

**Meeting of the Performance Committee  
Held on 26 May 2022**

**0900-1100hrs via MS Teams**

[Chair: Gavin Robert, Non-executive Director]

**UNCONFIRMED**

**MINUTES**

<b>Present</b>		
Mr G Robert (Chair)	GA	Non-executive Director
Mrs C Conquest	CC	Non-executive Director
Ms D Leacock	DL	Associate Non-executive Director
Mr T Glenn	TG	Chief Finance & Commercial Officer
Mrs E Midlane	EM	Chief Operating Officer
Ms O Monkhouse	OM	Director of Workforce & Organisational Development
Mr S Posey	SP	Chief Executive
Mrs M Screaton	MS	Chief Nurse
<b>In Attendance</b>		
Ms S Bullivant	SB	Public Governor, Observer
Mrs A Colling	AC	Executive Assistant (Minutes)
Mr E Gorman	EG	Deputy Director of Digital
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
<b>Attending for Radiology Divisional Presentation (Item 5)</b>		
Dr J Ahluwalia	JA	Non-executive Director
Ms L D'Errico	LD	Radiology Consultant/Clinical Director Radiology
Ms E Mercer	EMe	Radiology Operations Manager
Mrs J Speed	JS	Operations Director, STA Directorate
<b>Apologies</b>		
Mr A Raynes	AR	Director of Digital and Chief Information Officer
Mr A Selby	AS	Director of Estates & Facilities
Dr I Smith	IS	Deputy Medical Director
Dr S Webb	SW	Deputy Medical Director

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

Agenda Item		Action by Whom	Date
<b>1</b>	<b>WELCOME, APOLOGIES AND OPENING REMARKS</b>		
22/112	The Chair welcomed all to the meeting. Apologies were noted as above.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
22/113	There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in relation to matters on the agenda. A summary of standing declarations of		

Agenda Item		Action by Whom	Date
	interests are appended to these minutes. SP asked to note that he is Chief Executive designate for University Hospitals of Derby & Burton NHS FT.		
<b>3</b>	<b>MINUTES OF THE PREVIOUS MEETING – 28 April 2022</b>		
22/115	<b>Approved:</b> The Performance Committee approved the Minutes of the meeting held on 28 April and authorised these for signature by the Chair as a true record.		26.05.22
<b>4.1</b>	<b>TIME PLAN OF TODAY’S AGENDA ITEMS</b>		
22/116	TG noted that a key item will be the Financial Recovery Plan, with some additional information since the paper was issued last week being given as a verbal update.		
<b>4.2</b>	<b>ACTION CHECKLIST / MATTERS ARISING</b>		
22/117	The Committee reviewed the Action Checklist and updates were noted.		
<b>5</b>	<b>DIVISIONAL PRESENTATION – Radiology and Imaging</b> Luigia D’Errico, Consultant Radiologist/Clinical Director Radiology Emma Mercer, Radiology Operations Manager Jane Speed, Operations Director, STA Directorate		
22/114	<p>EM introduced the radiology team with EMe leading the presentation which covered:</p> <ul style="list-style-type: none"> <li>- Radiology performance</li> <li>- Performance against baseline</li> <li>- Diagnostic waits</li> <li>- Reporting times – performance against KPI</li> <li>- CT Reporting Performance</li> <li>- Radiographer workforce</li> <li>- Workforce initiatives</li> <li>- Radiologist Workforce</li> </ul> <p>[0915 AH arrived]</p> <p>GR thanked EMe for the informative presentation and the hard work by the department on productivity to improve rostering, recruitment, innovation, and collaboration with CUH.</p> <p>CC thanked EMe for the presentation and assurances given. She referred to MRI sustainability; is there any risk in future that activity may reduce? EMe cannot foresee demand for MRI service going down. Referring to the workforce, the team is actively training up existing members of staff and rotating these in different areas and is confident with the plan for this work. LD agreed that MRI demand is not likely to decrease. . She explained that there is less demand in nuclear medicine which is driving an increase in MRI scans. Coronary CT angiography is also seeing an increase in relation to CT scans before surgery and also because of new NICE guidelines on chest pain. The impact of long COVID has also seen an increase in CT scans. In general, she suggested that radiology is likely to see an increase in demand nationally in all fields.</p>		

