

**Meeting of the Performance Committee
Held on 26 March 2020
at 0900-1000hrs
Ground Floor Offices, Rooms 1&2 / dial-in facility
Royal Papworth Hospital**

UNCONFIRMED MINUTES

Members			Present	Dial-in
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 (designate)		✓
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)	✓	
Mrs J Rudman	JR	Chief Nurse	✓	
In Attendance				
Mrs A Colling	AC	Executive Assistant (Minutes)	✓	
Mrs S Harrison	SH	Deputy Chief Finance Officer	✓	
Ms L Howard-Jones	LHJ	Deputy Director of Workforce & Organisation Development	✓	
Mrs A Jarvis	AJ	Trust Secretary	✓	
Apologies				
Mr R Clarke	RC	Chief Finance Officer		
Dr R Hall	RMOH	Medical Director		

Agenda caveat: The Performance Committee on 26 March is taking place in the context of an emerging, and potentially long standing, public health crisis. The key focus of the Committee will be about what this means for the organisation, the preparations we are making, and scrutiny over the proposed changes that we will be making over this period. This will not be a standard committee agenda or discussion. This will be a fast moving situation and the usual reports will not be available in their fullest extent. Board Governance over this period will need to be maintained but be adaptable to the circumstances we face. The Committee will be convened in light of latest policy on meetings and the Chair of the Committee will consult with the Chair of the Board to potentially extend observers from the wider Board.

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
20/42	The Chair opened the meeting and apologies were noted as above. Major Incident - COVID-19 GR noted this was the first Performance Committee to be held since the		

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	<p>Trust began its response to the pandemic. It is important today to ascertain what is currently required from this Committee and how it can best support the Trust.</p> <p>The Committee would not formally review routine reports and its focus on business continuity and effectiveness of residual hospital activity; financial sustainability; monitoring risk identified and any reporting to the Trust Board.</p> <p><u>COVID-19 update position</u></p> <p>EM gave a verbal update on the current position for the Trust, which included:</p> <ul style="list-style-type: none"> - Anticipated surge of positive COVID patients. - Modelling plans to accommodate a surge. - Role of private hospitals in assisting the NHS. - Installation of field hospitals in East of England region. - Personal Protective Equipment (PPE) update, including availability of and use of army to distribute this. - National ventilator stock and how this is being managed with regional allocation. <p>EM advised the surge plan had been shared at the Extra Ordinary Board meeting on 23 March 2020. The Trust's plans are in line with the regional STP (Sustainability and Transformation Partnership) and being run through the Trust's Clinical Decision Cell and Command & Control meetings.</p> <p>There is currently restricted access to the hospital via the South Entrance only which has security guard control.</p> <p>JR updated on CCA bed capacity for surge activity, which is dependent on ventilators being available.</p> <p>OM updated on the numbers of staff who are either suspected COVID positive or who are self-isolating due to health issues putting them into a risk category. The Workforce team is risk assessing individuals and looking at where staff can effectively be redeployed, whether working at the hospital or at home. There are some retired staff who are returning to work during this period along with new starters.</p> <p>Central mandated tasks are being advised via System calls and email. The Trust has recent experience of Command & Control status during the hospital move last year and this experience is proving useful.</p>		
2	DECLARATIONS OF INTEREST		
20/43	<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. Josie Rudman, Partner Organisation Governor at CUH. 		

