

**Meeting of the Performance Committee  
Held on 25 August 2022  
0900-1100hrs via MS Teams**  
[Chair: Gavin Robert, Non-executive Director]

**MINUTES**

<b>Present</b>		
Mr G Robert (Chair)	GA	Non-executive Director
Ms 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
Mr A Raynes	AR	Director of Digital and Chief Information Officer
Mrs M Screaton	MS	Chief Nurse
Dr I Smith	IS	Deputy Medical Director
<b>In Attendance</b>		
Mr A Baldwin	AB	Interim Chief Operating Officer ( <i>start date September</i> )
Mrs A Colling	AC	Executive Assistant (Minutes)
Ms A Halstead	AH	Public Governor, Observer
Mrs S Harrison	SH	Deputy Chief Finance Officer
Dr Richard Hodder	RH	Lead Governor
Mrs L Howard-Jones	LHJ	Deputy Director of Workforce
Mrs A Jarvis	AJ	Trust Secretary
Mr C Panes	CP	Deputy Chief Finance Officer
<b>Apologies</b>		
Ms S Bullivant	SB	Public Governor, Observer
Ms O Monkhouse	OM	Director of Workforce & Organisational Development
Mr S Posey	SP	Chief Executive
Mr A Selby	AS	Director of Estates & Facilities
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>		
22/185	The Chair welcomed all to the meeting. Apologies were noted as above.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
22/186	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
	GR noted a declaration of interest re. Item 11 Procurement: Cardiology Tender Overview, where in his role outside of the Trust, J&J are on his client list although he has done any work for them regarding cardiology devices and has not worked with them for a couple of years.		
<b>3</b>	<b>MINUTES OF THE PREVIOUS MEETING – 28 July 2022</b>		
22/187	<b>Approved:</b> The Performance Committee approved the minutes of 28 July 2022 meeting and authorised for signature by the Chair as a true record.	Chair	25.8.22
<b>4.1</b>	<b>TIME PLAN OF TODAY'S AGENDA ITEMS</b>		
22/188	It was agreed to proceed as per the agenda, ensuring sufficient time allowed to consider the items on Cyber Risk and Procurement.		
<b>4.2</b>	<b>ACTION CHECKLIST / MATTERS ARISING</b>		
22/189	The Committee reviewed the Action Checklist and updates were noted.		
<b>5</b>	<b>DIVISIONAL PRESENTATION – next due Pharmacy on 29 September</b>		
<b>IN YEAR PERFORMANCE &amp; PROJECTIONS</b>			
<b>6</b>	<b>REVIEW OF THE BAF</b>		
22/190	<p><b>Received:</b> From the Trust Secretary. A summary of the BAF risks and actions for risks above appetite and a copy of the BAF tracker report for August 2022 position.</p> <p><b>Reported:</b> by AJ</p> <ul style="list-style-type: none"> <li>i. No change in ratings</li> <li>ii. New risk added: BAF 3223 Risk to Productivity, RRR16.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>i. EM noted a very detailed conversation at Executive Director meeting on 23.8.22 around emerging staff engagement risk re. balloting of nursing RCN members in relation to a potential strike; this will be reflected in future BAFs.</li> <li>ii. GR referred to risk regarding Legionella and presumed that Q&amp;R Committee would be seeking further assurance on this, so proposed that discussion does not need to be duplicated here; agreed by the Committee.</li> <li>iii. DL referred to HR risk on recruitment, where the report noted it was reviewed in August, but there were no updates during August in the Progress notes, and the risk had not changed. In view of current staff turnover rates, she queried whether this risk might increase? LHJ responded that this risk has been reviewed and deemed satisfied with the level of risk. EM added that there is a good pipeline of 29 new starters in September. LHJ advised that there are 73 total staff in the recruitment pipeline and this improvement should show in the next report. GR commented that past discussion had noted that the recruitment process had been speeded up to get staff on board sooner. Is this still the case? LHJ explained that the Trust had used learning from the COVID period and improved systems. There is still work to do in certain elements, but this is in hand. She added that the recruitment pathway is also linked to external factors which can impact on timelines. GR asked if the</li> </ul>		
[0908hrs IS arrived]			
[0914 AH arrived]			

