

Meeting of the Performance Committee
Held on 29 September 2022
0900-1100hrs via MS Teams

[Chair: Gavin Robert, Non-executive Director]

MINUTES

Present		
Mr G Robert (Chair)	GA	Non-executive Director
Ms C Conquest	CC	Non-executive Director
Ms D Leacock	DL	Associate Non-executive Director
Mr A Baldwin	AB	Interim Chief Operating Officer
Mr T Glenn	TG	Chief Finance & Commercial Officer
Mrs E Midlane	EM	Chief Executive
Ms O Monkhouse	OM	Director of Workforce & Organisational Development
Mr A Raynes	AR	Director of Digital and Chief Information Officer
Mrs M Scream	MS	Chief Nurse
In Attendance		
Mrs A Colling	AC	Executive Assistant (Minutes)
Ms A Halstead	AH	Public Governor, Observer
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
Mr C Panes	CP	Deputy Chief Finance Officer
Dr S Webb	SW	Deputy Medical Director
For Item 5 only – Pharmacy presentation		
Mr M Blastland	MB	Non-Executive Director
Mrs J Harrison	JH	Chief Pharmacist
Mr C McCorquodale	CM	Deputy Chief Pharmacist
Apologies		
Ms S Bullivant	SB	Public Governor, Observer
Mr A Selby	AS	Director of Estates & Facilities
Dr I Smith	IS	Medical Director

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

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
22/208	The Chair welcomed all to the meeting. Apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
22/209	There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in		

Agenda Item		Action by Whom	Date
	<p>relation to matters on the agenda. A summary of standing declarations of interests are appended to these minutes. The following additions were noted:</p> <p>EM – As Director of CUHP and voting member of ICB. AB – Wife is a Trustee of Motor Neurone Disease Association. TG – Wife is currently seconded to the Cambridge Cancer Business Case Team based at CUH.</p>		
3	MINUTES OF THE PREVIOUS MEETING – 25 August 2022		
22/210	Approved: The Performance Committee approved the minutes of 25 August 2022 meeting and authorised for signature by the Chair as a true record.	Chair	29.9.22
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
22/211	It was agreed to proceed with the Agenda as planned.		
4.2	ACTION CHECKLIST / MATTERS ARISING		
22/212	The Committee reviewed the Action Checklist and updates were noted.		
5	DIVISIONAL PRESENTATION – Pharmacy		
	<p>An excellent presentation was provided by Jenny Harrison, Chief Pharmacist. The pharmacy division faces significant challenges as a result of high vacancy rates, difficulties retaining staff in some grades, a relatively high sickness rate and a junior skill mix placing a significant training burden on more experienced staff. Lack of capacity had led to medication discharge counselling being withdrawn, although this has now been reinstated. Similar challenges are faced within pharmacy across the ICS. Notwithstanding the challenges, the Committee received considerable assurances that the division is taking creative and thoughtful initiatives, both on its own and in conjunction with ICS partners, to address staff shortages and training requirements with a long-term sustainable approach.</p> <p>[0933 JH, CM and MB left]</p>		
IN YEAR PERFORMANCE & PROJECTIONS			
6	REVIEW OF THE BAF		
22/213	<ul style="list-style-type: none"> • Received: From the Trust Secretary. A summary of the BAF risks and actions for risks above appetite and a copy of the BAF tracker report for August 2022 position. • Reported: by AJ <ul style="list-style-type: none"> • No change in ratings • New risk captured on industrial action. • Increased risk on staff turnover up to RRR20. • Limited assurance on risk is on activity recovery and productivity, where Theatre Project is in place. • Other highest risk rating is Waiting List management RRR20. • Discussion: <ul style="list-style-type: none"> • GR referred to forthcoming winter planning and whether the productivity risk is at the right level? 		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> • CC – referred to the new risk and the detail in the paper which seemed to be incomplete. It would be useful if this could be completed to understand the assurance on this. OM advised this was purely a timing issue; a paper was discussed at Executive Directors’ meeting on 27 September re. proposed management industrial action; the risk can now be updated. • CC – the committee responsible for the risk needs to be updated to show this as Performance Committee. • CC – referred to risk 678 Waiting List (WL) Management where it looks like there are gaps in assurance. EM noted that the information had been input to the wrong box on the tracker. She assured the Committee that the Waiting List is being managed well and there is regular review and contact with patients if circumstances change. The size of the Waiting List for RTT and non-RTT has grown over the last 12 months – this equates to the level of activity not matching demand. AB confirmed that this will be updated in the tracker. AB has been impressed with level of detail by teams on WL which gives him level of assurance on good understanding of issues. We need to demonstrate that we have appropriate plans in place to address this risk and this will be covered in the next report. • GR again referred to the productivity risk more broadly and winter planning; is the risk at right level, as this current sits below the WL risk? • EM – EDs are working through a deep dive with divisions on BAF risks. These two risks discussed specifically and deemed at the right level; the focus work on theatres needs to see benefits coming through. • GR – when will Board discuss winter planning? • AB – currently this is at assessment stage on plans; expect an update to next month. He would like to develop a seasonal plan to look at pressures throughout year, to allow management of the variations which take place in a better planned way. GR would expect this plan to go to Board. • GR asked if tracked changes be shown on the report to visualise what has changed in month? AJ replied that this is not possible due to the set-up of the report; she will ask risk handlers and Exec Directors to highlight any changes in categories since last month in the progress notes. <p>• Noted: The Performance Committee noted the review of BAF.</p>	<p>OM</p> <p>AJ</p> <p>AB</p> <p>AB</p> <p>AJ</p>	<p>Sept 22</p> <p>Sept22</p> <p>27.10.22</p> <p>27.10.22</p> <p>27.10.22</p>
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
22/214	<p>Received: PIPR for M05 July 2022/23. Reported: by TG Summarised the position as ‘red’, which comprised:</p> <ul style="list-style-type: none"> • Four ‘red’ domains: Effective, Responsive, People Management & Culture and Finance. • Two ‘amber’ domains: Caring and Safe. • One new domain: Integrated Care Service – ICS; not currently rated. <p>Finance – ‘red’ status due to timing issues on the Cardiology Tender and expect this to turn ‘amber’ next month. Effective and Responsive – the main issue affecting both these domains is the reduced theatres position. Discussion: each sector as noted below.</p>		

