

**Meeting of the Performance Committee
Held on 30 July 2020
At 0930-1100hrs
Ground Floor offices rooms 1&2 / via WebEx
Royal Papworth Hospital**

MINUTES

Present			Present
Mrs C Conquest	CC	Non-executive Director (Chair)	✓
Prof J Wallwork	JW	Trust Chairman	✓
Mr T Glenn	TG	Chief Finance & Commercial Officer	✓
Dr R Hall	RMOH	Medical Director	✓
Mrs E Midlane	EM	Chief Operating Officer	✓
Mr S Posey	SP	Chief Executive	✓
Mr A Raynes	AR	Director of Digital (& Chief Information Officer) [to 10am only]	✓
Mrs J Rudman	JR	Chief Nurse	✓
In Attendance			
Mrs A Colling	AC	Executive Assistant (Minutes)	✓
Ms L Howard-Jones	LHJ	Deputy Director of Workforce	✓
Mrs A Jarvis	AJ	Trust Secretary	✓
Mrs S Harrison	SH	Deputy Chief Finance Officer	✓
Mrs C Riotto	CR	Head of Nursing, Division of Surgery, Transplant and Anaesthetics (for item 5 only)	✓
Apologies			
Ms O Monkhouse	OM	Director of Workforce & Organisation Development	
Mr G Robert	GR	Non-executive Director	
Mr A Selby	AS	Director of Estates & Facilities	

[Minutes in order of discussion, not Agenda order]

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
20/105	The Chair opened the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
20/106	<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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	<p>4. Stephen Posey in holding an honorary contract with CUH to enable 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 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. Stephen Posey as Chair of the East of England Cardiac Network.</p> <p>10. Tim Glenn whose wife is ICS development lead for NHE/I for East of England (EoE).</p>		
5	CRITICAL CARE UPDATE		
20/110	<p>Cheryl Riotto, Head of Nursing attended for this item and gave apologies from her colleagues, Dr Alain Vuylsteke and Maggie Maxwell.</p> <p>CR explained the phenomenal level of commitment by staff at the height of the COVID-19 pandemic. She highlighted the demand for Extra Corporeal Membrane Oxygenation services (ECMO) which had increased to exceptional levels of 20 cases compared to a usual maximum of 4 ECMO patients.</p> <p>In June, some cardiac surgery re-commenced with ECMO levels reducing. Work is on trajectory to increase surgical activity whilst maintaining 33 beds in Critical Care Area (CCA).</p> <p>Details of the CCA Optimisation Project were shared with the Committee where two key areas were noted as:</p> <ul style="list-style-type: none"> - Improve health and well-being of CCA staff - Focus on BAME (Black Asian Minority Ethnic) colleagues to improve experience and career development. <p>During the COVID-19 pandemic some 137 staff (Nurses, Health Care Support Workers and Allied Health Professionals) were redeployed to CCA. Ten of these staff would like to stay in CCA and some registered nurses are exploring secondment opportunities to CCA. The Trust is mindful not to deplete Ward staff and burden other areas of the hospital. This work is encompassed within our Recruitment and Retention plan which is strong; CR thanked Lynn Roberts and team for work in this area.</p> <p>The Trust's held its first 'live' on-line recruitment session last week which received over 100 participants. The Trust has good interaction within the region who seem supportive of our COVID response; some nurses from other Trusts are looking to come on secondment with us. There is, however, still a need to use temporary staffing. Educational days are being introduced to keep CCA skills up to date; this to ensure there is an ongoing pool of staff should a 2nd COVID surge occur. Recruitment is working with some overseas staff due to arrive in October and this is being managed within COVID guidelines.</p> <p>CCA staffing is based on 33 beds and at present, this is showing a gap of circa 15 staff; CR gave assurance that with recruitment plans and training this can be mitigated. There are also improvements being made</p>		

