

**Performance Committee  
Held on 30 November 2023  
0900-1100hrs via MS Teams**  
[Chair: Gavin Robert, Non-executive Director]

**MINUTES**

<b>Present</b>		
Mr G Robert (Chair)	GR	Non-executive Director
Ms C Conquest	CC	Non-executive Director
Mr H McEnroe	HMc	Chief Operating Officer
Mrs S Harrison	SH	Chief Finance Officer (Interim)
Mrs E Midlane	EM	Chief Executive
Ms O Monkhouse	OM	Director of Workforce & Organisational Development
Mrs M Scream	MS	Chief Nurse
Dr I Smith	IS	Medical Director
<b>In Attendance</b>		
Mrs A Colling	AC	Executive Assistant (Minutes)
Mr B Davidson	BD	Public Governor, Observer
Mrs A Jarvis	AJ	Trust Secretary
Mr K Mensa-Bonsu	KMB	Associate Director of Corporate Governance <i>designate</i>
<b>In Attendance for Divisional Presentation</b>		
Mrs H Rodriguez	HR	Operations Manager, Radiology
Mrs J Speed	JS	Operational Director, STA Division
Mrs A Fadero	AF	Non-executive Director
<b>Apologies</b>		
Mr T Collins	TC	Public Governor, Observer
Ms D Leacock	DL	Associate Non-executive Director
Mr S Rackley	SR	Director of Estates & Facilities
Mr A Raynes	AR	Chief Information Officer
Mrs W Walker	WW	Deputy Chief Operating Officer

[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>		
23/301	The Chair welcomed all to the meeting and apologies were noted. EM advised that she needed to leave the meeting at 10.10am.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
23/302	There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in		

Agenda Item		Action by Whom	Date
	relation to matters on the agenda. A summary of standing declarations of interests are appended to these minutes.  GR noted that he has joined Law for Change Strategic Impact Committee.		
<b>3</b>	<b>MINUTES OF THE PREVIOUS MEETING 26 October 2023</b>		
23/303	<b>Approved:</b> The Performance Committee approved the minutes of 26 October 2023 meeting and authorised for signature by the Chair as a true record	Chair	30.11.23
<b>4.1</b>	<b>TIME PLAN OF TODAY'S AGENDA ITEMS</b>		
23/304	The agenda has been re-arranged to take the Finance items earlier in the meeting to allow sufficient time for discussion and questions.		
<b>IN YEAR PERFORMANCE &amp; PROJECTIONS</b>			
<b>5</b>	<b>DIVISIONAL PRESENTATION: Radiology/Imaging</b>		
23/305	The Committee welcomed Jane Speed, Operations Director STA and Helen Rodriguez, Radiology Directorate Manager. HR advised that significant progress has been made with staffing challenges and leadership, including increased staff retention, lower vacancy rates, training, development, and mentoring. Operational achievements include advance rostering practice, validation of data and reduction in MRI waiting times. On the other hand, there has been a significant increase in CT reporting times during the last year. This has many causes including PACS implementation, changes to consultant job plans, and increased national and regional demand, including greater demands placed on RPH by regional trusts. The Committee discussed the plans being put in place to achieve the 6-week diagnostic reporting target (known as DM01), as well as a new risk oversight group and prioritisation of high-risk patients to minimise patient harm while delays continue. This will be a BAF risk for further monitoring.  The Committee thanked Helen and Jane for the presentation and for their hard work, and that of the division.		
0932hrs AF, JS and HR left			
<b>4.2</b>	<b>ACTION CHECKLIST</b>		
23/306	The Committee reviewed the Action Checklist and updates were noted. GR was concerned that several actions were marked as 'complete' when updates to these actions were still outstanding. It was agreed to discuss this outside of the meeting to ensure there is correct validation of actions.		
<b>6</b>	<b>REVIEW OF THE BOARD ASSURANCE FRAMEWORK (BAF)</b>		
23/307	<b>Received:</b> A summary of the BAF risks and mitigations in place for risks above target. A copy of the BAF tracker report for November was attached.  <b>Reported:</b> AJ The highest rated risks (risk register rating 20) were noted as: BAF 678 Waiting List Management BAF 3261 Industrial Action		

