

Meeting of the Performance Committee
Held on 17 December 2020
At 0900hrs via MS Teams

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 I Graham	IG	Acting Chief Nurse
	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 Officer
In Attendance	Mrs A Colling	AC	Executive Assistant
	Mrs S Harrison	SH	Deputy Chief Finance Officer
	Mrs A Jarvis	AJ	Trust Secretary
	Mr E Gorman	EG	CNIO/ Deputy Director of Digital
	Mr A Selby	AS	Director of Estates & Facilities

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
20/197	The Chair opened the meeting and welcomed everyone.		
2	DECLARATIONS OF INTEREST		
20/198	<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. 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 11. Sophie Harrison whose husband is Chief Finance Officer at North West Anglia Foundation Trust. 		

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3	MINUTES OF THE PREVIOUS MEETING – 26 November 2020		
20/199	<p>CC noted two amendments to Section 8i Financial Report. The Committee noted and agreed the amendments.</p> <p>Approved: Following the agreed amendments as discussed, the Performance Committee approved the Minutes of the meeting held on 26 November 2020 and authorised these for signature by the Chair as a true record.</p>	Chair	17.12.20
4	TIME PLAN OF TODAY'S AGENDA ITEMS		
20/200	<p>The Chair noted the slimmed down agenda, reducing reporting and summary versions of reports for this month.</p> <p>SP gave an update on the current regional operating environment which would give important context to today's reports and discussions.</p> <p>Across the region, COVID admissions are increasing along with a significant increase in emergency admissions and emergency care demand. There has been an increase in staff absence compounded by a reduction in cover through agency and bank staff to deliver required fill rates. This is creating capacity issues across the East of England (EoE).</p> <p>January is historically a difficult month due to winter challenges, and COVID demand will increase these challenges substantially.</p> <p>EoE Providers have taken the decision to reduce elective activity. The region is experiencing increased ambulance delays alongside longer A&E waits. Those COVID patients not requiring critical care beds (CCA beds) are being cared for in general wards beds which impacts on ward bed capacity. This is creating significant pressure for several of the region's general acute hospitals.</p> <p>CCA and ECMO admissions are likely to increase at RPH, where the Trust supports partner organisations in the region. In response to this RPH has revisited its operational surge plan and will reduce the level of elective activity.</p> <p>[0908hrs EM arrived]</p> <p>Staff will be updated on the situation at the weekly briefing on Monday 21 December 2020.</p> <p>[0910hrs IG arrived]</p> <p>The Trust is looking at where pressure can be alleviated within the organisation; the temporary suspension of IPR and mandatory training is currently under discussion but not yet decided. SP explained the planning for use of staff cohorts 1-4 redeployment. RMOH added that redeployment planning does not just look at nurses and allied health professional moving from ward areas, but looks across the entirety of the Trust so as not to disproportionately impact certain areas.</p>		

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	Finally, SP noted that it is difficult to plan with certainty as the future picture is rapidly changing; the Trust will look ahead as best it can to support its staff and care for its patients and will remain flexible.		
4ii	ACTION CHECKLIST / MATTERS ARISING		
20/201	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
20/202	<p>The Committee received a summary version of PIPR for Month 8 2020/21 reporting November data. TG summarised the overall position as 'Red'; this comprised:</p> <ul style="list-style-type: none"> • Four 'Red' domains (Finance, Effective, Responsive and Transformation); two domains rated 'amber' (Safe and People, Management & Culture) • One domain rated 'Green' (Caring). <p>He noted that 'Safe' had moved from 'Green' last month to 'Amber'; reflecting an increase in falls and an increase in patients with pressure ulcers; both these increases being relatively low in number.</p> <p>The metric for People Management & Culture had moved from previous 'Red' to 'Amber'; due to recruitment and vacancy rate reduction.</p> <p>IG gave further assurance regarding the pressure ulcer metric, where there is monitoring and careful review of patients. There are no undue concerns here and this highlights the practice of good reporting.</p> <p>Referring to the falls metric, IG advised this related to the increased acuity of patients which is being monitored and reviewed by Specialist Nurses; this is an in-month increase with no trends showing. There are no undue concerns but it will be kept under review. Again, this highlights the practice of good reporting.</p> <p>The pressure ulcer data relates to patients only. It does not relate to staff wearing PPE. IG advised that the Trust had used learning from the 1st COVID surge where staff had experienced pressure sores from PPE masks and had procured additional tornado hoods to support staff; IG and Tissue Viability Nurse are keeping this under a watchful eye.</p> <p>CC referred to the increase in falls; she advised that an increase in reported falls is being seen across the NHS and certainly in the Community. IG again assured the Committee that this kept under review at RPH.</p> <p>Effective and Responsive metrics are both flagging 'Red' which EM noted was not surprising in the current operational environment. EM noted that the metric for theatre utilisation is based on the use of 6 theatres and cath labs but this capacity was reduced in November as part of the planned response to COVID-19. EM noted that there was high utilisation of the facilities which were staffed and the capacity that was open.</p>		

