

**Meeting of the Performance Committee
Held on 25 March 2021
0930-1100hrs
via MS Teams**

Chair: Gavin Robert, Non-executive Director

UNCONFIRMED MINUTES

Present		
Mr G Robert	GR	Non-executive Director (Chair)
Mrs C Conquest	CC	Non-executive Director
Mrs D Leacock	DL	Associate Non-executive Director
Mr T Glenn	TG	Chief Finance & Commercial Officer
Mr I Graham	IG	Acting Chief Nurse
Dr R Hall	RH	Medical Director
Mrs E Midlane	EM	Chief Operating Officer
Ms O Monkhouse	OM	Director of Workforce & Organisation Development
Mr S Posey	SP	Chief Executive
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
Ms A Halstead	AH	Public Governor, Observer
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
For Respiratory Division Presentation		
Dr M Davies	MD	Clinical Director, Respiratory
Mrs S Henman	SH	Head of Nursing, Thoracic
Mrs L Shacklock	LS	Director of Operations, Thoracic & Ambulatory
For Item 12: PACS Procurement		
Dr B Agrawal	BA	Consultant Cardiac and Thoracic Radiologist
Mr A Cresswell	ACr	Project Manager, Digital
Mr A Pearce	AP	PACS Manager
Apologies		
Mr A Raynes	AR	Director of Digital (& Chief Information Officer)

[Note: Minutes in order of discussion, not Agenda order]

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
21/41	The Chair opened the meeting and welcomed all. He welcomed Abi Halstead, Public Governor who has joined the committee membership as an observer.		

Agenda Item		Action by Whom	Date
2	DECLARATIONS OF INTEREST		
21/42	<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. Cynthia Conquest as member of Seacole Group, which is the network for BAME NEDs in the NHS. 2. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. 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, Eilish Midlane and Roger Hall as Executive Reviewers for CQC Well Led review. 7. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd 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. Sophie Harrison whose husband is Chief Finance Officer at North West Anglia NHS FT. 11. Diane Leacock as follows: <ol style="list-style-type: none"> i) Director, ADO Consulting Ltd (as self-employed finance consultant operating through my company, ADO Consulting Ltd). ii) Trustee – Firstsite Gallery (this is a voluntary, unpaid position). iii) Trustee – Benham-Seaman Trust (this is a voluntary, unpaid position). 		
3	MINUTES OF THE PREVIOUS MEETING – 25 February 2021		
21/43	<p>There were some comments from DL and CC prior to meeting, which the Chair has agreed and the final minutes will reflect these.</p> <p>Approved: The Performance Committee approved the Minutes of the meeting held on 25 February 2021 and authorised these for signature by the Chair as a true record.</p>	Chair	25.3.21
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
21/44	The Chair was very interested to hear the Respiratory update and was pleased to allow time for this in today's agenda.		
4.2	ACTION CHECKLIST / MATTERS ARISING		
21/45	The Committee reviewed the Action Checklist and updates were noted.		

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IN YEAR PERFORMANCE & PROJECTIONS			
5	DIVISIONAL PRESENTATION – RESPIRATORY		
21/46	<p>The Committee received an excellent presentation from Mike Davies, Lisa Shacklock and Sam Henman from the Respiratory Division. Wave 1 saw significant redeployment by Respiratory to staff the surge in Critical Care Area (CCA), as well as considerable success with innovative CPAP/NIV treatments outside CCA. While oncology and thoracic services continued, there was a very substantial decline in non-Covid respiratory admissions which slowed post-Wave 1 recovery. Recovery was however pushed hard to provide a buffer for a 2nd surge. In contrast, the Wave 2 surge plan was adapted to ensure continuation of greater non-Covid respiratory activity, so that RTT stood at 92% by end 2020.</p> <p>In response to the incident declared by Mid and South Essex on 30/12/20, RPH set up an Acute Respiratory Care Unit (ARCU) overnight to accommodate 20 very sick patients and ensured their safe transfer, while maintaining other services. At its peak, ARCU accommodated 32 patients and also provided physician support to North West Anglia NHS FT (NWAFT). The focus for recovery post-Wave 2 is staff wellbeing – staff do not need to be pushed as hard, and are being encouraged to take holiday etc., as a result of maintaining a base level of respiratory services throughout Wave 2.</p> <p>Lessons learned include the benefits of CPAP/NIV therapies, the lack of ARCU beds in the region, and that interregional transfer of patients can be safe.</p> <p>The Committee congratulated the Respiratory team for their extraordinary response, which had undoubtedly saved lives.</p> <p>RH – congratulations the respiratory team for doing such a great job; which was made possible by MD challenging practices to enable safe patient transfer. IG echoed RH’s comments and added that from his own nursing experience, this response was extraordinary and without hesitation saved lives.</p> <p>[1007hrs presentation ended – MD, LS and SH left the meeting]</p>		
12.2	INVESTMENT GROUP: PACS Procurement		
21/47	<p>[1007hrs B Agrawal, A Cresswell and A Pearce joined the meeting]</p> <p>TG gave a brief background summary to this request. During the procurement process, TG had met with the three top bidders. The recommended bidder can provide a cheaper option than the current historic legacy system. The Trust therefore has the option to improve the service, equipment specification and interoperability – all at a lower cost than currently. He therefore strongly commends the recommendation to the Performance Committee and Board.</p>		

