

**Meeting of the Performance Committee**

Held on 19 December 2019

9am-11am in Ground Floor meeting rooms 1&2

Royal Papworth Hospital

**MINUTES**

|                      |                        |               |  |
|----------------------|------------------------|---------------|--|
| <b>Present</b>       | <b>Mr G Robert</b>     | <b>(GR)</b>   | <b>Non-executive Director (Chair)</b>                        |
|                      | <b>Mrs C Conquest</b>  | <b>(CC)</b>   | <b>Non-executive Director</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>Mrs E Midlane</b>   | <b>(EM)</b>   | <b>Chief Operating Officer</b>                               |
|                      | <b>Ms O Monkhouse</b>  | <b>(OM)</b>   | <b>Director of Workforce &amp; OD</b>                        |
|                      | <b>Mr S Posey</b>      | <b>(SP)</b>   | <b>Chief Executive</b>                                       |
| <b>In Attendance</b> | <b>Mrs A Colling</b>   | <b>(AC)</b>   | <b>Executive Assistant (Minutes)</b>                         |
|                      | <b>Mr I Graham</b>     | <b>(IG)</b>   | <b>Deputy Chief Nurse</b>                                    |
|                      | <b>Mr E Gorman</b>     |               | <b>CNIO/Head of Operations ICT Applications</b>              |
|                      | <b>Mrs Harrison</b>    | <b>(SH)</b>   | <b>Associate Chief Finance Officer</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>Mrs C Symington</b> | <b>(CS)</b>   | <b>Operations Manager</b>                                    |
| <b>Apologies</b>     | <b>Mr A Raynes</b>     | <b>(AR)</b>   | <b>Director of Digital [&amp; Chief Information Officer]</b> |
|                      | <b>Mrs J Rudman</b>    | <b>(JR)</b>   | <b>Chief Nurse</b>   |
|                      | <b>Mr R Clarke</b>     | <b>(RC)</b>   | <b>Chief Finance Officer</b>                                 |

| Agenda Item |  | Action by Whom | Date |
|-------------|--|----------------|------|
| <b>1</b>    | <b>WELCOME, APOLOGIES AND OPENING REMARKS</b>  |                |      |
| 19/175      | The Chair opened the meeting and apologies were noted as above.  |                |      |
| <b>2</b>    | <b>DECLARATIONS OF INTEREST</b>  |                |      |
| 19/176      | <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. Cynthia Conquest as Deputy Director of Finance and Performance at Norfolk Community Health and Care Trust (Contractor) and lay member and Audit Chair of the City &amp; Hackney GP Confederation.</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 him to spend time with the clinical teams at CUH.</li> <li>5. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board.</li> <li>6. Stephen Posey as Trustee of the Intensive Care Society.</li> <li>7. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews.</li> <li>8. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd</li> <li>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</li> </ol> |                |      |