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	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, Josie Rudman and Roger Hall as Executive Reviewers for CQC Well Led reviews. 8. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd. 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. 10. Stephen Posey as Chair of the East of England Cardiac Network. 11. Tim Glenn, as current employee of Cambridge University Hospitals NHS FT as Director of Finance.		
3	MINUTES OF THE PREVIOUS MEETING – 27 February 2020		
20/44	As the Chair was attending via dial-in, he agreed that on approval of the Minutes, these could be formally signed by EM. Approved: Following a few minor amendments, the Performance Committee approved the Minutes of the meeting held on 27 February 2020 and authorised these for signature by the Chair as a true record.	Chair	26.03.20
4i	TIME PLAN OF TODAY'S AGENDA ITEMS		
20/45	The main discussion point would be the emerging issues regarding COVID-19 and how this could be supported via the Performance Committee.		
4ii	ACTION CHECKLIST / MATTERS ARISING		
20/46	The Committee reviewed the Action Checklist and updates were noted. The Chair agreed to put actions on hold unless instructed otherwise.		
4iia	PIPR – Safe and Caring: proposed changes to metric for 2020/21		
	Noted: There were no objections to the proposal which was therefore approved by the Performance Committee.		
	IN YEAR PERFORMANCE & PROJECTIONS		
5	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
20/47	<u>COVID-19 update</u> The Committee referred to PIPR and how this should be managed during the COVID-19 outbreak. During discussion the following items were noted/considered: <ul style="list-style-type: none"> • If performance reporting was stopped completely, it would be difficult to pick this up when business moved back to normal service. • NEDs felt that some forecasting would be helpful in the current situation. • In dealing with major incidents, it is usual to go through the incident 		

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	<p>management phase and then move to recovery phase.</p> <ul style="list-style-type: none"> • Some metrics require national reporting which will need to continue. • It is important to keep finance risks monitored. • The Chair referred to cancelled elective surgery and how waiting lists were being managed regarding patient safety. EM advised that Surgery, Cardiology and Respiratory areas are reviewing their waiting lists and where possible, re-scheduling care by 16 weeks. Where patients are identified as requiring more urgent care, these are discussed by the Trust's Clinical Decision Cell to ensure clinical safety is not compromised. Some clinics have been moved to telephone calls where appropriate. • AR updated on Digital support during this time which included use of Webex and Microsoft Teams for meetings; procuring more laptops to enable more staff to work from home and enabling home PCs to be used securely. • The Chair welcomed the use of technology to enable meetings to carry on without physical attendance at the hospital. • It was noted however that, in the roll out of technology for meetings, the clinical agenda is prioritised over committees at this time. <p><u>PIPR Summary</u> This comprised four 'red' domains (Finance, Effective, Responsive, and People Management & Culture); two domains were 'amber' (Safe and Transformation) and one 'green' domain (Caring).</p> <p>The Performance Committee noted the summary version of the PIPR produced for February 2020. This included the latest dashboard KPI and additional KPI metric information but excluded the performance summary, key challenges and spotlight narratives. Whilst the maintenance of clinical, operational and financial control and stewardship of the Trust remained critical during the NHS response to COVID-19, routine reporting to Committees was currently constrained by the requirement to devote maximum operational effort and resources to the COVID-19 readiness and response. The reporting flexibilities exercised have been taken at the discretion of the Trust Executive and acknowledged by the NEDs.</p> <p>Noted: The Performance Committee noted the PIPR summary update for February 2020.</p>		
6	FINANCIAL REPORT – Month February 2020		
20/48	<p>SH presented this report which gave an oversight of the Trust's in month and full year financial position and risk rating.</p> <p>The Trust's year to date (YTD) position is a deficit of £0.2m on a Control Total basis excl. land sale, this is favourable to plan by £0.5m. The old site sale was originally planned to complete in August and other property sales were planned to complete in November, generating planned profits of £11.6m. The net position is £9.3m adverse to plan when the actual property sale transactions are included. The Trust continues to forecast delivery of the £15.5m Control Total at year end excluding land sale profits and to deliver a net surplus of £2.6m when including land sales and FRF/PSF.</p>		