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	<p>The Chair felt the evidence presented in the papers was extremely thorough and professional and thanked the team for this. The Chair invited questions from the Committee:</p> <p>DL welcomed this good comprehensive paper. Page 4 of the request referred to the preferred vendor as addressing all technical situations in the current PACS system. Are there any issues not addressed which will cause unhidden costs? EM updated that all systems tend to tick most boxes but not one will tick all. The preferred option takes us to a very modern comprehensive PACS system from an old clunky system. BA added that this has been a team effort with AC and AP pulling technical issues together. He reiterated that no system would address every need; he added that the current system is so old that we only know what we are used to. Many of the new systems are so new that we are still yet to learn what can be achieved.</p> <p>CC offered her compliments on the quality of the paper. She noted that a number of people did not take part in review. Do we have a good representation of people who will use it, so feel that all needs will be met? BA responded that the initial exercise asked representation from every group user of PACS. There had been some written comments back with points to be asked to consider. Within the team he felt that there was good representation at all levels from those who use PACS (radiology, technical, digital). There had been comprehensive representation across the Trust including commercially sensitive discussions with those involved.</p> <p>The Chair referred to the five year contract and asked what will happen at the end of five years? What flexibility is there to ensure we are not beholden to the incumbent provider and to extend the contract on reasonable terms?</p> <p>BA replied that from a clinical perspective, he could foresee no reason to believe that the Trust would not be able to remain with the preferred provider. If there was a need to change, then the Trust would go through this process again; all data can be transferred to a new provider if needed.</p> <p>TG added that this had been discussed with companies about flex on contract along with useful economic life of assets, management fee etc and this will be reflected in the contract. With technology changing so quickly, he would not recommend a 5+5 year contract but would welcome the right to check after five years on how it is working. He added that the company has been very open in what they have shared on their financial models and we would look at the financial aspect again at five years – this contract allows us maximum flexibility at that point.</p> <p>AP added that the PACS world changes quite quickly on functionality. In five years it does give the opportunity to re-tender should the Trust wish. He held the preferred company in good faith.</p> <p>TG confirmed that there would be room to create sufficient competitive tension at 5 years to ensure we could renew the contract</p>		

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	<p>on reasonable terms, and this would provide better value/lower risk than attempting to enter into a longer term contract at this point. Approved: The Chair, CC and DL were happy to approve this request and recommend to the Board of Directors.</p> <p>[1025hrs BA, ACr and AP left the meeting]</p>	Board	1.4.21
6	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
21/48	<p>The Committee received a summary version of PIPR for M10 2020/21. 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 'green' domains (Caring and Safe). <p>During discussion the following comments were noted/considered:</p> <p>CC asked why 'People, Management & Culture' had moved from amber to red, when in February it looked to be an improving trend. TG explained that this was due to deterioration in IPR performance over the period reflecting Covid-19 surge 2. It is a factor of the scoring/weighting system that triggered the move.</p> <p>The Chair asked why the % of patients rebooked within 28 days of a last minute cancellation varied so much. EM explained that this was a feature of our available capacity and reflects the redeployment of staff to Covid areas and Covid-19 surge.</p> <p>DL noticed that the number of compliments had significantly increased in month. IG advised that this was due to some change in reporting to electronic, where there has been a catch up particularly on Friends & Family (F&F). It was also noted that where staff receive manual or paper compliments, there is sometimes a backlog in these getting to PALS office.</p> <p>The Chair referred to 52 weeks breaches and asked if there were any particular concerns regarding patient wellbeing. EM advised that these patients are reviewed regularly by clinical teams at weekly meetings.</p> <p>The Chair suggested a re-model of PIPR going forward. He would find it particularly useful in understanding activity levels either by division or by area or type of patient matched to targets. Can this be built into PIPR as a standard item, also representing a core item of assurance? TG commented that PIPR will be revised in the coming months in line with recent national planning guidance.</p> <p>CC referred to national planning guidance and whether firm detail will be known before autumn; in this regard, would it be possible for the Trust to start planning ahead of this and apply planning guidance when received. SP advised that some guidance is due out today; it has been agreed for the Trust to plan Q1 and Q2 on previous regimes.</p>	EDs	29.4.21