Agenda Item		Action by Whom	Date
22/215	<p>Safe (Amber) CC Highlighted the score for CHPPD which was worse this month. What is the problem as this keeps happening? MS Explained how this relates to fill rates versus the number of empty beds, where the metric creates an artificially low fill rate. Adjustment is required on the CHPPD target for CCA as this was set when we had a high number of ECMO patients. It was noted that the measurement is taken at midnight. If this metric is triangulated with other metrics it does not highlight any cause for concern. Some mitigations are in place to improve this. CC thanked MS for the assurance given and asked at what point should the Board be concerned? MS advised that this this would be addressed by Q&R Cttee (on nursing establishments on safety). MS added that the safer staffing metrics here are the national reported ones which we are obliged to report. GR asked if the report could provide more assurance so that NEDS are better assured.</p> <p>CC referred to VTE status which is below target. Historically this had been linked to junior doctor rotation. Are we learning from other departments or organisations to attempt to improve in this area? MS acknowledged this comment. There has been some work with the induction of junior doctors in terms of VTE assessments; linking in with national benchmarking/learning and work with divisions to determine where support can be provided.</p>		
22/216	<p>Caring (Amber): GR noted the red flags on complaints and if this persisted then it would require further scrutiny by the Committee. He acknowledged the mitigations currently being taken.</p> <p>CC referred to complaints which are either upheld or not upheld – who determines this? MS responded that these decisions are undertaken by the Complaints Team (within the Clinical Governance team) and based on facts of investigation.</p> <p>CC referred to the two partially upheld complaints but understands there could be more explanation behind these than is possible to include in PIPR. It would be useful to see some examples of those not upheld and possibly an audit of these, in order to again assurance on the process. MS suggested to bring a ‘focus on’ slide to PIPR next month. GR added that an audit with random sampling of complaints process would be useful. Would this be something which the Internal Audit Team could undertake in order to give some external assurance? SW acknowledge this relevant query and is happy to work with the Complaints Team and MS to discuss how best to undertake an audit. GR – Q&R more than Perf. AJ asked if patients are advised if a complaint is upheld or not and do we get feedback from patients on this. MS confirmed that we do inform the decision to the patient/complainant and do receive feedback. There is an appeal route for patients if not happy with outcome. GR felt this was more relevant to Q&R and asked if SW could raise at Q&R today, with feedback to this Committee.</p>	SW	27.10.22
22/217	<p>Effective (Red) AB – highlighted, theatre utilisation 79.6% against a target of 85%. The key issue remains productivity and utilisation of theatre.</p>		

