated OM and her team for achieving the current position but mentioned previous concern relating to the artificial drop in attrition rates since the start of COVID and questioned whether this trend had continued. OM replied that during September and October the nursing turnover rates did rise but overall the trend remained downward with the year to date figure remaining below the key performance indicator. OM further informed that the second phase of the</p>		

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	Compassionate and Collective Leadership Programme had commenced aligning to the positive progressive work included within the Trust Strategy. Recent appointments to the roles of Health and Wellbeing Practitioner, Equality, Diversity and Inclusion Lead, and the first Project Manager for the Compassionate and Collective Leadership Programme being tangible investments for the organisation. The Committee welcomed the investment in wellbeing and felt this was something a future Board and/or Committee would like to consider in more depth. With that in mind, the Chair proposed a presentation in January by the Health and Wellbeing Practitioner although it was felt further thought should be given as to whether this presentation should be made directly to Board or Committee. OM agreed to discuss the best approach with TG and IG and to provide an update on the activities supporting staff wellbeing at Board or Committee in January 2021.	OM	28.01.2021
10	OPERATIONAL PERFORMANCE - Access & Data Quality Report		
20/189	<p>The Committee received this 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 an update on the referrals from the April low point and detailed the progress made; the expectation being previous issues relating to Consultancy referrals in addition to GP referrals would hit again in wave two resulting in a further referral reduction. The Chair asked how well the Trust understood the drivers behind this reduction. EM replied the position continues to be monitored but is linked to organisations being adversely affected in throughput resulting in lower and late referrals to RPH. Pre-COVID the ambitions of other organisations were to develop services but with the advent of COVID many organisations are rethinking those strategies. SP concurred with EM. The Trust has limited opportunity to influence this area, but is writing to its top referrers detailing waiting times and outcomes.</p> <p>Noted: The Performance Committee noted the Access & Data Quality Report.</p>		
11	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
20/190	<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 November 2020.</p> <p>The report predominantly detailed a static month with no changes around the risk ratings with the exception of a reduction in risk for the cash position from the COVID increased expenditure.</p> <p>CC questioned the rating and description relating to risk 1853 Staff Turnover. AJ replied the risk had seen a significant reduction earlier in the year whereby the assessment was based on consequence rather than likelihood. OM agreed to review the narrative of the risk as this still refers to the hospital move and is now out of date.</p> <p>Noted: The Committee noted the BAF update.</p>	OM	28.01.2021

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	FUTURE PLANNING		
12i	ANNUAL REPORTS: 2021/22 OPERATIONAL PLANNING APPROACH		
20/191	<p>The Committee received this report which outlined the intended approach to operational planning for 2021/22 and the next steps.</p> <p>TG informed the report outlined the two options available, the first being a bottom-up service led process and the second a top-down centrally led approach. The first option is resource-intensive, but provides a high degree of accountability and the second option is less resource driven but with the risk of less accountability. Option two as presented was recommended due to the existing core base being strong, and the substantial uncertainties around demand and to reduce the burdens on Trust teams. However following a discussion at Executive Committee it had been agreed to retain the bottom-up approach for Critical Care and Corporate budgets as part of this exercise.</p> <p>In light of the exceptional circumstances, the Committee fully endorsed the proposal to proceed with option two subject to the exceptions of Critical Care and Corporate.</p> <p>Noted: The Committee noted the Trust's intended approach to 2021/22 operational planning.</p>		
13	INVESTMENT GROUP		
20/192	<p>The Committee noted the Chair's report detailing the recent Investment Group meeting on 9 November 2020.</p> <p>In relation to the update on Medical Devices Group (MDG), the Chair noted the £170k unallocated within the capital budget and questioned whether a robust process is in place to review any proposed spend prior to year-end. TG informed of no concerns; MDG is well managed with a plan in place to recognise if any spend identified for the next financial year could be prioritised and brought forward.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
14	ISSUES FOR ESCALATION		
20/193	No items were raised.		
15	ANY OTHER BUSINESS		
20/194	No items were raised.		
16i	COMMITTEE FORWARD PLANNER		
20/195	Noted: The Performance Committee noted the Forward Planner.		

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16ii	REVIEW OF MEETING AGENDA AND OBJECTIVES		
20/196	<p>The Chair thanked all concerned for the good preparation of reports and noted the improvements seen especially in CIP and Access and Data quality. TG added his thanks to SH and the Finance Team for the timely preparation of the meeting papers.</p> <p>The Chair also welcomed future discussions with TG to streamline and reduce down reporting in line with wave one submissions at future Performance Committee meetings.</p>		
2020 dates			
Date	Time	Venue	Apols rec'd
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



Date: 17 December 2020

**Royal Papworth Hospital NHS Foundation Trust
Performance Committee**
Meeting held on 26 November 2020