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	<p>SP added that this is an excellent example of innovation to explore solutions. The team are not simply trying to reduce the vacancy gap through recruitment but using training with existing staff to upskill roles. He thanked the team for their work and the collaboration within the system.</p> <p>OM added that it is good to see the workforce plans and progress on some issues. Referring to rostering support, currently this area is short staffed but will be looking to work with radiology this year 2022/23 to improve rostering.</p> <p>EM referred to the DM01 status (performance against 6 week-wait for routine examination) and the excellent work by the team to recover this position. EM mentioned that the system is looking to introduce a community diagnostic centre and asked whether this might bring opportunities or risk to existing performance?</p> <p>EMe suggested that as a system, it offers opportunity to divert capacity, but as a Trust it will not offer opportunity due to the specialist nature of RPH scans. It could raise a risk on staffing where some staff may want to move over to the diagnostic centre, but she would hope that the system can work together to staff the centres and not deplete our own workforce but share the learning and research opportunities.</p> <p>JA referred to the new patient portal and whether any consideration is being given to imaging results that have been cleared by consultants being released to patients, to mitigate delay in patients getting results. EMe believes there has been discussion on this. JA added that it would help patient experience and is worth consideration. JA suggested that individual organisations agree timelines to discuss reporting outcomes with patients.</p> <p>GR thanked the radiology team for joining the meeting today.</p> <p>[0932hrs JA, EMe, LD and JS left the meeting]</p>		
<b>IN YEAR PERFORMANCE &amp; PROJECTIONS</b>			
<b>6</b>	<b>REVIEW OF THE BAF</b>		
22/118	<p>AJ summarised the current BAF position, explaining the adequate levels of assurance. The Board has discussed the Continuity of Supply risk which has increased in risk rating from 10 to 12.</p> <p>GR referred to the cyber risk rating remaining at 16 and asked if the committee was content with this. GR added that he was not entirely sure it was the time to reduce this risk but aware that it is under scrutiny and is being addressed.</p> <p>TG referred to the Continuity of Supply risk and the impact of global and national issues (war in Ukraine, high inflation etc). There is some evidence from suppliers on the difficulty of both supplying goods and supplying at previously agreed prices. The majority of this is under review and being managed through national supply chain, learning lessons from how supply shortages were managed during the pandemic. He agreed that this was the most effective way to manage this, where action can be taken if</p>		

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	<p>products start to become unavailable.</p> <p>DL referred to the Continuity of Supply risk and asked if TG could give further assurance regarding tenders and due diligence. TG explained the due diligence undertaken on companies providing the product (such as credit rating, cash levels etc). TG reiterated the unusual times we are in globally and economically, and that despite best endeavours, there are some gaps in the supply chain which gives increased risk, and the mitigations we are taking regarding this. GR agreed that the current BAF rating adequately reflects the continuity of supply risks the Trust is facing and that the Committee received considerable assurance from the lessons learned from supply shortages during the pandemic.</p> <p><b>Noted:</b> The Performance Committee noted the review of BAF.</p>		
<b>7</b>	<b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)</b>		
22/119	<p>GR asked the committee to consider splitting the review of PIPR, suggesting that the main review of Safe and Caring is undertaken by Quality &amp; Risk Committee, and that the Performance Committee focuses on the other domains. This would avoid duplication of review within different committees; adding that any issues on Safe and Caring could be raised in advance with MS for consideration at Q&amp;R or flagged at Board.</p> <p>TG suggested that, as a Performance Committee, it is important to look at performance as a whole and that Safe and Caring are influential in how the hospital operates, with both linking into other domains. TG would suggest for this committee to have oversight of all domains; acknowledging that there may be some technical aspects within Safe and Caring to receive higher scrutiny at Q&amp;R.</p> <p>DL and CC agreed with TG on the distinctions and that oversight is still required by this committee. AJ referred to purpose and objectives set out in the committee terms of reference (ToR) and it is right that detailed review of some domains should go to Q&amp;R.</p> <p>MS confirmed that Q&amp;R does scrutinise the metrics. For today, there is a need for the committee to be aware of Surgical Site Infection (SSI) update from a performance perspective; noting that the BAF rating for SSI has increased.</p> <p>GR thanked members for their views and was happy to continue as TG suggested but to try and avoid duplication on scrutiny with those domains discussed at Q&amp;R.</p> <p>Ahead of discussing PIPR, SP gave some ICS and system context, noting:</p> <ul style="list-style-type: none"> <li>- To be mindful of public board and committee papers where some ICS partners have seen extracts appearing in local media and parliament discussions.</li> <li>- Emerging activity is seeing an increase, although C&amp;P is rating as the worst performer. A reduction is being seen in staff absence.</li> <li>- 2022/23 will be financially challenging with ERF (emergency recovery fund) being crucial to this.</li> <li>- Formal establishment of ICB is on track for 1 July with CCGs beginning</li> </ul>		

