

**Meeting of the Performance Committee
Held on 29 April 2021
0900-1100hrs
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
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
Mr A Selby	AS	Director of Estates & Facilities
In Attendance		
Mrs A Colling	AC	Executive Assistant (Minutes)
Ms A Halstead	AH	Public Governor, Observer (from 9.15am)
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
For Radiology Division Presentation		
Dr M Goddard	MG	Clinical Lead, Radiology
Ms E Mercer	EM	Radiology Operations Manager
Mrs J Speed	JS	Surgery, Transplant & Anaesthetics Operational Director
Apologies		
Dr R Hall	RH	Medical Director
For Item 9: 2021/22 Operational Planning		
Dr J Ahluwalia	JA	Non-executive Director
Ms Amanda Fadero	AF	Non-executive Director
Dr R Hall	RH	Medical Director
Prof John Wallwork	JW	Trust Chairman
Prof I Wilkinson	IW	Non-executive Director

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

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
21/61	The Chair welcomed all and opened the meeting.		

Agenda Item		Action by Whom	Date
2	DECLARATIONS OF INTEREST		
21/62	<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). <p><u>In attendance for Item 9</u></p> <ol style="list-style-type: none"> 1. John Wallwork and Stephen Posey as Directors of Cambridge University Health Partners (CUHP). 2. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. 3. John Wallwork as an Independent Medical Monitor for Transmedics clinical trials. 4. Jag Ahluwalia as: 1. CUHFT Employee, seconded to Eastern Academic Health Science Network as Chief Clinical Officer; 2. Programme Director for East of England Chief Resident Training programme, run through CUH; 3. Trustee at Macmillan Cancer Support; 4. Fellow at the Judge Business School - Honorary appointment; 5. Co-director and shareholder in Ahluwalia Education and Consulting Limited; 6. Associate at Deloitte; 7. Associate at the Moller Centre. 5. Ian Wilkinson as: 1. Hon Consultant CUHFT and employee of the University of Cambridge; 2. Director of Cambridge Clinical Trials Unit; 3. Member of Addenbrooke’s Charitable Trust Scientific Advisory Board; 4. Senior academic for University of Cambridge Sunway Collaboration; 5. Private health care at the University of Cambridge; 6. University of Cambridge Member of Project Atria Board (HLRI). 6. Amanda Fadero 1. Trustee of Nelson Trust , a charity predominantly supporting recovery from drug and alcohol 		

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	addiction with expertise in trauma informed care for women; 2. Associate Non-Executive Director at East Sussex NHS Healthcare Trust.		
3	MINUTES OF THE PREVIOUS MEETING – 25 March 2021		
21/63	Approved: The Performance Committee approved the Minutes of the meeting held on 25 March 2021 and authorised these for signature by the Chair as a true record.	Chair	29.4.29
4.1	REVIEW OF THE BAF		
21/64	<p>Following discussion on BAF at prior meetings, it had been proposed to pilot a more proactive use of BAF to see if it can be used in a more effective way.</p> <p>The Chair and TG have reviewed the BAF risks aligned to this Committee; concern that Ref. 1021 Cyber risk is not monitored on a regular basis and this Committee should aim to do so. The Chair suggested a quarterly update report on Cyber risk to monitor this.</p> <p>SP noted that alongside the BAF review, there is also a review of PIPR and could a metric for Cyber risk be added into PIPR under 'Safe', which may negate the need for a separate report. AR advised he would be happy to provide such a report if required and also added that this also forms part of SIRO report, which is submitted to Quality & Risk Committee.</p> <p>The Chair confirmed he would be pleased to see the risk included in PIPR, backed up by a quarterly report.</p> <p>DL referred to BAF 1021 Cyber risk and "if Server 2008 cannot be migrated quickly this risk will increase again"; can the timeline for this be more specific? AR advised the timeline was to migrate Server 2008 by end of March; this has not been fully achieved but the majority of work was achieved by end of March</p> <p>CC asked specifically how do we review the BAF and get assurance? She notes the Committee is responsible for this but asked how should this be steered? Should the Performance Committee discuss their aligned risks in detail and then provide assurance to the Board, or should the Committee look at all the risks?</p> <p>SP noted that the full BAF report is shown here for oversight and this Committee takes responsibility for those risks assigned to it; this Committee is also then able to provide assurance to the Board that it was satisfied (or not).</p> <p>AJ highlighted that some risks are allocated to Board which need to be allocated to Committees, along with assurance and control measures. Although it is useful to have whole oversight of all BAF risks as this gives a 'whole performance' picture and use of</p>	AR	27.5.21

