

**Meeting of the Performance Committee  
Held on 29 August 2019  
9am-11am  
Ground Floor Offices, Rooms 1&2  
Royal Papworth Hospital**

**MINUTES**

|                      |                       |               |  |
|----------------------|-----------------------|---------------|--|
| <b>Present</b>       | <b>Mr D E Hughes</b>  | <b>(DEH)</b>  | <b>Non-executive Director (Chair)</b>                        |
|                      | <b>Mr D Dean</b>      | <b>(DD)</b>   | <b>Non-executive Director</b>                                |
|                      | <b>Dr R Hall</b>      | <b>(RMOH)</b> | <b>Medical Director</b>                                      |
|                      | <b>Mr J Hollidge</b>  | <b>(JH)</b>   | <b>Deputy Chief Finance Officer</b>                          |
|                      | <b>Mrs E Midlane</b>  | <b>(EM)</b>   | <b>Chief Operating Officer</b>                               |
|                      | <b>Mrs J Rudman</b>   | <b>(JR)</b>   | <b>Chief Nurse</b>   |
|                      |                       |               |  |
| <b>In Attendance</b> | <b>Mrs A Colling</b>  | <b>(AC)</b>   | <b>Executive Assistant (Minutes)</b>                         |
|                      | <b>Mr J Hollidge</b>  | <b>(JH)</b>   | <b>Deputy Chief Finance Officer</b>                          |
|                      | <b>Mrs A Jarvis</b>   | <b>(AJ)</b>   | <b>Trust Secretary</b>                                       |
|                      | <b>Mr A Raynes</b>    | <b>(AR)</b>   | <b>Director of Digital (&amp; Chief Information Officer)</b> |
|                      | <b>Mr J Syson</b>     | <b>(JS)</b>   | <b>Deputy Director of Workforce</b>                          |
|                      | <b>Mrs S Harrison</b> | <b>SH</b>     | <b>Associate Chief Finance Officer</b>                       |
|                      |                       |               |  |
| <b>Apologies</b>     | <b>Mr M Blastland</b> | <b>MB</b>     | <b>Non-executive Director</b>                                |
|                      | <b>Mr R Clarke</b>    | <b>(RC)</b>   | <b>Chief Finance Officer</b>                                 |
|                      | <b>Ms O Monkhouse</b> | <b>(OM)</b>   | <b>Director of Workforce &amp; Organisation Development</b>  |
|                      | <b>Mr S Posey</b>     | <b>(SP)</b>   | <b>Chief Executive</b>                                       |

| Agenda Item |  | Action by Whom | Date |
|-------------|--|----------------|------|
| <b>1</b>    | <b>WELCOME, APOLOGIES AND OPENING REMARKS</b>  |                |      |
| 19/111      | The Chair opened the meeting and apologies were noted as above.  |                |      |
| <b>2</b>    | <b>DECLARATIONS OF INTEREST</b>  |                |      |
| 19/112      | <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"> <li>1. Dave Hughes as Non-executive Director of Health Enterprise East (HEE).</li> <li>2. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities.</li> <li>3. Josie Rudman, Partner Organisation Governor at CUH.</li> <li>4. Stephen Posey in holding an honorary contract with CUH to enable</li> </ol> |                |      |