Agenda Item		Action by Whom	Date
	<p>There is limited assurance on: BAF 3223: Activity Recovery and Productivity.</p> <p>There is a new emerging risk, as noted in the Radiology Divisional presentation, on CT Reporting Backlog.</p> <p><b>Discussion:</b> The Committee agreed that responsibility for the new emerging risk on CT Reporting Backlog, should sit primarily with the Performance Committee; this will also be considered at Quality &amp; Risk Committee today.</p> <p>HMc noted that IS is listed as Executive lead on the CT risk; HMc will lead on the access standard.</p> <p>GR asked if there is still limited assurance on BAF 3223 Activity and Productivity, in light of all the work being done.</p> <p>CC also referred to this limited assurance adding that she is not clear as to what is causing this. BAF 3261 Industrial Action is RRR20 with adequate assurance, whereas BAF 3223 Activity and Productivity remains limited assurance. She asked what is causing the limited assurance on this particular risk and what steps will be taken to reach adequate assurance? GR asked the Executive Directors to take this away for consideration and bring a proposal back to the Committee.</p> <p><b>Noted:</b> The Performance Committee noted the review of BAF.</p>	AJ EDs	21.12.23
<b>9.1</b>	<b>FINANCIAL REPORT – Month 7 2023/24</b>		
23/308	<p><b>Received:</b> Financial Report which provides oversight of the Trust’s financial position as at Month 7, October 2023/24.</p> <p><b>Reported:</b> SH Context summary:</p> <ul style="list-style-type: none"> <li>• SH gave some context at M07 and following the Extra Ordinary Board meeting on 21 November 2023 which considered the H2 Financial &amp; Operational Planning proposal.</li> <li>• M07 closed just before H2, therefore M07 presented today reflects the position before H2 actions.</li> <li>• As at M07, the Trust’s position sat within an ICS position of approx. £21m deficit and regional deficit of approx. £170m.</li> <li>• This position is materially driven by IA (loss of income and cost of responding to IA). SH advised of challenges being experienced by other Trusts.</li> </ul> <p>Current Trust position:</p> <ul style="list-style-type: none"> <li>• M07 £2.2m surplus to date – SH explained the rationale on this.</li> <li>• M07 saw medical and Junior Doctor industrial action where the impact of this was offset by the Patient Safety Initiative work.</li> <li>• It is anticipated that next month will see the positive impact of elective target reduction (reflected in H2 actions).</li> <li>• Cash remains healthy.</li> <li>• BPPC is monitored regularly.</li> <li>• Debt is decreasing; it was noted that over 90 days debt is slowly decreasing, and this remains focus work for teams.</li> </ul>		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> <li>• Strategic initiatives: the majority of funds is planned to pump prime the R&amp;D Strategy. There have been delays in the recruitment pipeline which supports the strategy, and this plays through to the underspends seen.</li> <li>• There was a request to Investment Group in July which looked at the R&amp;D strategy profile of spend, which proposed a slightly different plan than originally proposed.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• CC referred to capital expenditure and asked, how confident are we that capital will be spent, as the remaining order figure looks high; and what is the risk of not spending all planned capital funding for 23/24?</li> <li>• SH noted the recent Extra Ordinary Investment Group which approved funding of heart and lung machines, which is the material amount of outstanding medical expenditure. The Investment Group is assured that lead time is sufficient to receive the heart &amp; lung machines before year-end.</li> <li>• On Digital items, a large amount of expenditure has come through since this financial report. The Team is in constant check on delivery dates to ensure items are received prior to year-end.</li> <li>• Part of the Estates expenditure is at some risk; this relates to some variations awaited from Skanska which have been escalated, chased and we await assurance from Skanska on this. Expenditure for the Facilities Optimisation Programme is earmarked against this budget, and this also awaits assurance from Skanska on deliverability.</li> <li>• For any underspend on medical equipment and digital items, the teams are looking to see what schemes could be pulled forward from 24/25 plans.</li> <li>• CC thanked SH for this assurance.</li> <li>• GR queried strategic investment funding on R&amp;D slippage and how this might affect the University of Cambridge (UoC) grant.</li> <li>• SH explained that within the general strategy there is an amount of funds agreed from UoC as a grant – this is not part of RPH slippage.</li> <li>• GR asked if it is ‘matched funding’ and is there any risk on the UoC grant because of this?</li> <li>• IS explained that the purpose of funding is on joint posts and that it goes beyond the financial year end. SH explained how this funding works with RPH and UoC. It is not matched funding. UoC funds will not be lost at year-end. RPH will assess the revised phasing position and funding within the annual planning process.</li> </ul> <p><b>Noted:</b> The Performance Committee noted the financial position.</p>		
<b>9.2</b>	<b>A BRIDGE TO EXCELLENCE (CIP) REPORT: Month 7 2023/24</b>		
23/309	<p><b>Received:</b> Month 7 2023/24 summary.</p> <p><b>Reported:</b> SH  M7 reported a plan of £0.57m with actual delivery of £0.40m which is an under delivery of £0.18m  Year-to-date shows a plan of £3.96m and actual delivery of £4.55m which is an over delivery of £0.58m.  Plans for 2024/25 are progressing well.</p>		

