

**Meeting of the Performance Committee
Held on 28 October 2021
0900-1100hrs via MS Teams**

[Chair: Gavin Robert, Non-executive Director]

MINUTES

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 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)
Mrs A Jarvis	AJ	Trust Secretary
Apologies		
Dr R Hall	RH	Medical Director
Ms A Halstead	AH	Public Governor, Observer
Mr C Panes	CP	Deputy Chief Finance Officer
Mr S Posey	SP	Chief Executive
Mr A Selby	AS	Director of Estates & Facilities
Dr I Smith	IS	Acting Medical Director
Dr S Webb	SW	Deputy Medical Director

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

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
21/189	The Chair welcomed all to the meeting. Apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
21/190	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 – 30 September 2021		
21/191	Approved: The Performance Committee approved the Minutes of the meeting held on 30 September 2021 and authorised these for signature by Diane Leacock, who chaired that meeting, as a true record.	Chair	28.10.21
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
21/192	GR noted there were two contractual items on the Agenda and agreed to move Item 19.1 EPR Contract to be taken after Item 11 Perfusion Services Contract.		
4.2	ACTION CHECKLIST / MATTERS ARISING		
21/193	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	DIVISIONAL PRESENTATION		
	The next presentation is scheduled for the 25 November meeting.		
6.1	REVIEW OF THE BAF		
21/194	<p>This report was introduced by AJ and taken as read.</p> <p>There was a query on Risk 2839 as to why this was listed on the BAF risk register. AJ explained that this had come through on the BAF report for consideration and transparency and it is not listed on the BAF risk register. As an estates issue, it was agreed to cover this on the Corporate Risk Register and not on BAF; as such this is managed through Strategic Projects Committee (SPC). GR agreed this is an SPC risk.</p> <p>DL referred to risk ref.1021 Potential for Cyber Breach & Data Loss, with concern that this has had received no update since 23 September; with particular reference to migration of Metavision server and sought assurance on this risk. The Chair acknowledged this as fair comment which could be said of some other risks. He suggested that the document would benefit from revision on controls/assurances.</p> <p>AR will review this particular risk and update the tracker.</p> <p>AJ added that in terms of process, it was updated last week, but this has not come through to the report yet. She has spoken to handlers to ensure updates are received in time for this to be presented to Committee.</p> <p>It was noted that there is ongoing work on CIP where it would be useful to see this progress noted on the tracker. The Committee particularly discussed workforce and overseas recruitment.</p> <p>GR asked if there were any key risks emerging not covered on the agenda? EM noted that there were no new or emerging risks but flagged the continuing fragility of staff which is a key theme flowing through all areas. Short term absence due to isolation and non-covid absence, is requiring careful review and planning.</p>	AJ AR	25.11.21 25.11.21

Agenda Item		Action by Whom	Date
	<p>DL referred to rising incidences of Covid, with some hospitals already restricting visiting. Given that staff could contract Covid-19 again, should this be considered as an emerging risk?</p> <p>EM noted that the Trust's visitor policy is under review. MS explained the Trust's approach on visiting where our approach is very much based on compassionate infection control measures; being mindful of our patients and the specialist nature of hospital. She noted the status of 'living with Covid' and complying with government guidance but also the need to be compassionate.</p> <p>Noted: The Performance Committee noted the review of BAF.</p>		
6.2	SUPPLIER AND SERVICE DELIVERY RISK		
21/195	<p>GR queried whether the perfusion services supply risk should be rated at 20 and then reduced when the contract is signed by the supplier? He also asked if there were any other suppliers which are classed as clinically critical, where the supplier has monopoly or near monopoly status. TG explained the rationale behind the RR20 and advised that the rating will reduce once the contract is signed. He confirmed that no other suppliers are at similar monopoly status to CPS.</p> <p>GR thanked TG for this very helpful report which showed due diligence and gave assurance to the Committee.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>		
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
21/196	<p>The Committee received PIPR for M06 2021/22. TG summarised the position as 'amber', which comprised:</p> <ul style="list-style-type: none"> • 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. 		
21/197	<p>CC referred to the 'at a glance table' and the number of patients assessed for VTE on admission, noting that this does not feature anywhere else on the report. Is VTE a risk which should be under review? Should there be a spotlight update on this?</p> <p>MS advised that this had recently been discussed at Q&R. There has been a change in how the data is collected, which is a positive move. MS will review how this is shown in PIPR and bring a focus on this to next PIPR to show progress on this action plan.</p> <p>The Committee reviewed PIPR by section, where the following was noted:</p>	MS	25.11.21
21/198	<p>Safe (Amber):</p> <p>MS advised of work on aligning rosters and establishment setting which has helped see an improvement in fill rates. The CHPPD (care hours per /patient day) targets have changed based on the establishment setting, acknowledging that different wards have different acuity of patients. Work is ongoing to update this section in this month's PIPR.</p>		