| Agenda Item                                  |   | Action by Whom | Date                |
|--|---|----------------|---------------------|
|  | Cambridge University Hospitals NHS Foundation Trust on Project Management.<br>10. Stephen Posey as Chair of the East of England Cardiac Network.<br>11. Roy Clarke as Trust representative for Cambridge Global Health Partnerships Committee part of ACT.<br>12. Roy Clarke as Independent Committee Member of the Royal College of Obstetricians and Gynaecologists Audit and Risk Committee, with effect from 1 October 2019.  |                |                     |
| 3  | <b>PRESENTATION: Outpatient Productivity Update</b>   |                |                     |
| 19/77  | <p>The Chair welcomed Carrie Symington who presented an update on Outpatient Productivity. Key headlines included:</p> <ul style="list-style-type: none"> <li>• Opportunity to increase productivity</li> <li>• Room utilisation studies</li> <li>• Why is utilisation so poor?</li> <li>• Re-align timetable and room allocation</li> <li>• Revise and reinforce the room booking process</li> <li>• Methodology of 6-4-2 meetings</li> <li>• Bookings update</li> <li>• Aligning job plans and templates</li> <li>• Reporting</li> <li>• Next Steps</li> </ul> <p>The Committee noted that certain aspects of the process were reported within the monthly PIPR (DNAs, Friends &amp; Family test). It was agreed to track progress on this item by a recurrent Spotlight Report under 'Effective' every two months starting in February 2020 (February and April) and then step down to a report every 3 months (July, October, January).<br/>This to be added to the Committee Forward Planner.</p> <p><b>Noted:</b> The Performance Committee noted the update on Outpatient Productivity.</p> <p>The Chair thanked CS for attending the meeting.<br/>[0925hrs CS left the meeting]</p> | EM<br>AJ       | 27.2.20<br>19.12.19 |
| 4  | <b>MINUTES OF THE PREVIOUS MEETING – 28 November 2019</b>   |                |                     |
| 19/78  | <b>Approved:</b> There were two small amendments under Declarations of Interest. The Chair agreed these amendments and the Committee approved the Minutes of the meeting held on 28 November 2019 and authorised these for signature by the Chair as a true record.   | Chair          | 19.12.19            |
| 5i   | <b>TIME PLAN OF TODAY'S AGENDA ITEMS</b>  |                |                     |
| 19/79  | The Chair wanted to allow sufficient time for focus and discussion on issues regarding critical care beds and staffing.   |                |                     |
| 5ii  | <b>ACTION CHECKLIST / MATTERS ARISING</b>   |                |                     |
| 19/80  | The Committee reviewed the Action Checklist and updates were noted.   |                |                     |
| <b>IN YEAR PERFORMANCE &amp; PROJECTIONS</b> |   |                |                     |
| 6  | <b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)</b>  |                |                     |
|  | JH gave an overview of the current status where four domains flag red (Effective, Responsive, People Management & Culture and Finance; one domain flags amber (Transformation) and two domains flags green (Safe and Caring). It was noted that at the time of writing the report (13 December), combined RTT stood at 91.60%; at the   |                |                     |

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| 19/81       | <p>date of today's meeting this had improved to 92.3%.</p> <p>With the issues in Critical Care (CCA) being the 'golden thread' impacting on all domains, the Chair took the opportunity for the Committee to discuss the issues at this point.</p> <p><b><u>Critical Care Area – issues with beds and staffing</u></b></p> <p><u>Background</u><br/> From September 2019 CCA was funded to 34 beds, moving to 36 funded beds from 1 October. There have been many challenges in CCA; one of which being the working environment where the line of sight for nursing staff to support patients has been more difficult than expected.</p> <p>It was anticipated that the recruitment pipeline of CCA staff would resolve this issue, but this has not happened. The bed status has fallen back to approx. 29-30 open per day. The organisation is very concerned about this problem and it is the utmost top priority to resolve. The Trust is keen to run activity through the new Theatre 6, with surgeons ready but with insufficient CCA beds to accommodate these potential patients.</p> <p><u>Diagnosis</u><br/> It has been identified that this issue is not due to a shortfall in CCA nursing staff (with only 20 vacancies from an establishment of 250) but due to inefficient rostering. A key issue is the historical poor practice of inflexible working arrangements, where shift patterns are years' old and out of date (i.e, flexible working around school times where these children are now older and have left school, but the shift patterns are still in place). This does cause tension in the CCA team and presents challenges when rostering 250 staff. The Trust needs to get a full understanding of the root causes; in this respect Chandra Brown, Project Manager has been tasked in leading this work. Chandra was pivotal in the Trust's previous work in bringing RTT back in line.</p> <p>There needs to be a diagnosis and sense-check on actions and quantify what these actions will give us. It will be a complex project plan on use of staff, use of space, line management development and skill mixing. It is important to be mindful of staff engagement and morale. The work was mentioned at the BAME network yesterday with CCA nurses. It was acknowledged that there will be some short term quick fixes alongside some longer term actions.</p> <p>The initial project plan is due for completion by 10 January 2020.</p> <p>Some initial actions being put in place are:</p> <ul style="list-style-type: none"> <li>• CCA nursing split into three zones (Intensive care zone/step down zone/recovery zone) with different levels of nursing accordingly to patient acuity/requirement and use of isolation rooms where necessary. This will see different nursing ratios for each zone.</li> <li>• Improve roster template and roster practice – balance consistency of day and night staffing.</li> <li>• Allocation of skills onto health roster – skills can be mapped resulting in a more effective use of staff. This will be complex for 250 staff and it may be split into 3 teams to make more manageable. This is already work in progress and being reviewed on a daily basis.</li> </ul> <p>Short notice sickness is very hard to plan for. This is having impact on the whole CCA team and staff. The Trust are mindful of this and are meeting with and supporting staff. It was acknowledged that CCA is an extremely stressful area to work. Sickness is already factored into roster planning but it was suggested that this should be planned for a higher level than currently. It was noted that rostering is complex due to the specialist requirements of patients and the different competencies required by staff.</p> <ul style="list-style-type: none"> <li>• After an initial review of requirements, should further external resources be required</li> </ul> |                |      |