Agenda Item		Action by Whom	Date
	<p><b>Discussion:</b> CC referred to the gap to bridge - how will this bridge be closed and what is the deadline for this? Also, if CIP is not found this year, is this added to Divisional CIPs for next year?</p> <p>SH explained the principal set in planning, which is that agreed establishments are rolled forward to next year, as a starting point. Any recurrent CIP is added back into the position which is then discussed with Divisions to see what is realistic and achievable.</p> <p>Regarding the CIP gap, focussed active programmes are in progress to address this. It was noted that the Trust has started early on next year's CIP plans which is helpful. HMc added reassurance from work with divisions to deliver the CIP.</p> <p><b>Noted:</b> The Performance Committee noted the update on CIP.</p>		
<b>9.3</b>	<b>INVESTMENT GROUP – Chair’s Report</b>		
23/310	<p><b>Received:</b> Chair’s update summarising the meetings held on 6 and 14 November 2023.</p> <p><b>Reported:</b> SH</p> <p><b>Discussed:</b> The report was taken as read.</p> <p><b>Noted:</b> The Performance Committee noted the update from the Investment Group.</p>		
<b>9.4</b>	<b>CSSD AND ENDOSCOPY DECONTAMINATION TENDER OUTCOME FOR APPROVAL</b>		
23/311	<p><b>Received:</b> The report detailed the background to the current contract and the requirement to go out to tender for this service. The outcome of the tender evaluation was reported with a preferred bidder identified. The Performance Committee is requested to approve the process and outcome of the tender process and the award of the contract to the approved bidder and recommend to the Board of Directors.</p> <p><b>Reported:</b> SH</p> <p>SH commended the collaborative work by teams across the Trust, particularly clinical and infection control teams, to reach the outcome of the preferred bidder. This comes in at a cost saving to current contract price.</p> <p><b>Discussion:</b> CC referred to the Evaluation Outcome and the concern raised regarding the sub-caveat “unavailability of equipment and instrument moisture maintenance over extended periods”. What are the mitigations on this risk? SH will follow this up outside of Committee to clarify.</p> <p>HMc added that the Trust also has a local working agreement with CUH as back-up, not articulated in this report, and will ensure these assurances are included in the approval request to the Board. It was noted that this particular sub-caveat is general to all suppliers and not limited to the preferred bidder.</p> <p><b>Approved:</b> The Performance Committee approved the award of the tender to the preferred bidder, with the caveat to add in assurances as noted above and recommended this to the Board of Directors.</p>	SH	30.11.23
<b>7</b>	<b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)</b>		