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	<p>EBITDA is ahead of plan.. Drivers of this YTD position are as follows:</p> <ul style="list-style-type: none"> i. Clinical income £1.4m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 4.7% in outpatients, 5.1% in inpatient / day case activity and lower levels of Private Patient income (6.4%). Activity performance has resulted in YTD GIC protection of £1.6m, £1.0m more than planned for this stage of the year. Without the GIC protection, the Trust's income position would be £3.0m adverse to plan YTD. ii. Pay expenditure to date is adverse against plan by £3.0m. The substantive cost favourable variance driven by 77 WTEs vacancies. This is net of temporary staffing costs totalling £8.7m. As in prior months, this continues to be an area of concern as staff costs are not flexing in line with activity delivery. The additional controls implemented to mitigate agency overspend and reduce run rate are not having the required impact, as the pay position continues to overspend due to temporary staffing levels (see Appendix 8). iii. Non pay expenditure is £0.1m favourable to plan in month increasing the favourable YTD position to £3.9m. This YTD position is driven by lower expenditure on clinical supplies due to activity levels, central procurement of defibs, non-utilisation of contingency reserves of £2.7m, PFI contract volume adjustments / performance deductions of £0.6m and old site decommissioning and new site project costs of £0.2m, partly offset by the rates expenditure for the new site which adversely impacted the position by £0.8m in December 2019. iv. CIP is £3.4m adverse to plan with no real progress in identification of new schemes to fill the CIP planning gap. The shortfall in identified schemes remains at £3.2m (63% of the £5.1m target). Of the £1.9m identified, £1.0m has been delivered YTD. <p>In-month the Trust generated a surplus of £0.7m on a Control Total basis, £0.03m adverse to plan (£0.7m favourable on a net basis due to the asset sales in month). PSF/FRF income of £1.8m is included within this position. Staffing levels are above the comparable 2018/19 period, however, overall admitted activity in month (excl. ITU) is 28.3% higher than February 2019 indicating continued improvement on the loss of productivity seen earlier in the year, and higher than activity levels achieved in previous month.</p> <p>Capital expenditure is £1.0m lower than plan year to date, relating to the timing of small works and ongoing replacement programme underspends. The Trust is forecasting to recover this underspend in the remainder of the year. As previously reported the risk regarding the old site land sale has crystallised and will impact the year end CDEL position, however, NHSI/E have been fully engaged in the understanding of this position, with the other land and property sales going some way to mitigate the impact of the old site sale.</p> <p>Cash is £8.1m favourable due to lower capital expenditure, improved working capital position and the impact of the delayed land sale.</p> <p>Use of Resources metric is 3 for the month in line with the planned score of 3.</p> <p>Noted: The Committee noted the financial update for February 2020.</p>		

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7	OPERATIONAL PERFORMANCE - Access & Data Quality Report		
20/49	Noted: The Performance Committee noted the Operational Performance – Access and Data Quality report for February 2020.		
8	ACTIVITY RECOVERY – HOSPITAL OPTIMISATION GROUP		
20/50	EM gave a verbal update to the meeting. Noted: The Performance Committee noted the Hospital Optimisation Group update.		
FOCUS ON			
9	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
20/51	AJ presented the BAF update for Month 11, February 2020. Key risks COVID related were discussed: [0937hrs SP joined the meeting] 1) Severe constraints in workforce availability with reduced availability of staff due to sickness and shielding. 2) Stress/wellbeing of staff, especially due to changes in roles and models of care. 3) Availability and appropriate use of PPE. 4) Access to equipment, e.g. ventilators. 5) Financial sustainability and cash flow. 6) Risk of Cyber-attack with new ways of working and increased home working. Noted: The Committee noted the BAF update and further discussions.		
10	2020/21 OPERATIONAL PLANNING & NHSE/I RESPONSE TO COVID-19 – Finance Action Plan		
20/52	NHS England & Improvement have written to all NHS organisations regarding important actions they are now asking every part of the NHS to put in place, to redirect staff and resources, together with amended financial arrangements for the NHS for the period between 1 April and 31 July. A copy of this letter is set out in Appendix 1. The focus of this paper concerns the amended financial arrangements relevant to the Trust and to inform the Performance Committee of the Finance Directorate action plan in response to these amended financial arrangements. The Chair welcomed sight of this information and update to the Committee. During discussion the following items were noted/considered: • The usual annual Operational Planning process has been suspended with new arrangements in place.		

