

**Meeting of the Performance Committee
Held on 27 October 2022
0900-1100hrs via MS Teams**
[Chair: Gavin Robert, Non-executive Director]

MINUTES

Present		
Mr G Robert (Chair)	GA	Non-executive Director
Ms D Leacock	DL	Associate Non-executive Director
Mr T Glenn	TG	Deputy Chief Executive & Chief Finance and 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 Screaton	MS	Chief Nurse
Dr I Smith	IS	Medical Director
In Attendance		
Mrs A Colling	AC	Executive Assistant (Minutes)
Mrs S Harrison	SH	Deputy Chief Finance Officer
Dr R Hodder	RH	Lead Governor/Governor Observer
Mrs A Jarvis	AJ	Trust Secretary
Mr A Selby	AS	Director of Estates & Facilities
Apologies		
Mr A Baldwin	AB	Interim Chief Operating Officer
Ms S Bullivant	SB	Public Governor, Observer
Ms C Conquest	CC	Non-executive Director
Ms A Halstead	AH	Public Governor, Observer
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
1	WELCOME, APOLOGIES AND OPENING REMARKS		
22/236	The Chair welcomed all to the meeting.		
2	DECLARATIONS OF INTEREST		
22/237	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 interests are appended to these minutes. The following additions were noted: Richard Hodder as Deputy Chair, Clinical Policies Forum, NHS Cambridgeshire and Peterborough ICB.		

Agenda Item		Action by Whom	Date
3	MINUTES OF THE PREVIOUS MEETING – 29 September 2022		
22/238	Approved: The Performance Committee approved the minutes of 29 September 2022 meeting and authorised for signature by the Chair as a true record.	Chair	27.10.22
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
22/239	The Chair noted that there was a full Agenda today and the need to allow sufficient time to cover Theatre Recovery Plan and Winter Planning. He suggested keeping PIPR responses brief. OM needs to leave at 10am, the Chair therefore agreed to shuffle the Agenda accordingly to cover her items before she left.		
4.2	ACTION CHECKLIST / MATTERS ARISING		
22/240	The Committee reviewed the Action Checklist and updates were noted.		
5	DIVISIONAL PRESENTATION		
	Next due 24/11/22 Surgery & Transplant.		
17	ANY OTHER BUSINESS		
17.1	Workforce Committee		
22/241	<p>Received: For the Committee to review the draft terms of reference for the Workforce Committee and to consider the scheduling and membership requirements.</p> <p>Reported: AJ. It was noted that CC was not present for this item, but that it is not for approval but for discussion to then take to the Board.</p> <p>Discussion: GR – always mindful of not creating extra burdensome committees, but happy for the Committee to review this proposal. No objections if others feel it is right way to address this. His concern was how this Committee would deal with issues such as winter planning, theatres without seeing the supporting workforce element.</p> <p>OM, in considering the timing options for the new Workforce Committee, felt that dovetailing bi-monthly with SPC seemed a better option, rather than moving Q&R to bi-monthly. Although this could be a problem where issues needed to be dealt with sooner than bi-monthly. The proposed ToR suggests membership of NEDs from both this Committee and Q&R to ensure they were sighted and avoiding duplication.</p> <p>EM referred to supporting information query, and felt it was incumbent on those bringing papers to this Committee to ensure that workforce issues are included within those papers and solutions to them, so that the assurance is coming through the paper.</p> <p>GR also noted that asking three Trustees to serve on an additional Committee was a further commitment and the Committee must be staffed correctly.</p> <p>OM confirmed it is not proposed for the CEO or CFO to be on this Committee; any CFO decisions would come through Performance Committee.</p>		