Agenda Item		Action by Whom	Date
23/312	<p><b>Received:</b> PIPR for M07 September 2023.  <b>Reported:</b> SH  Summarised the position as 'amber', which comprised:</p> <ul style="list-style-type: none"> <li>• Three 'red' domains: Safe, Responsive, and People Management &amp; Culture.</li> <li>• Two 'amber' domains: Effective and Finance.</li> <li>• One 'green' domain: Caring</li> </ul> <p><u>PIPR summary</u>  Month 07 saw the impact of medical and junior doctor industrial action. It was also the first month of PSI programme work. 'Caring' has moved back to 'green'.  <b>Discussion:</b> each sector as noted below.</p>		
23/313	<p><b>Safe (Red): MS</b>  There is an improving position on registered nurse fill as detailed on the key performance challenge slide.  Three serious incidents were reported in October; (not all occurred in October) there are no commonalities and are all under review.  MS gave an update on the trigger for sepsis bundles and the training requirement for junior medical staff and Advanced Nurse Practitioners.</p>		
23/314	<p><b>Caring (Green): MS</b>  No items were raised.</p>		
23/315  1010 EM left	<p><b>Effective (Amber): HMc</b>  HMc talked through the key areas.  He took the summary page as read and commented on mitigations in place in month regarding 3-day IA; he referred to use of 6 theatres and Sunday PSI capacity. Improvement is seen on over RTT 40 week waits.  The heaviest impact in month was seen in cardiology due to the impact of radiographer strike. The 55 cases lost in month were all rescheduled and 45 cases deferred due to IA were rebooked within month.  Following a NED query outside of the meeting, GR raised the issue of what is achievable as our maximum capacity, and whether in an ideal world we should also measure progress against that, rather than against only the 19/20 baseline which is particularly problematic for Papworth given the hospital move. It was agreed that this is a sensible aspiration for consideration as part of the annual operating planning, but no immediate action was necessary.</p> <p>HMc outlined the work within non-admitted activity. Bed occupancy improved in M07 despite IA, due to PSI work. CCA bed occupancy has been reduced and this will be noted in detail in the later at Item 8.1 STA Continuous Improvement Programme update.  Referring to CCA bed occupancy, GR asked how many beds were lost due to IA. It was noted that other issues impacted bed occupancy alongside IA, as at that time there was an 11% sickness rate. Actions are in place to model bed occupancy up until March 2024. CCA beds have been reduced from 36 total but flexed where possible with the available staff. It was noted that short-notice absence where staff ring in absence on the day is the hardest to plan for.</p> <p>CC asked how does the budget reflect the new CCA bed model and does this cause an underspend?</p>		

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	<p>SH confirmed that the budget and establishment remains the same based on last year's planning. Premium rate staff/temporary staffing costs to fill gaps has an impact on the budget. MS added the need to consider forthcoming winter pressures, i.e., ECMO, respiratory issues which also affects bed occupancy/staffing. CC raised the issue of being able to fund 36 beds with premium rates costs and this will be picked up in future planning discussions.</p> <p>GR queried utilisation as a % of 5 theatres. HMc clarified that this should be a baseline of 6 theatres, and this will be amended.</p>		
23/316	<p><b>Responsive (Red): HMc</b>  The RTT position is holding at 70%.  Diagnostic waiting times are at 90% primarily as a result of IA.  Reduction in 52WW and the number of 52WWbreaches running over from October to November.  The cancer update shows a breakdown on 62 day and 31 day breaches. Work has started to collate information on delays experienced here at RPH from the day of receipt of referral and the number of days a patient is in-stay with us. This forms part of the Cancer Improvement Programme.  GR queried the cancer wait target at 24 days and RPH working to 21 days. HMc confirmed that 24 days is a locally agreed target, and 21 day target is internal based on best outcome/turnaround time for patients and capacity available. This cancer patient RTT data will be updated in PIPR going forward.</p> <p>ACS pathways have been reviewed with further work ongoing.</p> <p>CC referred to the cancer pathway, and asked if we receive co-operation from referrers to see patients quicker?  There is some co-operation through Cancer Alliance, which has resulted in patients being referred to us sooner for diagnosis. He acknowledged how difficult it is for tertiary centres to improve the cancer pathway. We are working with other providers to improve overall education on required criteria for referral.</p>		
23/317	<p><b>People Management &amp; Culture (Red) OM</b>  Vacancy rate is down and flagging 'green' for the first time in 12 months and detailed in the summary. This feeds through to the improvements seen in Safer Staffing. Sickness remains high; CCA has received additional support from Workforce and sickness has reduced. Training is in hand for Managers to improve absence monitoring skills. The spotlight focussed on staff turnover.</p> <p>GR was disappointed to note the nine leavers in CCA and keen to see that exit interviews are held to get feedback from these staff. OM advised that one theme coming out of exit interviews is line management and work is in place to support leaders on this aspect; MS is also involved in this support work for senior nursing staff. The Committee agreed that this should be considered further at Workforce.</p> <p>CC noted voluntary turnover and how this might impact on favourable vacancy rate going forward? OM noted that it can be dependent on new starters and as yet, this figure is not known for November.</p>		
23/318	<p><b>Finance (Amber):</b>  This was covered under Item 9.1 Financial Report.</p>		