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	<p>Referring to the Cancer metric, EM added that the Trust continues to work hard with partners in terms of late referrals to ensure patients are treated promptly. This area is being monitored closely.</p> <p>The Chair noted that the IHU figures looked robust in the current circumstances. EM explained that this has been supported with the Trust working hard to get patients fit and ready for procedures as quickly possible. Additional staff have been trained in IHU which has helped with capacity.</p> <p>Noted: The Performance Committee noted the PIPR update for Month 8 2020/21.</p>		
6	COVID-19 PERFORMANCE REPORT		
20/203	<p>The report summarised the Trust's response to the COVID-19 crisis. The information reported consolidated various sources of data and was intended to supplement verbal presentation and discussion in each of the areas.</p> <p>TG introduced the report which linked in with the regional operational issues noted earlier. The report does not show the pressure of COVID on the general bed base; again this is another driver of operational pressures across the region. RMOH gave further information on the prevalence of COVID patients in general ward beds across the region. CCA bed occupancy in the EoE is kept under close review. EoE CCA capacity utilisation is amongst the highest nationally leaving little resilience in the CCA provision across the region. RPH is reviewing provisions internally to determine how the Trust might help the system given this environment. RPH has been an early implementer of its redeployment strategy which has proved useful. In the circumstances, there is a lower probability of other partners being able to take a share of the COVID surge load for all the reasons outlined, which could put RPH in a place similar to wave 1.</p> <p>The Chair referred to the Government's Christmas bubble guidelines and asked if the Trust had communicated any stricter guidelines to staff in effort to mitigate staff sickness. SP advised that this messaging is under review; much is advised through government and media and the Trust will consider this carefully alongside other messages regarding social distancing, ensuring there is a balance of all messages from different sources.</p> <p>Referring to activity recovery, the impact of the current redeployment was not reflected in November reporting. EM advised that teams are working very hard, where the efficiency and level of pace is phenomenal. The Trust is seeing high emergency activity through Cardiology with PPCI and rapid NSTEMI numbers coming through. The teams are currently managing to deliver elective activity in spite of this. SP noted that there is an increasing acceptance across the broader NHS that this continued pressure is not sustainable i.e. managing BAU, COVID and reducing backlogs.</p> <p>EM highlighted RTT numbers which on aggregate are up to 91% for this month (November). She praised teams in Respiratory, Cardiology and Surgery for their efforts. The Chair commended this performance.</p>		

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	<p>In this long-term pressured environment, the Chair was concerned about staff well-being and resilience. EM added that the Trust is mindful of this and putting a focus on staff resilience (taking breaks, being kind to each other etc).</p> <p>OM referred to sickness, turnover and vacancy rates. The Trust is focusing heavily on staff health and well-being. A new Health and Wellbeing Advisor has been appointed and is meeting with staff. A successful charity funding bid is being used to support Wellbeing Link Nurse roles to CAA and wards. The vacancy rate is very good across the Trust but it masks huge variability between wards; there are issues in some ward areas, which need to be considered before redeployment of staff. Ever-changing messaging by the Government on quarantine rules can be confusing; the Trust is working to provide clear reminders to help staff.</p> <p>The Chair queried the impact of the vaccination programme on the Trust. OM stated that it is minimal at moment where national guidelines are focussing on the vaccination over 80's. Locally RPH is working with CUH and should any vaccines be available then these are being offered to high risk staff. Once vaccines are more readily available then a staff vaccination plan can be prepared. CC asked if RPH staff will need to be released for the community vaccination programme. The Committee was advised that this is still pending and the Trust will prepare as best it can in anticipation.</p> <p>In summary there are a number of forthcoming issues which will impact on RPH namely:</p> <ul style="list-style-type: none"> • Staff released to support vaccination programme; • The Trust is planning an internal desk top exercise should staff from other Trusts be redeployed to RPH to increase surge capacity. The model scenario will review logistics, training, familiarisation etc. • There may be other issues deployed nationally which will need planning and consideration; it was felt useful for the Committee and Board to be aware of these. <p>Noted: The Performance Committee noted the COVID-19 Performance Report.</p>		
7.1	FINANCIAL REPORT – Month 8 2020/21		
20/204	<p>The Committee received this report which gave an oversight of the Trust's in month and full year financial position.</p> <p>TG advised that it had been a strong month financially, with the Trust posting a surplus of £300k against a planned deficit of £500k. He explained that this was driven by over-performance in private patient income, coupled with a reduction in the variable cost impact of ECMO (Extra Corporeal Membrane Oxygenation) compared to the first half of the year. The latter was partly driven by Trust decisions on ECMO consoles and supporting consumables.</p> <p>Income from private patients was strong. TG advised this gave some confidence for the anticipated year end position where a break-even position is now expected. This is a strong performance for the Trust.</p>		