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	<p>MS has spoken with Michael Blastland, NED, and this will be discussed at Q&R later today. It is not felt right to step down Q&R to bi-monthly. They are conscious of creating another Committee and the time factor around this. She asked if there was an opportunity for a workforce Committee to be 1 hour a month as part of Q&R, with the full Q&R to follow for 1.5hours? with quality 1.5 hrs to follow. Some items would swap from quality to workforce. Although acknowledging that it is hard to keep focused after a long day of meetings.</p> <p>DL felt that workforce issues need to be dealt with properly rather than to tack them on to another meeting. She agreed that after a full day of Committees energy levels are low. Bi-monthly is a good idea, but there may be some issues that may not wait for two months. Monthly is probably the best option but this does create a time commitment issue. She felt that the membership was correct with others such as CEO, CFO invited to attend where relevant.</p> <p>GR noted the balance of views is in favour of establishing a workforce committee on bi-monthly basis alternating with SPC. He would still need to see how the ToR for Performance Committee and Q&R would be amended to accommodate. AJ advised that items would go to the workforce committee but always have an overlap at performance and quality.</p> <p>TG suggested that where there are specific workforce issues, i.e., staff survey, it makes sense to have a separate workforce committee to address this. He does not see the new Committee as taking work from other committees, but to use it to address workforce areas that are not being covered sufficiently, enabling monitoring and key action plans to address issues.</p> <p>GR noted it that it would need a discussion between NEDs to agree who would be able to join the new Committee.</p> <p>Noted: The Performance Committee:</p> <ul style="list-style-type: none"> • Reviewed and provided feedback on the draft Tor ahead of submission to the Board. • Considered the frequency of Committees and the options for scheduling. • Considered the Committee membership and whether that allowed appropriate and sufficient representation for Board members. 		
IN YEAR PERFORMANCE & PROJECTIONS			
6	REVIEW OF THE BAF		
22/242	<ul style="list-style-type: none"> • Received: From the Trust Secretary. A summary of the BAF risks and mitigations in place for risks above target. A copy of the BAF tracker report for October 2022 was attached. • Reported: by AJ • Discussion: DL queried BAF risk 1021 regarding the Cyber Risk Analyst who had recently left the Trust. She noted a temporary replacement and asked for further assurance on a permanent replacement. AR confirmed this is being covered by a temporary member of staff, with an advert going out shortly to recruit to a permanent post. The system is looking 		

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	<p>to see how this role can be encompassed across the region and a more strategic way of managing this.</p> <p>DL referred to BAF risk 1853 – workforce and the gap in assurance with information from staff exit interviews. What is being done to improve this in light of high turnover levels? OM – a certain level of information obtained and recorded on ESR; currently there is not a system for more detailed gathering of information from staff at exit interviews. Work is in hand to see how we can implement a more systematic exit plan and improve this data. GR regarded this as a priority in the context of situation that the Trust currently faces.</p> <p>Noted: The Performance Committee noted the review of BAF.</p>		
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
22/243	<p>Received: PIPR for M07 September 2022/23. Reported: by TG</p> <p>Summarised the position as ‘amber’, which comprised:</p> <ul style="list-style-type: none"> • Three ‘red’ domains: Effective, Responsive and People Management & Culture. • One ‘amber’ domain: Safe. • Two ‘green’ domains: Caring and Finance. • One new domain: Integrated Care Service – ICS; not currently rated. <p>TG summarised that there is an improving picture this month; Finance has moved to ‘green’ as CIP moves in line with plan. Caring has moved to ‘green’ as complaints have decreased. The red areas on the wheel continue to talk to the impact of reduced theatre activity. The ongoing workforce issues mentioned previously continue.</p> <p>Discussion: each sector as noted below.</p>		
22/244	<p><u>Safe (Amber)</u></p> <p>DL referred to the data for POU filters, which showed compliance had slipped below the August level. It was useful to see the action plan. When can we expect to see some improvement from the plan? MS advised that this is reviewed monthly and use of POU filters is 100% compliant. This metric forms a bundle of measures and it is compliance with completion of the respiratory assessment on Lorenzo which falls short. In terms of purpose of POU filters, they are protecting patients from any possible risk of M.Abscessus. MS can look to see how this can be improved. The Chair suggested that the wording for this metric on PIPR is amended so that it is clear it is not just about use of POU filters.</p> <p>DL referred to VTE compliance and noted that it was good to see mitigations in place as shown in the spotlight report. How do we monitor to make sure there is a real improvement in compliance quite soon? How do you check that the junior doctors are completing the correct assessments? MS said that the more recent work to monitor this is a regular discussion at CDC with clinical leaders. There is better compliance in areas with VTE champions and Execs are working with clinical leads to ensure this engagement to support junior doctors in this.</p>		

