

**Meeting of the Performance Committee  
Held on 30 April 2020  
at 1000-1100hrs  
Royal Papworth Hospital**

Via MS TEAMS or Dial-in: 01223 638380 Pin 639640#
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Chair: Gavin Robert, Non-executive Director

**UNCONFIRMED      MINUTES**

Members			Present	Dial-in/ MS Teams
Mr G Robert	GR	Non-executive Director (Chair)		✓
Mrs C Conquest	CC	Non-executive Director		✓
Mr D Dean	DD	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	✓	
Mr A Raynes	AR	Director of Digital (& Chief Information Officer)	✓	
<b>In Attendance</b>				
Mrs A Colling	AC	Executive Assistant (Minutes)	✓	
Mrs S Harrison	SH	Deputy Chief Finance Officer	✓	
Mrs A Jarvis	AJ	Trust Secretary	✓	
Mr A Selby	AS	Director of Estates & Facilities	✓	
<b>Apologies</b>				
Mrs J Rudman	JR	Chief Nurse		

Agenda Item		Action by Whom	Date
<b>1</b>	<b>WELCOME, APOLOGIES AND OPENING REMARKS</b>		
20/58	The Chair opened the meeting and apologies were noted as above.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
20/59	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:		

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	<ol style="list-style-type: none"> <li>1. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities.</li> <li>2. Cynthia Conquest as Deputy Director of Finance and Performance at Norfolk Community Health and Care Trust (Contractor).</li> <li>3. Josie Rudman, Partner Organisation Governor at CUH.</li> <li>4. Stephen Posey in holding an honorary contract with CUH to enable him to spend time with the clinical teams at CUH.</li> <li>5. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board.</li> <li>6. Stephen Posey as Trustee of the Intensive Care Society.</li> <li>7. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews.</li> <li>8. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd</li> <li>9. David Dean as Chair of ETL, a commercial subsidiary of Guy's and St Thomas' NHS FT. ETL are currently providing advisory services to the Estates team at Cambridge University Hospitals NHS Foundation Trust on Project Management.</li> <li>10. Stephen Posey as Chair of the East of England Cardiac Network.</li> </ol>		
<b>3</b>	<b>MINUTES OF THE PREVIOUS MEETING – 26 March 2020</b>		
20/60	<b>Approved:</b> The Performance Committee approved the Minutes of the meeting held on 26 March 2020 and authorised these for signature by the Chair as a true record.	Chair	30.4.20
<b>4i</b>	<b>TIME PLAN OF TODAY'S AGENDA ITEMS</b>		
20/61	Today's main focus would be COVID 19 Performance Report, PIPR report and Finance Report.		
<b>4ii</b>	<b>ACTION CHECKLIST / MATTERS ARISING</b>		
20/62	The Committee reviewed the Action Checklist and updates were noted.		
	<b>IN YEAR PERFORMANCE &amp; PROJECTIONS</b>		
<b>5</b>	<b>COVID-19 PERFORMANCE REPORT</b>		
20/63	<p>The report summarised the Trust's response to the COVID-19 crisis.</p> <p>The COVID-19 Performance Report was well received by the NEDs, who thanked the Trust for this extremely informative report which had been pulled together at short notice. The report provides context of how things have progressed over the last 6 weeks and a more traditional type view of performance.</p> <ul style="list-style-type: none"> <li>• The Trust is receiving referrals from across the region with significant numbers from The Princess Alexandra Hospital, Harlow and North West Anglia NHS FT.</li> <li>• The Trust's Critical Care (CCA) capacity has increased from a previous circa. 27 beds and is currently running 46 critical care beds. This has seen the Trust move into Zones 3 and 4 of its surge plan,</li> </ul>		