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	<p>TG gave the good news that the land sale of the old Papworth Everard site completed on 26 November 2020. The sale monies have been received in full from the purchaser and these have been used to repay part of the transition loan. The national ‘true up’ monies for M5 and M6 which had been awaited have now been received and debts around this covered.</p> <p>CC referred to the PIPR metric of debtors more than 90 days overdue which had increased; is there a risk of needing to write some of these off? TG advised that some of the debts were in relation to those covered by ‘true up’ monies above and therefore covered. TG and SH closely monitor bad debts and have no concerns to raise. SH added that the PIPR metric is a percentage of overall debtors and the value of debts over 90 days had actually reduced in month – this is kept under review and the risk is mitigated through the Trust’s provision policy.</p> <p>CC noted that the finance report charts detail the 2018/19 figures and questioned whether this historic data still needs to be shown. TG advised that this is included for comparative assurance rather than information but agreed to take this out of future reports in an effort to minimise unnecessary information.</p> <p>Noted: The Committee noted the financial update for month 8 2020/21.</p>		
7.2	CIP REPORT		
20/206	<p>The report summarised the Trust’s progress within the M7-M12 2020/21 CIP plan; CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p> <p>TG advised that the key issue as COVID heads to the next wave, is to give the organisation head room to deal with the wave. In this regard he acknowledged the good work on CIP which sets the Trust up well for next year; but that CIP is not the emerging priority at the moment. Although CIP works continue in the background, it is not necessary for Divisions to be spending time on creating new CIP ideas, in the current COVID environment - CC concurred with this and acknowledged the assurance that CIP is being worked on going forward.</p> <p>EM added that there is a strong pipeline of ideas already generated, where schemes will have a positive impact on next year. IG reassured the Committee that clinical teams are actively engaged in CIP, which is part of everyday business.</p> <p>Noted: The Performance Committee noted the CIP update.</p> <p><i>Post meeting note: For the avoidance of doubt, recurrent CIP remains a key strategic risk for the Trust. Whilst our immediate priority remains our response to the current pandemic, our attention will revert back to CIP as soon as practically possible.</i></p>		
8	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
20/207	<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 December 2020.</p>		

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	<p>AJ noted the new risk BAF 2697, system commissioning arrangements, with a risk rating of 9. The BAF 1021 cyber risk has increased to risk rating 20 this month. EG explained this relates to the migration of servers. There is a challenging timeline for the migration work – this is at risk of delay due to COVID pressures. The overlying risk is that all non-migrated servers will be unsupported by Microsoft at that point in time.</p> <p>Noted: The Committee noted the BAF update.</p>		
	FUTURE PLANNING		
9	2021/22 OPERATIONAL PLANNING – DRAFT ENVELOPE		
20/208	<p>The Committee received this report which provided a first draft envelope for the 2020/21 Operational Plan. This will be subject to change once the NHSI/E national guidance has been released and when Directorate planning summaries have been completed.</p> <p>TG presented the updated plan which builds on the information given to last month’s meeting. Uncertainty still exists, with national operational planning guidance still to be issued. The Trust is keen to begin planning work with Divisions; the paper explains the timeframe and how the work can be achieved. It is key to focus on what the Trust can control and not what is outside the Trust’s control.</p> <p>TG gave an explanation of the component parts of the £12m controllable movement compared to the previous Long Term Plan for 2021/22. He again reiterated the huge amount of uncertainty on the overall NHS position and that there is no further clarity until the planning guidance is received.</p> <p>Noted: The Committee noted the update and draft envelope.</p>		
10	INVESTMENT GROUP		
20/209	<p>The Committee noted the Chair’s report detailing the recent Investment Group meeting on 7 December 2020.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
11	ANY OTHER BUSINESS		
20/210	There were no issues raised.		
12.1	COMMITTEE FORWARD PLANNER		
20/211	Noted: The Performance Committee noted the Forward Planner.		
12.2	REVIEW OF MEETING AGENDA AND OBJECTIVES		
20/212	<p>The Chair thanked the Committee for the opportunity to catch up on the current position; he acknowledged the huge effort to try and put the hospital in the best place it can regarding future pressures.</p> <p>He took the opportunity to pass on his good wishes to everyone in what will be an intense period over next few weeks. If any there are urgent issues requiring the Board or this Committee to meet ahead of time, then please advise.</p>		

Agenda Item			Action by Whom	Date
	Date	Time	Venue	Apols rec'd
	28 January	0930-1100hrs	MS Teams	
	25 February	0930-1100hrs	MS Teams	
	25 March	0930-1100hrs	MS Teams	
	29 April	0930-1100hrs	MS Teams	
	27 May	0930-1100hrs	MS Teams	
	24 June	0930-1100hrs	MS Teams	
	29 July	0930-1100hrs	MS Teams	
	26 August	0930-1100hrs	MS Teams	
	30 September	0930-1100hrs	MS Teams	
	28 October	0930-1100hrs	MS Teams	
	25 November	0930-1100hrs	MS Teams	
	16 December	0930-1100hrs	MS Teams	

The meeting finished at 1055hrs


 Signed
 (Chair authorised electronic signature to be added)

Date: 28 January 2021

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
 Meeting held on 17 December 2020