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22/245	<p><u>Caring (Green):</u> This report was taken as read.</p>		
22/246	<p><u>Effective (Red)</u> <u>Responsive (Red):</u> On Responsive, EM flagged the performance against the 31-day cancer standard. On review it has been noted that the decrease in this performance is not related to capacity or theatre issues. EM advised that the metric deals with low numbers of patients, a small movement can affect the data. OM advised that two cancellations were by the patient and the 3rd due to a case referred directly to surgery rather than via oncology pathway, which we are addressing.</p> <p>GR was surprised that these domains have no explicit reference to utilisation of theatres and the impact of the theatre dispute. EM explained that there is a separate report on the Theatre Recovery Plan, and not detailed in PIPR to avoid duplication</p> <p>DL referred to the GP referrals and backlog, where a large number is not yet recorded on Lorenzo; what is causing the backlog and how long have patients been waiting and what is the impact on patients? EM advised there has been intensive work to address this backlog which as at last Friday has reduced to 130 patients. EM explained how this data relies on data from the national system and also a shortage of staff in our own booking team to draw the referral across. She advised that no patient had waited in excess of a month. The booking team is working hard to cover the sickness gaps including working on Saturdays to address the backlog.</p>		
22/247	<p><u>People management and culture (Red):</u> OM referred to the spotlight report on long term sickness. It signifies the pressures on workforce trends showing that long term sickness is generally reducing except for nursing (stress is the biggest reason). STA Division area has increased sickness, primarily surgery. Some is related to pressure on workforce and the after-effects of the pandemic. GR acknowledged that it is still stress and well-being issues affecting retention. OM added that mental health issues of pandemic is a factor. OM advised that this month shows the highest number of leavers for approx. three years, with the number one reason cited as lack of career opportunities (although this is marginal).</p> <p>DL was disappointed that rostering was still not meeting the 6-week target. Are senior nursing staff being released to get this moving? MS explained that ward sisters are being required to work on wards due to short notice absence etc. Work is in hand to try to get more visibility of matrons in areas to be able to support sisters and teams. Matrons work long shifts, with many issues, over weekends and sometimes it's not easy for them to provide other support. DL would like to see updates on this.</p>	MS	24.11.22
22/248	<p><u>Finance (Green):</u> 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>		

Agenda Item		Action by Whom	Date
	Noted: The Performance Committee noted the PIPR update for M06 2022/23.		
8.1	FINANCIAL REPORT – Month 06 2022/23		
22/249	<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 <p>Reported: By TG. Key highlights:</p> <ul style="list-style-type: none"> • Year-to-date surplus of £2.5m. • CIP is working to plan. • BPPC is moving in right direction. <p>TG updated on the support given to the regional system, non-recurrent funding investments and strategic investments discussed at Executive Committee. There is also a £2m allocation for renewal of the contract with the Soft FM provider. TG provided further details.</p> <p>This is a strong financial position for Trust to be in at this time of year; this does not map with other Trusts in the region.</p> <p>Discussion:</p> <p>DL commented that it was very helpful to see the bridge diagram on page 6 of the report. She referred to two items (expected additional costs if activity can get to target levels and non-recurrent Executive Director led spend) and asked for clarity around these. TG explained both items and gave further clarity and assurance to the Committee.</p> <p>If there is slippage, we are in very transparent and open conversations with ICB on forecasting and where surplus funds are likely to be spent to support others in the region.</p> <p>TG advised that he expects to show this bridge diagram at month 6 each year and used through the budget setting process.</p> <p>Noted: The Committee noted the financial update for Month 6 2022/23.</p>		
8.1.1	BETTER PAYMENTS PRACTICE CODE – ACTION PLAN		
22/250	<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>We have enacted the actions on manual interventions; started to get a breakdown of PO split; started to get into automation to make performance</p>		