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| 19/82       | <p>to assist here then this will be considered.<br/>During discussion the following issues were discussed/noted:</p> <ul style="list-style-type: none"> <li>• DD gave an overview of his recent visit to CCA, where he became aware of the low morale of staff.</li> <li>• IG explained the Induction requirements for CCA nurses being 4 weeks for CCA local induction and 8 weeks for more specialist nurses. The Trust has committed clinical education time to support this area; it may be possible to personalise the CCA induction period to enable get staff on rota quicker.</li> <li>• It was highlighted again that CCA staff are under pressure and require support; a major issue being historical ineffective rostering where change here will help.</li> <li>• RMOH explained how the CCA layout had been carefully planned and designed with input from the Trust's clinical staff. The use of single rooms is of incredible benefit for infection control and patient dignity. The line of sight was planned but it did not take full account of the change in the way we work i.e., from bay based to single rooms where treatment lines shifted.</li> <li>• RMOH assured the Committee that if there was a structural problem with the layout then the Trust would have seen an increase in Serious Incidents and mortality rate, which has not happened. CQC have acknowledged this aspect and how we have supported staff in CCA.</li> <li>• EM and SP explained how this issue had been escalated to a critical internal incident last week when down to 26 CCA beds and how the Trust managed this.</li> <li>• SP reiterated that this is top priority for the hospital and is being scrutinised on a daily basis by the Executive and senior leadership team.</li> </ul> <p>The Chair and NEDS were very encouraged by acknowledgement of the issue and the plans in place to tackle this. The Committee confirmed that review of the action plan and a progress update would be a priority item for the next meeting in January.</p> <p>The meeting then moved on to look at PIPR.</p> <p><b>Safe (Green)</b><br/>The Safer Staffing percentages for registered staff day and night have moved to 'amber' from several months at 'red'. IG explained how the safe measure is rated in CCA. IG explained the KPI safe staffing data and would be happy to expand on this further outside of the meeting if required.<br/>The Committee noted the Spotlight Report on Safe Staffing; it was noted that several metrics align to give assurance on Safe and the Trust is working with teams with this ongoing piece of work.</p> <p><b>Caring (Green)</b><br/>Results on the Friends and Family test for both inpatients and outpatients are good. The number of complaints received (6) was noted with no particular themes or pattern identified. The Spotlight Report on Friends &amp; Family Test shows the November data. There has been good feedback on the patient electronic boards.</p> <p>Assurance was given to the Committee that complaints are discussed and scrutinised at Quality &amp; Risk Committee, by Triumvirates and at divisional level.</p> <p><b>Effective (Red)</b><br/><b>Responsive (Red)</b><br/>All metrics were red/amber as a direct effect of the issues affecting CCA as previously discussed.</p> <p>On a positive note there has been an improvement in cath lab utilisation.</p> <p>Collaboration work with CUH saw the transfer to us of cardiology work to 4 North West, with 11 beds opened. This is the 1<sup>st</sup> phase of cardiology transfer from CUH. EM explained the reasons for phasing to enable a smooth and effective, safe, transfer of service. There have been no issues with staffing. The important partnership working</p> | EM/JR          | 30.01.20 |

