Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Performance Committee
Held on 24 February 2022
0900-1100hrs via MS Teams

[Chair: Gavin Robert, Non-executive Director]

M I N U T E S

Present		
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
Mr A Raynes	AR	Director of Digital (& Chief Information Officer)
Mrs M Screaton	MS	Chief Nurse
In Attendance		
Ms S Bullivant	SB	Public Governor, Observer
Mrs A Colling	AC	Executive Assistant (Minutes)
Ms A Halstead	AH	Public Governor, Observer
Mrs A Jarvis	AJ	Trust Secretary
Mr C Panes	CP	Deputy Chief Finance Officer
Dr S Webb	SW	Deputy Medical Director
Mr Jan Sobieraj	JS	Observer (Arden and Gem)
Ms Alison Hawley	AW	Observer (Arden and Gem)
Apologies		
Dr R Hall	RH	Medical Director
Mr A Selby	AS	Director of Estates & Facilities
Dr I Smith	IS	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**		
22/26	The Chair welcomed all to the meeting. Apologies were noted as above. SB mentioned that it can be difficult to understand the complex metrics in reports; particularly when not dealing with this information on a day-to-day basis and in a non-face-to-face meeting environment. SP suggested that AJ could set up a virtual or face-to-face meeting for Observers and Governors to help understand the data better.	AJ	31.3.22
2	**DECLARATIONS OF INTEREST**		
22/27	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.		

Agenda Item		Action by Whom	Date
3	**MINUTES OF THE PREVIOUS MEETING – 27 January 2022**		
22/28	**Approved**: The Performance Committee approved the Minutes of the meeting held on 27 January 2022 and authorised these for signature the Chair as a true record.		24.02.22
4.1	**TIME PLAN OF TODAY'S AGENDA ITEMS**		
22/29	The running order of today's Agenda was noted and agreed.		
4.2	**ACTION CHECKLIST / MATTERS ARISING**		
22/30	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	**DIVISIONAL PRESENTATION**		
	Next presentation due to the 31 March meeting (Respiratory)		
6	**REVIEW OF THE BAF**		
22/31	This report was introduced by AJ and taken as read. A change was noted in relation to cyber risk, which has been reviewed and the risk appetite changed to 9. The cyber risk rating was noted at 20 and will be covered in the Cyber Risk report at Item 13.1. This will also be discussed at the Board Development session on 3 March. The key supplier risk was flagged and will be discussed later in the agenda. In giving assurance to the Committee, SP advised that Executive Directors have weekly discussion re. risk and is happy that we are capturing all key items on the BAF. He mentioned the financial position within ICS and some emerging developments around specialised commissioning in future years; this may result in some movement on the BAF in weeks to come as these changes happen. The Staff Survey results are due today which might affect some risk ratings. GR acknowledged SP comments on BAF and finance, understanding that it is hard to judge changes in risk when development is fluid and preferred to wait until things become clearer before changing the BAF rather than changing the BAF risk level each time developments ebb and flow. Committee members agreed. [0910hrs CC joined] **Noted:** The Performance Committee noted the review of BAF.		
7	**PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)**		
22/32	Ahead of discussions on PIPR, SP gave some context which is reflected in the metrics reported. Beds required for COVID patients continue to reduce along with a reduction in staff absence rates. Since the last meeting, the NHS has seen the launch of the National Elective Recovery (ERF) programme, which gives a system activity target of 104%. Efficiency is highlighted at the staff weekly briefing encouraging smarter working rather		