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	<p>with Royal Papworth Hospital (RPH) seeing the highest surge in the region.</p> <ul style="list-style-type: none"> <li>• ECMO (Extra Corporeal Membrane Oxygenation) capacity has increased; this currently sits at 18 patients and may be commissioned up to 25. The ECMO service is a very effective way of treating the most complex COVID patients.</li> <li>• 270 staff are currently absent from the Trust for COVID related reasons. 204 staff are self-isolating as they are in high risk health categories. Some of these staff are able to continue to work at home and some redeployed to other roles. Nurses have been redeployed from other areas of the hospital to support CCA. This has involved training and a great amount of flexibility from our staff. The Committee received assurance that staffing is reviewed daily to ensure compliance with safer staffing and the report demonstrated the type of metrics that were being used; this was also due to be discussed in more detail at Quality &amp; Risk Committee later today.</li> <li>• The Committee received assurance under 'Caring' of the arrangements put in place to ensure families are able to keep in touch with their relative, whilst not being able to physically visit.</li> <li>• The report briefly touched on Recovery Plans and the huge complexity of switching services back on.</li> <li>• It was noted that going forward, 'business as usual' will be different with COVID-19 becoming a normal service line. RPH remains a regional surge centre which could mean providing extra CCA beds at short notice. The Trust will need to be flexible and implement changes quickly as required.</li> <li>• It was acknowledged that the COVID-19 Performance Report is a developing report and metrics will be added going forward to bring more meaningful data.</li> </ul> <p>During discussion by the Committee, the following was noted:</p> <ul style="list-style-type: none"> <li>• The NEDs were keen to know the level of COVID activity at neighbouring Cambridge University Hospitals (CUH) compared to RPH. The Committee noted that CUH have not surged at the same level as RPH and not yet opened their surge plan. RPH has absorbed more COVID patients referred from the Region; RPH is not expecting to take COVID referrals from CUH.</li> <li>• EM referred to the Trust's Clinical Decision Cell (CDC), which comprised the Trust's Medical Director and Clinical Directors, and its role in making sure patients are referred to the most appropriate Trust. RMOH explained how the CDC works in providing a near instantaneous advice centre for the hospital regarding patient management, research and national guidance.</li> <li>• The regional Clinical Patient Response Management Centre has also been based at RPH – this is part of the incident control cell for the East of England.</li> <li>• The Committee discussed the COVID death rate and how this related to the East of England cohort.</li> <li>• Safety is paramount and the Trust has a very clear model of how it has expanded surge capacity and monitoring staffing on daily basis.</li> </ul> <p>[1024hrs AR left the meeting]</p>		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> <li>• TG referred to Page 7 on staffing and explained how the data works against staffing ratio. NEDs suggested that in future it would be useful to see something that was more readily monitorable (e.g. daily performance against this target), but understand that reporting time limits meant this was not possible for this meeting.</li> <li>• Nurse staff training has accelerated to facilitate moving staff from Ward areas to Critical Care. The Committee were assured that the risk has been balanced and is monitored on a daily basis. Safer staffing will be discussed in more detail at the Quality &amp; Risk meeting this afternoon.</li> <li>• Finance and infrastructure expenditure: – The Finance Team are undertaking daily forecasting and complying with regulations and national process regarding COVID costs, which have all been reimbursed so far.</li> <li>• The report detailed the impact on staffing including those staff absent due to COVID related issues. NEDs commented on the remarkable work being undertaken by the Trust with less staff available.</li> <li>• On discussing the recovery timescale, an arbitrary date of 1 June is worked into the plan. Recovery is beginning now and is being discussed in detail by Executive Directors. Alongside recovery work, the Trust is also a regional COVID surge centre which will require flexibility and quick response to change as necessary.</li> <li>• CC referred to the 7-day payment request. This will be a challenge and the Trust is working with NHS SBS staff to facilitate this.</li> </ul> <p><u>Summary</u></p> <p>TG and GR have discussed further metrics to include in this report. It is recognised that this is a developing report and will depend on how COVID changes. NEDs are mindful of the pace of work and appreciate the commitment the Trust is providing to this work.</p> <p><b>Noted:</b> The Performance Committee noted the COVID-19 Performance Report.</p>	TG	28.5.20
6	<b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)</b>		
20/64	<p>Due to NHS and Trust wide response to COVID-19, the Committee received a summary version of PIPR for March 2020.</p> <p>The overall position was 'red'. This comprised four 'red' domains (Finance, Effective, Responsive, and People Management &amp; Culture); two domains were 'amber' (Safe and Transformation) and one 'green' domain (Caring).</p> <ul style="list-style-type: none"> <li>• Waiting lists are being reviewed and monitored to ensure urgent patients are seen. Given current circumstances, it was noted that this ongoing careful scrutiny of the patients on the list was currently more important than the absolute numbers.</li> <li>• Referrals for certain activities such as PPCI, ACS and IHU had dropped off, assuming this was due to patients being cautious about coming into a hospital environment, but this is now seeing a rebound effect under PPCI and ACS with patients coming in as emergencies.</li> </ul>		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> <li>• CC noted the spike in Month 12 for additional pension contributions. The Trust does recognise this and is awaiting national guidelines.</li> <li>• People management and culture also flagged red; as a result of mandatory training being halted and staff sickness. On a positive note, recruitment remains good with a strong pipeline.</li> <li>• RMOH added that services going forward may well change due to COVID, making it difficult to make comparisons on metrics.</li> </ul> <p><b>Noted:</b> The Performance Committee noted the PIPR update for March 2020.</p>		
7	<b>FINANCIAL REPORT – Month 12/March 2020</b>		
20/65	<p>TG presented this detailed financial report which gave an oversight of the Trust's in month and full year financial position and risk rating.</p> <p><b>Key items:</b></p> <ul style="list-style-type: none"> <li>• EBITDA is behind plan by £0.7m.</li> <li>• Clinical income is £3.0m adverse to plan.</li> <li>• Other operating income is £7.8m ahead of plan.</li> <li>• Pay expenditure is £2.7m favourable to plan.</li> <li>• Non-pay expenditure is £8.1m adverse to plan.</li> <li>• CIP is £4.1m adverse to plan.</li> <li>• Underlying position after non-recurrent and normalising items have been removed is a deficit of £17.6m.</li> <li>• Capital expenditure is £0.7m lower than plan.</li> <li>• Cash is £6.8m favourable.</li> </ul> <p>It was noted that PIPR was flagging red for Finance even though the Control Total had been achieved. TG explained this was because the cost base is changing profoundly due to changes in service line, with the consequent uncertainty for future income this entails. Under-performance on CIP also contributed to this position.</p> <p>The difficulty in achieving the national 7-day payment of invoices was discussed and this will be reported further at the next meeting.</p> <p>The anticipated financial end of year position was recognised as a huge achievement for a Trust that has within-year moved hospital and dealt with the start of a worldwide pandemic. Notwithstanding this, areas of concern going forward were noted as CIP and pay costs (especially temporary staffing).</p> <p>The 2019/20 Accounts were ongoing with audit of these due next week.</p> <p>During discussion the following items were noted/considered:</p> <ul style="list-style-type: none"> <li>• It is too early to pinpoint the recurring run rate but this should be determined in the next few weeks; this is expected to look very different from the current run rate.</li> <li>• There will be discussions with Commissioners/NHSE on new services required not previously undertaken, due to COVID.</li> </ul> <p><b>Noted:</b> The Committee noted the financial update for March 2020.</p>	TG	28.05.20