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	<p>with the staff rostering system to increase staff flexibility of hours and help cover the bed base. The Rostering Team are working with partner Allocate to improve roster format and a new project tool called "Safe Care Live".</p> <p>Under Health and Well-being, CR explained adjustments are being made for all staff to be able to attend meetings whether they are on site or at home working or shielding. CR noted the importance to support clinical staff who have been through this journey via psychological support and chaplaincy; the work to support BAME staff was also highlighted.</p> <p>CR added that as a positive from this experience; it has broken down barriers and showcased CCA and all it has to offer.</p> <p>CR explained that mapping work is underway to increase the CCA bed base from 33 to 36 to 40; this is scheduled for October but will be implemented sooner if possible. The team are keen to resolve the issues seen in CCA prior to COVID. As the pandemic decreases it has enabled CCA staff to take some rest time.</p> <p>The Chair thanked CR for a very good presentation, highlighting the recent work that has been done in CCA.</p> <p>Noted: The Performance Committee noted the update on Critical Care. <i>[1000hrs CR left the meeting]</i></p>		
3	MINUTES OF THE PREVIOUS MEETING – 25 June 2020		
20/107	Approved: The Performance Committee approved the Minutes of the meeting held on 25 June 2020 and authorised these for signature by the Chair as a true record.	Chair	30.7.20
4	TIME PLAN OF TODAY'S AGENDA ITEMS		
20/108	<p>The Chair suggested today's focus should be on PIPR, Finance and the Restoration of Activity.</p> <p>Referring to Item 10ii Corporate Risk Register, the Chair requested this be deferred to the August meeting to enable review to be undertaken when Gavin Robert, Chair was back from leave.</p> <p>The Action Checklist will be reviewed alongside Item 11 Parked Items, in order that these can be aligned.</p> <p>The Committee concurred with the above actions.</p>		
4ii	ACTION CHECKLIST / MATTERS ARISING		
20/109	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
6	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
20/111	The Committee received a full version of PIPR for June 2020. TG		

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	<p>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); • One domain was 'amber' (Transformation); and • Two domains rated 'green' (Caring and Safe). <p>TG introduced the June PIPR which was reinstated to its full version after reporting as a summarised version since April 2020. He thanked those involved who have contributed to getting this report back up and running.</p> <p>The Trust is now focussing on resuming normal activity and optimising this hospital. The golden thread of this report through all domains is about exiting COVID surge and setting up for recovery.</p> <p>SP added some positive context to how RPH's recovery and performance is fairing compared to neighbours and partner organisations. EM added that other organisations are struggling with restarting of services especially around prioritisation. The Clinical Decision Cell (CDC) instigated at RPH throughout COVID has helped the Trust manage COVID and the re-start. The CDC structure has not been seen at other Trusts. SP noted that at yesterday's Management Executive meeting, Clinical Directors had given positive feedback on the Trust's recovery work.</p> <p>The Chair opened up the discussion for questions, where the following was noted/discussed:</p> <p>Regarding work on theatre cancellations, the Chair asked if outsourced support might be used, such as the support provided by Meridian on the Outpatient Optimisation Project (OOP).</p> <p>EM explained that some of the processes used for OOP will be mapped forward to use on other projects; referring particular to the 6-4-2 review process where the same principles can be applied to surgery. Currently pre-surgical patients are required to self-isolate 14 days prior to their procedure; therefore, the Trust is avoiding cancellations as far as possible; this may mean using a different surgeon a day or so later than planned. This has seen a slight increase in Length of Stay, but this is preferable to a complete cancellation of the procedure. This is a significant change to how Consultant Surgeons previously worked.</p> <p>The Chair referred to "Responsive" and a score of 10% for 62 days cancer waits (target 85%). It was explained that this is a provisional result where the number of treatments is very small; one breach impacts the metric significantly. Patients are presenting much sicker with some requiring more pre-testing before treatment which impacts on RTT. It was noted that during COVID-19, cancer treatment did not stop, which is reflected in the 100% achievement on 31-day cancer wait metric.</p> <p>JW noted that we are seeing differing PIPR statistics during this recovery period; he highlighted data for Same Day Admissions which was below target due to the current situation. SP added that this had been discussed by Executive Directors in detail. It was suggested to 'grey out' this metric until a truer picture emerges following recovery;</p>		