Agenda Item		Action by Whom	Date
	<p>It was noted that there were three cases of pressure ulcers identified in month which are under investigation; initial review shows these happened in different areas of the hospital with no common theme.</p> <p>CC referred to C.Diff reporting and any consequence should the number go higher than the ceiling of 10.</p> <p>MS responded that there is no financial penalty if numbers go over 10. All cases are taken very seriously. There has been no transmission of infection within the hospital. As current cases are at nine, it is likely to go over ten. C.Diff infection rates are much higher than usual in the community.</p>		
21/199	<p><u>Caring (Green):</u> MS advised that the adult inpatient survey publication from CQC has been received which is very positive although we are mindful that there is still some learning which is in hand. Referring to Covid 19, the Trust is seeing patients frustrated at appointments and negative behaviours to staff, which we also need to be mindful of.</p>		
21/200	<p><u>Effective (Red):</u> EM noted September staff levels were similar to those in July and August with some recovery at the end of September. There has been an increase in outpatient and inpatient activity in the second half of September. The team continue to review on daily basis any gaps in staffing; there has been great collaborative work by operational managers and nursing teams in covering this. Key staffing constraint is Critical Care Area (CCA) which then affects other areas. We are also seeing delayed repatriations to other hospital CCAs.</p> <p>The spotlight report covered Priority Status Management. There has been good work on this and progress on P3 and P4 status patients getting appointment dates. EM explained the spider diagrams shown in the report (p15).</p> <p>CC note that Agenda item 8, Activity Restoration also gives good detail about this aspect and could PIPR refer to this item instead of duplicating information?</p> <p>EM understands this point. It is an ERF (emergency recovery funding) requirement for the Board to be cited on priority coding which is why this is included in PIPR and that PIPR is circulated to other committees (such as Board) which do not see the Activity Restoration update. CC noted this.</p>		
21/201	<p><u>Responsive (Red):</u> EM explained that capacity constraints are affecting this area, but despite this RTT figures are not increasing as a result of strong waiting list management.</p> <p>GR referred to 52-week RTT breaches and asked what work is being done to ensure no other patients are lost in Lorenzo migration. EM gave an update on RTT work which covered this.</p> <p>AR advised that deep dive results on the Lorenzo migration are expected back to EM today. GR asked for assurance on this to be provided at the next meeting.</p> <p>EM noted that diagnostic performance/radiology continued to have a challenging month but have gone above baseline activity and been able to</p>	EM/ AR	25.11.21