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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 Chair of East of England Cardiac Clinical Network.</p> <p>7. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd.</p> <p>8. David Dean as Chair of Essentia Trading Ltd, a commercial subsidiary of Guy's and St Thomas' NHS FT, which is currently providing advisory services to the Estates team at Cambridge University Hospitals NHS Foundation Trust on Project Management.</p> <p>9. Roy Clarke Trust as representative for Cambridge Global Health Partnership.</p> <p>10. Sophie Harrison whose husband is Deputy Director of Finance at North West Anglia NHS Foundation Trust.</p>   |                |         |
| <b>3</b>                                     | <b>MINUTES OF THE PREVIOUS MEETING – 25 July 2019</b>   |                |         |
| 19/113                                       | <p><b>Approved:</b> The Performance Committee approved the Minutes of the meeting held on 25 July 2019 authorised these for signature by the Chair as a true record.</p>  | Chair          | 29.8.19 |
| <b>4i</b>                                    | <b>TIME PLAN OF TODAY'S AGENDA ITEMS</b>  |                |         |
| 19/114                                       | <p>The Chair agreed to run with the suggested timings on the Agenda, with the main focus being on PIPR.</p>   |                |         |
| <b>4ii</b>                                   | <b>ACTION CHECKLIST / MATTERS ARISING</b>   |                |         |
| 19/115                                       | <p>The Committee reviewed the Action Checklist and updates were noted.</p>  |                |         |
| <b>IN YEAR PERFORMANCE &amp; PROJECTIONS</b> |   |                |         |
| <b>5</b>                                     | <b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)</b>  |                |         |
| 19/116                                       | <p>JH presented this month's PIPR which was rating as Amber; this was an improvement from rating red in the previous month.</p> <p><b>Balanced scorecard</b><br/>The Chair noted the pleasing upward trend. This report shows "year end forecast" for all areas as 'Green'. JH advised that assessments will be made to update these for the September meeting.</p> <p><b>Slide 5 – NHSI target for VTE</b><br/>The Chair referred to previous discussions on this issue and asked for an update. JR advised that the issue related to an underlying failure in completion of the form on Lorenzo. This did not have an impact on patient safety. This is to be resolved by ensuring this is a mandated field, where it requires completion before being able to move through the application.<br/>RMOH updated that a Serious Incident on VTE had been reported this week which is currently going through the investigation process.<br/>The Trust has been invited to take part in a GIRFT (Get It Right First</p> |                |         |

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|             | <p>Time) process for VTE with Dr Karen Sheares and Wayne Hurst leading this work for the Trust.</p> <p><b><u>BAF</u></b><br/> AR advised that Digital risks will be covered in the Strategic Projects Committee to follow.<br/> The heightened risk in staff recruitment was noted and will be covered under PIPR.<br/> An update on the sale of the old Papworth site will be covered in the Strategic Projects Committee.</p> <p><b><u>Safe</u></b> (Amber)<br/> JR confirmed that this domain had been reviewed at the recent Quality &amp; Risk Committee meeting. A piece of work will start tomorrow looking at nurse staffing including inpatient areas; this will help to update the staffing model and ensure correct input to eRoster.<br/> The Spotlight report on Safe Staffing was noted.</p> <p><b><u>Caring</u></b> (Green)<br/> JR advised that the main change in this domain was the Friends &amp; Family Test score for Outpatients which had seen a positive improvement on the last two months; the test had seen an improved response rate and the team had worked hard to get responses back. JR explained the term 'intentional rounding' and how this was helping patients. This is where patients in waiting areas are asked if they are ok, if they know where facilities are, if they know where they are going and how to get there etc.; this aspect is work in progress but felt to have had a positive impact on patient experience.<br/> The Spotlight on Friends and Family Test was noted.</p> <p><b><u>Effective</u></b> (Red)<br/> EM update on this domain:</p> <ul style="list-style-type: none"> <li>• Admitted activity had seen a positive increase, showing the best month since January 2019. Further work is ongoing with the programme.</li> <li>• The bed occupancy figure reflects the closed beds on Critical Care Area (CCA). EM explained bed occupancy figures in CCA and the forecast for next month.</li> <li>• The Committee discussed the opening of beds on 5 North and South Wards. It was noted that last month's meeting had noted 14 beds predicted to open; JR gave an update on the plan for opening up further beds.</li> <li>• There had been an increase in Length of Stay (LOS) which had been expected at this time; during the hospital move period, the Trust had actively selected patients requiring shorter length of stay. The increased LOS is a rebound of that plan where those more complex patients requiring longer stays are receiving treatment. It is expected that LOS should settle down.</li> <li>• Cath lab utilisation – improvements have been seen here with better use of holding bays to increase flow of patients.</li> <li>• RMOH stated the importance of the theatre porter role in the flow of patients in theatres. Any delay in moving patients in/out theatres has a knock on effect to theatre activity.</li> </ul> |                |      |