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	<p>resources and optimisation in the hospital. SP advised that Executives had discussed the proposed Integrated Care Service (ICS) which is not yet expressed in the BAF. This has a system impact on risk to the Trust and therefore needs to be added in.</p> <p>The Chair queried Risk 678 'Failure to meet cardiac and cancer waiting targets' was allocated under Finance and not Responsive. AJ will look at this.</p> <p>The Chair thanked all for the useful discussion which was helpful to have at the start rather than end of the meeting, and noted that while the BAF provides a helpful focus, it is not exclusive.</p>	AJ	27.5.21
		AJ	27.5.21
	Noted: The Performance Committee noted the report and discussion on BAF.		
4.2	TIME PLAN OF TODAY'S AGENDA ITEMS		
21/65	The Chair noted that Item 9 will be taken at 10am when the rest of Board members will join for this item only.		
4.3	ACTION CHECKLIST / MATTERS ARISING		
21/66	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	DIVISIONAL PRESENTATION – RADIOLOGY & IMAGING		
21/67	<p>The Chair welcomed Jane Speed, Martin Goddard and Emma Mercer. The presentation focussed on:</p> <ul style="list-style-type: none"> • Response and experience • Restoration of service • Managing waiting lists • Reporting • Mutual aid • Staff well-being. <p>The Committee received an excellent presentation from Dr Martin Goddard, Jane Speed and Emmer Mercer on Radiology & Imaging. While routine work was suspended during Wave 1 with many staff redeployed, in Wave 2 85% of activity was maintained (even though Covid ECMO patients typically take more than twice the time). Waiting lists were (and are) managed through a combination of clinical priority and chronological order. Following Wave 2, services are being restored to normal levels, but with waiting lists up to 13 weeks for CT and 8 weeks for MR; the backlog is not expected to be cleared until September. The pandemic has also resulted in an increase in reporting times of greater than the target 3 days; these are being improved through improvements in allocation and moving from time to activity-based contracts, although pressure on</p>		

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	<p>consultant time remains. RPH has also helped CUH to reduce its waiting lists, seeing an additional 260 CUH patients @ 10 patients per week, which will continue until June 2021. Cooperation has been extremely complex, requiring lengthy negotiation and robust administrative procedures. CUH still have a backlog of 3,000 patients. RPH will review in September, once its own backlog has been cleared, what capacity it has to provide further assistance. As we move towards greater system-working under the ICS and the potential for a system-wide Patient Tracking List, further consideration will need to be given to making best use of system resources to prioritise diagnostics for the highest priority patients across the system. Staff wellbeing is now a priority, following a 33% increase in workload for the team and morale is low and sickness absence has increased. Efforts are focused on reviewing rotas and establishment.</p> <p>The Chair thanked staff on behalf of Committee for all their hard work over last period. He could appreciate from the presentation how demanding it was and continues to be.</p> <p>[0944hrs MG, EM, JS left the meeting]</p>		
6	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
21/68	<p>The Committee received a summary version of PIPR for M12 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>This would be the last time for the current PIPR format; a PIPR review workshop is scheduled mid-May with Performance Committee EDs/NEDS. It is proposed that the new PIPR will be more aligned to strategic plans in future months.</p> <p>During discussion, the following items were noted/considered: DL referred to the Serious Incident (SI) in month and was there any cause for concern and/or learnings? JR advised that it is too early to report and this item will be discussed at today's Quality & Risk Committee.</p> <p>The Chair referred to the increase in 52 week breaches. EM advised that this related to cohort P3 and P4 patients, who were lower clinical priority. A significant number of these are patients who are choosing not to come to the hospital (some awaiting their 2nd Covid-19 vaccine) or those that are shielding due to Covid-19. All those waiting have been reviewed and continue to be monitored on the waiting list.</p> <p>The Chair referred to Workforce and the increase in agency spend as a percentage of salary bill.</p>		