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|             | <p>with CUH to effect the transfer was acknowledged; in particular, good planning by the ED team, Wayne Hurst, Carrie Skelton-Hough and Dr David Begley. The three 52-week breaches were noted and discussed. It was noted also that there are no fines under current contract connected with CCA. SP added that improvements are being seen on some longstanding issues i.e., In House Urgents. There is an increasing waiting list in respiratory and this needs to be kept under close review.</p> <p>The Spotlight reports on Hospital Optimisation and Cancer Performance were noted.</p> <p><b>People management and culture (Red)</b><br/> This domain is flagging red overall, with turnover flagging green. OM is concerned that there has been a shift of reason for sickness absence from colds etc to stress related; this needs to be kept under review. The data shows a reduction in temporary staffing use.<br/> OM highlighted the launch of the Rainbow badge which has received a good response. The staff survey has closed with a best ever response rate of 62%.<br/> The Spotlight Report on turnover was noted; this reflected the improvement required in work life balance, particularly by CCA staff. CC acknowledged the work life balance issue with CCA staff but stressed the need not to neglect other areas as this is not an isolated problem.</p> <p><b>Transformation (Amber)</b><br/> The Committee noted the update and agreed to review this in detail at the Strategic Projects Committee to follow.</p> <p><b>Finance (Red)</b><br/> The Committee noted the update and agreed to review this in the detailed Financial Report to follow.</p> <p><b>Noted:</b> The Performance Committed noted the PIPR update.</p>   |                |      |
| 7           | <b>FINANCIAL REPORT – Month 8 November 2019</b>  |                |      |
| 19/83       | <p>JH presented this report which gave an oversight of the Trust's in month and full year financial position and risk rating.</p> <p><b>Key Items</b><br/> The Trust's year to date (YTD) position is a deficit of £1.5m on a Control Total basis excl. land sale, which is favourable to plan by £1.0m. However, as the main site land sale planned to complete in August and other sales in November (see below), generating a profit of £11.6m, the net position is £10.6m adverse to plan when this is included. The analysis in this paper excludes the land sale impact.</p> <p><b>EBITDA</b> is ahead of plan by £0.6m. Drivers of the YTD favourable position are as follows:</p> <ol style="list-style-type: none"> <li>i. Clinical income £1.8m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 6.8% in outpatients, 5.9% in inpatient and day case activity and lower levels of Private Patient income. Activity performance has resulted in YTD GIC protection of £1.1m, £0.6m more than planned for this stage of the year. Without the GIC protection, the Trust's income position would be £2.9m adverse to plan YTD.</li> <li>ii. Pay expenditure to date is adverse against plan by £1.7m. The substantive cost favourable variance driven by 88 WTEs vacancies. This is net of temporary staffing costs totalling £7.1m. This continues to be an area of concern as staff costs are not flexing in line with activity delivery. A series of rapid actions have been instigated to address this issue, although the impact of these items has not been seen to date with Agency expenditure only marginally decreasing in month.</li> <li>iii. Non pay expenditure is £0.2m favourable to plan in month and £4.1m YTD. This YTD position is driven by lower expenditure on clinical supplies due to activity levels, central procurement of defibs, non-utilisation of contingency reserves £1.8m,</li> </ol> |                |      |