Agenda Item		Action by Whom	Date
	<p>Committee would like to see a specific report at a future date? DL felt that it would be useful to see an update at some point after the current recruitment phase. CC queried whether as Workforce came under Q&amp;R, should it be reported through that Committee? GR advised that this risk was shared between the two Committees with vacancies and recruitment covered by this Committee. LHJ suggested that a report could be provided on the status and recruitment pipeline. GR thought that it would be useful if the report could provide assurance as to how we are maximising recruitment opportunities (both process and initiatives) as well as pipeline status. GR was happy to receive this report providing it did not interfere with current work pressures and that there is sufficient resource to compile the update. Under this context, LHJ was happy to bring a report to the October meeting, which was agreed by the Chair.</p> <p><b>Noted:</b> The Performance Committee noted the review of BAF.</p>	OM	27.10.22
<b>7</b>	<b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)</b>		
22/191	<p><b>Received:</b> PIPR for M04 July 2022/23.  <b>Reported:</b> by TG  Summarised the position as ‘Amber’, which comprised:</p> <ul style="list-style-type: none"> <li>• Three ‘red’ domains: Effective, Responsive and People Management &amp; Culture.</li> <li>• Three ‘amber’ domains: Caring, Safe, Finance.</li> <li>• One new domain: Integrated Care Service – ICS; not currently rated.</li> </ul> <p><b>Finance</b> improvement reflects the year-to-date position of moving into surplus due to ERSF (Elective Recovery Support Funding).  <b>Effective</b> and <b>Responsive</b> positions reflect the theatres situation, including staffing and sickness issues across the Trust. It was noted that broadly across the NHS there continues to be challenges in many areas (headlines such as ambulance delays, high bed occupancy) including sickness which is not just related to RPH.  <b>Discussion:</b> each sector as noted below.</p>		
22/192	<p><b>Safe (Amber)</b>  GR noted that the primary responsibility lies with Q&amp;R Committee. He was concerned as to the 70% compliance (i.e. 30% non-compliance) with POU filters. MS explained that there is a bundle of interventions in relation to safety in this area. POU filters is rated at 100% with the area of compliance requiring improvement being the respiratory assessment page completed on patient admission; this is not just M.Abscessus related but links to other pathways and this is this area which is bringing the total percentage score down to 70%. MS assured the Committed that all critical measures protecting patients from M.Abscessus were at 100% compliance on audit. The focus on Infection Prevention &amp; Control is linked to the two spotlight reports: Surgical Site Infections and The Hand Hygiene Code.</p>		
22/193	<p><b>Caring (Amber):</b>  The report shows an elevated number of complaints. MS explained that the rolling number of complaints is elevated whilst the actual number of complaints this month has reduced slightly. The complaints relate to a mixture of issues. It was noted that if benchmarked nationally, then the number is low, but despite this, each complaint is taken seriously.  GR asked if the higher number is an early warning system to something not</p>		

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	<p>happening properly in the process? MS added that the Trust continues to embed learning and work with staff regarding issues raised.</p> <p>EM referred to media coverage on longer waits nationally etc. Could we see this reflected in our patients being disaffected by longer waits? Our Booking team and clinical teams are experiencing a change in patient responses compared to those received a year or so ago.</p> <p>MS noted that as yet, this is not showing in reported complaints but that public confidence in the NHS is bound to affect RPH too, especially if procedures are cancelled at short notice.</p> <p>CC referred to the learning points on types of complaint which we have seen before. Do we need to do better from our learning to ensure it promotes positive change? MS acknowledged this comment. The Team Leader Development Programme has a focus on this as well as through the compassionate and collective leadership work. It is not a quick fix, but it is being addressed through various ways and also links to the Quality Improvement Strategy.</p> <p>IS added that a compounding factor is high staff turnover. Some complaints have been in areas where staff are working out of their usual area or new staff where processes are not yet embedded. We need to ensure we get communication in very early to reach these staff.</p>		
22/194	<p><b>Effective (Red)</b></p> <p>GR was concerned by the metal theft and asked what steps we are taking to prevent this happening again in future. Is it a trend or known risk in the system?</p> <p>EM expanded on detail of this issue where it became apparent that it was a well-planned crime which happened in a matter of minutes, and not something that the Trust could have predicted. We used our Estates &amp; Facilities network to advise other organisations. There have been similar thefts at Hinchingsbrooke Hospital in recent weeks. RPH acknowledged the lessons to be learned; the Trust remains vigilant and have taken measures to prevent further thefts.</p> <p>DL asked if there was any scope for installing CCTV? TG advised that some of the incident was captured on CCTV and that additional CCTV can be added.</p> <p>EM noted that RPH responded extremely well and used learning from other incidents. She thanked our Estates &amp; Facilities and Skanska teams who also managed repairs quickly and efficiently.</p> <p>EM added that there was some incorrect coding on day case activity which had been included as outpatient activity, due to a change in physical hospital location for this activity; this will be corrected and moved to day case activity.</p> <p>GR queried the issue of theatres being underutilised alongside CCA beds being at the highest level of available capacity, yet CCA occupancy is down as there is reduced activity through in surgery. Can we lean into the local system to make these CCA beds available?</p> <p>EM thanked GR for this question. RPH has already taken action with two local acute hospitals. We have daily conversations in bringing IHU patients in earlier at 48hrs rather than 24hrs before procedures. We are liaising with CUH and Hinchingsbrooke to bring in appropriate patients to RPH; this system has been live for four weeks. EM expanded on how this reduces the risk of cancellation because the patient is unfit and frees up capacity 24hrs earlier</p>		