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	<p>sustainable and will keep monitoring this alongside the action plan.</p> <p>Discussion: As noted under Item 8.1 Financial Report. Noted: The Performance Committee noted the BPPC action plan.</p>		
8.2	CIP REPORT – Month 06 2022/23		
22/251	<p>Received: The report summarised the Trust’s progress on CIP plan to Month 6 2022/23, CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p> <p>Reported: by TG The CIP plan for end of year is in place, with performance year-to-date slightly ahead of plan. We are looking at budget planning and starting the CIP planning for next year. The forecast to achieve this year’s CIP plan is favourable.</p> <p>Discussion: As noted under Item 8.1 Financial Report.</p> <p>Noted: The Performance Committee noted the update on CIP for Month 06 2022/23.</p>		
9	THEATRE RECOVERY PLAN		
22/252	<p>Received: A summary of the findings from the Theatre Recovery Programme to date; the actions being taken to address the identified challenges and the trajectory for the recovery of theatres activity.</p> <p>Reported: TG TG gave some context to the report: The number of cases through theatres is dependent on lots of factors, including some things within our control but elsewhere in hospital (CCA dependency, beds on wards). The number of cases is also dependant on things outside of our control (i.e. issued amber warning nationally from NHSBT on limited supplies blood available; industrial action) – if strikes happen in December/January, this will have an impact to process cases through theatre. We need to make sure our theatres can perform against all of this, but we need to focus on what is within our control.</p> <p>Discussion: The Committee discussed in detail issues regarding:</p> <ul style="list-style-type: none"> - Performance comparison between old and new hospital site - Theatre layout at new site - Staffing numbers in theatres - Staffing issues and grievance - Recruitment - Skill mix of staff - Cultural issues - Plan to increase theatre usage - Learning from other hospitals <p>The Chair felt it would be useful for the new operational lead on this project to present to the next meeting. As the next bi-monthly presentation is due from Surgical, Transplant & Anaesthetics, this slot can be used to update on the Theatre Recovery Programme.</p>		

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	<p>The discussions at this meeting will be relayed to the Board in a Part 2 Confidential Chair's report, for further consideration.</p> <p>Note: The Performance Committee noted the update on the Theatre Recovery Programme.</p>		
10.1	ACTIVITY RESTORATION – Month 06 2022/23		
22/253 1003hrs OM left the mtg	<p>Received: EM presented the report Reported: The report was taken as read, with no further comments.</p> <p>Noted: The Performance Committee noted the update on Activity Restoration.</p>		
10.2	WINTER PLANNING		
22/254	<p>Received: A paper to present to the Performance Committee the Seasonal Plan for 2022/23.</p> <p>Reported: EM This forms the Seasonal Plan for year to build into budget setting. Key features: 1. People and resources (recruitment, rostering, grow bank staff, retention, staff well-being, flu and covid vaccination clinics). 2. Capacity Utilisation (CCA open to 36 beds, extra cardiology capacity/bed base, expand virtual capacity) 3. Productivity (in cath labs and theatres, ICS winter surge plan, review of Business Continuity Plans).</p> <p>Discussion: GR thanked EM for this very helpful report. DL was concerned on the 51% vaccine take up, and potential impact of staff illness. How can we encourage take-up? EM advised that firstly, we have not seen data from other Trusts to know how we compare. Our staff vaccination clinics are flexible, vaccinators have visited specific clinical areas and been to Royal Papworth House at Huntingdon to cover admin staff based there. Some staff may be vaccinated via their GP which are now shown in our figures.</p> <p>GR asked if we are anticipating making certain choices on the surge such as i.e, stepping down elective, redeployment of staff. EM explained how this might affect us as a specialist centre, which is a slightly different dynamic at RPH than a tertiary centre with an A&E. Winter planning is woven into 'business as usual'. We would expect to make decisions on choices at a clinical level with CDC to give an operational steer on priorities as required.</p> <p>IS mentioned the need to be able to move patients out; but repatriations are affected due to bed pressures at other hospitals; this impacts on RPH being able to take emergencies from other Trusts.</p> <p>GR asked if we anticipated longer Lengths of Stay during winter if we cannot repatriate patients quickly? EM responded that these pressures are being seen year-round, not just in winter. IS added that we are looking to address this issue now with local colleagues in the system.</p>		