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	<p>giving the opportunity to keep this under review.</p> <p>Under People Management and Culture, it was not clear what the green/yellow/red/orange represented on the Risk Assessment data. The Chair agreed to take this outside of the meeting with LH-J.</p> <p>In discussion on Transformation, the Chair explained that some of the newer NEDs had not been in post to see progress of the previous Trust Strategy work; therefore she requested a draft of the Trust Strategy document be sent to NEDS, to enable early sight of this prior to this being finalised at September Board. EM also suggested a forum to enable NEDs to be brought up to speed on this before September Board meeting.</p> <p>It was noted that the finance strategy was last agreed in November 2019 and that much has changed since that time. TG confirmed that a review of the finance strategy is in place and will be brought to a future meeting.</p> <p>Noted: The Performance Committee noted the PIPR update for June 2020.</p>	<p>TG</p> <p>LH-J</p> <p>AJ</p> <p>AJ</p>	<p>27.8.20</p> <p>30.7.20</p> <p>tbc</p> <p>tbc</p>
7	FINANCIAL REPORT – Month 3: June 2020		
20/112	<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 June 2020.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> • Financial performance dashboard summary • Forecast • Statement of Comprehensive Income (SOI) position • Run rate trends • Activity • Cash position and forecast • COVID-19 expenditure • Capital expenditure <p>TG referred to the wider funding arrangements in place during COVID and early recovery period; The Department of Health (DoH) have extended this arrangement to August and possibly up to the end of September. With this financial uncertainty TG highlighted the importance of controlling the core cost base and looking at Cost Improvement schemes (CIPS) to reduce costs. During the first half of the year other income streams have reduced (private patients, education, research & development) and it is important to restore these in the second half of the year. Work is ongoing with teams internally as to how this can be structured appropriately to increase revenue streams. CC referred the land sale on the old site. TG explained the technical adjustment regarding transitional support which is currently in discussion with DoH.</p> <p>SH presented the main finance report for June 2020, which under the current arrangement shows a break-even position with a "true-up" adjustment.</p> <p>The higher cost of Homecare pharmacy drugs costs was noted which is</p>		

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	<p>significantly higher than the provision allowed in the block contract. This is driven by use of one drug where prescription of this drug has increased dramatically during COVID. Work is in place with pharmacy colleagues to determine likely costs going forward.</p> <p>The run rate for June has seen an increase in activity as services are being brought back into line. The cash forecast will be reworked when the financial strategy is reviewed.</p> <p>During discussion, the following points were noted/considered:</p> <p>CC asked for an update on 7-day payments. SH advised that invoices which have been approved are achieving the 7-day requirement; additional pay runs have been added to enable compliance.</p> <p>CC was concerned that there is still no confirmation from DoH that COVID capital payments will be paid and the risk if it is not paid. SH advised that capital expenditure is under review by the Investment Group where each of the three key areas have reprioritised the capital plan should the DoH capital monies not be reimbursed.</p> <p>CC referred to extra capital monies apportioned to East of England and whether RPH would benefit from this. TG explained that these monies are provided mainly to address backlog maintenance work where other local Trusts may have a priority need for this over RPH. TG advised of detailed discussions with EoE Trusts at local finance planning meetings; one requirement is that the money needs to be spent in this financial year, which may prove a challenge for some. TG assured the Committee that RPH are fully engaged in discussions regarding this.</p> <p>Noted: The Committee noted the financial update for April 2020.</p>		
8	OPERATIONAL PERFORMANCE - Access & Data Quality Report		
20/113	During the Trust's response to COVID-19, this item has been 'parked'.		
9	RESTORATION OF ACTIVITY		
20/114	<p>This item provided an update to the Committee on progress to restore activity through the Trust. The Clinical Division Cell (CDC) Medium Term Strategy sets out the clinical prioritisation for the Trust's patients within current resource constraints for the next two months (29 June-31 August 2020). A summary of the Medium-Term Strategy progress metrics accompanied the report.</p> <p>EM introduced this update explaining that work is halfway through the 2nd phase medium term clinical strategy as devised by CDC.</p> <p>Referring to page 6 on 'Current Position – Activity; it was confirmed that work is running ahead of plan on activity and planned patient discharges.</p> <p>EM referred to the challenges with RSSC bookings and the work in place by the Booking Team and Consultants in reassuring patients regarding the balanced risk of attending versus not attending the hospital site. The Committee discussed the enhanced safety aspects in</p>		