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	with our local partners. There is a separate initiative through CDC to look at suitable patients for CCA beds from NWAFT and CUH. EM added that although this activity is small, it will be shown in the occupancy figures.		
22/195	<p><b>Responsive (Red):</b> EM advised that diagnostics has improved from a previous small decline. RPH continues to offer mutual aid on CT diagnostics to CUH. Recruitment is ongoing within Echo Dept with new recruits in the pipeline, noting that across the system diagnostics is extremely challenged with discussions at regional level around potential mutual aid.</p> <p>GR referred to cancer wait times and access to PET CT scans where he expected to see an improvement, but the report shows a fall back. EM noted that in general the service provided by CUH is still working well but there are some glitches such as staff sickness. It is expected to see further improvements over August and September.</p> <p>GR will speak to EM outside of the meeting following his regular catch up with the Performance Committee Chair at CUH.</p>		
22/196	<p><b>People management and culture (Red):</b> GR advised that many issues had been discussed earlier under BAF.</p> <p>DL referred to non-medical leavers, and the leaving reason as 'other/unknown'. Is there any scope to improve on this explanation or remove that category? LHJ advised that work is in hand to improve our exit data to give better guidance to staff, but not possible to remove that category. DL commented that this category seems to be a default option to avoid the real reason for leaving and is there any way to improve this? LHJ thinks it is a set form but will review this.</p> <p>GR noted this area had been discussed at previous meetings particularly around challenges in staff resourcing with being able to conduct exit interviews. LHJ noted this along with improvements in automation and guidance to staff to improve exit interview information. GR acknowledged Board discussions on challenges to HR workforce team on its own staffing and resources.</p> <p>TG explained that there is a governance process to formally request investment funding for staffing which is via the Investment Group. A request for HR staffing has not yet come through this process but is being worked on with OM. MS added that there have been discussions on collaborative working with non-medical leads and the resourcing team to have a more formal reactive approach to recruitment and retention.</p>	LHJ	29.9.22
22/197	<p><b>Finance (Red):</b> This will be covered under Item 8.1 Financial Report.</p>		
	<p><b>Integrated Care System (ICS)</b> This is Included for information purposes and to understand how the system is performing.</p>		
	<p><b>Noted:</b> The Performance Committee noted the PIPR update for M04 2022/23.</p>		
8.1	<p><b>FINANCIAL REPORT – Month 04 2022/23</b></p>		
22/198	<p><b>Received:</b> The report which gave an oversight of the Trust's in month and full</p>		

Agenda Item		Action by Whom	Date
	<p>year financial position.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> <li>• Statement of Comprehensive Income (SOI) position</li> <li>• Financial Recovery Plan</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><b>Reported:</b> By TG.</p> <p>i. It was a good month in July, where RPH had used the provision on ERSF performance. It is anticipated that for Q1 and Q2 the system will not be looking to claw back ERSF payments provided even if the 104% activity target is not met, although this is not yet confirmed.</p> <p>ii. BPPC saw a disappointing result in July. The Action Plan is included within the papers, which will be monitored to improve performance. A recent letter received from Julian Kelly is asking for this action plan to be articulated to the centre. Our position has improved since last year but there is still work to improve.</p> <p>iii. TG gave a broader system outlook on the ERF position and emerging winter funds to be released from the centre; where these funds are likely to be released in the region and which areas these are likely to be used. He added that the funding comes with caveats and needs to be used wisely in the system. He added that regionally NWAFT are receiving advice from external consultants to help NWAFT improve financial performance. There is emerging work being done on forecasting to year end, with more information on this as work progresses.</p> <p><b>Discussion:</b></p> <p>i. CC referred to BPPC, which will need at some point to come back to Audit Committee. What is the percentage of purchase orders in question? TG advised that it is lower than 30% of POs being raised, therefore there is big scope here. Individual departments will be set targets to enable this percentage to improve towards 70%.</p> <p><b>Noted:</b> The Committee noted the financial update for Month 4 2022/23.</p>		
8.1.1	<b>BETTER PAYMENTS PRACTICE CODE – ACTION PLAN</b>		
22/199	<p><b>Received:</b> A revised action plan to implement further actions to improve the NHS payment target and maintain the non-NHS supplier payment target.</p> <p><b>Reported:</b> by TG.</p> <p><b>Discussion:</b> As noted under Item 8.1 Financial Report.</p> <p><b>Noted:</b> The Performance Committee noted the BPPC action plan.</p>		
8.2	<b>CIP REPORT – Month 04 2022/23</b>		
22/200	<p><b>Received:</b> The report summarised the Trust's progress on CIP plan to Month 4 2022/23, CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p>		

