

**Performance Committee
Part 1 meeting
Held on 22 December 2022
0900-1045hrs via MS Teams**
[Chair: Gavin Robert, Non-executive Director]

MINUTES

Present		
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	Deputy Chief Executive & Chief Finance and Commercial Officer
Mrs E Midlane	EM	Chief Executive
Ms O Monkhouse	OM	Director of Workforce & Organisational Development
Mr A Raynes	AR	Director of Digital and Chief Information Officer
Mrs M Screaton	MS	Chief Nurse
In Attendance		
Ms S Bullivant	SB	Public Governor, Observer
Mrs A Colling	AC	Executive Assistant (Minutes)
Ms A Halstead	AH	Public Governor, Observer
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mr D Saxton	DS	Head of Business Services (for Item 12.2)
Mr A Selby	AS	Director of Estates & Facilities (For item 12.1)
Dr I Smith	IS	Medical Director
Kirsty Mains	KM	Operations Manager, Estates (Observer)
Apologies		
Mr A Baldwin	AB	Interim Chief Operating Officer
Mrs A Jarvis	AJ	Trust Secretary
Dr S Webb	SW	Deputy Medical Director

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

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
22/290	The Chair welcomed all to the meeting.		
2	DECLARATIONS OF INTEREST		
22/291	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 – 24 November 2022		
22/292	Approved: The Performance Committee approved the minutes of 24 November 2022 meeting and authorised for signature by the Chair as a true record.	Chair	22.12.22
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
22/293	The Chair advised that the main meeting would close at 10:45hrs to allow a Part 2 Confidential meeting with Executive Directors and NEDs only.		
4.2	ACTION CHECKLIST		
22/294	The Committee reviewed the Action Checklist and updates were noted.		
4.3	MATTERS ARISING		
4..3.1	Ref. 22/281 Cyber Risk BCP ransomware response		
22/295	<p>Received: Following an update to the 24 November 2022 meeting on Cyber Risk Continuity Plan, the Performance Committee received an extract from the Trust's Recovery Plan.</p> <p>Reported: AR</p> <p>Discussion: GR thanked AR for providing this further assurance to the Committee.</p> <p>Noted: The Performance Committee noted the update on cyber risk BCP ransomware.</p>		
5	DIVISIONAL PRESENTATION		
	Next due 26 January – Allied Health Professionals		
IN YEAR PERFORMANCE & PROJECTIONS			
6	REVIEW OF THE BAF		
22/296	<ul style="list-style-type: none"> • Received: A summary of the BAF risks and mitigations in place for risks above target. A copy of the BAF tracker report for December 2022 was attached. • Reported: by TG. BAF was consistent with last month, with no major changes in risk ratings and this has been reviewed by EDs during the month. • Discussion: DL – referred to Risk 1021 and was concerned on assurance as the latest update is noted as April 2022; she asked if anything else had happened since April to strengthen the assurance. What is Tomcat, and what is risk with delayed migration. AR referred to Risk 1021 and advised there is much ongoing work to assist this item and will relay this comment to the team. Tomcat is a reporting system in theatres and work is ongoing to maintain security patches etc. • GR referred to the Industrial Action (IA) risk which risk is still regarded as high, which is appropriate. EM updated on the two days of IA in the last week; information from Royal College of Nursing (RCN) on the derogation process was received late which caused challenges, hindered planning and created some confusion for staff. The Trust ensured frequent walkarounds by the Head of Nursing (HoN) which helped alleviate anxieties. For both days, 		