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|             | <p>RMOH explained how the Surgical Euro Score is calculated. Has no concerns on this figure at the current 2.2% and advised that the Trust is not complacent regarding this.</p> <p>The Chair referred to LOS for Cardiac elective surgery at 10.22 days and queried if this was driven by difficult cases or is it a shift in the underlying LOS? The Committee was advised that this result was driven by a four long stay complex cases. The Chair asked to look at this in more detail. EM added that looking to ahead to winter with possible delayed transfers from other organisations in being able to take their patients back, this could increase our LOS.</p> <p>SH advised the Committee of STP (System Transformation Programme) funding per capita in this area, where Cambridgeshire is heavily weighted and the second lowest paid area in country.</p> <p>Key performance challenges - Cancellations: the top reason for cancellations had moved from “no ward bed available to accept transfer from CCA” to “emergency took time” and “transplant took time”. This metric is tracked in ‘Responsive’ to see previous month’s data. The Committee was advised that there had been an increase in transplant offers where the Trust has the lowest decline rate of offers with greatest outcomes. The Committee discussed this mix of work and suggested discussion at the forthcoming Board Strategy Workshop regarding profitability etc.</p> <p>The Committee noted discussion on new ways of working in RPH without anaesthetic rooms and how this can work. RMOH gave examples of potential delays by unforced errors, i.e. half hour lost at beginning of the day for a variety of reasons can lose a 4 hour operation later in the day.</p> <p>The Spotlight report on Activity Recovery was noted with a detailed report at section 8 on the Agenda.</p> <p><b>Responsive (Red)</b><br/>EM alluded to the report regarding the issue with Respiratory RTT; she advised that the main reasons for this were due to the Community Sleep Study work and under-utilisation of capacity since move period. Actions in place to address these issues with the Sleep Study due to end in September which will resolve this part of the issue.</p> <p>Surgical RTT is forecast to run at trajectory level and then improve when Theatre 6 is up and running from 1 October. EM gave a prediction of the anticipated case load for Theatre 6.</p> <p>RMOH alluded to RTT outcomes at CUH and how system wide discussions might influence decisions on priority of work, in particular referring to RTT and IHU. Due to amount of work already put in by the Trust on RTT, the Chair is keen to get RTT/IHU issues resolved. The Chair requested an update on this and suggested Julie Quigley attend a future meeting to report on progress in the IHU Project.<br/>EM confirmed there were no issues regarding RTT fines for this year.</p> <p>The Committee discussed the increased in waiting list and referral levels;</p> | <p>EM</p> <p>AJ</p> <p>EM</p> | <p>Sept19</p> <p>5.9.19</p> <p>26.9.19</p> |

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|             | <p>SH explained how this has worked.</p> <p>Cancer performance 31 day: the extra thoracic surgery day has supported recovery of this position.</p> <p>Cancer performance 62 day: EM explained the problems in getting access to PET scans (commissioned by Alliance Medical) at CUH. The previous response rate within 7 days was now moving to 14-21 days which added several weeks into the pathway. This is a local issue which has been referred to commissioners, where mitigations have been suggested. It was noted that in this area CUH have an admin and radiographer shortage. The Committee discussed the viability of going to another PET scan provider or procuring a PET scanner for RPH.</p> <p>The histology service has now moved to LMB as planned; this is therefore not impacting on RTT.</p> <p>The Spotlight report on Cancer Performance was noted.</p> <p><b><u>People Management and Culture</u></b> (Red)</p> <p>JS presented this section.</p> <p>He referred to the recruitment in vacancy report which showed the strongest recruitment pipeline for many months.</p> <p>Work has been done in looking at other hospital moves and at what point staff may leave. It was noted that with delays in RPH move, the Trust had a longer lead up time to the move where staff may have moved earlier in the move time. With winter time approaching and the effect this may have on some already lengthy travel journeys, this may see further leavers.</p> <p>IPR completion is still low with work in place to improve this.</p> <p>Sickness absence is low for RPH and low for the region.</p> <p>Temporary staffing usage remains high; the Trust is looking at using more of our own bank staff than agency.</p> <p>The Spotlight report on mandatory training was noted.</p> <p>Following the recent CQC inspection, the requirement for level 3 training has been reviewed which will have a positive impact.</p> <p>The Chair queried the “time to hire” (TTH) rate, which is not a measured metric. JS advised that previous work had seen the TTH rate move to a respectable 50 days. The current TTH rate was 90 days. This was reflected in the increase in anticipated starters at 250 (usually 100). It is planned to increase temporary staffing to help push the recruitment process work through. The Chair reflected on the previous work in this area; could this be reinstated to improve the TTH initiative which worked well last year. It was agreed to bring an update back to next month’s meeting. Chair agreed with the short term increase of temporary staffing to move this work forward.</p> <p><b><u>Transformation</u></b> (Amber)</p> <p>The position was noted with a detailed review to be taken within the Strategic Projects Committee to follow.</p> <p><b><u>Finance</u></b> (Green)</p> | OM/JS          | 26.9.19 |