Agenda Item		Action by Whom	Date
	<p>offer support to CUH which was commended.</p> <p>A slight drop in cancer performance results reflected complexity of cases, late referrals, and PET CT delay where the CUH upgrade on this is to be deferred due to current backlogs. The spotlight report gave a detailed update on this.</p>		
21/202	<p><u>People Management and Culture (Red):</u> OM advised that sickness absence have seen higher levels than normal at this time of year, but still below EoE averages.</p> <p>Roster compliance is still low and next week will see the start of roster support and challenge meetings, where MS and OM will meet with clinical areas.</p> <p>OM explained the current position on vacancy and turnover rates. GR asked if next month's update could show seasonal patterns of turnover going back before Covid-19 to show a comparison. OM will bring some data back to PIPR next month.</p> <p>It was noted that IPRs are not recovering; this is an important part of staff engagement and career planning. This is linked to pressures in the workforce and has been discussed at divisional meetings.</p> <p>DL queried IPRs where some staff had seen long delays in this taking place and asked what sort of informal conversations are happening with these staff and are all staff captured in these discussions. OM advised that managers have been asked to have well-being conversations with staff during the pandemic and understands this concern. It was acknowledged that capacity constraints mean there is less time to conduct informal conversations when they are most needed by staff.</p>		
21/203	<p><u>Finance (Amber):</u> ICS will be covered under Agenda item 12 – Medium Term Financial Plan. CC referred to the note about NHS debtors and non-NHS debtors over 90 days. TG advised that this is covered in the finance report with improvement in month 5 and month 6.</p>		
	<p><u>Integrated Care System (ICS)</u> This is Included for information purposes and to understand how the system is looking.</p>		
	<p>Noted: The Performance Committee noted the PIPR update for M06 2021/22.</p>		
8	ACTIVITY RESTORATION		
21/204	<p>The Committee received this update which had been discussed earlier in the meeting. The report included updates on radiology reporting times (GR commented that it was good to note improvement in activity despite staffing challenges) and winter planning.</p> <p>Noted: The Performance Committee noted the update on Activity Restoration.</p>		

Agenda Item		Action by Whom	Date
9.1	FINANCIAL REPORT – Month 06 2021/22		
21/205	<p>The Committee received this report which gave an oversight of the Trust's in month and full year financial position.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> - Statement of Comprehensive Income (SOI) position <ul style="list-style-type: none"> • Run rate trends • Activity • Statement of Financial Position • Statement of Cash Flow • Cash position and forecast • Cash Management • Capital • Spotlight on Homecare Pharmacy <p>TG summarised the current position. The year-to-date position is reported against the Trust's H1 2021/22 plan and shows a surplus of £2.5m which is on plan. CIP continues to perform well as noted in the separate CIP report. BPPC (Better Payments Practice Code) as reported at previous meetings is seeing improvement.</p> <p>The H2 2021/22 plan will be submitted to the Board meeting next week, which will look to working to a break-even position at financial year end.</p> <p>A CFO meeting with Julian Kelly, NHS Chief Financial Officer is scheduled for today to update on H2 financial planning.</p> <p>CC referred to her previous PIPR query re. debtors over 90 days. She noted that figures are reducing which gives assurance that work is in hand on this issue. The Financial Report noted a spotlight report on BPPC at Appendix 9; this was reported last month and was an error on the index as it should have been removed. TG apologised for this oversight.</p> <p>Noted: The Committee noted the financial update.</p>		
9.2	CIP REPORT- Month 06 2021/22		
21/206	<p>The Committee received the report which summarised the Trust's progress with the CIP plan to M06 2021/22, CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p> <p>GR referred to the CIP update and asked whether a reduction in business rates be classed as a true CIP. TG advised that the Trust had worked hard to get this reduction in business rates and representing as a CIP is in line with NHS mandate.</p> <p>It was noted that three corporate directorates are not meeting their CIP plans. TG advised that the initial focus had been on clinical areas and that review is now planned with corporate areas.</p> <p>DL referred to the hybrid mail proposal and asked when will savings be seen? TG advised that this proposal is currently being worked through</p>		