Agenda Item		Action by Whom	Date
	Noted: The Performance Committee noted the contents of this report.		
11	ACCESS AND DATA QUALITY		
22/255	<p>Received: This report provides the Performance Committee with an oversight of the Trust's performance against a selected group of data quality key performance indicators and highlights areas for improvement.</p> <p>Reported: EM noted that this report should be assigned to Finance and not the Operational lead and agreed by TG.</p> <p>Discussion: GR referred to the drop in GP referrals, due to consultants referring directly and the drop in external referrals - is this linked? TG referred to the spotlight slide on GP referral patterns and the slide showing regional referrals. There is also a drop in C2C referrals from secondary providers. EM said that this is due to the fall in elective activity at referring hospitals which are not getting through their own waiting lists to refer patients to RPH. While referrals from some providers (e.g. CUH) have recovered to 2019/20 levels, others have not – the largest reduction is from NWAFT where elective activity has been particularly constrained. It is not believed, therefore, that consultants have been referring patients elsewhere due to known or perceived capacity constraints at RPH. It was agreed, however, that this requires continued close monitoring.</p> <p>Noted: The Performance Committee noted the update.</p>		
FUTURE PLANNING			
12	INVESTMENT GROUP – Chair's Report		
22/256	<p>Received: An update from the Investment Group following its meeting on 13 October 2022.</p> <p>Reported: by TG.</p> <p>Discussion: The report was taken as read.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
13	QUARTERLY REPORTS		
13.1	Corporate Risk Register		
22/257	<p>Received: An overview of those risks graded 12 and above that are included on the Corporate Risk Register (CRR).</p> <p>Reported: MS. MS updated that the team has looked at corporate risks that are high risks and reviewing the details of these (review dates, levels of mitigations). We continue to support divisions with reviews of the Risk Register which has been helpful.</p> <p>Discussion: The report was taken as read.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		

Agenda Item		Action by Whom	Date
13.2	Integrated Care Board		
22/258	<p>Received: Verbal update.</p> <p>Reported: EM and TG EM updated that we are in the 3rd cycle of ICB committees and very much still in the formation period. The recent focus has been on the development of the Accountable Business Units (ABUs) – four situated in the ICB, being two clinical pathways and two on geography.</p> <p>TG had included the ICB finance report in the meeting papers. There is a small deficit year-to-date. A key item is the agency cap in terms of other providers moving above this cap.</p> <p>Discussion: No items were raised.</p> <p>Noted: The Performance Committee noted the update on ICB.</p>		
14	ANNUAL REPORTS		
14.1	Five Year Financial Strategy		
22/259	<p>Received: A verbal update.</p> <p>Reported: TG had a paper prepared; due to Julian Kelly meeting last week and current political turmoil, some of the assumptions may well be subject to change; we need to see the new autumn statement on 17 November.</p> <p>Discussion: No items were raised.</p> <p>Noted: The Performance Committee noted the update.</p>		
14.2	EPRR Core Standards		
22/260	<p>Received: An update to the Committee on the annual assessment of the Trust Compliance against the Emergency preparedness, resilience and response (EPRR) Core Standards.</p> <p>Reported: EM advised that this will be taken to Board for approval. This report sets out the emergency planning framework and assurance process which involves self-assessment and peer review at system level against the relevant domains. Some are plans still being worked on - all items have action plans to progress them.</p> <p>Discussion: GR questioned Business Continuity Planning (BCP), which had been mentioned at previous meetings and queried whether this should come back to this Committee. He particularly referred to the Cyber Risk BCP. AR advised that this is fast changing area, and he will bring the Cyber Risk BCP to the next meeting.</p> <p>EM noted that work is in hand with a tabletop review of each BCP (approx. 27 documents) since April 2022, with a focus to standardise the format of these. The BCPs are due to come back to November Emergency Planning Committee with a report to the Performance Committee. AJ added that there is reference to this in this report. GR is keen to ensure that the Board receives assurance on BCP, without making this too onerous.</p>	AR EM	24.11.22 22.12.22

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	Noted: The Committee noted the contents of the report and the conclusion of the self-assessment against the EPRR core standards and commended this report to the Trust Board for approval.																																																						
15	ISSUES FOR ESCALATION																																																						
22/261	14.1 Audit Committee 14.2 Board of Directors 14.3 Quality & Risk Committee 14.4 Strategic Projects Committee																																																						
16.1	COMMITTEE FORWARD PLANNER																																																						
22/262	Received: The updated Forward Planner. Reported: by AJ. Noted: The Performance Committee noted the Committee Forward Planner.																																																						
16.2	REVIEW OF MEETING AGENDA & OBJECTIVES																																																						
22/263	It was agreed that items had been covered via the Agenda.																																																						
16.3	BAF: END OF MEETING WRAP-UP																																																						
22/264	No further items to report.																																																						
16.4	EMERGING RISKS																																																						
22/265	Verbal: No items to report.																																																						
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The meeting finished at 1105hrs


Signed
(Chair authorised electronic signature to be added)

Date: 24 November 2022

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 27 October 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 Trialists' 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