Agenda Item		Action by Whom	Date
[0909hrs OM arrived]	<p>there was a considerable loss of activity and cancellations.</p> <ul style="list-style-type: none"> It was noted that there was a high level of emotion on the first strike day, but this was more comfortable on second strike day. MS explained that some nurses felt torn to support strike action vs patient safety. The Trust supported and allowed staff to visit the picket line to support each other. It was agreed not to move staff from their regular work area; this did provide challenges on Level 5 where many staff chose not to come in to work. It was felt that mixed messages from RCN caused confusion here. The second strike day was much calmer with a mixture of nurses wanting to join the strike and keeping patients safe. <p>Noted: The Performance Committee noted the review of BAF.</p>		
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
22/297	<p>Received: PIPR for M08 November 2022/23. Reported: by TG . Many themes continue from last month. Finance has moved from amber to green. Summarised the position as 'red, which comprised:</p> <ul style="list-style-type: none"> Four 'red' domains: Safe, Effective, Responsive and People Management & Culture. Two 'green' domains: Caring and Finance. <p>One new domain: Integrated Care Service – ICS; not currently rated. Discussion: each sector as noted below.</p>		
22/298	<p>Safe (Red) It was noted that this had been discussed at length at the November Board meeting. MS explained how the fill rates for safer staffing was driving the 'red' position; this was due to high vacancies for registered nurses; with some new starters in January. These vacancies are concentrated in Ward areas, with no vacancies in CCA. MS detailed the incidences of pressure ulcers and falls; these do not occur in one particular area of the hospital and there are a variety of reasons. All are subject to Root Cause Analysis (RCA) to investigate. It does highlight a concern that this is happening in different areas, which could relate to supervisory skills and this is being picked up. As many supervisors are having to fill in front line roles, there is less supervision capacity. GR linked this as a concern on quality and safety of care; where he understands Q&R will scrutinise this. GR suggested this is escalated to Q&R and reported back to the Board. CC concurred with this concern and action, CC referred to IA and should the Trust be preparing for the next round of IA, particularly when taking into account underlying safer staffing issues. MS advised that on last two days of IA, the Trust kept a good eye on incidents and any issues which might compromise patient safety. The rest of the month outside of IA, could see repercussions of low staff morale but as yet this is not being seen during the IA days themselves. CC referred to medication incidents being higher in November, what is happening here? MS felt that it can be concerning if medication incidents are low reporting – as this may mean issues are not being reported. It is important to report near misses and any patient harm. The Quality Risk Management Group have a strong focus on this and in New Year there will be a Quality Improvement Project on all aspects of medication. MS confirmed there have</p>	Q&R	Jan23

Agenda Item		Action by Whom	Date
	<p>been no reported patient harms in relation to medications. DL commented that the data suggests medication on Ward 5 North seems to have more issues. DL queried staff shortages, storage of medication and staff training running alongside this, adding to a compounding problem. MS gave assurance and referred to the medication programme. Level 5 now has a pharmacy technician to support storage and administration of medicines. It's imperative for staff to follow process at all times.</p>		
22/299	<p>Caring (Green): This section was taken as read.</p>		
22/300	<p>Effective (Red) : EM advised a correction on page 13 admitted activity should be 1701 (not 1830). CCA utilisation has gone above the upper threshold, which reflects CCA being busy especially with devices and those awaiting transplant. Also seen an increase in ECMO use (4 patients). Bed utilisation remains low on Level 5, but this is not consistent across all areas. GR asked if there is there higher CCA utilisation and length of stay as patients cannot be transferred to Level 5 or other Wards? EM, yes this was the case at the end of October, but there has been work within the team to limit this. Now there are very limited delays in patients coming out of CCA. Third floor have been very busy and struggled with transfer of Acute Coronary Syndrome (ACS) patients. Theatre utilisation is on trajectory and will be discussed in the later report. Cath lab productivity is now bearing fruit, with cath lab levels rising to 87%. Length of Stay (LoS) has increased over last 3 months which reflect In-House Urgent (IHU) patients coming in a day early to optimise them, as discussed in a previous committee. Outpatients has seen a strong performance in November. The DNA rate fallen back to seasonal normal. CC asked for a view on the position for next month. EM noted that there will be a reduction in Outpatient numbers and an impact on admitted activity – due to IA.</p>		
22/301	<p>Responsive (Red): Taken as read. EM was keen to celebrate diagnostic performance which was back to pre-pandemic levels. Still struggling with echo capacity; this should improve in the New year as new staff join via the recruitment pipeline. The Waiting List has not seen a huge increase, but this is increasing on RTT and non-RTT pathways. December will report a 77-week breach and EM explained this. There is a focus on the cancer pathway especially 31-day, in order to improve performance. IHU is struggling due to constrained theatre capacity. GR referred to cancer pathways and noted that some aspects are out of our control where diagnostics are awaited before the patient arrives. He asked if there are aspects, we can control to improve the pathway? EM responded that diagnostic delays relate more to the 62-day pathway and that there are some areas we can control, particularly on the 31-day pathway, hence a focussed piece of work on this. It was agreed to have spotlight on 31-day pathway next month. <u>Spotlight on Level 5 staffing:</u> MS explained the detail behind the spotlight on background, current staffing position, recruitment trajectory, mitigation for safer staffing, four option appraisals, recommendations and mitigations.</p>	AB	26.1.23