Agenda Item		Action by Whom	Date
23/319	<p><b><u>Integrated Care System (ICS)</u></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 M07 September 2023/24</p>		
8.1	<p><b>STA CONTINUOUS IMPROVEMENT PROGRAMME</b></p>		
23/320	<p><b>Received:</b> October Stocktake report.</p> <p><b>Reported: HMc</b> Key focus for this month is on Domain 4: culture and leadership. Head of Nursing in CCA has undertaken focussed work on core objectives for the improvement of culture and leadership, as outlined in the report and identified as:</p> <ol style="list-style-type: none"> <li>1) Increased recruitment and retention.</li> <li>2) Decreased sickness.</li> <li>3) Enhanced leadership.</li> </ol> <p>The detail for this work is broken down within specific areas of CCA. This forms the structure for the fortnightly oversight meeting with Executives. This underpins other work within the CI programme linking into previous discussions by the Committee on achievement of CCA 36 bed base.</p> <p><b>Discussion:</b> CC thanked HMc for the improvement in this report. HMc commend Judy and the team and will convey this back to them. GR asked about timeline to achieve these outcomes. HMc advised that this now worked up as a first version with a this being presented to STA CI Committee next week. GR has queries around the stats in the BI slide but will take up offline with HMc. HMc confirmed that this STA CI report will be seen at Workforce Committee and Board Part 2.</p> <p><b>Noted:</b> The Performance Committee noted the update and discussion on STA Continuous Improvement Programme.</p>		
8.2	<p><b>PATIENT FLOW IMPROVEMENT PROGRAMME</b></p>		
23/321	<p><b>Received:</b> A report to provide the Committee with an update on the Patient Flow Improvement Programme.</p> <p><b>Reported: HMc</b> An overview of the position and engagement with this internal programme to keep it on track. There is good cross-section representation from across the divisions on this programme. The first steering group will meet next week.</p> <p><b>Discussion:</b> GR asked what the safeguards are to ensure that these targets, particularly around discharge, are applied in the best interests of patients, e.g. patients not ready for discharge are not discharged early. HMc assured the Committee that the standards are being drawn up by</p>		



Agenda Item		Action by Whom	Date
	<p>clinicians, nurses, using national benchmarking tools and good practice. The plan will be overseen both operationally and clinically by Head of Nursing, Clinical Director and Divisional Director. HMc noted that the plan will not suit all patients due to differing complexities and the clinical engagement will help with this. IS noted that in general, the overall benefit to patients is seen when they are discharged home sooner.</p> <p><b>Noted:</b> The Performance Committee noted the update.</p>		
<b>8.3</b>	<b>ELECTIVE CARE PRIORITIES 2023/24 – quarterly update</b>		
23/322	<p><b>Received:</b> Quarterly update to the Committee.</p> <p><b>Reported:</b> HMc The area flagging red was noted as per the report as: “All patients waiting for inpatient procedures should be contacted by their provider at least every three months.” This area is not yet compliant; work is in place to reach compliance at the end of March, with the national deadline being end of April.</p> <p><b>Discussed:</b> No further items were raised.</p> <p><b>Noted:</b> The Performance Committee noted the quarterly update on Elective Care Priorities 2023/24.</p>		
<b>8.4</b>	<b>AFTER ACTION REVIEW: 12 months of industrial action</b>		
23/323	<p><b>Received:</b> The paper sets out the process for undertaking the After-Action Review (AAR) post-industrial action (IA), for the period December 2022 to December 2023.</p> <p><b>Reported:</b> HMc</p> <p><b>Discussed:</b> GR noted the report was very processed based, and it did not show how well the three key risks had been mitigated:</p> <ol style="list-style-type: none"> <li>1. Minimising impact on activity.</li> <li>2. Avoiding patient harm.</li> <li>3. Staff well-being and engagement.</li> </ol> <p>HMc advised that the AAR is a process review on the ability to deliver a response to strike action under the Strike Response Plan. He acknowledged the importance of the query, but this does not formally form part of an AAR. The AAR is a response to our action to date and is not closed down until strike action is ceased. HMc thanked Anne-Marie Harris for her work on the AAR.</p> <p>GR advised that in the view of not making further demands on HMc and his team, he would prefer to consolidate existing matters and not request a further report. This query can be discussed at a future date. CC agreed with this course of action.</p> <p>OM advised that one of the Divisional Directors of Operations is undertaking an educational project on the impact of industrial action on staff. This is a work based project which could possibly be shared with the Committee. HMc will pick this up.</p>	HMc	21.12.23