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	<p>SP gave some context in the light of the current Covid-19 situation nationally and important issues to consider when configuring plans without firm national guidance. TG added the difficulty in planning when material changes are issued on an almost daily basis.</p> <p>The Chair thanked the Committee for the update and hoped to hear a future update at next week's Board meeting.</p> <p>Noted: The Performance Committee noted the summarised PIPR update for M10 2020/21.</p>		
7	RECOVERY: Waiting List Prioritisation		
21/49	<p>EM introduced this report which gives a feel for the methodology on the waiting list in moving to clinical priority rather than time of waiting. This was referenced in the respiratory presentation earlier and at previous meetings. EM ran through the P1-P6 patient category and how this is managed. There will be further refinements to the system as this progresses.</p> <p>CC noted that the report did not specify what the categories stood for. EM will circulate an email to the Committee with these categories.</p> <p>Noted: The Performance Committee noted the update on Waiting List Prioritisation.</p>	EM	25.3.21
8.1	FINANCIAL REPORT – Month 11 2020/21		
21/50	<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 February 2021.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> • Statement of Comprehensive Income (SOI) position • Run rate trends • Activity • Cash position and forecast • COVID-19 expenditure • Capital expenditure • Spotlight on Homecare Pharmacy issues <p>SP had given some context on financial planning issues earlier in the meeting and noted it would be discussed at the next Board meeting. TG advised that the Trust is on track as far as it can be in the current circumstances and that very active discussions are taking place. TG updated on regional flows and requests within the region.</p> <p>The Chair referred to the format of this financial report where the cover sheet advises this is a summary version, which the Chair felt was good to keep using going forward.</p>		

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	<p>The Chair would like to see for a future meeting a deep dive report on private patients in order to understand the Trust's policy and strategy. CC would also find this useful as there were a high number of bad debts from the private patient sector. The Chair and TG to discuss when planning future agenda items.</p> <p>Noted: The Committee noted the financial update.</p>	GR/TG	tbc
8.2	CIP REPORT- Month 11 2020/21		
21/51	<p>The Committee received the report which summarised the Trust's progress with 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 progress work has started and, along with EM, they are meeting with CIP team shortly, with Division meetings starting next month. The Chair queried any current progress as this was not clear on the report. TG clarified that due to Covid-19 there had been little movement in last five months but this will evolve as the programme re-starts. It was agreed that future reports would make clearer any progress from the previous month.</p> <p>Noted: The Performance Committee noted the approach to CIP and the progress to date.</p>		
9	PFI BUILDING ISSUES: Project Activities to ensure the Trust's estate is Flexible, Adaptable and Resilient (FAR)		
21/52	<p>AS introduced the comprehensive which detailed the proposed strategy to ensure the Trust's estate is Flexible, Adaptable and Resilient (FAR).</p> <p>This work is defined as the FAR Journey Project which comprises 17 work pathways. The three main groups of work are identified as:</p> <ul style="list-style-type: none"> • Recovery from Covid-19 pandemic response • Resolving of ongoing building issues • Undertaking planned developments (such as HLRI, Royal Papworth House lease renewals). <p>The high level strategic plan to manage these areas was included in the report; this is being managed within the Trust's Estates and a Technical Adviser. All work is linked to the Estates Strategy.</p> <p>As plans progress, items which require approval will be brought back to committee; the team is working on a format to be use for this.</p> <p>None of issues currently present a risk to staff or visitors. This is apart from pathway 14 regarding M.Abscessus which is being managed and has been reported through Board.</p> <p>In order to support this project, funding approval of £10,000 is sought to progress the strategic development of the plan with further approval being sought for the likely dispute resolution costs and potential adjudication costs once these are identified.</p>		