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	<p>DL referred to the redeployment/secondment of nurses for three months – how long will this actually last given that redeployment was not previously popular with staff? Given the recruitment challenges, will this become a rolling three-month period? MS advised that this was done through expression of interest where staff volunteered, and some staff had worked on Level 5 previously. This will be reviewed in January to see how to take this forward.</p> <p>CC asked if it is possible for us to over-recruit although understood that this will impact on budgets. TG responded that this had been discussed and it is not seen as a financial constraint, it is a staff availability issue across the NHS. TG agreed that, from a financial perspective, we could over-recruit if needed.</p>		
22/302	<p><u>People management and culture (Red):</u> OM updated that turnover continues to be erratic and hard to draw conclusions. More time for line manager duties would improve staff morale. Positively, the Values and Behaviours workshops has 65% attended, nearing to 70%. The spotlight on mandatory training shows a compliance rate of 90% but noted that clinical areas are struggling more on face-to-face training, and we are looking at how this can be addressed.</p> <p>DL referred to roster compliance where November is low compliance; is it time to look at a different approach as the measures in place do not seem to be working? MS advised that this is an ongoing task and explained how roster planning is being managed and supported. OM added that many rotas are only 1 or 2 days late, but still flag red. In terms of benchmarking, we are in the top quartile in terms of rostering metrics; it's an issue which is proving difficult across the whole NHS.</p>		
22/303	<p><u>Finance (Green):</u> This will be covered under Item 9.1 Financial Report.</p>		
	<p><u>Integrated Care System (ICS)</u> This is Included for information purposes and to understand how the system is performing.</p>		
	<p>Noted: The Performance Committee noted the PIPR update for M08 2022/23.</p>		
8.1	<p>FINANCIAL REPORT – Month 8 2022/23</p>		
22/304	<p>Received: Financial Report which provides oversight of the Trust's financial position. Reported: TG summarised:</p> <ul style="list-style-type: none"> • Strong performance year to date at £2.9m surplus. • Reduced debtors, strong cash position. • Strong monitoring of capital expenditure, where it may not be possible to spend all in plan by year-end – there is an action plan to address this. • BPPC achieved all four targets, which is great news and much hard work by the team. Still working on PO and non-PO switch to ensure automation. <p>Discussion: CC asked what the number on PO or non-PO is. TG estimated this at 40%, which shows an improvement but there is still work to do.</p>		