Agenda Item		Action by Whom	Date
	than working more hours. The Clinical Decision Cell also have 'improving efficiency' on their radar. Staff well-being is still high on the agenda and the Trust is working hard to support this i.e., ensuring annual leave and breaks are taken, new line manager training etc. ICS held a private Board meeting yesterday with SP circulating a briefing note to our Board members. He advised that it is likely that RPH will have a voting seat on the ICS Board which seems to be supported by local NHS partners. SP stressed however this seat will be on behalf of acute providers within the ICS rather than RPH.		
	The Committee received PIPR for M10 January 2021/22. TG summarised the position as 'amber', which comprised: • Three 'red' domains (Effective, Responsive and People Management & Culture). • Two 'amber' domains (Safe and Finance). • One 'green' domain (Caring) • One new domain (Integrated Care Service – ICS); not currently rated. TG introduced the report which continues to show the impact of the pandemic but different to previous months. As alluded to, this relates more to staff sickness and vacancies rather than increased ECMO usage. TG noted that staff absence had however eased during the first weeks of February. CC noted that the BAF Supplier risk does not show any update since October. TG advised that it has been reviewed this week, so not shown in this report, and the level has stayed constant (related to perfusion contract).		
22/33	**<u>Safe</u> (Amber)** MS referred to the metric for 'Safer Staffing CHPPD – 5 South', explaining that this was due to empty beds on the ward where this denominator was not measured in the overall calculation. MS confirmed that safe staffing was maintained throughout. Regarding another 'red' flag on VTE compliance, MS advised that work for this is ongoing and being managed through the Quality & Risk Management Group (QRMG). The Key Performance Challenge saw a review of patient falls which has seen a very slight increase year on year. RPH actual is 2.4% per 1000 bed days and nationally this would be 6%. RPH has this under constant review to reduce patient falls. The spotlight report focussed on Surgical Site Infection (SSI); when comparing like for like with peer groups on inpatients and re-admissions – RPH is at 5% and national average is 2.4%. MS advised that this has been a challenge for some time; there is review in place along with actions; a summary of ongoing actions was included. MS suggested this is monitored through the safe score card for a period to ensure the Committee is sighted on this. CC was surprised to see the level of SSI reported, given that we have tight infection control measures; can light be shed on this? MS advised that there is not one common theme and gave examples of instances and work in the review. MS was mindful that COVID pathways		

Agenda Item		Action by Whom	Date
	have taken preference and the Trust needs to ensure nothing is missed in all other areas. GR was mindful of not duplicating between committees and thought this was better addressed by Q&R. CC referred to the VTE data where the commentary mentioned some instances might be due to actual change-over of junior doctors. Are they being adequately trained/supervised? CC asked for assurance. MS has discussed with IS the junior document change-over and this has also been picked up at divisional performance meetings with clinical attendance. There is not one straight fix to mitigate this and it involves collective responsibility.		
22/34	**<u>Caring</u> (Green):** Complaints flagged 'red' which was due to a late response for one of two complaints which the complainant was made aware of. The Friends & Family test results continue to be very good in terms of response rate and positive experience.		
22/35	**<u>Effective</u> (Red):** EM referred to the opening narrative as TG described. Activity has moved from high levels of COVID related respiratory ECMO to lower levels (3 ECMO patients today on CCA). January has seen high levels of staff short term sickness, self-isolation and parenting leave; leading to daily review of business continuity arrangements in many areas. Many staff have been working extra hours to provide cover along with a challenge in agency fill. As consequence there has been lower admitted activity than we would have wanted in month. Outpatient activity is not reaching the target yet, but the recent outpatient recovery programme is seeing results improve, which continues into February. EM thanked the Booking Team who are doing a phenomenal job in booking out much further for outpatients on the waiting list; this continues to be monitored on weekly basis. Admitted activity has seen some constraints on flow which could benefit with rapid intervention. The Trust has engaged outside consultancy partners, Meridian, to undertake a 12-week productivity programme in cath labs and theatres. This could possibly achieve a 10% uplift and will be a key component of activity recovery. EM explained which areas this uplift is aimed at, with more detail in the Activity Restoration report later. GR referred to the Meridian work and asked 'Why now, why not several months ago? What is the driver behind this?' EM noted that various improvement initiatives had been implemented since the move to the new hospital. As the tide seems to be turning in staff absence, it gives time to undertake this project work and there is an appetite for this in the organisation. GR had understood that the limiting factor for activity was CCA bed capacity and not efficiency in theatres/cath labs. EM referred to the reasons for cancellation of procedures seen in theatres showing 17 theatre cancellations related to CCA capacity. Once CCA capacity is available, it is sensible to review efficiency through theatres and the surgical bed base; EM gave further detail of this. Opportunity for Cath		

