

**Meeting of the Performance Committee
Held on 28 May 2020
At 1000hrs-1100hrs
Royal Papworth Hospital**

UNCONFIRMED MINUTES

| Present | | | 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 | ✓ | |
| Mrs J Rudman | JR | Chief Nurse | ✓ | |
| In Attendance | | | | |
| Mrs A Colling | AC | Executive Assistant (Minutes) | ✓ | |
| Mr E Gorman | EG | Deputy Director of Digital (& CNIO) | | ✓ |
| Mrs S Harrison | SH | Deputy Chief Finance Officer | ✓ | |
| Apologies | | | | |
| Mr A Selby | AS | Director of Estates & Facilities | | |
| Mr A Raynes | AR | Director of Digital (& Chief Information Officer) | | |

| Agenda Item | | Action by Whom | Date |
|-------------|---|----------------|------|
| 1 | WELCOME, APOLOGIES AND OPENING REMARKS | | |
| 20/73 | The Chair opened the meeting and apologies were noted as above. | | |
| 2 | DECLARATIONS OF INTEREST | | |
| 20/74 | <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. 4. Stephen Posey in holding an honorary contract with CUH to enable | | |

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| | <p>him to spend time with the clinical teams at CUH.</p> <p>5. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board.</p> <p>6. Stephen Posey as Trustee of the Intensive Care Society.</p> <p>7. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews.</p> <p>8. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd</p> <p>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.</p> <p>10. Stephen Posey as Chair of the East of England Cardiac Network.</p> <p>11. Tim Glenn whose wife is ICS development lead for NHE/I for East of England (EoE).</p> | | |
| 3 | MINUTES OF THE PREVIOUS MEETING – 30 April 2020 | | |
| 20/75 | Approved: The Performance Committee approved the Minutes of the meeting held on 30 April 2020 and authorised these for signature by the Chair as a true record. | Chair | 28.05.20 |
| 4 | TIME PLAN OF TODAY'S AGENDA ITEMS | | |
| 20/76 | Today's main focus would be COVID-19 Performance Report, PIPR and the Finance Report. | | |
| 4ii | ACTION CHECKLIST / MATTERS ARISING | | |
| 20/77 | The Committee reviewed the Action Checklist and updates were noted. | | |
| IN YEAR PERFORMANCE & PROJECTIONS | | | |
| 5 | i) COVID-19 PERFORMANCE REPORT | | |
| 20/78 | <p>The report summarised the Trust's response to the COVID-19 crisis. TG introduced the report and noted the following:</p> <ul style="list-style-type: none"> • A graph showed the usage of CCA facilities in EoE during the pandemic and its peak in mid-April. The first phase of the pandemic seems to have passed and the Trust now moves into how to manage this on an ongoing basis. • RPH CCA usage and surge plan was detailed. This showed a high level of ECMO (extra corporeal membrane oxygenation) capacity which is still ongoing; caring for some of the sickest patients with long lengths of stay. • Under 'Caring' this explained the extraordinary measures by the Trust to ensure relatives can stay in touch with their family in our care. • People, management & culture along with staffing figures were starting to indicate some of the challenges going forward with opening C-19 service line; this may require more staff than business as usual, whilst managing staff working/non-working at home. | | |