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|             | <p>The position was noted with a detailed review to be taken within the Finance Report.</p> <p>JH stated that the reason for change in this domain to 'green' was the improvement in clinical income; notwithstanding that the year-to-date position was reporting a deficit.</p> <p><b>Noted:</b> The Performance Committee noted the PIPR report for July 2019.</p>   |                |      |
| <b>5ii</b>  | <b>Trust Vacancy Rate Update – August 2019</b>  |                |      |
| 19/117      | <p>JS presented this update where the recent focus had been on nursing staff and Health Care Support Workers. JS updated the Committee that since the report had been finalised, there had been further work on apprenticeship.</p> <p>The current vacancy rate of 23% should decline to under 20% by December.</p> <p>DD queried staff vacancies where this does not show temporary staffing use. JR suggested sharing a graph showing the line of vacancies and use of temporary staffing. DEH agreed to look at this graph at the next meeting.</p> <p>The Committee discussed the 241 new starters in the pipeline along with the projected number of leavers in a year. A winter recruitment campaign should reap some benefit in this area.</p> <p><b>Noted:</b> The Performance Committee noted the quarterly update on vacancy rates.</p>   |                |      |
| <b>6</b>    | <b>FINANCIAL REPORT – Month 4: July 2019</b>  |                |      |
| 19/118      | <p>JH gave an overview of the report with key headlines and risks.</p> <p>The Trust's year to date (YTD) position is a deficit of £2.4m on both a Control Total basis excl. land sale and a net basis.<br/>This is favourable to plan by £0.7m, driven by:</p> <p><b>EBITDA</b> is £0.2m adverse to plan year to date (EBITDA margin 1.10% favourable). This comprises:</p> <ul style="list-style-type: none"> <li>i. <b>Clinical income</b> £1.1m adverse to plan after Guaranteed Income Contract (GIC) protection, due to lower activity of 8.70% in Outpatients, 9.30% in Inpatient and day case activity and lower levels of Private Patient income. This has resulted in the GIC contributing £2.1m, £1.0m more than planned.</li> <li>ii. <b>Pay expenditure</b> to date is adverse against plan by £0.3m. There is a substantive cost favourable variance driven by 260 WTEs vacancies, which is offset by temporary staffing costs totalling £3.8m. This continues to be an area of concern when compared to the activity delivered.</li> <li>iii. <b>Non pay expenditure</b> is £0.4m favourable to plan in month and £2.9m year to date. This YTD position is driven by lower</li> </ul> |                |      |

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|             | <p>expenditure on clinical supplies due to activity levels and central procurement of defibs, non-utilisation of contingency reserves £0.9m, PFI contract volume adjustments / performance deductions of £0.3m and old site decommissioning and new site project costs of £0.2m.</p> <p>iv. <b>CIP</b> is in line with plan in month, with only marginal levels planned until September 2019. There remains a gap of identified schemes fully signed off through the gateway process of £3.3m (65% of the £5.1m target). £0.4m of new schemes have now been fully approved and a further £0.7m are being worked up in the CIP pipeline.</p> <p><b>Non-operating items</b> are ahead of plan due to the interest income received as a result of the favourable cash position and reductions in depreciation.</p> <p><b>In-month</b> the Trust had a deficit of £0.7m, £0.14m adverse to plan. Staffing levels are above the comparable 2018/19 period, however, activity represents a 0.9% (6.6% June) decrease compared to the average Q4 2018/19 run rate and a reduction in average inpatient episodes per open bed from 9.47 (June 2018) to 9.39 (June 2019) indicating an improvement in the loss of productivity seen in prior months.</p> <p>The <b>underlying position</b> after non-recurrent and normalising items have been removed, is a deficit of £5.0m year to date, deficit of £1.4m in-month. The key adjustments include FRF/PSF funding of £3.3m, PFI transition funding £1.4m and New Papworth Hospital Programme expenditure £0.7m.</p> <p><b>Forecast</b> year end position remains in line with the planned control total break-even position, however, risk in regard to CIP and activity levels must be addressed to ensure its delivery.</p> <p><b>Capital expenditure</b> is £0.6m lower than plan year to date, relating to the timing of small works and blood fridges (£0.2m) and ongoing replacement underspends (£0.4m). The Trust has also reforecast its CDEL in line with an NHSI request linked to the land sale. This does not effect the overall capital programme, however, the programme has been reduced in month by £0.2m due to the national capital challenge to the local STP.</p> <p><b>Cash</b> is £4.9m favourable due to lower capital expenditure and improved working capital position.</p> <p><b>Use of Resources metric</b> is 3 for the month in line with the planned score. There has been no change in the month to the financial Risks identified.</p> <p>The following further points were noted:</p> <ul style="list-style-type: none"> <li>• Discussed the risk for potential renegotiation in-year of GIC contracts.</li> <li>• Discussed the underlying worst case end-of-year position if activity and CIP are not achieved.</li> </ul> |                |      |