Agenda Item		Action by Whom	Date
	lab efficiencies is less than theatres, but useful to include this area in this work. DL asked how this is squared with Length of Stay (LoS) which seems to be on an increasing trajectory with a sicker cohort of patients. EM explained that we have seen LoS vary and increase as a consequence of patients being much more poorly on the surgery waiting list. There is not likely to be an improvement in LoS until P3 and P4 patients can be treated quicker. Empty beds are showing that with more activity through theatres, these beds could have been occupied, hence the Meridian review. MS was happy to expand on the above point which has also been discussed at the Clinical Decision Cell (CDC). Cancellations are investigated by root cause analysis to understand each one and build on the Meridian work in theatres. Reasons can be multi-factorial and we need to ensure we are not missing any opportunities. SW added that there has been a change, even in last couple of weeks, with staff moving from dealing with very sick COVID patients to work patterns pre-COVID which is encouraging. There has been some shorter LoS and more patients moving through CCA and through theatres; this has been driven by CDC making clinical decisions to get the patients seen whilst we have capacity. We are also looking where there might be delays and clearing these. This is an opportunity to re-set the organisation to high quality cardiothoracic care; he has seen a freshness and vitality from staff to get things moving. GR noted that this is encouraging to hear 'from the floor' as the metrics can be disheartening.		
22/36	**<u>Responsive</u> (Red):** EM explained that reduced activity had seen a deterioration in most metrics. The waiting list is increasing and the overall RTT position has deteriorated further. Cardiology has seen an improvement in RTT performance, and this reflects a material reduction in breaches. EM highlighted the spotlight on remote cardiac diagnostic monitoring and work by the cardiac physiology team. EM explained the detail of this where the Trust has deployed remote devices, reduced the DNA rate and monitored remotely approximately 3500 patients on these devices. This is a fantastic initiative, also reducing our carbon footprint. CC acknowledged this as a brilliant initiative. She queried DNA rates and asked if these should be lower? EM advised that this would reduce further in time; we are still seeing patient cancellation due to COVID reasons which is impacting on patient attendance and hoping to see improvement as community COVID infection levels drop. SP mentioned the new 'My Planned Care' (MPC) roll-out as part of national ERF, commenting that, against NHS peers, RPH RTT is good for the services we deliver. EM added that MPC is a platform commissioned by the national team to address one of the four prongs of the NHS wide recovery plan in living with COVID.		

Agenda Item		Action by Whom	Date
22/37	**<u>People management and culture</u> (Red):** OM noted that the key feature for February was high staff absence rates, as already mentioned. Absence has seen a re-emergence of usual winter bugs (not COVID) and the absence rate is now reducing towards the end of February. There is a focus on workflows and getting traction on IPR recovery. The IPR policy is under review with work to incorporate the new Trust values – this will go to Q&R for approval. The last quarter has seen an improvement in roster work but would like to see further improvement; therefore, we will continue with support meetings on rostering which are proving helpful with wards where there has been good engagement and learning and actions coming out. The Spotlight focussed on staff turnover which has been a challenge with 'no normal' in the last 3 years, due to the hospital move and then the COVID pandemic. Turnover figures across the system are also seeing an increase. The labour market is challenging especially in Band 2-4 roles. We are looking at career progression and opportunities in this area. The Health Care Support Worker (HCSW) role has a high turnover which is a common feature across the NHS. EM/OM are speaking with clinical teams on pathways of apprenticeships. The HCSW role is often used as a temporary role by students who then leave to do other work/study. GR thanked OM for the very helpful report. CC asked if we have an analysis about ethnicity as to why people might be leaving. OM noted this and will include in the work. GR was concerned about the levels of turnover particularly relating to HCSW and APST (pharmacy technicians, theatre practitioners etc) staff. Given recruitment costs and efforts made, what can we do to keep these people? OM explained the complexity of the metric and the issues of retention with each group. The HCSW role has received some funding from Health Education England (HEE) to support this recruitment and retention work. RPH is putting in a programme of work over the next 12 months to support these roles. OM is keen to have a clearer plan to bring recruits into this pathway and RPH establishment.; OM acknowledged that during the COVID pandemic, this has gone off track slightly. DL referred to the decline in quality of applicants coming through and agency staff issues, is there a risk it could begin to impact safer staffing? OM clarified the discussion on quality of applicants was not related to registered nurses. MS added that registered nurse vacancies are under 5% and we continue to recruit good calibre nurses. OM explained that the work on this recruitment is looking at the whole process and how to mitigate risk. The risk regarding pay inflation, pressure on bank and agency costs was also flagged.	OM	31.3.22
22/38	**<u>Finance</u> (Amber):** TG updated on finance which also covered the financial report at Item 9.1. The context, as we approach year-end, is that due to NHS underspends elsewhere in the system, there may be more central funding to come. RPH is forecasting a surplus of £6.3m. The Month 10 position shows the Trust posted a £1m surplus reflecting additional funding received and the vacancy position as discussed. CIP performance is strong with good financial control throughout the year.		