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	<p>GR referred to the Private Patient review by external consultants and how was this progressing? TG advised a negotiation strategy has been agreed with consultants; negotiations with insurers are ongoing with an update due at the end of Jan. TG will ensure an update comes back to this Committee.</p> <p>Noted: The Performance Committee noted the financial position.</p>	TG	23.2.23
8.1.1	BETTER PAYMENT PRACTICE CODE (BPPC) ACTION PLAN		
22/305	<p>Received: Update report as at December 2022. Reported: TG – covered under Financial Report. Noted: The Performance Committee noted the update.</p>		
8.2	CIP REPORT – Month 8 2022		
22/306	<p>Received: Summary of Trust’s progress on CIP plan to month 8 2022/23. CIP achievement to date and the ongoing steps to ensure the CIP target is delivered. Reported: TG . CIP is on track. The first draft of 2023/24 CIP plan will come to next month’s meeting. Discussion: GR noted the Committee had previously seen an early draft of some cost benchmarking against other organisations – when will this be finalised and come back to the meeting? TG advised that a revised version will be ready in a couple of months; there is still volatility in numbers lagging from COVID. TG is keen to clarify some metrics, particularly RPH cost base over course of the pandemic compared to the average NHS cost base. TG agreed to bring this back to Committee in a few months.</p> <p>Noted: The Performance Committee noted the update on CIP.</p>	TG	tbc
9.1	ACTIVITY RESTORATION		
22/307	<p>Received: Update report to Month 8, November 2022 Reported: EM reported and gave a summary of the report, covering outpatient appointments; we are exceeding diagnostic targets and still supporting CUH on cardiac CT. On Admitted Activity – we are not pulling enough through on elective recovery; some of this relates to the Theatre Recovery Programme issues but there is under delivery in some areas, such as RSSC, which are being worked on. Discussion: GR noted the need for the Committee to understand the reasons for the falls in activity outside of theatre issues. EM advised that this forms part of a further piece of work in the New Year to conduct a deep dive into this, which will come back to a future meeting. Noted: The Performance Committee noted the update on Activity Restoration.</p>	AB	tbc
9.2	THEATRE RECOVERY PROGRAMME		
22/308	<p>Received: An update on the Theatre Recovery Programme. Reported: TG gave key headlines. The report updates on the themes presented last month. Theme 1 – Listening and Learning Together is delivering on plan and is getting into the specifics on how staff are feeling. The next phase is how to address these with specific actions, with a major focus on team building. Theme 2 – Resourcing and Developing our Workforce. The main action is focused on the consultation and preparing for this; this involves work</p>		

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	<p>across theatres to ensure working times are aligned with operating times. Recruitment activity is continuing with specific events, job fairs, science fairs etc in the local vicinity. KPIs continue to be monitored.</p> <p>Theme 3 – Making the Most of our Opportunities – this is on track and working hard to keep this improvement.</p> <p>Theme 4 Quality and Safety – a key focus is on sterility of equipment. We are working within process and out to tender for a new provider.</p> <p>Discussion: GR referred to the initial staff action in the Summer to withdraw overtime. TG advised that there is some reflection on this in the Theme 2 report. The overtime numbers are moving back to levels previously reported in Q4. OM updated on discussions with unions, staff etc, where the overtime issue masked many underlying issues which have now been identified. There are still some issues with tiredness and work-life balance which are under review. TG added that the overtime and leaver issues originally brought this matter to light but that the underlying causes are now being tackled.</p> <p>Noted: The Performance Committee noted the update on Theatre Recovery Programme.</p>		
10	ACCESS & DATA QUALITY REPORT (bi-monthly)		
22/309 [1018 AH left]	<p>Received: An oversight of the Trust’s performance against a selected group of data quality key performance indicators and highlights areas for improvement.</p> <p>Reported: TG – key area to note is the referral maps on page 7. Consultant to consultant referrals - there is a continuing improvement in referrals from south of the patch but continue to see a reduction in referrals from the north of the patch. Discussion referred to the issues in theatres; high waiting list along with secondary care and GP challenges. We are working with NWAFT on this.</p> <p>Discussion: GR noted that perceived activity constraints may reduce referrals to us. TG acknowledged our current constraints and the need to maintain relationships with referrers. GR asked how does the Committee get assurance on work being undertaken to increase these referrals? TG will review this and speak with GR outside of the meeting.</p> <p>Noted: The Performance Committee noted the update.</p>	TG	tbc
FUTURE PLANNING			
11	INVESTMENT GROUP – Chair’s Report		
22/310	<p>Received: An update from the Investment Group following its meeting on 12 December 2022.</p> <p>Reported: by TG. The Group continues to monitor the capital plan closely.</p> <p>Discussion: The report was taken as read. TG had highlighted the risk of not meeting capital plan. There is a working group to prioritise and expedite capital spend at end of year. CC noted previous discussion on Workstations on Wheels (WoWs) in one area - is this now resolved? AR advised that there is a major procurement of WoWs to help with this programme intended to land in this financial year.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		