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	<p>to dissolve.</p> <ul style="list-style-type: none"> <li>- Discussions both at regional and national level on specialised commissioning could offer opportunities.</li> <li>- SP has been allocated a seat on the ICB Board, which going forward he anticipates would pass to the RPH interim CEO and new CEO, noting that the seat is not an organisational right but allocated to an individual.</li> </ul> <p>The Committee received PIPR for M12 February 2021/22. TG summarised the position as 'Red', which comprised:</p> <ul style="list-style-type: none"> <li>• Four 'red' domains: Effective, Responsive, People Management &amp; Culture and Finance.</li> <li>• One 'amber' domain: Safe</li> <li>• One 'green' domain: Caring</li> <li>• One new domain: Integrated Care Service – ICS; not currently rated.</li> </ul>		
22/120	<p><b>Safe (Amber)</b></p> <p>MS highlighted the SSI rate seen in the Trust currently. The key performance challenge slide showed details of the rate of infections, where the last quarter has seen a spike. RPH is an outlier in this. This is under scrutiny at the Trust through several areas, with a huge amount of work in place including review of patient pathways, back to basic training and learning from harm reviews.</p> <p>CC questioned the VTE metric which had deteriorated, also noting that the way it is assessed, should have shown an improvement in the outcome. MS explained that when monitored, this metric had included day case activity, but it should be only for inpatient stays. Excluding day cases in the VTE risk assessment had resulted in the deterioration because day cases was the areas where the metric score was better, MS confirmed the work underway on this in terms of compliance, but that it does take time to move the metric. MS is looking to see an improvement in the future.</p> <p>DL thanked MS for the spotlight report on 'other infections', where the results vary - should there be concern vs other trusts? MS explained that it is difficult to compare to other trusts in the region. We can look at community prevalence of certain bacteria. MS explained the many contributing factors (COVID, lockdowns etc); some instances associated with long stay patients (i.e., COVID), some see a seasonal increase, but it is also due to complexity of patients.</p>		
22/121	<p><b>Caring (Green):</b> No items raised.</p>		
22/122	<p><b>Effective (Red):</b></p> <p>EM explained that the first half of April had seen a wave of pandemic cases which peaked at Easter weekend, seeing higher staff sickness rates and patient DNAs. The second half of April saw a much more positive picture; with normal staff absence and a reducing number of patient DNAs and cancellations as community levels of COVID reduced. This along with the Bank Holidays, saw reduced elective activity, which has improved for May.</p> <p>Outpatient activity continues to be strong despite staff absence and patient</p>		