Agenda Item		Action by Whom	Date
	<p>procurement process; some savings might be seen this year, but more likely to be next year. DL commented that a 50% saving felt low and could this be improved. EM explained that the 50% proposed saving is based on experience of other systems.</p> <p>Noted: The Performance Committee noted the approach to CIP and the progress to date.</p>		
10	ACCESS & DATA QUALITY		
21/207	<p>DL referred to the spotlight on referral trends, specifically the increase in internal referral rates, querying what was driving the increase?</p> <p>EM noted that the internal referral rates refer to those within RPH and not the whole NHS. EM explained that increases could be Covid related. As one example, MS added that there is a cohort of patients who have been waiting longer for surgery, and we are referring to other internal divisions within RPH to move patients along the pathway and out of CCA; there are many other instances along the patient pathway where we see internal referrals.</p> <p>GR suggested that at the next meeting the Committee looks at referral data again to enable a better understanding about this. (This agenda item is next scheduled to report at the December meeting).</p> <p>Noted: The Performance Committee noted the contents of the report.</p>	EM	16.12.21
FUTURE PLANNING			
11	PERFUSION SERVICES CONTRACT UPDATE		
21/208	<p>TG gave a brief overview of the historical and current position on service and financial aspects of this item. This has previously been seen and discussed by the Committee.</p> <p>There is a large price increase, which has been scrutinised and validated. The Trust is looking to introduce safeguards to manage the future position. It has been possible to negotiate different elements to the contract, including a tapering of the pricing over the last three years.</p> <p>Through careful discussions with the supplier, the Trust has been able to gain a better insight in to shift costs and non-pay costs and get a more strategic alignment along with an engagement in perfusion education in attempt to stimulate the market.</p> <p>TG advised that this is the final offer to make on the proposed contract and committee support is requested.</p> <p>GR thanked TG for the very informative paper and the work done to get to this point.</p> <p>CC also noted the well written paper. She asked where does risk lie? If there is no taper in the contract, who bears the cost?</p> <p>TG gave an overview of this and mitigations put in place to cover this as best as can be done.</p>		

Agenda Item		Action by Whom	Date
	<p>DL referred to the plan to 'grow our own' perfusionists - Can we do this independently? TG explained that only Bristol University offers perfusionist training which is a constraint to supply. Local training has been discussed with CPS and they are willing to engage. MS added that this builds into the RPH education school with an aim to help us forecast future in terms of strategy for programmes like this. This is not a short-term solution but there could be possibilities here and will need pump priming in getting a business model written. There are opportunities and potential via RPH education school and the Heart & Lung Research Institute. (HLRI)</p> <p>EM supported the work TG has done on this; careful management has engaged a better relationship with the supplier and put us in a better position. This has saved massive disruption to key services at RPH.</p> <p>GR agreed that TG and the team have done an excellent job given where we were. The costs are higher than we would have wanted but are now validated; contract tapering is a good achievement. He was concerned about the risk at contract exit point in five years' time and the current dependence on one supplier; however, the contract tapering would mean they are incentivised to reduce costs limiting the likelihood of another substantial cost-based increase at that time, while local education and training of perfusionists would be a great improvement. He suggested the contract is brought for review at least one year before contract end, to enable time to consider all options fully; there needs to be a clear note in the forward planning system to diarise this and ensure that sufficient time is allowed to manage the renewal. The Chair suggested that this is added to the Board Forward Planner at least one year before contract expiry.</p> <p>AJ noted that due to the value of the contract being over £1m, the Committee is asked to consider and recommend this to Part 2 Board meeting.</p> <p>Agreed: The Performance Committee agreed the principles of the contract and recommended to the Board of Directors for approval.</p>	AJ	25.11.21
19.1	EPR CONTRACT: Lorenzo CareSuite (Dedalus)		
21/209	<p>AR gave a summary of the position as noted in the report. He gave further assurance on the proposed contract as this has undergone procurement assessment via NHS and external organisations. This proposal has been well sighted by several RPH committees (EPR Steering Group, Digital Strategy Board, Performance Committee, Strategic Projects Committee and Forward Planning Committee) prior to its recommendation today. The Committee is asked to review and recommend approval to the Board of Directors.</p> <p>[1029 OM left the meeting]</p> <p>GR updated the Committee on conversations he had initiated with AR and Trust Solicitors surrounding the contract and services that Dedalus are intending to purchase from RPH. GR highlighted the need to ensure that the proposed "net cost" to RPH of £393k p.a. was a true cost (rather than merely aspirational) based on a legally binding commitment on Dedalus to buy the minimum level of relevant services. Since the Partnering</p>		