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|             | <ul style="list-style-type: none"> <li>• JH noted that a refreshed financial recovery plan will be brought to the next meeting as part of the Financial Strategy update</li> <li>• RMOH discussed the transplant service which is underfunded and loss making; should the Trust review these under-funded areas again.</li> <li>• The Committee discussed areas influenced by the Carter report which had a positive impact: <ul style="list-style-type: none"> <li>- Use of LMB for histology services</li> <li>- Cardiology</li> <li>- Pharmacy</li> <li>- Safe Care Live</li> <li>- GS1 digital work</li> </ul> </li> <li>• Capital expenditure was lower than planned year-to-date. There had been a national NHSI request to reduce capital expenditure; after review NHSI has advised that capital budget could revert to previously agreed levels.</li> <li>• DD referred to page 4 of the report where income from GIC was slightly higher than actual income. SH explained how this worked and that it was anticipated not having a benefit from GIC in July.</li> <li>• DD queried whether the EBITDA gap had widened; JH explained the gap.</li> <li>• Further discussions included: <ul style="list-style-type: none"> <li>- Cost of PFI</li> <li>- GIC income planned and actual</li> <li>- CIP and the steady pipeline of benefits being worked through.</li> </ul> </li> </ul> <p><b>Noted:</b> The Performance Committee noted the Financial Report for Month 4 – July 2019.</p> | RC/JH          | 26.9.19 |
| 7           | <p><b>OPERATIONAL PERFORMANCE</b><br/> <b>Access &amp; Data Quality Report – July 2019</b></p>   |                |         |
| 19/119      | <p>SH presented this report to the Committee and highlighted two changes to the previous reporting format:</p> <ol style="list-style-type: none"> <li>1) The Executive Summary on page 4 showed the trend for the current month, i.e., latest full month vs the last six month rolling average, for each indicator.</li> <li>2) A new section has been added to consolidate a number of key performances indicators on the Data &amp; Quality Dashboard relating to outpatient clinic management.</li> </ol> <p>Key areas of focus:</p> <ul style="list-style-type: none"> <li>- Reducing back log of op appointments</li> <li>- Continuation RTT validation work</li> <li>- Supporting activity on recovery position.</li> </ul> <p>Some issues in Outpatients had improved following diagnostic work to highlight issues of concern.</p> <p>The Committee discussed access plans in Outpatients and wards, including education on this.</p> <p>Booking efficiencies have improved with recruitment to the admin team</p>   |                |         |