Agenda Item		Action by Whom	Date
	<p>GR queried the understanding of the utilisation figure. AB explained that this relates to the 5.5 theatres which we would expect to run – which is the baseline.</p> <p>GR asked why is cath lab utilisation at 80% and below target when the dispute does not affect them. EM explained that this is based on an aggregate figure of all six cath labs (cath lab 6 for emergency use). We are confident to achieve the 85% activity target with measures in place from the Meridian work. Activity is currently lower due to longer procedures and staff sickness.</p> <p>GR asked for an update on the current issues with theatres.</p> <p>TG gave a brief resume of the issue which came to light in June 2022 via a grievance letter. This has been responded to. A new theatre operations manager and matron have been introduced. Some small improvements are starting to be seen, although there is still a way to go to being able to open 5.5 theatres. TG explained the complex factors involved. There is an urgency to improve matters and to help the team, and an external person with experience in theatre management will begin at the Trust very soon. TG will bring an updated theatre recovery plan to the next meeting in October.</p> <p>DL referred to the impact on IHU performance and asked what steps are being taken to remedy this. She queried whether patients are facing longer waits and does this pose any risk of harm?</p> <p>MS assured the committee that all patients are reviewed on clinical risk and prioritised according to clinical risk via a daily MDT meeting; this is also discussed at the weekly Clinical Decision Cell. MS acknowledged that longer waits impact on post operative recovery along with poorer patient experience due to cancellations. MS gave a picture of the backlog issues affecting DGH's nationally. The Trust has a plan of action which is being quantified before finalisation. All Executives stressed the importance of resolving the theatre issue and that this is the Trust's number one priority for patients and staff..</p> <p>GR acknowledged the responses and took assurance that actions are sufficient to resolve the issue.</p>	TG	27.10.22
22/218	<p><u>Responsive (Red):</u></p> <p>GR noted that much of this had been covered within discussion on 'Effective'. Following a query, EM explained that 'PIFU' is a national strategy and relates to Patient Initiated Follow Up (particularly suitable for our CPAP patients).</p>		
22/219	<p><u>People management and culture (Red):</u></p> <p>OM took this section as read; it follows the thread running through other areas.</p> <p>The spotlight on vacancy rates gave comprehensive detail of the current challenges and mitigations.</p> <p>DL referred to the KPI for roster approval noting that it was disappointing that compliance was still low. What can be done to support teams to enable them to meet the target?</p> <p>MS explained how this relates to a number of things and the mitigations being put in place to mitigate this: good structure in reviewing rosters regularly, working with senior nursing team, keeping staff to assigned jobs, development and leadership work to support this.</p> <p>DL referred to the Estates and Ancillary staff group included in the spotlight on vacancy rates. She queried which services are being pressured due to this high 30% vacancy rate, which services are not taking place, and what steps are being taken to resolve the situation.</p>		