Agenda Item		Action by Whom	Date
	<p>Agreement is not legally binding, there was not yet sufficient assurance on this point. While there would be a legal obligation on Dedalus to purchase the services once it has signed an Order Form for those services, there is no legal obligation on Dedalus to sign an Order Form. The Trust's legal advisers Mills & Reeve have advised that a solution would be for Dedalus to sign the Order Form at the same time that the main EPR Contract and Partnering Agreement are signed. AR believed this is likely to be acceptable to Dedalus. Mills & Reeve have also advised that the terms of the Order Form will be tightened to make it clear that the relevant buckets of services are subject to a minimum guaranteed price.</p> <p>AR explained that the EPR contract is based on a call-off contract under the NHS Framework and therefore offers a buyer friendly, industry standard basis for contracting. Any changes to it are to update the provisions and to reflect commercial agreement on service levels and KPIs, based on experience of the respective digital teams to date. GR added that Mills & Reeve had also confirmed this in his conversation with them.</p> <p>CC took assurance that GR had been involved in these discussions and would recommend the contract to the Board along with the caveat suggested.</p> <p>It was noted that the Table fig 1 was clearer in a previous submission of the report and could this one be added into the version which goes to Board. One medium term risk regarding transactions and cost reductions was noted and AR explained the reasoning behind this.</p> <p>On an administration point, GR noted that the relevant key points could have all been presented in the cover report, without the need to include the 200-page contract in the meeting papers.</p> <p>The Committee thanked AR and his team for the considerable amount of work and energy that they have dedicated to getting to this point.</p> <p>Approved: The Committee recommended that the Dedalus EPR contract and Partnering Agreement are approved by the Board subject to the condition that Dedalus signs an Order Form for the minimum required level of services at the same time as signing the EPR Contract and Partnering Agreement.</p>		
13	INVESTMENT GROUP – Chair's Report		
21/210	Noted: The Performance Committee noted the update from the Investment Group.		
15.2 21/211	Local Health Economy update		
	This has been covered within other discussions.		
15.3 21/212	Radiology Reporting update		
	(covered in Item 8 Activity Restoration)		

Agenda Item		Action by Whom	Date
16	ANNUAL REPORTS		
16.1 21/213	2021/2022 H2 Planning Update		
	<p>TG presented this update which detailed the proposal on planning of H2 allocation and expenditure for the organisation. This is based on current national guidance where the income position will come clearer in next few days; this updated information will be included in the report to Board. TG explained the differences in H1 and H2 income.</p> <p>GR asked whether the H2 plan and financial envelope involved any significant trade-offs in terms of activity that RPH has budgeted to undertake in H2. TG explained that any trade-offs are the result of workforce supply constraints, that have been extensively discussed, and not funding.</p> <p>CC asked that when the financial position is agreed, could the Committee see an analysis by organisation in ICS? TG agreed to bring this information in due course.</p> <p>Endorse: The Performance Committee endorsed the report to be submitted to Executive Directors on 26 October 2021.</p>	TG	tbc
12	INTEGRATED CARE SERVICES (ICS) – MEDIUM TERM FINANCIAL PLANNING UPDATE		
21/214	<p>TG gave a verbal update to the Committee. A formal report will come to next month's meeting. The meeting with Julian Kelly later today should help to obtain a national steer on the local position. TG explained the current position on medium term financial planning.</p> <p>TG referred to meeting papers for the national meeting with JK and the possibility of bringing these to the next Board meeting for information.</p> <p>Noted: The Performance Committee noted the verbal update.</p>		
14	BAF: END OF MEETING WRAP-UP		
21/215	<p>The Committee agreed that all risk items had been covered within the agenda adequately and no further queries were raised. Going forward, it was agreed to move this item to the end of the standard meeting agenda.</p>		
15	QUARTERLY REPORTS:		
15.1	Corporate Risk Register		
21/216	<p>CC noted the great improvement in this report; it is good to see that overdue risks have reduced, now at 22%; can this be reduced further to 10%? Do any of the risks need to go onto the BAF?</p> <p>MS advised that jointly with EM, they had started meetings with divisions to go through risks line by line. As raised at Audit Committee recently, further support is required to help divisions in the reviewing and closing of risks. It is hoped to reach the target of 10% by next month with aim to get to 0%.</p>		