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| | <ul style="list-style-type: none"> • Finance issues will be discussed under the main report. <p>TG welcomed questions; the following was noted/discussed:</p> <ul style="list-style-type: none"> • EM confirmed that C-19 admissions were decreasing to 1 or 2 per week. • Staff testing numbers have dropped considerably with a lower number of test referrals coming through for staff or staff with relatives with symptoms. • External referrals of C-19 patients have also reduced. • SP noted some provisional outcome results had been released which will be discussed at Quality & Risk Committee today. RPH CCA had admitted circa 100 patients. RMOH highlighted how these patients were managed (oxygen therapy, non-invasive ventilation, CPAP, ECMO) and mortality rate. Currently there is no comparator to benchmark to. International mortality rates for ventilated and CCA patients was also noted. Treatment results from DGHs are not yet known. • Recovering patients are likely to require long term support. • The Committee should be reassured that the performance of RPH CCA team has been absolutely excellent. • The Trust, through its Clinical Decision Cell, has managed ECMO referrals together with providing a regional advice line. Some statistics were shared regarding the number ECMO referrals and those resulting in patient transfer to the ECMO service. • SP highlighted the importance of using the learning to inform and shape further treatments should a second C-19 peak occur. The outcome from these treatments could also help inform future treatments. • The challenge was noted of the new C-19 service line alongside re-introducing clinical services as business as usual. This will be a challenge for the health service as a whole. The Chair suggested this should be a topic at Board on future strategy. SP advised that this will come to the Board under a forward recovery plan. • TG suggested three possible scenarios going forward: <ul style="list-style-type: none"> 1. A hospital with no constraints. 2. A resource constrained period and the need to prioritise the services we provide. 3. A response to a 2nd C-19 wave and the need to flex to run this alongside business as usual. • TG has a call with Commissioners later today to discuss what future services may look like and how this may be funded. • GR felt the report was extremely helpful although some data presented last month was not included such as PPE and oxygen usage. He also felt it would be useful to see the safer staffing metrics. • TG gave assurance to the Committee that the narrative on PPE showed the current position. GR and DD felt it would also be useful to see the graphs; the Chair and TG will reflect on this further prior to the next meeting. • JR referred to the safer staffing metrics which were detailed in papers for the Quality & Risk meeting later today. There is a narrative in PIPR for information purpose to this committee. JR offered to circulate the Q&R paper to the Performance Committee for added reassurance. | JR | 28.5.20 |


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| | <p>During this discussion, CC advised that at some Trusts the Performance Committee and Quality & Risk Committee are combined and run as one committee; is this something which could be considered at RPH, at least during the Pandemic? SP suggested this be discussed at the next Board meeting.</p> <p>Noted: The Performance Committee noted the COVID-19 Performance Report.</p> | Board | 4.6.20 |
| 5ii | ii) COVID-19 WORKFORCE UPDATE | | |
| 20/79 | <p>The report updated on:</p> <ul style="list-style-type: none"> • Vacancy rates as we exit from COVID-19 surge • Recruitment pipeline and resourcing plans • Impact of risk associated with COVID-19 on staff absence <p>Regarding COVID-19 related staff absence, there is a risk assessment process for those in risk categories. The Trust is working with Occupational Health to support staff returning to their job or other options/re-deployment.</p> <p>Issues have been highlighted with public transport on social distancing, and staff anxiety. Some staff may have risk on their journey to work which cannot be mitigated. Staff are currently able to benefit from less traffic on the roads and free on-site car parking, but these benefits will not be available long term.</p> <p>Noted: The Performance Committee noted the contents of this report.</p> | | |
| 6 | PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR) | | |
| 20/80 | <p>The Committee received a summary version of PIPR for April 2020. TG summarised the overall position as 'red'. This comprised:</p> <ul style="list-style-type: none"> • Four 'red' domains (Finance, Effective, Responsive, and People Management & Culture); • Two domains were 'amber' (Safe and Transformation); and • One 'green' domain (Caring). <p>During discussion the following items were noted/considered: There was concern on waiting list length and managing patients on the waiting list. In the current circumstances, the Chair acknowledged the patient waiting list and understood the need to identify and treat urgent patients. EM gave further assurance to the Committee that operational teams are reviewing on a monthly basis priority patients; CDC also discusses the appropriateness of bringing patients into hospital and how to keep patients safe whilst they are on the waiting list. There is a dedicated helpline for patients to flag any change in circumstances or concerns – this is supported by clinical staff. EM explained P* category of patients and how these are managed. The Committee received assurance as to the measures being adopted, but discussed how further assurance could be provided. EM will consider whether stats on identification and treatment of high priority patients could be included in future reports.</p> | EM | 25.6.20 |