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|                        | <p>and extra work on 'super Saturdays' which had helped reduce backlogs.</p> <p>The Chair referred to the Summary Action Plan which still showed many areas flagging red with little movement shown.</p> <p>EM advised that these targets were reviewed in March; targets are focused on what is aspired to in longer term; meaning that several actions will show red for at least this year, with work on track underneath these moving things forward. The Chair suggested it would be useful to see the progress here when the action tracker is still showing reds.</p> <p><b>Noted:</b> The Performance Committee noted the contents of this report.</p>  | EM             | 26.9.19 |
| <b>8</b>               | <b>ACTIVITY RECOVERY – HOSPITAL OPTIMISATION GROUP</b>  |                |         |
| 19/120                 | <p>The Committee received this report from EM. The new Hospital Optimisation Group is jointly chaired by EM, RMOH and JR. This project has been elevated to the same governance as the hospital move project. The work is in its early stages but EM felt it was in the hospital's gift to make the required improvements.</p> <p>DD noted the substantial gap in elective inpatients. EM explained this and plans to improve, including financial aspects.</p> <p>The Chair noted the draft Terms of Reference which note that the Hospital Optimisation Group will report to the Strategic Projects Committee and Executive. Discussion arose on the best fit reporting line for this Group; it was noted that the work of the Group is relevant to SPC, Performance and Q&amp;R Committees.</p> <p>AJ and the Chair to review this and consider where the main reporting line should be. It also needs to be taken into account that there will shortly be a change of NEDs sitting on Committees, and the need to ensure that NEDs have sight of this Group, whichever Board sub-committee they sit on.</p> <p><b>Noted:</b> The Performance Committee noted the contents of this report.</p> | AJ/Chair       | 26.9.19 |
| <b>FOCUS ON</b>        |   |                |         |
| <b>8</b>               | <b>BOARD ASSURANCE FRAMEWORK (BAF) UPDATE</b>   |                |         |
| 19/121                 | <p>The Committee took the report as read.</p> <p>The tracker now picked up the recruitment risks.</p> <p>Risk regarding sale of the old Papworth site will be covered at SPC</p> <p><b>Noted:</b> The Performance Committee noted the BAF update.</p>   |                |         |
| <b>FUTURE PLANNING</b> |   |                |         |
| <b>9</b>               | <b>INVESTMENT GROUP - Chair's report</b>  |                |         |
| 19/122                 | <p>The report included Minutes of the recent regular meeting on 12 August and the Extra Ordinary meeting on 19 August. This EO meeting</p>  |                |         |

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|             | <p>received, considered and approved the revised medical equipment replacement programme at £499k, which, as submitted, was £90k above budget. On the basis of the return of £100k national capital funding, this creates a nil variation request. It was confirmed that the revised medical equipping plan reflected approvals by the Medical Devices Group.</p> <p><b>Noted:</b> The Performance Committee noted the Investment Group Chair's report.</p>  |                |         |
| <b>10</b>   | <b>BUSINESS CASES</b>  |                |         |
|             | There were no items to consider.   |                |         |
| <b>11</b>   | <b>LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE</b>  |                |         |
|             | There were no items to consider.   |                |         |
| <b>12</b>   | <b>ANY OTHER BUSINESS</b>  |                |         |
| 19/123      | <p>i) <u>Any other business</u><br/>No further items were raised.</p>  |                |         |
| 19/124      | <p>ii) <u>Focus on - new Agenda items</u><br/>The Chair noted that in past years, the Committee had received presentations on topical items. The Committee discussed areas for future presentations/deep dive reports as being:</p> <ul style="list-style-type: none"> <li>- In House Urgent Project</li> <li>- ECHO</li> <li>- Outpatients</li> <li>- CIP</li> <li>- Hospital optimisation including the three related strands of work (staffing; theatres; Cath lab)</li> </ul> <p>The Chair would like the Project Leads to attend the meeting to present. The presentation to sit early on the Agenda with a 15 minute slot. This item to be added to the Committee Forward Planner.</p> <p><b>Noted:</b> The new Agenda items suggested were noted.</p> | AJ             | 26.9.19 |
| <b>13i</b>  | <b>COMMITTEE FORWARD PLANNER</b>   |                |         |
| 19/125      | <p>AJ advised that the 26 September meeting has a potential quoracy issue due to unavailability of Performance Committee NED members. AJ is liaising with other NEDS regarding possible attendance. Any potential change to the September Committee date will be advised as soon possible.</p> <p>It was noted that our two new NEDS, Gavin Robert and Jag Ahluwalia, joining officially from 1 November, will shadow on this Committee from the September meeting.</p> <p><b>Noted:</b> The update regarding the Committee Forward Planner was noted.</p>   |                |         |