Agenda Item		Action by Whom	Date
	<p>OM noted the turnover within some estates roles, which mainly seems to affect the Band 2 roles; she explained how this also mirrors other sectors for this type of role.</p> <p>TG reiterate OM's response. We are also grateful for some specialist HR support which came into the Estates area at the end of last year. This has helped clarify structures and recruitment challenges. It was noted that the clinical engineering area does fall within this area of challenge also.</p> <p>To mitigate this, TG explained how this is being managed at top level. Again the majority at 30% is housekeepers; there is a market price point where these staff can get better wages outside of the NHS. We do have brand loyalty, but this can only go so far, especially in the current times of increased cost of living. We are hosting a recruitment event on 15 October; this is a joint event with CUH.</p> <p>GR referred to the previous meeting which had requested in October a focus on recruitment – does this month's Spotlight on Vacancies cover that?</p> <p>OM has put more detail into this spotlight to cover recruitment. A fuller paper is being presented to Q&R today on recruitment/resourcing & retention programme. OM asked which committee this programme should report to as there are links to both committees? It was agreed to let Q&R have their discussion today; OM will present a Recruitment and Retention report to the Performance Committee in October.</p> <p>GR asked how we are maximising recruitment opportunities in ICS particularly with CUH on overseas recruitment.</p> <p>OM explained the previous joint recruitment work on overseas staff with CUH, which had limited success linked to specific roles in the organisations. The actual processes and working with CUH was not an issue so future collaboration is possible.</p>	OM	27.10.22
22/220	<p>Finance (Red): This will be covered under Item 8.1 Financial Report.</p>		
	<p><u>Integrated Care System (ICS)</u> This is Included for information purposes and to understand how the system is performing.</p>		
	<p>Noted: The Performance Committee noted the PIPR update for M05 2022/23.</p>		
8.1	<p>FINANCIAL REPORT – Month 05 2022/23</p>		
22/221	<p>Received: The report which gave an oversight of the Trust's in month and full year financial position.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> • Statement of Comprehensive Income (SOI) position • Financial Recovery Plan • Run rate trends • Activity • Statement of Financial Position • Statement of Cash Flow • Cash position and forecast • Cash Management • Capital 		

Agenda Item		Action by Whom	Date
	<p>Reported: By TG. TG gave a brief update on the C&P system position at Month 5. Areas with deficit within the system were noted; those areas in surplus may need to lean in with to stabilise the whole C&P position – work is in hand to formalise this.</p> <p>At the end of Month 5, RPH is showing a £1.6m surplus. A forecasting exercise is currently being worked through by the Executive Team, this will be reported in the Finance report next month. It is anticipated to maintain this position to year end.</p> <p>Other key highlights:</p> <ul style="list-style-type: none"> • The capital programme is progressing as planned. A small contingency is likely to be released with discussion on how this can be best used. • BPPC has shown improvement from July to August. The team will continue to push for further improvement and monitor via this Committee. Looking to seeing a switch in December/January on the non-PO/PO position. <p>Discussion: CC referred to the SOCI year to date position, the in-month headline on clinical is noted as £0.4m – should this be £0.3M. TG agreed and apologised for this error which will be corrected.</p> <p>CC referred to CIP where non-clinical directorates are flagging ‘red’, including finance department – why is this? TG had previously explained the dip in CIP relating to the cardiology procurement timing, which had affected finance. This is recoverable, the CIP will be delivered and shown in next month’s report.</p> <p>CC referred to BPPC, where PO accounts for approx. 30% – are we looking at where other organisations perform better, so that we can learn from others. TG referred to item 3 on the action plan with targeted conversations going on with divisions and shared learning within the finance team. He suggested the increasing of monitoring of that split through this committee on the finance report, to give better assurance as months progress. Automation is key to this switch.</p> <p>CC asked when a ‘rag’ rating on ICB might be available TG noted that he has shared ICB reports outside of the meeting with CC, showing progress. He expects there to be more information on ICB within the next couple of months and then brought to this Committee.</p> <p>GR found it useful to see a comparison report on RPH vs ICS and to be highlighted green or red to highlight the comparison. TG advised that this can be colour coded.</p> <p>Noted: The Committee noted the financial update for Month 5 2022/23.</p>	TG	27.10.22
8.1.1	BETTER PAYMENTS PRACTICE CODE – ACTION PLAN		
22/223	<p>Received: A revised action plan to implement further actions to improve the NHS payment target and maintain the non-NHS supplier payment target.</p> <p>Reported: by TG.</p> <p>Discussion: As noted under Item 8.1 Financial Report.</p> <p>Noted: The Performance Committee noted the BPPC action plan.</p>		