Agenda Item		Action by Whom	Date
	Budget setting discussions are underway. BPPC overall sustained its Month 9 position. A slight dip relates to 10 invoices for NHS work and we continue to keep this under review. Capital spend has maintained the trajectory in line with forecast. Months 11 & 12 will see a step up in expenditure to fall in within year-end timelines. The Investment Group keeps a close focus on capital expenditure. The forecast is to attain close to CDEL on year-end. CC noted the assurance on capital expenditure along with Investment Group report and asked if proposed capital expenditure for February was on target. TG confirmed expenditure was on target with procurement of items by the end of March. There is a potential £100k risk which is being actively managed. GR asked what assurance do NEDs have that spending this month is not a last flurry to make use of capital budget before year-end and that robust procedures are in place to get value for money? TG explained that the planned capital expenditure is not unexpected and has been reviewed by the Medical Devices Group and covered in previous Investment Group meetings. The step up in Month 11 is not a rush but a culmination of orders placed with agreed delivery dates by year-end. TG confirmed that the Extra Ordinary Investment Group is taking place later today; this will be to consider potential capital items which would be deliverable by year-end. TG advised that RPH finances are heavily linked to the system via ICS, which is covered further in Item 11 Planning update 2022/23. The 104% target on current performance will be extremely challenging. GR noted that the drivers behind this is to use capacity as efficiently as possible system-wide, but that the system is not in place yet to do this. TG advised that other Trusts will be going through the same exercise as RPH are undertaking with Meridian and this will be critical. RPH needs to work to the 104% and support system partners. SP added the importance of starting to transition more system work into our committee reporting. He asked if there are similar levels of delivery on CIP and plans in region? TG will add this into future reporting. He gave some insight into how our local partners are seeing different changes in their costs and run rate. CC would be happy to obtain more information from the system. She noted that one of RPH successes is our process for planning and target setting. Can this process be adopted by the system – can we influence this? TG advised that it will be useful to get the COO group view on influence as it will be a combination of efforts. EM explained how work is fed to ICS historically. At the system meeting yesterday there was a change of idea on ERF work; a new group will be formed to set targets. The meeting looked collectively at waiting lists of organisations with the ambition to have an elective treatment hub to deliver activity.	TG	31.3.22
	<u>Integrated Care System</u> (ICS) This is Included for information purposes and to understand how the system is looking.		

Agenda Item		Action by Whom	Date
	Noted: The Performance Committee noted the PIPR update for M10 2021/22.		
8	**ACTIVITY RESTORATION**		
22/39	EM noted that much of this was discussed under PIPR. Again, M10 saw the challenges with staff absence in January; February looks brighter as illustrated in the report. There is detailed referral information in the Data & Access report later. The position re. CPAP new devices from Philips has improved and is being kept under review. Concern on the waiting list was flagged where some procedures against a small number of consultants were waiting over 52 weeks. This report will need to be adapted going forward to the April period, TG and team will be working on this. There is a dual focus of getting patients through and financial impact. CC noted the above concerns on cardio-thoracic surgery; for assurance purposes, she asked for the next meeting if there could be a plan on how this might be resolved. EM advised that the Meridian work starts next week. More detail will be available once this scoping work is done and can be added into reporting. DL referred to the cardiology priority coding snapshot and patients waiting more than 52 weeks (patient number not tallying). EM advised that this is not an error and explained how this worked. This forms part of the Meridian work.	EM	31.3.22
9.1	**FINANCIAL REPORT – Month 10 2021/22**		
22/40	The Committee received this report which gave an oversight of the Trust's in month and full year financial position. Key items covered: - Statement of Comprehensive Income (SOCI) position • Run rate trends • Activity • Statement of Financial Position • Statement of Cash Flow • Cash position and forecast • Cash Management • Capital • Spotlight on Homecare Pharmacy The discussions under PIPR had covered this item. **Noted:** The Committee noted the financial update.		
9.2	**CIP REPORT- Month 10 2021/22**		
22/41	TG advised that the report contains a forward summary of 2022/23 CIP planning. There is much work to do but this gives a sight of 22/23 work		