Agenda Item		Action by Whom	Date
<b>8</b>	<b>OPERATIONAL PERFORMANCE - Access &amp; Data Quality Report</b>		
20/66	<p>During the Trust's response to COVID-19, this item has been 'parked' and received for information only.</p> <p><b>Noted:</b> The Performance Committee noted the Operational Performance – Access and Data Quality report for March 2020.</p>		
<b>9</b>	<b>ACTIVITY RECOVERY – HOSPITAL OPTIMISATION GROUP</b>		
20/67	During the Trust's response to COVID-19, this item has been 'parked'.		
<b>FOCUS ON</b>			
<b>10</b>	<b>BOARD ASSURANCE FRAMEWORK (BAF) UPDATE – M12 2019/20</b>		
20/68	<p>The Committee received a summary of BAF risks and action for risks above appetite along with a copy of the BAF tracker for April 2020.</p> <p>Two new risks were noted as:</p> <p>(1) Super Surge Centre COVID-19 (2) Pandemic Risk.</p> <p>A suggestion was made as to whether it might be more instructive to break down the Pandemic Risk into separate risks e.g. staff, PPE etc.</p> <p>DD, for instance, was concerned that the BAF does not capture the risk that 30% of staff could be off sick and how plans could be delivered because of this. It was agreed that the Executive Team would take this away for consideration.</p> <p><b>Noted:</b> The Committee noted the BAF update.</p>	Exec Dirs	May 20
<b>FUTURE PLANNING</b>			
<b>11</b>	<b>PARKED ITEMS REVIEW</b>		
20/69	The Committee received a list of agenda and action checklist list items which have agreed to be 'parked' during the priority for COVID-19 response. The Committee will agree when these items should be reinstated under business as usual.		
<b>12</b>	<b>INVESTMENT GROUP</b>		
20/70	<p>The Committee received the Chair's report and minutes of meeting held on 3 April 2020.</p> <p><b>Noted:</b> The Performance Committee noted the update from the Investment Group.</p>		

Agenda Item		Action by Whom	Date
<b>13</b>	<b>ANY OTHER BUSINESS</b>		
20/71	The Chair confirmed that the next meeting would focus on COVID, PIPR and Finance Reports.  The Chair again thanked the Executive Team for the detailed COVID-19 Performance Report.		
<b>14i</b>	<b>COMMITTEE FORWARD PLANNER</b>		
20/72	<b>Noted:</b> The Performance Committee noted the Forward Planner.		
<b>14ii</b>	<b>REVIEW OF ACTIONS AND ITEMS IDENTIFIED FOR REFERRAL TO COMMITTEE/ESCALATION</b>		
	There were no issues raised.		
	<b>FUTURE MEETING DATES</b>		
<b>2020 dates</b>			
<b>Date</b>	<b>Time</b>	<b>Venue</b>	<b>Apols rec'd</b>
28 May	9am-11am	Mtg rooms 1&2, Ground Floor	DD
25 June	9am-11am	Mtg rooms 1&2, Ground Floor	
30 July	9am-11am	Mtg rooms 1&2, Ground Floor	
27 August	9am-11am	Mtg rooms 1&2, Ground Floor	
24 September	9am-11am	Mtg rooms 1&2, Ground Floor	DD
29 October	9am-11am	Mtg room 4, 1st floor, RP House, <b>Huntingdon</b>	
26 November	9am-11am	Mtg rooms 1&2, Ground Floor	
17 December	9am-11am	Mtg rooms 1&2, Ground Floor	

The meeting finished at 1110hrs

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 Signed

(Chair authorised electronic signature to be added)

28 May 2020

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 Date

**Royal Papworth Hospital NHS Foundation Trust**  
**Performance Committee**  
 Meeting held on 30 April 2020