Agenda Item		Action by Whom	Date
	<b>Noted:</b> The Performance Committee noted the After Action Review.		
<b>FUTURE PLANNING</b>			
<b>10</b>	<b>QUARTERLY UPDATE REPORTS</b>		
<b>10.1</b>	<b>CYBER RISK</b>		
23/324	<p><b>Received:</b> Quarterly update on cyber risk.</p> <p><b>Discussion:</b> GR noted that in the absence of Digital representative, the report is informative and well prepared. There were no issues raised.</p> <p><b>Noted:</b> The Performance Committee noted the update.</p>		
<b>11</b>	<b>ANNUAL REPORTS</b>		
<b>11.1</b>	<b>24/25 OPERATIONAL PLANNING UPDATE</b>		
23/325	<p><b>Received:</b> An update on the Trust's progress in developing the operation plan for 2024/25.</p> <p><b>Reported:</b> SH Following the H2 national exercise, new guidance is anticipated in December. This will follow through to the January meeting.</p> <p><b>Discussion:</b> There were no items raised.</p> <p><b>Noted:</b> The Performance Committee noted the report.</p>		
<b>12</b>	<b>ISSUES FOR ESCALATION TO OTHER COMMITTEES</b>		
23/326	<p>Q&amp;R: Emerging risk – CT Reporting Backlog (to be discussed at today's Q&amp;R meeting).</p> <p>Workforce – numbers of CCA leavers in month</p>		
<b>13.1</b>	<b>COMMITTEE FORWARD PLANNER</b>		
23/327	<p><b>Received:</b> The updated Forward Planner.</p> <p><b>Reported:</b> AJ</p> <p><b>Discussion:</b> GR referred to the December meeting, which falls earlier on 21 December. In light of the short period between meetings and the busy time of year, he suggested a slimmed down reporting Agenda and will discuss this offline with SH and HMc. GR is keen to lessen the reporting burden on Executives and teams. CC agreed to a scale down on reporting but was keen to keep a focus on key areas of immediate concern. A revised Agenda will be shared with the Committee next week.</p> <p><b>Noted:</b> The Performance Committee noted the Committee Forward Planner.</p>	AC	5.12.23
<b>13.2</b>	<b>REVIEW OF MEETING AGENDA &amp; OBJECTIVES</b>		

Agenda Item		Action by Whom	Date	
23/328	<b>Verbal:</b> GR - it was useful to take the Finance items further up the agenda. All items and objectives were covered.			
<b>13.3</b>	<b>BAF end of meeting wrap-up</b>			
23/329	None identified.			
<b>13.4</b>	<b>Emerging Risks</b>			
23/330	CT Reporting Backlog, as noted in discussions.			
<b>14</b>	<b>ANY OTHER BUSINESS</b>			
23/331	The Committee thanked Anna Jarvis, Trust Secretary for her support over several years, as this would be her last Performance Committee meeting prior to her retirement. The Committee look forward to welcoming Kwame Mensa-Bonsu as Associate Director of Corporate Governance in January 2024.			
	<b>FUTURE MEETING DATES</b>			
<b>2023</b>	<b>Time</b>	<b>Venue</b>	<b>Divisional presentation</b>	<b>Apols rec'd</b>
21 December	0900-1100hrs	MS Teams	-	O Monkhouse
<b>2024</b>	<b>Time</b>	<b>Venue</b>	<b>Divisional presentation</b>	<b>Apols rec'd</b>
25 January	0900-1100hrs	MS Teams	STA	
29 February	0900-1100hrs	hlri R88+89	-	
28 March	0900-1100hrs	MS Teams	AHPs	
25 April	0900-1100hrs	MS Teams	-	
30 May	0900-1100hrs	MS Teams	Cardiology	
27 June	0900-1100hrs	MS Teams	-	
25 July	0900-1100hrs	MS Teams	Thoracic	
29 August	0900-1100hrs	MS Teams	-	
26 September	0900-1100hrs	RPH HLRI R88+89	Pharmacy	
31 October	0900-1100hrs	MS Teams	-	
28 November	0900-1100hrs	MS Teams	Radiology	
19 December	0900-1100hrs	MS Teams	-	
30 January 25	0900-1100	MS Teams	CCA	

\* to be moved to MS Teams. New date for face-to-face meeting to be agreed and advised.