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	<p>OM advised that the agency spend has increased from 1.43% to 3.76% as activity is restored. The Trust is in discussion with Divisions on how to phase out agency use for some roles and switch to Trust bank staffing instead.</p> <p>It was agreed to bring a review of agency spend to the next meeting.</p> <p>Noted: The Performance Committee noted the summarised PIPR update for M11 2020/21.</p>	OM	27.5.21
7	RECOVERY: Waiting List Prioritisation		
21/69	<p>EM advised that this report is work-in-progress in presenting the changing view of waiting list.</p> <p>The report showed the status of P coding categories in March and April 2021. Due to focus on P1 an P2 priority patients, this has had a knock on effect of P3 and P4 patients being delayed and some (e.g., cardiology patients) needing to move to P1 and P2 categories.</p> <p>The waiting list is under constant review and constant change. EM has confidence that review processes are well embedded.</p> <p>The Chair welcomed this report and noted the challenge to measure Waiting List Prioritisation in a reasonable way. Currently there is no national metric to do this. EM added that there is a weekly meeting with Chief Operating Officers to ensure there is a consistent approach to waiting list management within the ICS.</p> <p>Noted: The Performance Committee noted the update.</p>		
8.1	FINANCIAL REPORT – Month 12 2020/21		
21/70	<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 March 2021.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> • Statement of Comprehensive Income (SOCl) position • Run rate trends • Activity • Cash position and forecast • COVID-19 expenditure • Capital expenditure <p>The Trust is reporting a £0.3m surplus at financial year end, and noted a System surplus of £1m. This is seen as a good achievement for the Trust and regionally as an ICS; and very much recognised as this being delivered collectively in a system way. CC asked if it would be possible to see the system summary in order to add context; TG advised that this level of reporting is still being worked on and he will review to see how best this can be reported to committees. SP referred to the broader impact of ICS and how this influences all areas i.e., finance, operationally; he suggested</p>	ALL	Ongoing

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	<p>that a context piece is included in all Committee reports to ensure there is sight on broader issues. [1005-1031hrs; this item was paused to move to Item 9, as agreed]</p> <p>CC enquired about the level of accrual for March on homecare pharmacy and how sustainable are current plans to ensure previous issues do not recur.</p> <p>SH advised that the March accrual was £1.7m. Invoicing in month had been affected by staffing issues. In looking ahead, there had been meetings with both Pharmacy and Commissioners where it was noted that national funding for homecare was tight, and that the implementation of automatic invoicing should lead to sustainable improvements. JR added that there has been restructure of the pharmacy team who continue to be innovative to encompass the home care aspect.</p> <p>DL referred to the capital plan underspend in year primarily due to digital issues. AR explained that some projects had been aborted prior to year-end as they would not be delivered in time; some funding arrived right at year-end which was too late to commit to. This will be discussed in further detail at the later Strategic Projects Committee.</p> <p>The Chair referred to the bad debts write-off as advised by the Audit Committee; he was keen to see mechanisms in place to ensure this problem would not recur in the future.</p> <p>TG updated that much of the bad debt was legacy related (pre-2017) and prior to more robust processes being put in place to mitigate this recurring. There will still be some legacy debt write-offs from this prior period, but all avenues will be explored to get money back prior to any write-off.</p> <p>The Chair referred to the activity charts in Appendix 2 which give a good view of activity performance vs target; could this type of data be incorporated in to the new PIPR?. EM advised that under PIPR 'effective', the plan is to show activity as per the finance slides.</p> <p>The Chair asked for clarification on how donated PPE was accounted for. TG explained how new government guidance stated that each Trust needed to account for donated PPE; RPH has complied with this which has resulted in an increase in spend in M12.</p> <p>Noted: The Committee noted the financial update.</p>		
9	<p>2021/22 OPERATIONAL PLAN <i>(All Board members in attendance for this item)</i></p>		
21/71	<p>[1005 JW, RH, IW, AF and JA joined the meeting]</p> <p>As this was an item for Board approval, JW took the chair at this point.</p> <p>TG introduced this item noting that when this was discussed at the</p>		