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	<p>place in the hospital but also acknowledged the fear of some patients not wanting to come into a setting where COVID patients are being treated.</p> <p>A forward view for August shows bookings 90% and above which can be attributed to the clinical engagement and booking team efforts. The CDC are working on the next phase of the strategy for August 2020 to April 2021; mindful that this runs through the winter period and the need to remain flexible to any emerging flu/COVID issues.</p> <p>The Chair queried data for outpatients which were not included in the report dashboard. Although the CDC had focused on inpatients, EM confirmed that outpatient numbers will be included in the next dashboard.</p> <p>A small error was highlighted on page 2 where the headings on the two tables on key assumptions had been incorrectly annotated; SH apologised for this error and will rectify to show the table on the right shows the revised productivity metrics we are working to.</p> <p>Noted: The Performance Committee noted the progress that has been in restoring activity through the Trust.</p>	EM	27.8.20
FOCUS ON			
10i	BOARD ASSURANCE FRAMEWORK (BAF) UPDATE		
20/115	<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 July 2020.</p> <p>The Chair referred to the new risk 2541: cash risk from increased COVID expenditure, and whether this related to capital cash? TG confirmed this was the case and will revise the risk narrative to make it clearer.</p> <p>The Chair confirmed that next month's meeting will cover the Corporate Risk Register review where there are some overlaps with BAF.</p> <p>Noted: The Committee noted the BAF update.</p>		
10ii	CORPORATE RISK REGISTER - Quarterly update		
20/116	<p>The Committee received this report which provided an overview of those risks graded 12 or above that are included on the Corporate Risk Register. A copy of the current Corporate Risk Register is attached at Appendix 1.</p> <p>As previously noted, it was agreed to defer this item to the August meeting when it can be reviewed when Gavin Robert is back from leave.</p> <p>Noted: The Performance Committee agreed that this will be reviewed at the next meeting.</p>	JR	27.8.20

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FUTURE PLANNING			
11	PARKED ITEMS REVIEW		
20/117	<p>The Chair took the opportunity for the Committee to review 'Parked Items' alongside items also on the Action Checklist.</p> <p><u>Ref: 19/84 & 20/09 - Access & Data Quality Report:</u> This was scheduled to report again in August; TG suggested this move to September to give time to consider what is required from the report and what should come to Committee. Action: TG to discuss with Gavin Robert.</p> <p><u>Ref. 20/05 - Temporary Staffing Metrics:</u> Is this report still relevant? TG felt that this report is needed in relation to finance discussions on controlling the cost base and how progress on recruitment is affecting the temporary workforce, including Agency. Actions: 1) LHJ to review this report with a view to presenting to September meeting. 2) TG to discuss with Gavin Robert.</p> <p><u>Ref. 20/27 - Critical Care Trajectory Report:</u> This fell within the Hospital Optimisation report which has now been replaced by the report on Restoration of Recovery; the latter being a clearer presentation of information. Action: Covered by new report; close on Action Checklist.</p> <p><u>Ref. 20/35 - Committee Self-assessment:</u> Action: This has been completed, close on Action Checklist.</p> <p><u>Ref. 20/103 – Divisional Presentations:</u> Action: This is covered under the Forward Planner and can be closed on the Action Checklist.</p> <p><u>Parked item: Corporate Risk Register – quarterly update:</u> The Committee agree to defer this to August 2020 meeting.</p> <p><u>Parked item: Investment Group reporting:</u> This has still been covered at each meeting. Action: Remove from Parked Item lists.</p> <p>AC will update the Action Checklist and Parked Items accordingly.</p> <p>Noted: The Committee noted and agreed the updates as discussed.</p>	<p>TG/SH 24.9.20</p> <p>LHJ/OM 24.9.20</p> <p>TG/SH 27.8.20</p> <p>JR 27.8.20</p>	
12	INVESTMENT GROUP		
20/118	<p>Chair's report (including minutes of meeting held on 6 July 2020)</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
13	ANY OTHER BUSINESS		
20/119	No items were raised.		

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14i	COMMITTEE FORWARD PLANNER		
20/120	<p>The Divisional Presentations have been added to the plan and the Chair is happy with the dates allocated.</p> <p>Some items listed for reporting do not have a reporting timescale:</p> <ul style="list-style-type: none"> - Financial Performance – service line reporting (quarterly) - Local Health Economy Update (quarterly) - Financial Strategy (annual) - Private Patients Policy (ad hoc) <p>TG to review the timescale for these items and update the planner.</p> <p>Noted: The Performance Committee noted the Forward Planner.</p>	TG	27.8.20
14ii	REVIEW OF ACTIONS AND ITEMS IDENTIFIED FOR REFERRAL TO COMMITTEE/ESCALATION		
	There were no issues raised.		
	FUTURE MEETING DATES		

2020 dates

Date	Time	Venue	Apols rec'd
27 August	9am-11am	Mtg rooms 1&2, Ground Floor	
24 September	9am-11am	Mtg rooms 1&2, Ground Floor	
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	

Proposed 2021 dates

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


 Signed
 (Chair authorised electronic signature to be added)

The meeting finished at 1102hrs

Date: 27 August 2020

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