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	<p>DNAs. The Trust is using the productivity tools to great effect. EM commended the Booking Team who have done an immense job to get bookings through, with the Digital Team supporting the Booking Team with hardware refreshes.</p> <p>The productivity work continues in Theatres and Cath Labs.</p> <p>CC queried the priority status management graph for cardiothoracic surgery which was missing the key. EM apologies and advised that this will be corrected for the version to Board.</p> <p>EM added the importance of the balancing of all performance domains and running within risk appetite markers.</p>		
22/123	<p><b><u>Responsive (Red):</u></b>  EM noted the many red metrics seen in April. On a positive note, diagnostic performance remains strong at 96.98% (national target) which is a level not seen at other cardiothoracic centres and was noted at the recent National Cardiac Benchmarking Collaboration conference</p> <p>RTT performance has seen a slow decline but anticipate it will improve in May. 52-week breaches are being managed closely and all breaching patients have been reviewed and have a forward plan.  Theatre cancellations saw a reduction in month to 34, with the cancellations largely due to COVID symptoms in patients and some other issues.</p> <p>GR reflected the many greens in safe and caring but the many reds in responsive and effective – is the balance between quality and activity therefore, right?  EM explained that this is a very live topic through the Clinical Decision Cell and under constant review at committee level.  SP agreed with EM and added further assurance that RPH is outperforming NHS and peer group in terms of level of performance.  CC added that being green on safer staffing then gives assurance to other areas.</p>		
22/124	<p><b><u>People management and culture (Red):</u></b>  OM noted that vacancy rates are slowly increasing particularly at Band 2-Band 4 roles which is due to changes in the labour market. Moving back to face-to-face recruitment will help and we are now working with ‘Indeed’ online recruitment agency creating a good pipeline.</p> <p>Staff absence before Easter remained high and has seen a reduction to normal levels in May. Disappointingly there has been a reduction in compliance with IPRs which had been improving but this has dipped; the main issue being due to capacity and skills within areas. We will keep progressing this with regular reviews.</p> <p>The spotlight report on mandatory training showed improvement, where a move to more online training had helped.</p> <p>DL referred to the work on rostering and if it will hit the 6-week deadline; if not, will this see more spend on bank and agency?  OM reported that it is too early to say; work is focussing on Critical Care now and but also aware of the roster need in radiology.</p>		

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	MS referred to rosters that are not published on time, influencing where the Ward sisters' time is pulled onto the Ward and the need to keep supervised time (roster work) protected. There is currently a review on this compliance and where support can be given.		
22/125	<b>Finance (Red):</b> This will be covered under the Financial Report.		
22/126	<b>Integrated Care System (ICS)</b> This is Included for information purposes and to understand how the system is performing.		
	<b>Noted:</b> The Performance Committee noted the PIPR update for M1 2022/23.		
<b>8</b>	<b>ACTIVITY RESTORATION – Month 1 2022/23</b>		
22/127	EM presented the report which was taken as read; advising that month two projections are looking favourable for May.  <b>Noted:</b> The Performance Committee noted the update on Activity Restoration.		
<b>9.1</b>	<b>FINANCIAL RECOVERY PLAN UPDATE – 2022/23</b>		
22/128	<p>TG gave some context to this update :</p> <p>On 28 April RPH submitted a plan for £7.3m deficit on a control total basis for the financial year ending 2022/23. This was alongside an ICS deficit of £76m, regional deficit circa. £250m (likely to be understated) and a national position of £3-4bn planning gap. This is the largest planning gap ever seen in the NHS (planning gap = gap between national NHS funding allocation and anticipated spend by organisations). The gap is attributed to inflation and ongoing COVID.</p> <p>Last week NHS CFO, Julian Kelly (JK), announced that a review of central funds identified further £1.5bn to go into the service in 2022/23 which should close some of the gap.</p> <p>Funding targeted to:</p> <ul style="list-style-type: none"> <li>- Increase in funding level re. inflation.</li> <li>- Specific funding for ambulances care</li> <li>- Targeted funding to help commissioning organisations, particularly with continuing health care budgets.</li> <li>- Discretionary pot for regions to deal with specific inflationary pressures.</li> </ul> <p>Following this, there have been discussions with RPH and commissioners to see where we fall with these numbers and the best estimate can be seen in the meeting pack on p84. This is the first cut of the planning allocation; there is a need to keep review of the system, regional and national response to additional monies from JK and how far other organisations are able to stretch themselves.</p> <p>TG clarified that the extra national funding would relate to changes in external planning assumptions noted in the table.</p> <p>DL noted the risk on ERF and asked is this a secure assumption?</p> <p>TG advised that it is difficult to come to an exact judgment on numbers</p>		