Agenda Item		Action by Whom	Date
	ahead. DL was pleased to see that most of CIP is recurrent. CC noted that clinical areas make CIP targets whereas some corporate areas do not. How is this perceived in the organisation. TG thanked CC for highlighting this. Some corporate areas are delivering on CIP. EM/TG hold CIP meetings with those areas concerned and expect to see some improvement in coming weeks. The Trust is aware of the challenges and continues to work on this. **Noted:** The Performance Committee noted the approach to CIP and the progress to date.		
10	**ACCESS & DATA QUALITY**		
22/42	GR noted that this report provides triangulation of everything else we are hearing. TG added that much is covered elsewhere and this report brings it all together. The geographical diagrams are useful and can be used to understand geographic referrals on specialised commissioning activity. The key headlines are that we continue to see the impact of the COVID pandemic; referrals are down but are starting to recover. The report shows the pressures on waiting list of elective cases without a planned date - which has already been referred to. CC felt that data quality was starting to become a concern. The numbers have increased and maintained this high level. EM explained that this relates to virtual appointments. This issue doesn't occur in the physical attendance at the Outpatient department where the OP team would chase down attendance via Lorenzo. We are doing some work to cover this. **Noted:** The Performance Committee noted the update on Access & Data Quality.		
FUTURE PLANNING			
11	**PERFUSION SERVICES CONTRACT UPDATE**		
22/43	TG gave a verbal update to the Committee. The contract is being finalised between the two parties and it is anticipated this will come to the next meeting for approval. Once the contract is signed, the Trust will look to put work in place in planning for the review in four years' time, to ensure we are in a positive position at that time. TG confirmed that the financial envelope is as noted in previous discussions. **Noted:** The Performance Committee noted the update on Perfusion Services Contract.		

Agenda Item		Action by Whom	Date
12	**PLANNING 2022/23 - Update**		
20/44	TG gave a summary to the Committee: He highlighted the updated waterfall diagram on p106 of the pack, showing RPH planning for year ended 31.3.23 (as at 18.02.22). The budget setting process continues over the next four weeks. Key issue for the Trust is the continued negotiations in relation to the Cambs & Peterborough position and the allocation of the ERF based on the 104% target. DL commented that the ERF payment seems to be a big risk, is there any mitigation on this? TG advised that this is currently a live conversation regionally and nationally and as yet there is no central guidance on payment mechanisms. We need to focus on the efficiency works through Meridian. **Noted:** The Performance Committee noted the planning update and will receive further updates in due course.		
13	**QUARTERLY REPORTS:**		
13.1	**Cyber Risk**		
22/45	GR took the report as read and moved straight to questions. GR noted that the report details a list of actions. He would like to see a plan setting out the risks and the mitigations for those risks for the coming year, on a rolling annual plan basis. He would like the Committee to be assured that there is a robust plan on this risk given its importance, especially at this time of heightened risk in light of the crisis in Ukraine. AR highlighted the confidentiality of this report. The cyber risk planning is linked to the toolkit which will drive the work. The Trust does not under-estimate that cyber is a continuing threat. The short-term action plan in the report addresses key points; one key aspect on cyber risk is the staff which links to passwords. The team are putting a lot of work into this area to link this through to emergency planning and business continuing planning. We have purchased software which gives an analytical view on what we are doing. The larger action plan sits behind these which reports to Q&R. DL referred to the password issue and asked if there was a timeframe on issuing the recommendations relating to this work? AR advised that there will be a major communication campaign around passwords starting next week. DL referred to a BAF question re. cyber risk, Sophos and devices and systems being isolated from the rest of the network. What are we doing to mitigate the risk of staff using or attaching unauthorised devices, etc? AR explained that this is being monitored; there is a devices alert if unauthorised items are plugged in. There has been a review of policies and communications plan to address this. SP suggested that the committee would welcome a slightly different format to this report to reflect principal risk and action taken in short and medium term view. GR is happy to discuss offline if this will help format the report to be of better value and assurance. **Noted:** The Performance Committee noted the cyber risk quarterly update.	AR	26.5.22