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| <b>13ia</b>   | <b>Radiology Reporting turnaround- Q1</b>  |  |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
| 19/126  | <p>The Committee took the report as read. EM talked through the report and gave some further background information.</p> <p><b>Noted:</b> The Performance Committee noted the Radiology Reporting turnaround report for April-June 2019.</p> |  |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
| <b>14ii</b>   | <b>REVIEW OF ACTIONS AND ITEMS IDENTIFIED FOR REFERRAL TO COMMITTEE/ESCALATION</b>   |  |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
|   | No items were raised.  |  |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
| <b>15</b>   | <b>FUTURE MEETING DATES</b>  |  |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
| <p><b>2019</b><br/> 26 September<br/> 31 October [<i>to be held at Royal Papworth House, Huntingdon</i>]<br/> 28 November<br/> 19 December</p> <p><b>2020 dates</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Venue</th> </tr> </thead> <tbody> <tr><td>30 January</td><td>9am-11am</td><td>Mtg room 4, 1st floor, RP House, <b>Huntingdon</b></td></tr> <tr><td>27 February</td><td>9am-11am</td><td>Mtg rooms 1&amp;2, Ground Floor</td></tr> <tr><td>26 March</td><td>9am-11am</td><td>Mtg rooms 1&amp;2, Ground Floor</td></tr> <tr><td>30 April</td><td>9am-11am</td><td>Mtg room 4, 1st floor, RP House, <b>Huntingdon</b></td></tr> <tr><td>28 May</td><td>9am-11am</td><td>Mtg rooms 1&amp;2, Ground Floor</td></tr> <tr><td>25 June</td><td>9am-11am</td><td>Mtg rooms 1&amp;2, Ground Floor</td></tr> <tr><td>30 July</td><td>9am-11am</td><td>Mtg room 4, 1st floor, RP House, <b>Huntingdon</b></td></tr> <tr><td>27 August</td><td>9am-11am</td><td>Mtg rooms 1&amp;2, Ground Floor</td></tr> <tr><td>24 September</td><td>9am-11am</td><td>Mtg rooms 1&amp;2, Ground Floor</td></tr> <tr><td>29 October</td><td>9am-11am</td><td>Mtg room 4, 1st floor, RP House, <b>Huntingdon</b></td></tr> <tr><td>26 November</td><td>9am-11am</td><td>Mtg rooms 1&amp;2, Ground Floor</td></tr> <tr><td>17 December</td><td>9am-11am</td><td>Mtg rooms 1&amp;2, Ground Floor</td></tr> </tbody> </table> |  | Date   | Time | Venue | 30 January | 9am-11am | Mtg room 4, 1st floor, RP House, <b>Huntingdon</b> | 27 February | 9am-11am | Mtg rooms 1&2, Ground Floor | 26 March | 9am-11am | Mtg rooms 1&2, Ground Floor | 30 April | 9am-11am | Mtg room 4, 1st floor, RP House, <b>Huntingdon</b> | 28 May | 9am-11am | Mtg rooms 1&2, Ground Floor | 25 June | 9am-11am | Mtg rooms 1&2, Ground Floor | 30 July | 9am-11am | Mtg room 4, 1st floor, RP House, <b>Huntingdon</b> | 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, <b>Huntingdon</b> | 26 November | 9am-11am | Mtg rooms 1&2, Ground Floor | 17 December | 9am-11am | Mtg rooms 1&2, Ground Floor |  |  |
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| 30 January  | 9am-11am   | Mtg room 4, 1st floor, RP House, <b>Huntingdon</b> |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
| 27 February   | 9am-11am   | Mtg rooms 1&2, Ground Floor                        |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
| 26 March  | 9am-11am   | Mtg rooms 1&2, Ground Floor                        |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
| 30 April  | 9am-11am   | Mtg room 4, 1st floor, RP House, <b>Huntingdon</b> |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
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| 27 August   | 9am-11am   | Mtg rooms 1&2, Ground Floor                        |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
| 24 September  | 9am-11am   | Mtg rooms 1&2, Ground Floor                        |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
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| 26 November   | 9am-11am   | Mtg rooms 1&2, Ground Floor                        |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |
| 17 December   | 9am-11am   | Mtg rooms 1&2, Ground Floor                        |      |       |            |          |  |             |          |                             |          |          |                             |          |          |  |        |          |                             |         |          |                             |         |          |  |           |          |                             |              |          |                             |            |          |  |             |          |                             |             |          |                             |  |  |

The meeting finished at 11.13am

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Signed

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Date

**Royal Papworth Hospital NHS Foundation Trust  
Performance Committee  
Meeting held on 29 August 2019**