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	<p>During discussion, the following items were noted/considered:</p> <p>The Chair confirmed that DL will also sit on Strategic Project Committee.</p> <p>DL referred to the M.Abscessus issue where no timeline is indicated. Her query was that if items 5-9 have been prioritised by default or if there was still more work to do; and concerned of potential patient harm if items were left. AS advised that items have not been prioritised over and above M.Abscessus. The M.Abscessus is work ongoing and difficult to give a timeline; this item does have greater scrutiny from other individual steering groups.</p> <p>IG assured the Committee that from a clinical perspective, the Estates & Facilities team were extremely responsive as issues arise on M.Abscessus.</p> <p>The Chair was concerned from a governance perspective that putting all issues into one package for monitoring purposes (which might be good operationally) might lead the Board to lose sight of the importance on different issues where some have different governance requirements.</p> <p>AS advised that one package gives an overview. Specific items will be reported individually for escalation as needed.</p> <p>TG added the reasoning to draw the plan up in this way which sees the totality of what is going on and enables a good form of monitoring. It does not preclude how these are managed individually through other Committees but gives overall oversight of the risks being managed.</p> <p>AJ asked if it would be of benefit within BAF to say which Committee is responsible for which areas? TG suggested not being as prescriptive as this at this time. As items progress, oversight and responsibilities can change and do not want to pin items rigidly down; need to be adaptable as issues develop.</p> <p>AS advised that all items were progressing on pathways as discussed. Any strategic decisions on items will be discussed via SPC.</p> <p>The Chair thanked AS and team for this report where it was evident that a huge amount of work had gone into it.</p> <p>Approved: The Committee reviewed the document and approved a sum of £10,000 to progress the strategic development of the plan.</p> <p>[1109hrs AS left the meeting]</p>		
21/53	OPERATIONAL PERFORMANCE - Access & Data Quality Report		
	<p>During the Trust's response to COVID-19, this item has been 'parked'.</p>		

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10	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
21/54	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 March 2021. This shows changes following discussions at Committee and Board including the new overarching financial risk. Noted: The Committee noted the BAF update.		
11	2021/22 OPERATIONAL PLANNING GUIDE		
21/55	Verbal updates during other sections of the meeting have covered this update.		
12.1	INVESTMENT GROUP – Chair’s Report		
21/56	TG introduced his Chair’s report which was taken as read. The Chair had one query on the PACS Procurement as this is being shown to affect capital budget; is funding coming in via the Digital Aspirant Programme? TG clarified that this is shown in capital terms as an asset. Noted: The Performance Committee noted the update from the Investment Group.		
13	ANNUAL REVIEWS: Committee Terms of Reference		
21/57	AJ introduced this item, which needs to feed into the Board meeting next week. Approved: The Performance Committee agreed the revised Terms of Reference and recommended these for approval to the Board.	Board	1.4.21
14	ISSUES FOR ESCALATION		
21/58	<ul style="list-style-type: none"> • Audit Committee – no items. • Strategic Projects Committee: PFI building issues. • Board of Directors: PACS Procurement recommendation; approval of Committee Terms of Reference. 		
15	ANY OTHER BUSINESS		
	No other items were raised,		
16.1	COMMITTEE FORWARD PLANNER		
21/59	Noted: The Performance Committee noted the Forward Planner.		

Agenda Item		Action by Whom	Date
16.2	REVIEW OF MEETING AGENDA AND OBJECTIVES		
21/60	The Chair apologised for the overrun but felt it was especially important to give time to hear in full the Respiratory Division presentation. AC will circulate the presentation slides following the meeting.	AC	25.3.21
	FUTURE MEETING DATES		

Date	Time	Venue	Apols rec'd
28 January	9.30am-10.30am	MS Teams	
25 February	9.30am-11am	MS Teams	
25 March	9.30am-11am	MS Teams	
29 April	9am-11am	MS Teams	
27 May	9am-11am	MS Teams	
24 June	9am-11am	MS Teams	
29 July	9am-11am	MS Teams	TG
26 August	9am-11am	MS Teams	
30 September	9am-11am	MS Teams	
28 October	9am-11am	MS Teams	
25 November	9am-11am	MS Teams	
16 December	9am-11am	MS Teams	

The meeting finished at 11.13hrs

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Signed
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Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 25 March 2021