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|             | <p>PFI contract volume adjustments / performance deductions of £0.6m and old site decommissioning and new site project costs of £0.5m.</p> <p>iv. CIP is £1.7m adverse to plan due to the start of the CIP gap phasing. The shortfall in identified schemes remains at £3.2m (63% of the £5.1m target). Of the £1.9m identified, £0.5m has been delivered YTD.</p> <p>Non-operating items 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 generated a surplus of £0.6m on a Control Total basis (£0.6m on a net basis), £0.3m favourable to plan. £1.5m of PSF/FRF income is included within this position. Staffing levels are above the comparable 2018/19 period, however, overall admitted activity in month (excl. ITU) is 8.9% higher than November 2018 and 10.1% higher than the average Q4 2018/19 activity, indicating continued improvement on the loss of productivity seen earlier in the year.</p> <p>The <b>forecast year end position</b> on an adjusted run rate basis demonstrates mitigating actions remain required to hit the planned control total break-even position. Without action, the Trust's deficit is forecast to reach a downside position of £19.5m. The report identifies the £3.3m of previously approved, non-recurrent mitigations and sets out a further £1.0m of Executive Director approved actions and enhanced controls to bridge the gap to control total achievement. Key actions include the mitigation of cost pressures from consultant job planning reviews and the implementation of additional controls on agency to reduce run rate spend. The underlying position after non-recurrent and normalising items have been removed is a deficit of £10.8m YTD.</p> <p><b>Capital expenditure</b> is £0.9m lower than plan year to date, relating to the timing of small works and ongoing replacement programme underspends. The risk remains around the old site land sale which was planned to complete in August with a profit of £10.5m together with the sale of the nursing home due in November, this have completed in December at a higher than planned profit.</p> <p><b>Cash</b> is £4.7m favourable due to lower capital expenditure, improved working capital position and the impact of the delayed land sale.</p> <p><b>Use of Resources</b> metric is 3 for the month in line with the planned score of 3.</p> <p>During discussion the following items were noted/considered:</p> <ul style="list-style-type: none"> <li>• JH clarified the position with GIC movement.</li> <li>• There is no change in the forecast outturn, with the full control total expected.</li> <li>• JH referred to the planned sale of the nurses home at Papworth Everard.</li> <li>• EM referred to CIP plan for 2020-21; there will be little movement on CIP for the remainder of this financial year; CIP of £3.1m has been identified for 2020-21 which is included in the Operational Plan. Some of next year's CIP might be deliverable this year. Although a shortfall in CIP is planned for this year, the Trust is currently on track to achieve this CIP plan.</li> </ul> <p><b>Noted:</b> The Performance Committee noted the Financial Update for November 2019.</p> |                |      |
| 8           | <p><b>OPERATIONAL PERFORMANCE</b><br/> <b>Access &amp; Data Quality Report – November 2019</b></p>  |                |      |
| 19/84       | <p>SH presented this report which provided an oversight of the Trust's performance against a selected group of access and data quality key performance indicators, and highlights areas for improvement.</p> <p>The November report reflects on earlier discussions regarding CCA. It focusses particularly on Outpatient management; the Meridian work should see improvements and the action plan was noted.</p>  |                |      |

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|                        | <p>SP added that it was useful to see referral numbers and referral pathways and this should be kept under review.</p> <p>DD asked if was possible to change the scope of this report in future?<br/>Both the Chair and DD noted the large amount of complex data reported; initially this report had been compiled to show the data from use of Lorenzo; as this work is now "business as usual" the NEDS would like the report to be simplified and focus on current key issues, such as referral patterns.</p> <p>The Chair noted the referral trajectory where respiratory looked good, but cardiology &amp; surgery were more of a concern. SP felt it would be useful to look at results from other centres to see if there are trends across the patch or work going to other centres. As part of the review, SH agreed to revisit the suite of KPIs on this report. The report will be reviewed for the April meeting.</p> <p>It was noted that the Trust's activity levels need to improve otherwise referrals will decline. Declining referrals are related to lack of <del>to</del> CCA beds. EM referred to PRIS which reports on referral times and could influence referral behaviour from other centres. At a time when 35 CCA beds can be opened, then the Trust can be more proactive in marketing to other centres.</p> <p><b>Noted:</b> The Performance Committee noted the update on Access and Data Quality for November 2019.</p> | SH             | 30.04.20 |
| <b>9</b>               | <b>ACTIVITY RECOVERY – Hospital Optimisation Group</b>  |                |          |
| 19/85                  | <p>EM presented this paper which updated the Committee on activity recovery progress as the Hospital Optimisation Project continues to be delivered</p> <p>Much of the work around this was covered in the discussion on CCA.<br/>The Committee noted the current recovery action plan included in the paper.</p> <p>DD would like to see more information on outpatients. EM advised that this information was not included in this report due to the earlier reporting timeline for this month, and it will be included in future.</p> <p><b>Noted:</b> The Performance Committee noted the update on Hospital Optimisation Project.</p>  |                |          |
| <b>FOCUS ON</b>        |   |                |          |
| <b>10</b>              | <b>BOARD ASSURANCE FRAMEWORK (BAF) UPDATE</b>   |                |          |
| 19/86                  | <p>The Committee received this update which gave a summary of BAF risk and actions for risk above appetite (Appendix 1) and a copy of the BAF tracker report for December 2019 (appendix 2).</p> <p>An emerging high risk related to Cyber Breach; EG advised that this reflects on updates at last Board meeting relating to phishing and that Royal Papworth is a high profile organisation. It was noted that in the USA, New Jersey's largest hospital has paid out on a digital ransom attack. The Committee were reminded of the need to be vigilant at all times; it was agreed to add this to BAF risk for both Performance Committee and Strategic Projects Committee.</p> <p><b>Noted:</b> The Chair thanked AJ for this report which was noted by the Committee.</p>   | AJ             | 30.01.20 |
| <b>FUTURE PLANNING</b> |   |                |          |
| <b>11</b>              | <b>INVESTMENT GROUP</b>   |                |          |
| 19/87                  | <p>Chair's report (including minutes of meeting held on 2 December 2019).</p> <p>JH advised that an Extra Ordinary Investment Group meeting was held on 16 December where the capital plan was re-prioritised in order to use available funds</p>   |                |          |