The meeting finished 1105hrs.

  
Signed  
(Chair authorised electronic signature to be added)

Date: 21 December 2023

**Royal Papworth Hospital NHS Foundation Trust**  
Performance Committee Meeting held on 30 November 2023

#### **Abbreviations and Acronyms**

AAR	After Action Response
BAF	Board Assurance Framework
BPPC	Better Payment Practice Code
CCA	Critical Care Area

CI	Continuous Improvement Programme
CIP	Cost Improvement Programme
CT	Computed Tomography
CUH	Cambridge University Hospitals NHS FT
ECMO	Extra Corporeal Membrane Oxygenation
IA	Industrial Action
ICS	Integrated Care System
NED	Non-executive Director
PIFU	Patient Initiated Follow Up
PIPR	Papworth Integrated Performance Report
PSIRF	Patient Safety Incident Response Framework
Q&R	Quality & Risk Committee
R&D	Research & Development
RPH	Royal Papworth Hospital
RTT	Referral to Treatment
STA	Surgery, Transplant, Anaesthetics Division
UoC	University of Cambridge
52WW	52 week wait

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	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 CJB5, some of which are remunerated.	01/01/2018
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
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	I am a school Governor for North East Essex Co-operative Academy which is a school in Colchester which provides Alternative Provision School for children aged 5 - 16, most of whom have found it difficult to be successful in a mainstream school.	01/09/2023
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
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	11/10/2021
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Outside employment	Fixed term contract at St Barnabas and Chestnut Tree Hospices as the CEO until May 2023	06/08/2022
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 personal interests	Loyalty interests	I am a governor at William Westley Primary School	05/10/2022
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. Currently on secondment to Cambridge University Hospitals, working on their OBC/FBC for the Cambridge Cancer Hospital	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 Centre through my limited company, ADO Consulting Ltd	26/09/2022
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

Lescock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee, Benham-Seaman Trust	01/12/2020
Lescock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee. Firstsite	01/12/2020
Lescock, 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
McEnroe, Mr. Harvey Lee Anthony	Chief Operating Officer	Y	Non-financial personal interests	Donations	Member of the Labour Party	04/07/2023
McEnroe, Mr. Harvey Lee Anthony	Chief Operating Officer	Y	Non-financial professional interest	Loyalty interests	deputy chair of governors and chair of resources committee - Acorn Schools Federation	03/07/2016
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Indirect interests	Loyalty interests	Chair of the C&P Diagnostic Board	29/03/2022
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Indirect interests	Loyalty interests	Holds an unpaid Executive Reviewer role with CQC	03/06/2020
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Hospitality	Attendance at staff lunch meeting at CMR (Cambridge Robotics) where I presented to staff.	14/08/2023
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Hospitality	Attended the Cambridge Lifescience Advisory Council meeting and dinner.	15/05/2023
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Hospitality	Host and attend a Cardiology Clinical Research dinner at Sidney Sussex College. This was funded by Cambridge University Health Partners (CUHP).	05/09/2023
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Hospitality	Host and attend a Respiratory Clinical Research dinner at Sidney Sussex College. This was funded by Cambridge University Health Partners (CUHP).	18/09/2023
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Outside employment	I am a voting member, representing NHS providers and Trusts, on the Cambridge and Peterborough Integrated Trust Board. This includes attendance at the Board, and a number of Board sub-committees.	01/09/2022
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Outside employment	I am an unpaid Director of CUHP	01/09/2022
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Sponsored events	Attended one day charity trustee training event in London, hosted by Cazenove Capital.	21/09/2023
Monkhouse, Ms. Oonagh Jane	Director of Workforce and Orga	N	I have no interests to declare			23/12/2020
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
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	Sponsored events	HSJ Awards Presentation and Dinner	01/03/2023
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 (Ma	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 (Ma	Chief Nurse	Y	Financial interests	Shareholdings and other ownership interests	Shareholdings in bio - technology/pharmaceutical companies	02/08/2021
Screaton, Mrs. Maura Bernadette (Ma	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 and by the ALS foundation	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