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| | <p>As numbers of COVID positive patients in CCA reduce, CDC discusses the trigger points for releasing staff from CCA back to their regular work base. OM advised that this had also been discussed by the Joint Staff Council; it was noted that there needs to be a support system for these staff; Workforce will be writing individually to these staff.</p> <p>SP suggested that for the next meeting, one of the divisions dial into the meeting to talk through how their service is being managed. The NEDs felt it would be helpful to hear this first hand to provide assurance.</p> <p>CC enquired when the Trust will be able to issue a plan of the strategy for the next few months ahead. EM advised that recovery stages are being set out but this is dependent on the timing of de-escalation of CCA. The Trust is looking towards July/August when it is anticipated that there should be some stability although there are many variables to consider before a plan can be drawn.</p> <p>The Committee discussed how Track and Trace is being developed, the impact this may have on the Trust and how it is essential to get this right for health care workers.</p> <p>Noted: The Performance Committee noted the summarised PIPR update for April 2020.</p> | EM | 25.6.20 |
| 7 | FINANCIAL REPORT – Month 1 - April 2020 | | |
| 20/81 | <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 April 2020.</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 <p>At Month 1 the Trust reported a breakeven position running under the emergency operating model. TG outlined what the position would be should it be calculated via payment on PBR and no GIC and reiterated the importance of discussions with Commissioners going forward.</p> <p>DD thanked the Trust for the data. He noted concern in two areas:</p> <ul style="list-style-type: none"> - Growth/ activity and how this would be funded. - Commercial activity and the forward plan for this. <p>TG added that there were many positive aspects within the design of the hospital which could be of benefit i.e. single rooms and single cell side rooms which enables greater occupancy and infection control than multi-bedded ward bays.</p> <p>Noted: The Committee noted the financial update for April 2020.</p> | | |

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| 8 | OPERATIONAL PERFORMANCE - Access & Data Quality Report | | |
| 20/82 | During the Trust's response to COVID-19, this item has been 'parked'. | | |
| 9 | ACTIVITY RECOVERY – HOSPITAL OPTIMISATION GROUP | | |
| 20/83 | During the Trust's response to COVID-19, this item has been 'parked'. | | |
| FOCUS ON | | | |
| 10 | BOARD ASSURANCE FRAMEWORK (BAF) UPDATE | | |
| 20/84 | <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 May 2020.</p> <p>It was suggested that Executive Directors review the Pandemic Risk at 25 alongside super surge risk; SP agreed this course of action.</p> <p>Noted: The Committee noted the BAF update.</p> | AJ | 25.6.20 |
| FUTURE PLANNING | | | |
| 11 | PARKED ITEMS REVIEW | | |
| 20/845 | Noted: The Performance Committee noted the contents of this report. | | |
| 12 | INVESTMENT GROUP | | |
| 20/856 | <p>Chair's report (including minutes of meeting held on 4 May 2020)</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p> | | |
| 13 | ANY OTHER BUSINESS | | |
| 20/87 | <p>CC had some queries on finance issues and will speak to TG outside of the meeting.</p> <p>As this was DD's last Performance Committee meeting, the Chair thanked him for his huge contribution to the Trust. SP also thanked DD for his support during his time as a Non-executive Director.</p> | | |
| 14i | COMMITTEE FORWARD PLANNER | | |
| 20/88 | Noted: The Performance Committee noted the Forward Planner. | | |
| 14ii | REVIEW OF ACTIONS AND ITEMS IDENTIFIED FOR REFERRAL TO COMMITTEE/ESCALATION | | |
| | There were no issues raised. | | |

| Agenda Item | Action by Whom | Date | |
|-----------------------------|----------------|--|-------------|
| FUTURE MEETING DATES | | | |
| 2020 dates | | | |
| Date | Time | Venue | Apols rec'd |
| 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 11.15hrs


 Signed
 (Chair authorised electronic signature to be added)

Date: 25.06.2020

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
 Meeting held on 28 May 2020