Agenda Item		Action by Whom	Date
8.2	CIP REPORT – Month 05 2022/23		
22/224	<p>Received: The report summarised the Trust's progress on CIP plan to Month 5 2022/23, CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p> <p>Reported: by TG</p> <p>Discussion: As noted under Item 8.1 Financial Report.</p> <p>Noted: The Performance Committee noted the update on CIP for Month 05 2022/23.</p>		
9	ACTIVITY RESTORATION – Month 05 2022/23		
22/225	<p>Received: EM presented the report</p> <p>Reported: by EM.</p> <p>It was noted that the adjustment between day case and outpatient activity is not included in this month. Validation work is in hand, and this will be included in next month's report.</p> <p>Noted: The Performance Committee noted the update on Activity Restoration.</p>		
10	ACCESS AND DATA QUALITY		
22/226	Next report due to October meeting.		
FUTURE PLANNING			
11	CARDIOLOGY PROCUREMENT		
22/227	<p>Received: The paper provided a brief overview of the process currently being undertaken by the Trust in conjunction with NHS Supply Chain for the procurement of cardiology devices used by the Trust.</p> <p>Reported: by TG</p> <p>A summary paper was presented to last month's meeting; this relates to cardiology devices being procured through NHS Supply Chain national tower for this device speciality. Our Clinicians have been heavily involved in this procurement process and decision. The process had been delayed to give time to quantify exact numbers and savings, which have now been confirmed as a £200k saving. In the current financial environment, this is a very positive result for Trust and NHS, therefore TG requests and recommends approval for this procurement by the Committee.</p> <p>Discussion:</p> <p>DL referred to the paper referencing the cost pressure to NHSE&I and obligation to reimburse representing a risk to the Trust; and to realise the savings we would need to embed controls. She requested an expansion on this explanation and examples of what type of controls would be required? TG explained how the reimbursement process works relating to both NHSE&I and RPH. There is full discussion and transparency between parties and both parties have signed the agreement.</p> <p>CC asked for confirmation of the rebate/CIP amount? TG confirmed this is £179k.</p>		

Agenda Item		Action by Whom	Date
	<p>CC queried a section in the report stating the rebate goes to a named individual. TG clarified that this should be to more than one named individual and he will ensure this is corrected.</p> <p>Recommended: The Performance Committee approved the cardiology procurement proposal and recommended this to the Board of Directors for approval.</p>	TG	Oct Board
12	INVESTMENT GROUP – Chair’s Report		
22/228	<p>Reported: by TG. The capital pan is currently on track; we looking to work on use of the contingency to spend wisely and strategic to the Trust.</p> <p>Discussion: The report was taken as read.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
13	AD-HOC REPORTS		
13.1	Workforce Agenda Management		
22/229	<p>Received: Reported: by AJ This is a response from Well-led recommendations and conversations at Board. The refers to the distinction on what is managed through Performance Committee and Q&R. This item is also on the Q&R agenda later today. There are distinct responsibilities between the two Committees which are reflected in the Terms of Reference (ToR).</p> <p>Discussion: The Committee assumed that the Performance Committee are responsible for vacancies, turnover, recruitment. Q&R responsible for safer training & development, well-being and retention. With a clear overlap on retention and turnover. GR felt it would be useful to see precision on split of responsibilities. CC - Q&R ToR was revised last year and this is very clear. The ToR for Performance is not as clear and needs clarity.</p> <p>DL asked what specifically within ‘workforce’ is covered by the Performance Committee – currently this is too vague. She was concerned that the dependency is on OM and MS to ensure these items are covered sufficiently. Workforce is key to everything. More clarity would be better.</p> <p>EM asked if there are any gaps in what is currently in place? OM suggested that areas such as Workforce planning, pay and reward, temporary staffing, she would see reporting to Performance Committee. In PIPR this had talked about the Recruitment and Retention Programme, which might help give clarity.</p> <p>EM proposed that OM/EM look at articulating items specific to Performance Committee and circulate to the Committee; with a hope to include in GR’s Chair’s report to Board or update to Board verbally. AJ suggested that this item could be taken to Part 2 Board as a verbal update.</p>		