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	following JK review, but this is the best estimate on the information to hand. JK gave very clear instructions on the narrative needed for Q1 submission .		
	<p>TG ran through the status and risk assessed mitigations relating to:</p> <ul style="list-style-type: none"> <li>- Changes to external planning assumptions.</li> <li>- Changes in internal planning assumptions</li> <li>- Ongoing workstreams</li> </ul>		
	<p>In discussion, GR agreed that the focus should be on the larger items where we can influence their realisation and which can therefore make a real difference to the deficit, as TG and team are suggesting. TG explained that the Trust has started to work on this in March and it will shortly begin to show in numbers.</p> <p>CC referred to RPH being part of the system and asked if reports on how others in the system are working could be transparent? TG has been pushing for this and we should see a monthly report which will be fed into this Committee. He explained the need to keep a review of what other organisations are doing in the system. CC agreed with this assessment.</p>		
	<b>Noted:</b> The Performance Committee noted the update on the Financial Recovery Plan 2022/23.		
<b>9.2</b>	<b>FINANCIAL REPORT – Month 1 2022/23</b>		
22/129	<p>The Committee received this 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"> <li>• Statement of Comprehensive Income (SOI) position</li> <li>• Run rate trends</li> <li>• Activity</li> <li>• Statement of Financial Position</li> <li>• Statement of Cash Flow</li> <li>• Cash position and forecast</li> <li>• Cash Management</li> <li>• Capital</li> </ul> <p>DL referred to page 95 where pay expenditure is favourable to plan due to vacancies. If vacancies remain high, will we see bank and agency overtake this? How do we stick to plan?</p> <p>TG explained the daily work to calibrate and how to balance this. There is no freeze on recruitment and where we can recruit substantially to avoid bank/agency, we will do.</p> <p>OM added that as the absence rate returns to normal, we need to put back controls on temporary staffing which have been on hold due to COVID.</p> <p>GR asked when will temporary staffing controls be put in place. OM anticipated this will be June but there are some resourcing issues within Workforce Department. GR noted the resourcing issues in Workforce and how these are also affecting other areas, such as improvements in rostering.</p> <p>TG added that this ensures we are prioritising our resourcing in the right way, which is currently being focussed on CCA, which will have the biggest impact on the financial position. We are aligning our resource to priority</p>		



Agenda Item		Action by Whom	Date
	<p>issues.</p> <p>MS referred to the work on temporary staff and agency reduction, adding that there are many other things which impact on this, such as how enhanced care is stepped up/stepped down, which has a huge effect on temporary staffing.</p> <p><b>Noted:</b> The Committee noted the financial update.</p>		
<b>9.3</b>	<b>CIP REPORT – Month 1 2022/23</b>		
22/130	<p>TG referred to the CIP pipeline which is working in the right direction; there continues to be an improvement in conversations with divisions and this improvement is expected to continue.</p> <p>GR noted that COVID cost removal is identified both in CIP and the Financial Recovery Plan and requested confirmation that we are not double-counting the same saving. TG advised that these are different items of COVID cost removal and confirmed that we are not double-counting these amounts.</p> <p>DL asked if the savings from Estates are included in the CIP forecast - is this why its showing as favourable. TG explained that the Estates figures are included in the £4m forecast against £5.8m CIP. The Trust needs to achieve £5.8m on CIP to hit core plan. There is a need to close 1.8m gap in CIP programme, which is looking achievable.</p> <p><b>Noted:</b> The Performance Committee noted the update on CIP for Month 1 2022/23.</p>		
<b>10</b>	<b>ACCESS &amp; DATA QUALITY</b>		
22/131	Bi-monthly report – next due 30 June meeting.		
<b>FUTURE PLANNING</b>			
<b>11</b>	<b>INVESTMENT GROUP – Chair’s Report</b>		
22/132	<p>The Investment Group met on 13 May and the Performance Committee received a summary of the meeting.</p> <p>TG noted that the report shows the context of the current and future financial position against requests for capital funding.</p> <p>GR referred to the mention of different funding routes for medical device registration; TG clarified that there may be different ways to fund these registrations which could be via RPH charity; any bids for funding will be reported through the relevant committees.</p> <p><b>Noted:</b> The Performance Committee noted the update from the Investment Group.</p>		