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	<p>last Board meeting the planning guidance had not been issued. This was issued on 15 March with then a huge amount of work being undertaken by SH and the finance team to get to the present position. TG referred to the priorities listed in the report for the next six months and talked to these in further detail.</p> <p>TG referred to the recently advised System deficit of £15m, explaining how this has evolved and flagging that this is a risk to RPH relating to system financial performance which is not yet resolved.</p> <p>On PIPR, TG noted that work is underway on the new format to reflect the new needs of the organisation; with a NED workshop in 2 weeks' time to progress this.</p> <p>JW asked if there was anything ahead of the white paper being issued which could impact this Operational Plan? TG expects the white paper to build on what we already know and noted that this Operational Plan is only for the next six months.</p> <p>DL voiced concern on the deficit in system funding which is not signed off yet and sought some assurance on the security of the current £21.7m of system funding. TG highlighted that the deficit belongs to all partners in the System, whether they contributed to it or not. The System needs to submit its position by 6 May, with the Trust Operational Plan due to be signed off on 3 June.</p> <p>GR referred to the CIP target of £0.7m and asked how this reconciles with the fact that the CIP pipeline already identifies £0.95m of benefit realisation. TG advised that the former is for the first 6 months while the latter is for the full year, and the team are still working through the detail of the target.</p> <p>GR also asked how the planned activity targets would impact on staff recovery and how the plan balances between the two. TG added that the plan takes into account the need for staff recovery and EM confirmed the plan to optimise patients through available capacity, including the need for staff to take their accrued leave entitlement which had accumulated during the pandemic.</p> <p>AF added that she felt this was a good, balanced operational plan; some risk is not known yet but there is stretch in the plan for this. CC also felt this was a good operation plan but wanted assurance of robustness of our challenge to the System? TG gave a confidential response to this query.</p> <p>JA thanked all involved in putting the Operational Plan together. He referred to KPIs where some had been removed and some added. He asked where were the KPIs relating to staff and how can this be monitored on items such as annual leave, CPD, training etc. TG responded that this is seen as a first draft, with more work to do.</p> <p>The Chair asked if there were any other comments. It was noted that SP/JW/TG are heavily engaged in working with ICS in a</p>		

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	<p>collaborative way.</p> <p>No other comments were raised and the Operational Plan was approved with feedback to the Board as required.</p> <p>The Board and Performance Committee:</p> <ul style="list-style-type: none"> • Noted the draft plan including a breakeven financial position and the delivery of the national activity targets within existing capacity, and to delegate authority to the Chief Executive Officer and Chief Finance Officer to: <ul style="list-style-type: none"> - Agree the final system funding values and any subsequent changes to the financial plan as a result; - Approve the submission of the draft plan including the financial, activity and workforce position; and - To make the draft submission based on this paper together with appropriate amendments within the envelope set out in this paper. <p>[1031hrs JW, RH, JA, AF and IW left the meeting]</p> <p>The Performance Committee meeting resumed with GR as Chair.</p>		
8.2	CIP REPORT- Month 12 2020/21		
21/72	<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>The Chair referred to the BAF where CIP has the highest risk rating at 20; and queried whether this rating is still justified and whether the mitigations (including the urgency and resources attached to them) that are in place are adequate to reflect the severity of the rating.</p> <p>EM advised that this had received robust discussion by EDs this week when it was agreed to keep the risk at 20 as the track record on CIP delivery was not strong, noting that this is the first year with a new robust process in place.</p> <p>The Chair noted that the Committee would not want to see the rating at the same high level at the end of the year, and asked if EDs expect to reduce this rating during the course of the financial year as CIPs begin to be delivered. EM advised that the Trust does not want back-ended CIP plans. There are schemes worked up to being delivered over the next few months, when hopefully the BAF risk can be reduced.</p> <p>TG added that in this difficult year with the challenges of Covid-19, CIP had not been the main focus. Given the forthcoming System risks and challenges facing public sector finances, the CIP position will be increasingly important for this Trust. EDs hold weekly review meetings with the CIP team to keep track of this.</p>		