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	<ul style="list-style-type: none"> • Financial governance and stewardship are key during this time; all COVID related expenditure needs to be evidenced and processes are in place for this. The Committee noted that particular attention needs to be paid to local counter fraud at this time. • Proposed capital expenditure allowance 20/21 will be notified by the centre in due course. Allowances may come with caveats on regional approvals over certain amounts. • There is a heightened fraud risk during this time and advice will be given to staff regarding counter fraud. There are no issues currently reported but this is being kept under review. • The Trust has created a Finance Action Plan (presented) which will ensure the Directorate itself maintains business continuity together with how the Directorate will ensure that the Trust maintains the governance and reporting of its finances during this extraordinary period, whilst providing a robust process for the monitoring, forecasting and reconciliation of its revenue and capital positions as required by the Trust and national bodies. Updates and revisions to this plan, along with cashflow and liquidity levels, will be reported to the Committee regularly. • COVID expenditure will be processed via Command & Control for approval, adhering to the Trust's Standing Financial Instructions. [0945 SP left] • Use of CPAP (continuous positive airway pressure) and non-invasive ventilation has increased and the ECMO use (extra corporeal membrane oxygenation) has expanded. Funds are available to cover this. [0947 SP returned] • SP advised that there is a national store of ventilators which is being managed centrally, with discussions in place nationally and regionally around how these will be issued. • SP updated on the possibility of three regional field hospitals in the East of England with the concern of how these might be staffed and equipped. • CC noted the impressive finance action plan and queried if the Financial Recovery Funding (FRF) monies would still be received. SH advised that the Q4 payment will depend on reaching the Control Total which is on trajectory at Month 11 but, in the current situation, this will need to be reviewed. The Trust's cash forecasting and planning has been based on the worst case scenario of not receiving the anticipated FRF. There is some protection on GIC contracts, but risk around on non-GIC contracts. 		
	Noted: The Performance Committee noted the Finance Action plan in response to COVID-19 and interim financial arrangements.		
FUTURE PLANNING			
11	INVESTMENT GROUP		
20/53	Chair's report (including minutes of meeting held on 4 March 2020). Noted: The Performance Committee noted the update from the Investment Group.		

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12	LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE		
20/54	There were no items to consider.		
13	ANY OTHER BUSINESS		
20/55	<p><u>Chair's Summary re. Performance Committee during COVID-19 issues</u></p> <ul style="list-style-type: none"> The Chair acknowledged the verbal update providing assurance on patients falling within the residual 35% activity and asked how the Committee could provide this assurance ongoing. Key risks identified to be kept under review. Financial Action Plan to be kept under review alongside financial stability and move into the recovery phase. Close review to be maintained on COVID related expenditure and the cash position. Prior to the next meeting SP, EM, TG and GR to discuss the most efficient way to provide assurances to the Committee without over-burdening on reporting processes or distracting from the major incident operational response required. The Chair thanked all staff for the extra support they are giving during this time. <p>[0955hrs SP and JR left]</p> <p>The Committee was advised that the Trust is limiting movement between the hospital and Huntingdon site. Some staff are working from home and those on site are spreading out to adhere to social distancing rules. The Booking Team and Medical Secretaries are being kept extremely busy in phoning patients to stand down appointments, running a patient help phone line and passing information to clinical staff as required.</p>	GR/SP/EM/TG	tbc
14i	COMMITTEE FORWARD PLANNER		
20/56	<p><u>Change of venue for 30 April meeting</u> This meeting was scheduled to take place at Huntingdon. The Committee agreed to move this back to the hospital with dial-in facility, to accommodate social distancing requirements. AC to amend the meeting invitation in diaries.</p> <p><u>Reporting timeline for next meeting</u> It was agreed to circulate any papers which were ready, within existing timeframe i.e, before the weekend of the meeting. Other reports, which may be time critical in receiving up to date data, could be issued a few days in advance of the meeting.</p> <p>Noted: The Performance Committee noted the Forward Planner.</p>	AC	26.03.20
		ALL	23.04.20
14ii	REVIEW OF ACTIONS AND ITEMS IDENTIFIED FOR REFERRAL TO COMMITTEE/ESCALATION		
20/57	There were no issues raised.		

Agenda Item	Action by Whom	Date
FUTURE MEETING DATES		

2020 dates

Date	Time	Venue	Apols rec'd
30 April	9am-11am	Mtg room 4, 1st floor, RP House, Huntingdon Mtg rooms 1&2, Ground Floor / Dial-in	
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, Huntingdon	
26 November	9am-11am	Mtg rooms 1&2, Ground Floor	
17 December	9am-11am	Mtg rooms 1&2, Ground Floor	

The meeting finished at 1000hrs.



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Signed

[Chair authorised electronic signature to be added]

30 April 2020

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Date

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