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[1108hrs AH left]	MS stressed how crucial workforce is to all elements, with reference to attention on quality & safety at Q&R GR asked for further discussions to be reported via email and discussed as recommended at the next Board meeting. Noted: The Performance Committee noted the contents of this report.	EDs	Sept22																																																				
14	ISSUES FOR ESCALATION																																																						
22/230	14.1 Audit Committee 14.2 Board of Directors 14.3 Quality & Risk Committee : - Audit of Complaints upheld/withheld 14.4 Strategic Projects Committee	Q&R	27.10.22																																																				
15.1	COMMITTEE FORWARD PLANNER																																																						
22/231	Received: The updated Forward Planner. Reported: by AJ. Noted: The Performance Committee noted the Committee Forward Planner.																																																						
15.2	REVIEW OF MEETING AGENDA & OBJECTIVES																																																						
22/232	It was agreed that items had been covered via the Agenda.																																																						
15.3	BAF: END OF MEETING WRAP-UP																																																						
22/233	No further items to report.																																																						
15.4	EMERGING RISKS																																																						
22/234	Verbal: No items to report.																																																						
16	ANY OTHER BUSINESS																																																						
22/235	No other items were raised.																																																						
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The meeting finished at 1110 hrs


Signed
(Chair authorised electronic signature to be added)

Date: 27 October 2022

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 29 September 2022

Glossary of Abbreviations

BAF	Board Assurance Framework
BPPC	Better Payments Practice Code
C&P	Cambridgeshire & Peterborough ICS
CCA	Critical Care Area
CUH	Cambridge University Hospitals NHS FT
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection, prevention & control
NWAFT	North-West Anglia Hospitals Foundation Trust
PACS	Picture and Archiving Communication Systems
PIFU	Patient Initiated Follow Up
POU	Point of Use filters
Q&R	Quality & Risk Committee
RRR	Residual Risk Rating
SSI	Surgical site infection

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	Col Date From
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre, Cambridge.	01/10/2018
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Employee at CUH since 1996, seconded to Eastern Academic Health Science Network as Chief Clinical Officer since April 2019. This employment with CUH ended on 15.02.2022.	21/04/2019
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Fellow at the Cambridge Judge Business School. This is an honorary position, I am not on faculty and not paid for this role. However I do deliver occasional lectures for CJBS, some of which are remunerated.	01/01/2018
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Programme Co-Director for East of England Chief Resident Training programme, run through the postgraduate medical education department at CUH. This is a paid role.	01/09/2010
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	With effect from 16.02.2022 I became an employee of the Eastern Academic Health Science Network as their Chief Clinical Officer. This is the same role as I held since April 2019 until 15.02.2022 but during these dates it was as a secondee from CUH Foundation Trust.	16/02/2022
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Shareholdings and other ownership interests	Co-director and shareholder in Ahluwalia Education and Consulting Limited. I undertake private work in the field of healthcare management, reviews and healthcare related education and training through this company for a range of clients including but not limited to the NHS, pharmaceuticals and charities.	01/10/2018
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Shareholdings and other ownership interests	I have been appointed as a director of Hazelwick Management Company Limited. This is a small private company that oversees a block of property in which my wider family and I have an interest. There are no NHS connections.	06/04/2022
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member C & P Clinical Ethics Committee. Not remunerated so not employed.	01/05/2020
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member Eastern Region Clinical Senate (since March 2020 - this is within my role at Eastern AHSN. Not remunerated for this role specifically.	01/03/2020
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Trustee on the main board of Macmillan Cancer Support	01/02/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	Board member of the Winton Centre for Risk and Evidence Communication	01/04/2016
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	Co-chair of a review of the impartiality of BBC coverage of taxation and public spending	03/03/2022
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	freelance writer and broadcaster	01/02/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Advisor to the Behavioural Change by Design research project	01/08/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member of the oversight Panel for the Cholesterol Treatment Trialist's Collaboration	01/08/2020

Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group - Network for BAME NEDs in the NHS	25/02/2021
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Contract work with Great Ormond Street Hospital Private Patient Units	05/01/2022
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Loyalty interests	Trustee of Nelson Trust Charity	01/10/2013
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Outside employment	Consilium Partners is a specialist health consultancy working with health and care organisations to help them plan, improve and deliver successful and sustainable futures Interim CEO role St Barnabas and Chestnut Tree House Hospices for 6/12	11/10/2021
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Sponsored research	My brother Matthew Wakefield has recently been appointed as the Chairman of Oxford BioDynamics PLC- a biotechnology company developing personalised medicine tests based on 3D genomic biomarkers	14/12/2020
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	I am an Associate Non Executive Director at East Sussex Healthcare NHS Trust	01/07/2020
Glenn, Mr. Timothy John	Chief Finance Officer	Y	Non-financial professional interest	Loyalty interests	My wife is ICS development lead for the East of England to July 2022. Moved to CUH role from July 2022.	31/03/2020
Glenn, Mr. Timothy John	Chief Finance Officer	Y	Non-financial professional interest	Outside employment	I am a Director of Cambridge Biomedical Campus Ltd. I act on behalf of Royal Papworth Hospital NHS Foundation Trust on the Board.	22/06/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Financial interests	Loyalty interests	Portfolio Finance Director working on behalf of the CFO & FD Centre UK through my limited company, ADO Consulting Ltd	01/06/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Financial interests	Outside employment	Director, ADO Consulting Ltd	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Indirect interests	Loyalty interests	Daughter works as a trainee chartered accountant with KPMG London	04/10/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee, Benham-Seaman Trust	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee. Firstsite	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group, a network for BAME NEDs in the NHS	01/12/2020
Midlane, Mrs. Eilish Elizabeth Ann	Chief Operating Officer	Y	Indirect interests	Loyalty interests	Chair of the C&P Diagnostic Steering Group	29/03/2022
Midlane, Mrs. Eilish Elizabeth Ann	Chief Operating Officer	Y	Indirect interests	Loyalty interests	Holds an unpaid Executive Reviewer role with CQC	03/08/2020
Monkhouse, Ms. Oonagh Jane	Director of Workforce and Organisational Development	N	I have no interests to declare			23/12/2020
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is CEO of the Royal College of Obstetrics and Gynaecologists	01/03/2019
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is a Trustee of Magpas, Registered Charity	25/02/2021
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Outside employment	Director of Cambridge University Health Partners (CUHP) an Academic Health Science Centre	15/11/2016
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Loyalty interests	Partner is a NED of the Kent, Surrey and Sussex Academic Health Science Network	01/04/2022
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Chair EOE Cardiac Network	01/10/2018

Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Chair NHSE East Operational Delivery Network Board	01/05/2017
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Co-Chair EOE Strategic Programme Board - Critical Care	01/07/2020
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Executive Reviewer for the Care Quality Commission (CQC)	01/06/2018
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Hold an Honorary Contract with Cambridge University Hospitals NHSFT	01/02/2017
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Member of the NHSE Organ Utilisation Group (OUG)	01/07/2021
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Trustee of the Intensive Care Society - Registered Charity	25/02/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Financial interests	Patents	CIS UCQ is a Trademark for health and care IT courses established under my consultancy ADR Health Care Consultancy Solutions Ltd	05/04/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Financial interests	Shareholdings and other ownership interests	Owner of ADR Health Care Consultancy Solutions Ltd	02/05/2017
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial professional interest	Loyalty interests	Spouse works for Royal College of Nursing (I cant see a situation from the drop down pertinent to this declaration so have selected the most likely reflecting the circumstances)	01/06/2017
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial professional interest	Patents	In partnership with the commercial and professional development arm of RPH, I will be delivering a CIS project management course on 25.3.22. There is no direct remuneration for this course as it is a pilot. All parties have signed NDAs.	25/03/2022
Robert, Mr. Gavin	Non-Executive Director	Y	Financial interests	Outside employment	Affiliated lecturer, Faculty of Law, University of Cambridge	30/09/2013
Robert, Mr. Gavin	Non-Executive Director	Y	Financial interests	Outside employment	Senior Consultant, Euclid Law (a specialist competition law firm)	01/07/2016
Robert, Mr. Gavin	Non-Executive Director	Y	Indirect interests	Loyalty interests	My spouse is Senior Bursar at St Catherine's College, University of Cambridge	01/06/2019
Robert, Mr. Gavin	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Chair and member of Board of Trustees, REAch2 Multi-Academy Trust	01/10/2018
Screaton, Mrs. Maura Bernadette (Maura)	Chief Nurse	Y	Financial interests	Loyalty interests	My husband has set up a limited company, Cambridge Clinical Imaging Ltd., which provides professional imaging services. This is outside the scope of his Royal Papworth employment. I am a named Director and shareholder in Cambridge Clinical Imaging.	02/08/2021
Screaton, Mrs. Maura Bernadette (Maura)	Chief Nurse	Y	Financial interests	Shareholdings and other ownership interests	Shareholdings in bio - technology/pharmaceutical companies	02/08/2021
Screaton, Mrs. Maura Bernadette (Maura)	Chief Nurse	Y	Indirect interests	Loyalty interests	My husband is a Consultant Radiologist at Royal Papworth Hospital.	02/08/2021
Smith, Dr Ian Edward (Ian)	Consultant	Y	Financial interests	Sponsored research	I am the PI for the Track and Know project at RPH. This is funded by an EU2020 grant	14/09/2020
Smith, Dr Ian Edward (Ian)	Consultant	Y	Financial interests	Sponsored research	I am the PI for the study Voteco2als which is in part supported by the MND association	14/09/2020
Smith, Dr Ian Edward (Ian)	Consultant	Y	Non-financial professional interest	Clinical private practice	I undertake private clinical practice in the hospital. All appointments are booked through Lorenzo and appropriate fees paid for the use of Trust resources.	14/09/2020

Smith, Dr Ian Edward (Ian)	Consultant	Y	Non-financial professional interest	Loyalty interests	Vice chair of the Sleep Division of the Association of Respiratory Technicians and Physiologists	05/01/2020
Wallwork, Mr. John (John)	Chairman	Y	Financial interests	Outside employment	Independent Medical Monitor for Transmedics clinical trials	21/04/2021
Wallwork, Mr. John (John)	Chairman	Y	Non-financial professional interest	Shareholdings and other ownership interests	Director Cambridge university health partners CUHP	21/04/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Indirect interests	Clinical private practice	Private health care at the University of Cambridge;	01/03/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Indirect interests	Loyalty interests	Director of Cambridge Clinical Trials Unit; Member of Addenbrooke's Charitable Trust Scientific Advisory Board; Senior academic for University of Cambridge Sunway Collaboration; University of Cambridge Member of Project Atria Board (HLRI).	01/03/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Non-financial personal interests	Sponsored research	Grant support for research from Wellcome Trust, BHF, MRC, AZ, GSK, Addenbrooke's charitable Trust, Evelyn Trust	01/03/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Vice President of the British and Irish Hypertension Society	31/10/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Hon Consultant CUHFT and employee of the University of Cambridge	01/03/2021