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<b>12</b>	<b>QUARTERLY REPORTS</b>		
<b>12.1</b>	<b>Cyber Risk Update</b>		
22/133	<p>GR, SP, AR had discussed how this report could be changed to more effectively measure performance and risk mitigation; GR could not immediately see these changes. SP and EG advised that this remains work in progress.</p> <p>EG explained the immense workload in Digital during the last few weeks where it has not been possible to make the required amendments to this report. He confirmed the next version will see the changes discussed with a more user-friendly version.</p> <p>EG noted that cyber risk at RR16 is still high; he explained some of the improvements being added into mitigate risks. GR mentioned some discrepancies in the paper, which were noted by EG and will be corrected.</p> <p>DL thanked EG for clarifying the current content of report.</p> <p>AJ added that in terms of assurance, the report does capture that malware attempts have been blocked. GR thought that, without further context, the Committee received only limited assurance.</p> <p><b>Noted:</b> The Performance Committee noted the quarterly update on cyber risk.</p>	AR/EG	25.8.22
<b>12.2</b>	<b>Radiology Reporting Update</b> – covered in Item 5 Divisional Presentation		
<b>13</b>	<b>AD-HOC REPORTS</b>		
<b>13.1</b>	<b>Forward Resource Plan (re. junior Doctor supply issues)</b>		
22/134	<p>OM provided an overview report on this. There is a not a specific issue with junior doctor supply in this Trust, but there are some very niche areas, which may take longer to recruit to.</p> <p>The main issue is on rostering of junior doctors; the Workforce team is working with divisions to look at their processes and bring in online roster management for medics.</p> <p>This item was put on the Committee Forward Planner as an ad-hoc update. It was agreed that this reporting requirement can now be removed from the Forward Planner.</p> <p><b>Noted:</b> The Performance Committee noted the update on junior doctor supply.</p>	AC	26.5.22
<b>14.1</b>	<b>ISSUES FOR ESCALATION</b>		
22/135	<ul style="list-style-type: none"> <li>• Board of Directors</li> <li>• Audit Committee</li> <li>• Quality &amp; Risk Committee</li> <li>• Strategic Projects Committee</li> </ul>		

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	No items for escalation were raised.																																																						
<b>15.1</b>	<b>COMMITTEE FORWARD PLANNER</b>																																																						
22/136	<b>Noted:</b> The Committee noted the Forward Planner.																																																						
<b>15.2</b>	<b>REVIEW OF MEETING AGENDA AND OBJECTIVES</b>																																																						
22/137	The Committee agreed that the meetings objectives had been met.																																																						
<b>15.3</b>	<b>BAF: END OF MEETING WRAP-UP</b>																																																						
22/138	No further items were raised																																																						
<b>15.4</b>	<b>EMERGING RISK</b>																																																						
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<b>16</b>	<b>ANY OTHER BUSINESS</b>																																																						
22/140	<p><u>Meeting face-to-face / virtual / hybrid of the two</u></p> <p>GR asked for views on whether the Committee should return to meet in person?</p> <ul style="list-style-type: none"> <li>• CC felt that face-to-face meetings give a better dynamic. She asked, 'how good is the hybrid solution?'</li> <li>• GR added that Governors would continue to join online, and we need to facilitate this.</li> <li>• DL, due travel considerations, felt it would be more efficient to attend face-to-face if there was more than one meeting in the day.</li> <li>• SB noted it is more convenient for her to join online.</li> <li>• AJ had tested the HLRI meeting room facilities for this session and explained how it has worked for her today, agreeing that it does add value to have face-to-face meetings. The Committee did feel it was difficult to hear her clearly and that this could be a problem with more people in the room.</li> </ul> <p>GR summarised that bearing in mind all comments, it was agreed to stay with the current online format for the time being and keep this under review.</p>																																																						
	<b>FUTURE MEETING DATES</b>																																																						
	<table border="1"> <thead> <tr> <th>2022</th> <th>Time</th> <th>Venue</th> <th>Apols rec'd</th> </tr> </thead> <tbody> <tr><td>27 January</td><td>0930-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>24 February</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>31 March</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>28 April</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>26 May</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>30 June</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>28 July</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>25 August</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>29 September</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>27 October</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>24 November</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>15 December</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> </tbody> </table>	2022	Time	Venue	Apols rec'd	27 January	0930-1100hrs	MS Teams		24 February	0900-1100hrs	MS Teams		31 March	0900-1100hrs	MS Teams		28 April	0900-1100hrs	MS Teams		26 May	0900-1100hrs	MS Teams		30 June	0900-1100hrs	MS Teams		28 July	0900-1100hrs	MS Teams		25 August	0900-1100hrs	MS Teams		29 September	0900-1100hrs	MS Teams		27 October	0900-1100hrs	MS Teams		24 November	0900-1100hrs	MS Teams		15 December	0900-1100hrs	MS Teams			
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The meeting finished at 1059 hrs