Agenda Item		Action by Whom	Date
14	**INVESTMENT GROUP – Chair's Report**		
22/46	**Noted:** The Performance Committee noted the update from the Investment Group.		
15	**ANNUAL REPORTS**		
15.1	**Committee Self-Assessment**		
20/47	Self-assessment: Item 10 and overall performance. AJ explained how it had been suggested and agreed to move the BAF item to earlier on the committee agenda and that this had worked well. Workload management: The Performance Committee and Strategic Projects Committee were working together on how to approach the management of this risk. CC referred to the NED buddy programme which had been suspended during COVID and asked for this to be made clear on the assessment. External training – agreed to add that onto other committees' self-assessment. GR agreed with strong marks on Q1-9. Assurance: Could add in other reports that are seen in PIPR; other reports are a triangulation of that information. (Finance report, divisional presentation etc). The committee receives information and data from different sources which provides the ability to triangulate verbal assurance. GR believe we have very strong assurance for this committee; therefore, assessment of performance should also be strong. CC and DL agreed with this comment. DL also noted that being able to visit the hospital in person on visibility rounds has helped triangulate information. SP added that the Executive Directors would support the NEDs' view and have not identified any omissions. AJ will make the above suggested amendments. The Performance Committee: **Performed** a self-assessment by means of review against the terms of reference and self-assessment checklist and agree any revisions to the self-assessment statement and identify any further actions that are required. **Agreed** the revised terms of reference and recommend these for approval to the Board; **Delegated to the Chair** (with support from the Trust Secretary) the recording of revisions to the committee self-assessment document in preparation for submission to Board for review.	AJ	31.3.22
15.2	**Committee Terms of Reference (ToR)**		
20/48	AJ explained the minor changes to the ToR.		

Agenda Item		Action by Whom	Date
	GR queried the Divisional Presentations being added to the ToR. AJ referred to previous discussions when it was felt we would commit to bring divisional presentations to the meeting on regular basis and that this should be reflected in the ToR. CC agree with AJ adding that it helped with triangulation and assurance. DL also agreed, adding that it makes it a real commitment from the Committee that we would like this extra assurance and help with triangulation. GR agreed, on the above basis, to keep the item in the ToR, which was approved.		
15.3	**Committee Attendance**		
20/49	AJ referred to the attendance summary; this will be updated to include attendance by the Governor observer members	AC	31.3.22
16	**ISSUES FOR ESCALATION**		
22/50	• Board of Directors • Audit Committee – No items flagged. • Quality & Risk Committee – No items flagged. • Strategic Projects Committee Referring to discussions on SSI, MS confirmed that this is a topic for Q&R without the need for escalation. [1100hrs AR left the meeting]		
17.1	**COMMITTEE FORWARD PLANNER**		
22/51	**Noted:** The Committee noted the Forward Planner.		
17.2	**REVIEW OF MEETING AGENDA AND OBJECTIVES**		
22/52	TG was happy to discuss planning outside of the meeting should NEDs need. The planning paper will be coming to Board as part of the annual plan sign off and it would be useful to have a collective discussion before then. TG will arrange a workshop for this.	AC	31.3.22
17.3	**BAF: END OF MEETING WRAP-UP**		
22/53	AJ referred to the staff turnover risk to note. The System financial risk is already included on BAF but might change in the future. The Cyber risk was covered through the discussion and report, with a revised format report to come to the May meeting.		
17.4	**EMERGING RISK**		
22/54	No items were raised.		
18	**ANY OTHER BUSINESS**		
22/55	No items were raised.		

Agenda Item		Action by Whom	Date
	FUTURE MEETING DATES		

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	

The meeting finished at 1102 hrs

G Robert, Chair, Performance Committee
Date: 31 March 2022

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 24 February 2022

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	CoI 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.	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	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	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	freelance writer and broadcaster	01/02/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Indirect interests	Outside employment	My partner is an adviser to Thrive, a games-based mental health app and support service.	11/05/2021
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 advisory group for Bristol University's Centre for Academic Research Quality and Improvement.	01/08/2020
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.	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 Cluroe & 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, 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	Holds an unpaid Executive Reviewer role with CQC	03/08/2020
Monkhouse, Ms. Oonagh Jane	Director of Workforce and C	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	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	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
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Sponsored events	Philips sponsorship for a table at the HSJ 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 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	Indirect interests	Sponsored events	Orion Healthcare sponsored 1 table at the HSJ Awards 2021 for RPH @ a cost of £4740.00	19/11/2021