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	<p><b>Reported:</b> by TG</p> <ul style="list-style-type: none"> <li>i. CIP continues to perform well and is on track to reach CIP target.</li> <li>ii. The Procurement Update builds on last month's update.</li> <li>iii. TG ran through the report and explained influenceable spend (£44m) and non-influenceable spend (£80m) which includes items such as depreciation on asset base, pharmacy drugs, long-term contracts such as PFI contract. Contractable items include items such as Perfusion Services Contract and ad-hoc non-contractable items are one-off payments not part of annualised contract arrangements, such as independent advice for work on sale of old site; these items still go through formal procurement processes.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>i. GR - a useful report and good assurance for the Committee on cost control; the Committee looks forward to further updates in due course.</li> </ul> <p><b>Noted:</b> The Performance Committee noted the update on CIP for Month 04 2022/23.</p>		
<b>9</b>	<b>ACTIVITY RESTORATION – Month 04 2022/23</b>		
22/201	<p><b>Received:</b> EM presented the report which included, at Appendix 2, an overview of the improvement work in Theatres. The report was taken as read.</p> <p><b>Reported:</b> by EM.</p> <ul style="list-style-type: none"> <li>i. The reported activity comparison in 2019/20 is during the time of the hospital move, which has skewed activity levels at that time. Activity levels shown are all linked to the comments in PIPR, with the issues in theatres being the main constraint. EM gave further explanation of these issues and where some items have been resolved. A Theatres Initiative has been set up to take this work forward. This is a broader piece of work than just the Meridian productivity work alone. Significant issues still need to be addressed in some workstreams (rate of overtime payments, cultural, rostering, consumables, storage, etc). This is a transformational initiative to work towards being sustainable.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>i. GR asked how close are we to resolving the industrial dispute? LHJ advised that the Trust has addressed all of the grievance areas and taken swift action on some of the softer parts. It will not solve all issues completely. LHJ explained the programme of work through the Theatres Transformation Initiative which hopes to address these issues. It will not be a quick fix, but a gradual transformation to work differently.</li> <li>ii. MS added that the key is to not rely on overtime for baseline roster and the Meridian productivity will help with this. It was noted that the grievance is specific to theatres and does not affect the cath lab area.</li> <li>iii. On review of Appendix 2, GR noted that this was not a review of the output of the Meridian productivity work which he was expecting, but a resume of current work in Theatres. EM explained that the Meridian work has been folded into one of the workstreams on the Theatre Transformation Project; a more detailed trajectory will be presented to a future meeting as this is work in progress. GR agreed with this proposed action. AJ talked about the bridge to go through Q&amp;R and will that go to both Committees? EM – yes it will in time when the element of productivity is defined; it will be linked to both Committees.</li> </ul>	EM	tbc