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Signed

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Date

**Royal Papworth Hospital NHS Foundation Trust  
Performance Committee**  
Meeting held on 26 May 2022

### **Glossary of Abbreviations**

BAF	Board Assurance Framework	ERP	Emergency Recovery Plan
C&P	Cambridgeshire & Peterborough ICS	ICB	Integrated Care Board
CCG	Clinical Commissioning Group	ICS	Integrated Care System
CUH	Cambridge University Hospitals NHS FT	KPI	Key Performance Indicator
DNA	Did Not Attend	SSI	Surgical Site Infection
ERF	Emergency Recovery Funding	VTE	Venous Thromboembolism

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	End Date From
Ahluwalia, Dr Jasjit Singh (JASJIT)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jasjit Singh (JASJIT)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre, Cambridge.	01/10/2018
Ahluwalia, Dr Jasjit Singh (JASJIT)	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 Jasjit Singh (JASJIT)	Non-Executive Director	Y	Financial interests	Outside employment	Fellow at the Cambridge Judge Business School. This is an honorary <u>position</u> , I am not on faculty and not paid for this role. <u>However</u> I do deliver occasional lectures for CBS, some of which are remunerated.	01/01/2018
Ahluwalia, Dr Jasjit Singh (JASJIT)	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 seconded from CUH Foundation Trust.	16/02/2022
Ahluwalia, Dr Jasjit Singh (JASJIT)	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, <u>pharmaceuticals</u> and charities.	01/10/2018
Ahluwalia, Dr Jasjit Singh (JASJIT)	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 Jasjit Singh (JASJIT)	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 Jasjit Singh (JASJIT)	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 <u>Behavioral</u> 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	<u>Coventry</u> Partners is a specialist health consultancy working with health and care <u>organisations</u> to help them plan, <u>improve</u> 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 <u>Biodynamics</u> PLC- a biotechnology company developing <u>personalised</u> 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 <u>Non-Executive</u> 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.	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
Hall, Dr Roger Michael Owen (Roger)	Medical Director	Y	Financial interests	Shareholdings and other ownership interests	Director of a medical services company Clurce & Hall Ltd	01/09/2016
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, ADD Consulting Ltd	01/06/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Financial interests	Outside employment	Director, ADD Consulting Ltd	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Indirect interests	Loyalty interests	Daughter works as a <u>trainee chartered</u> 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	Holds an unpaid Executive Reviewer role with CQC	03/08/2020
Monkhouse, Ms. Conagh Jane	Director of Workforce and Or	Y	I have no interests to declare			23/12/2020
Possey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is CEO of the Royal College of Obstetrics and <u>Gynaecologists</u> .	01/03/2019

Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is a Trustee of <del>MAURA</del> , 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	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 <del>PROVISION</del> 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 <del>UTILISATION</del> 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
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Sponsored events	Philips sponsorship for a table at the HSI 2021 Awards Ceremony for 10 members of staff to attend ("Trust of the Year" shortlisting of RPH). £4,794.00	18/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Financial interests	Patents	CIS UCCQ 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	Indirect interests	Sponsored events	Orion Healthcare sponsored 1 table at the HSI Awards 2021 for RPH @ a cost of £4740.00	19/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial personal interests	Gifts	Headset earphones value £20	19/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial professional interest	Loyalty interests	Spouse works for Royal College of Nursing (I <del>can</del> 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
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 Addenbrookes 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 <del>Wellcome</del> 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	Outside employment	Hon Consultant CUHFT and employee of the University of Cambridge	01/03/2021