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|              | appropriately leading up to year end.<br><b>Noted:</b> The Performance Committee noted the update from the Investment Group.  |                |      |
| <b>12</b>    | <b>LATEST NEWS/CONSULTATIONS ON ISSUES CONCERNING PERFORMANCE</b>   |                |      |
|              | There were no items to consider.  |                |      |
| <b>13</b>    | <b>ANY OTHER BUSINESS</b>   |                |      |
| 13i<br>19/88 | <u>2020-21 Approach to System Planning</u><br><br>The report set out the proposed dialogue strategy with commissioners for the 2020/21 financial year. Key points were identified in the report; this is an approach used for the last four years which has worked well.<br>SH clarified that the income streams relate to contracted income from CCG and NHS England.<br>National Guidance is due to Trusts on 24 December 2019. Following this a first draft position will be presented to EDs in early January with an update to the 30 January Performance Committee meeting. The final plan is due late March/early April and this will be presented to this Committee and Board. RC is the Executive lead with SH and JH liaising with operational teams.<br><br><b>Noted:</b> The Performance Committee noted the dialogue strategy. |                |      |
| 14i<br>19/89 | <b>COMMITTEE FORWARD PLANNER</b><br><b>Noted:</b> The Performance Committee noted the Forward Planner.  |                |      |
| 14ii         | <b>REVIEW OF ACTIONS AND ITEMS IDENTIFIED FOR REFERRAL TO COMMITTEE/ESCALATION</b>  |                |      |
|              | There were no items to consider.  |                |      |
| <b>15</b>    | <b>FUTURE MEETING DATES - 2020</b>  |                |      |

| Date         | Time     | Venue  | Apols rec'd |
|--------------|----------|--|-------------|
| 30 January   | 9am-11am | Mtg rooms 1&2, Ground Floor                        |             |
| 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                        | DD          |
| 25 June      | 9am-11am | Mtg rooms 1&2, Ground Floor                        |             |
| 30 July      | 9am-11am | Mtg rooms 1&2, Ground Floor                        |             |
| 27 August    | 9am-11am | Mtg rooms 1&2, Ground Floor                        |             |
| 24 September | 9am-11am | Mtg rooms 1&2, Ground Floor                        | DD          |
| 29 October   | 9am-11am | Mtg room 4, 1st floor, RP House, <b>Huntingdon</b> |             |
| 26 November  | 9am-11am | Mtg rooms 1&2, Ground Floor                        |             |
| 17 December  | 9am-11am | Mtg rooms 1&2, Ground Floor                        |             |

The meeting finished at 1104hrs



Signed

30/1/20

Date

Royal Papworth Hospital NHS Foundation Trust  
Performance Committee  
Meeting held on 19 December 2019