Agenda Item		Action by Whom	Date
	<b>Noted:</b> The Performance Committee noted the update on Activity Restoration.		
<b>10</b>	<b>ACCESS AND DATA QUALITY</b>		
22/202	<p><b>Received:</b> An oversight of the Trust's performance against a selected group of data quality key performance indicators and highlighted areas for improvement.</p> <p><b>Reported:</b> TG Supports discussion already noted on activity restoration.</p> <p><b>Discussion:</b> GR referred to geographical referrals. TG suggested that in time it will be more important to monitor geographic based referrals – but not key at present due to the issues in theatres.</p> <p><b>Noted:</b> The Performance Committee noted the update on Access and Data Quality.</p>		
<b>FUTURE PLANNING</b>			
<b>11</b>	<b>PROCUREMENT: CARDIOLOGY TENDER OVERVIEW</b>		
22/203	<p><b>Received:</b> The paper provided a brief overview of the process currently being undertaken by the Trust in conjunction with NHS Supply Chain for the procurement of cardiology devices used by the Trust.</p> <p><b>Reported:</b> by TG</p> <ol style="list-style-type: none"> <li>i. NHS Supply Chain covers £30m of non-pay items of which £10m is on cardiology devices, which is subject to a four-year contract and is renewable in October 2022.</li> <li>ii. There has been a long and protracted procurement regarding this with significant involvement from RPH clinicians and national procurement specialists. The conclusion of the procurement exercise has managed to hold prices for the devices, on a proposed two-year contract with the option of a two-year extension at the Trust's discretion. Clinicians welcome this option as it enables time to reflect changes in devices or clinical practice etc.</li> </ol> <p><b>Discussion:</b></p> <ol style="list-style-type: none"> <li>i. GR asked how prices have been held? TG explained how national supply chain work drives prices down using economies of scale across the country. It also reflects that this procurement work and bids submitted started a while ago when inflation was lower.</li> <li>ii. DL referred to the long procurement process and was concerned about the impact of rising prices. TG advised that the procurement process had taken longer by approx. six months; this delay was largely COVID related within the many areas of the procurement pathway. TG advised that this time had been used by the Trust to get clarity and accuracy on pricing and TG believes this is a value for money proposal.</li> <li>iii. GR asked how RPH is addressing getting sign off on the current bid prices. TG advised that this needs to progress through the sign off timeline in October.</li> <li>iv. GR noted that he would be happy to review outside of the meeting if there was any risk in holding up the approval.</li> </ol>		

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	<p>TG was happy with the current approval/governance process and timeline being followed.</p> <p>v. CC referred to the suggestion to extend the current contract by six months from September 2022 and asked for the reasoning behind this. TG advised that an extension of existing arrangements was agreed to the end of October 2022; this was to ensure sufficient time to get clarity on pricing. A further extension was then explored, as in a six-month extension, but TG does not think this will be required.</p> <p>vi. GR will look forward to seeing the contract brought for approval next month. TG will highlight to this Committee if there is any risk to this timing.</p> <p><b>Noted:</b> The Performance Committee noted the overview on the cardiology devices tender.</p>		
<b>12</b>	<b>INVESTMENT GROUP – Chair’s Report</b>		
22/204	<p><b>Reported:</b> by TG. The August meeting had been stood down, therefore there is no Investment Group update since that given to the July Performance Committee. The next Investment Group meeting will be on 12 September with an update to the 29 September Performance Committee.</p> <p><b>Noted:</b> The Performance Committee noted the update from the Investment Group.</p>		
<b>13</b>	<b>QUARTERLY REPORTS</b>		
<b>13.1</b>	<b>CYBER RISK</b>		
22/205	<p><b>Received:</b> A highlight report identifying cyber security measures undertaken by RPH. The report is sensitive and confidential.</p> <p><b>Reported:</b> by AR.</p> <p>i. The confidential report is taken as read. The report continues to be ‘work in progress’ to ensure correct assurance is given to the Committee in an understandable format.</p> <p>ii. The cyber market is volatile with recent ransomware/phishing attacks on other organisations. The approach by RPH shows trend analysis and how the cyber risk has been captured; currently rated RRR16 but is unlikely to go lower than RRR12 in the foreseeable future. A major aspect of the report is identification of type of threats. There is an ongoing risk to maintain our server state, and the importance of weekly updating security patches.</p> <p>iii. Referring to recommendations on the internal audit report for Data Security Protection Toolkit – the response has been fully met with an action plan including mitigations and timelines.</p> <p><b>Discussion:</b></p> <p>i. GR referred to the Action Plan and queried the rankings of ‘amber’ and ‘amber/green’: does this reflect the status on the timeline of completing the action or does it reflect the risk to not meeting the target date? AR advised that it encompasses both these aspects.</p> <p>ii. AR explained the high risk of ‘red’ on the implementation of the Cyber Essential industry standard and how this relates to co-dependencies/funding.</p> <p>iii. CC felt that the Cyber Essential standard was key and was concerned</p>		