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	<p>The Chair asked if a target timeline could be shown so that the Committee can more clearly see progress or slippage on CIPs. TG added that this is in development with teams with the aim to bring this into reporting. The Chair added that he would be happy to review a draft of the new report ahead of it being finalised and presented to Committee.</p> <p>Noted: The Performance Committee noted the approach to CIP and the progress to date.</p>	TG	27.5.21
10.1	INVESTMENT GROUP – Chair’s Report		
21/73	<p>TG introduced his Chair’s report which was taken as read.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
11	ISSUES FOR ESCALATION		
21/74	<ul style="list-style-type: none"> • Audit Committee – no items. • Strategic Projects Committee: • Board of Directors: Note approval 2021/22 Operational Plan and review of BAF risks assigned to Board. 	AJ	Board
12	ANY OTHER BUSINESS		
21/75	No other items were raised.		
13.1	COMMITTEE FORWARD PLANNER		
21/76	<p>[Request for Review]</p> <p>The Chair requested a review of the Committee Planner. Some items scheduled for this month had been removed pending this review. DL referred to Corporate Risk Register where the current planner noted a report due for this meeting. She agreed that this would need to be looked at and scheduled time appropriately.</p> <p>The Chair would like the Divisional presentations to be allocated in-month rather than listed at the end of the planner.</p> <p>AJ to pick this up with the EDs outside of the meeting and ahead of the next Performance Committee. TG/Chair to review the amended planner ahead of papers going out for the next meeting.</p> <p>Noted: The Performance Committee noted the Forward Planner.</p>	AJ/EDs TG/Chair	Board 21.5.21
13.2	REVIEW OF MEETING AGENDA AND OBJECTIVES		
21/77	<p><u>BAF report update</u></p> <p>The Chair asked if it helped in bringing the BAF Report forward on the Agenda. Comments given were:</p>		

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	<ul style="list-style-type: none"> - It was useful to discuss BAF earlier as well as at the end of the meeting, to ensure it had been properly considered throughout the agenda (EM). - need to feel assured on those risks assigned to Committee (CC). Discussion at the start of the meeting gives time to consider risks independently of other agenda items; a wrap-up at the end ensures that due account has been taken of the BAF throughout the agenda. (DL) - Agreement with the above and that the System risk as mentioned earlier by SP should be added to BAF (TG). <p>The Committee therefore returned to consider the BAF, to review those risk assigned to the Performance Committee as follows:</p> <table border="1" data-bbox="288 725 1177 1711"> <thead> <tr> <th>Risk ref.</th> <th>Detail</th> <th>Comment</th> </tr> </thead> <tbody> <tr> <td>678</td> <td>Failure to meet cardiac and cancer waiting targets</td> <td>Discussed; tbc whether to re-classify under Effective</td> </tr> <tr> <td>841</td> <td>Delivery of efficiency challenges – CIP Board approved.</td> <td>Discussed; assigned correctly</td> </tr> <tr> <td>1021</td> <td>Potential for cyber breach and data loss</td> <td>Assigned correctly and further comment below.</td> </tr> <tr> <td>1853</td> <td>Staff turnover in excess of our target level</td> <td>Not specifically discussed given assurance from current low level of turnover. Assigned correctly</td> </tr> <tr> <td>1854</td> <td>Unable to recruit number of staff with the required skills/ experience</td> <td>Not specifically discussed given assurance from current low level of vacancies. Assigned correctly</td> </tr> <tr> <td>2829</td> <td>Achieving financial balance</td> <td>Tbc whether this should be re-assigned from Board to Performance Committee</td> </tr> </tbody> </table> <p><u>Query: 1929: Low levels of staff engagement.</u> This is assigned to Q&R Committee and encompasses Compassionate and Collective Leadership. Query as to whether this should sit with Performance Committee but conscious of not duplicating reporting on various Committees. Chair agreed to leave for further consideration and escalation to Q&R and Board as to how best deal with it.</p> <p><u>Query: 1021: Cyber Risk</u> Noted as assigned to both Performance Cttee and Strategic</p>	Risk ref.	Detail	Comment	678	Failure to meet cardiac and cancer waiting targets	Discussed; tbc whether to re-classify under Effective	841	Delivery of efficiency challenges – CIP Board approved.	Discussed; assigned correctly	1021	Potential for cyber breach and data loss	Assigned correctly and further comment below.	1853	Staff turnover in excess of our target level	Not specifically discussed given assurance from current low level of turnover. Assigned correctly	1854	Unable to recruit number of staff with the required skills/ experience	Not specifically discussed given assurance from current low level of vacancies. Assigned correctly	2829	Achieving financial balance	Tbc whether this should be re-assigned from Board to Performance Committee	Q&R	tbc
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	Projects Cttee. JR suggested a fuller conversation at Board as it also covers Q&R.	Board	tbc
	FUTURE MEETING DATES		
Date	Time	Venue	Apols rec'd
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 1102hrs.


 Signed
 (Chair authorised electronic signature to be added)

Date: 27 May 2021

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
 Meeting held on 29 April 2021