Agenda Item		Action by Whom	Date
	DL thanked MS and team for bringing the number of risks down. She queried the risk appetite of the Board and should there be discussion by the Board on this. AJ advised that as a recommendation from the BDO Internal Auditor report, AJ had met with clinical governance risk team on this; it was acknowledged that there is some alignment work to be done. A risk appetite discussion is scheduled at Board in March 2022 but can be discussed beforehand with other Committees. Noted: The Performance Committee noted the contents of this report.		
17.1	COMMITTEE FORWARD PLANNER		
21/217	The November meeting will see a divisional presentation with NEDs of other committees invited to join. Noted: The Committee noted the Committee Forward Planner.		
17.2	REVIEW OF MEETING AGENDA AND OBJECTIVES		
21/218	GR felt all items had been covered with good discussion and thanked Executive Directors and teams for their reports. GR noted that the EPR papers had arrived late but understood the need for this to be on the Agenda. As noted earlier, it would have been helpful to have a report from Mills & Reeve explaining how the key issues have been addressed in the contract. Due to the sensitive nature of some items discussed at today's meeting, the Chair will provide Part 1 and Part 2 Confidential Chair's Report to Board.		
17.3	EMERGING RISK		
21/219	This item has been covered in earlier discussions.		
18	ISSUES FOR ESCALATION		
21/220	<ul style="list-style-type: none"> • Board of Directors – items to report: <ul style="list-style-type: none"> - Perfusion Services Contract - EPR Contract - H2 Planning Update • Audit Committee – No items flagged. • Quality & Risk Committee – No items flagged. • Strategic Projects Committee – No items flagged. 		
19	ANY OTHER BUSINESS		
	FUTURE MEETING DATES		
2021 Date	Time	Venue	Apols rec'd
25 November	9am-11am	MS Teams	
16 December	9am-11am	MS Teams	
2022	Time	Venue	Apols rec'd
27 January	0900-1100hrs	MS Teams	
24 February	0900-1100hrs	MS Teams	

Agenda Item				Action by Whom	Date
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 1059hrs



Signed

[Chair authorised electronic signature to be added]

Date: 25 November 2021

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 28 October 2021

Appendix 1

DOI July 2021

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	Col Date From
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre, Cambridge.	01/10/2018
Ahluwalia, Dr Jagjit Singh	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	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	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	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	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	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	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
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	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
Hall, Dr Roger Michael Owen	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	Outside employment	Director, ADO Consulting Ltd	01/12/2020
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 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	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	Trustee of the Intensive Care Society - Registered Charity	25/02/2021
Raynes, Mr. Andrew Duncan	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	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	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
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	Trustee and Vice Chair, REAch2 Multi-Academy Trust	01/09/2018
Rudman, Mrs. Josie	Chief Nurse	Y	Non-financial professional interest	Outside employment	CQC specialist advisor	29/04/2017
Rudman, Mrs. Josie	Chief Nurse	Y	Non-financial professional interest	Outside employment	Director of operations in contain, test and trace (secondment)	28/09/2020
Rudman, Mrs. Josie	Chief Nurse	Y	Non-financial professional interest	Outside employment	Director on National New Hospitals Program (secondment)	29/04/2021
Wallwork, Mr. John	Chairman	Y	Financial interests	Outside employment	Independent Medical Monitor for Transmedics clinical trials	21/04/2021
Wallwork, Mr. 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	Outside employment	Hon Consultant CUHFT and employee of the University of Cambridge	01/03/2021