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	<p>that this was flagging 'red'. She asked what is being done practically to improve this outcome?</p> <p>iv. AR felt that it was important that this is included in the action plan; it has been raised at regional and national level of the importance to meeting national action plans; noting that support/funding would be required to achieve this. The key is work on the inspections and how we are responding to this. AR explained work to support this from NHS Digital which will be followed up.</p> <p>v. GR clarified that Cyber Essential standard is a badge/form of assurance; it does not actually protect us. AR agreed with this comment. CC added that if we cannot achieve the cyber work to gain the standard then it does not give assurance on the level of our cyber risk security.</p> <p>vi. CC referred to the recent ransomware attacks at other organisations – was RPH affected? AR explained the area of the system attacked and some of the organisations which were affected. RPH was not affected.</p> <p>vii. DL referred to migration of the remaining 14 servers where it is noted that 13 are in-house: What is the action proposed for the 14<sup>th</sup> server and what steps are being taken to ensure that vulnerabilities do not exist? What is the risk of the two servers required by finance being accessed remotely, with a concern if the software is no longer supported.</p> <p>viii. AR advised that no system is 100% fool-proof and – we are mitigating as best we can on servers. 60% of servers are on our premises and 40% on cloud - mitigations are in place for vulnerabilities of both. Further assurance was given on the Lorenzo security platforms, compliance with data security protection toolkit and working towards Cyber Essential standard compliance.</p> <p>ix. GR liked the new format of the report which is much more focussed on risk, mitigations, action plan and timelines and gave thanks to AR and the team. One comment is that the watermark on the page makes it difficult to read some of the text. AR advised that the report would continue to be updated to provide assurance to the Committee.</p> <p><b>Noted:</b> The Performance Committee noted the update on Cyber Risk.</p>	AR	24.11.22
<b>14</b>	<b>ISSUES FOR ESCALATION</b>		
22/206	14.1 Audit Committee – <i>BPPC update to 13 October meeting.</i> 14.2 Board of Directors 14.3 Quality & Risk Committee 14.4 Strategic Projects Committee	Audit Cttee	13.10.22
<b>15.1</b>	<b>COMMITTEE FORWARD PLANNER</b>		
22/207	<p><b>Received:</b> The updated Forward Planner.  <b>Reported:</b> by AJ. The amendments suggested last month have been implemented.  <b>Noted:</b> The Performance Committee noted the Committee Forward Planner.</p>		
<b>15.2</b>	<b>REVIEW OF MEETING AGENDA &amp; OBJECTIVES</b>		
22/208	Some items noted will looked at as prime responsibility by Quality & Risk Committee.		

Agenda Item		Action by Whom	Date
<b>15.3</b>	<b>BAF: END OF MEETING WRAP-UP</b>		
22/209	No further items to report.		
<b>15.4</b>	<b>EMERGING RISKS</b>		
22/210	<b>Verbal:</b> Comments invited by the Committee. i. Noted that risk of strike action is known and will be reflected in future BAF. ii. EM – the workforce and productivity link is key going forward. There is a lot of activity around national winter planning, which was not discussed in detail today. There are some risks around this, around super surge plans; more relating to general and acute bed base, ambulance off loads, timely discharge, flow through hospitals.		
<b>16</b>	<b>ANY OTHER BUSINESS</b>		
22/211	No other items were raised.		
	<b>FUTURE MEETING DATES</b>		

2022	Time	Venue	Apols rec'd
29 September	0900-1100hrs	MS Teams	
27 October	0900-1100hrs	MS Teams	
24 November	0900-1100hrs	MS Teams	
22 December	0900-1100hrs	MS Teams	

2023 proposed	Time	Venue	Apols rec'd
26 January	0900-1100hrs	MS Teams	
23 February	0900-1100hrs	MS Teams	
30 March	0900-1100hrs	MS Teams	
27 April	0900-1100hrs	MS Teams	
25 May	0900-1100hrs	MS Teams	
29 June	0900-1100hrs	MS Teams	
27 July	0900-1100hrs	MS Teams	
31 August	0900-1100hrs	MS Teams	
28 September	0900-1100hrs	MS Teams	
26 October	0900-1100hrs	MS Teams	
30 November	0900-1100hrs	MS Teams	
21 December	0900-1100hrs	MS Teams	

The meeting finished at 10.40hrs

  
Signed  
(Chair authorised electronic signature to be added)

Date: 29 September 2022

Royal Papworth Hospital NHS Foundation Trust  
Performance Committee  
Meeting held on 25 August 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
POU	Point of Use filters
Q&R	Quality & Risk Committee
RRR	Residual Risk Rating
SSI	Surgical site infection

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

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

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

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