Agenda Item		Action by Whom	Date
12	ADHOC REPORTS		
12.1	Value Testing Soft FM Services		
22/311	<p>Received: Progress report on the benchmarking exercise. Reported: AS.</p> <ul style="list-style-type: none"> • Have had outside meeting to give in-depth briefing to NEDs. Discussed the background to the benchmark approach. • Benchmarking process is now concluded, and findings explained in the report. It leads to three cost pressures shown on page 3. • Negotiations are ongoing with OCS and Project Co. • TG highlighted the success story with the restaurant which was previously running at a loss. Staff discount is not only beneficial for staff but has turned the restaurant to profit-making due to higher usage. The profit is being used by OCS to plug their ask on inflationary risk within their contract proposal. This demonstrates a hugely positive relationship with OCS. <p>Discussion: GR pleased to hear of the success story relating to the restaurant. DL was not able to attend the NED briefing and asked for how long will this discount arrangement last? TG explained at a detailed level how this works in consideration of labour market, forward inflation risk and uplift risks on the contract. DL asked if the appendix note from NED briefing could be sent to her. AS will do this. GR asked if the staff restaurant discount aligned with benefits offered at CUH? TG explained that the alignment of staff benefits by RPH and CUH is based on total quantum agreed, and each organisation deploys this in different ways. GR asked that if CUH reduced their quantum, could this force RPH to reduce its staff benefit package. TG added that this could be a possibility, but RPH would resist this. CC asked for clarity on the £2.25m mobilisation cost discussed at pre-meet, to inform DL. TG gave background to the mobilisation payment on the contract and pressure on run rate. There is a need to ensure that this is appropriate for accounting standards this financial year and we are working with External Auditors on this. AS advised that the approval request for this item will come to the January meeting. Noted: The Performance Committee noted the contents of this report.</p>	AS	22.12.22
12.2	Policy review: Intellectual Property		
22/312 [1040 DS arrived]	<p>Received: A revised Intellectual Property(IP) policy which aligns with the Trust's strategy and reflects the Trust's commercial ambitions. Reported: DS gave an overview. This is a complete update on the policy which was previously under management of R&D. DS explained how this links in with campus partners and University of Cambridge and aligns with the Trust's five-year strategy. Discussion: GR asked if this is aligned with R&D strategy? DS advised that this has been seen by R&D Steering group for review and comments (IS Chair). R&D Steering Group members are fully aware along with other partners on the campus to ensure it is aligned.</p>		

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[1044 DS left]	TG noted that the key is the distribution split which aligns with CUH and UoC. GR noted that it seems sensible and good modernisation of the policy. Approve: The Performance Committee approved the revised Intellectual Property as discussed.																																																		
13	ISSUES FOR ESCALATION																																																		
22/313	13.1 Audit Committee 13.2 Board of Directors 13.3 Quality & Risk Committee : Safety raised in PIPR discussion. Both GR and MS to flag with Michael Blastland, Chair Q&R. 13.4 Strategic Projects Committee No items for formal escalation were raised.	GR MS	22.12.22																																																
14.1	COMMITTEE FORWARD PLANNER																																																		
22/314	Received: The updated Forward Planner. Noted: The Performance Committee noted the Committee Forward Planner.																																																		
14.2	REVIEW OF MEETING AGENDA & OBJECTIVES																																																		
22/315	Verbal: Committee agreed that agenda and objectives had been met.																																																		
15	ANY OTHER BUSINESS																																																		
22/316	CC asked when will face-to-face meetings resume? GR suggested a discussion between NEDs outside of the meeting and update in the new year.	GR	23.1.23																																																
	FUTURE MEETING DATES																																																		
	<table border="1"> <thead> <tr> <th>2023 proposed</th> <th>Time</th> <th>Venue</th> <th>Apols rec'd</th> </tr> </thead> <tbody> <tr><td>23 February</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>30 March</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>27 April</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>25 May</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>29 June</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>27 July</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>31 August</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>28 September</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>26 October</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>30 November</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>21 December</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> </tbody> </table>	2023 proposed	Time	Venue	Apols rec'd	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			
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The meeting finished 1048 hrs


Signed
(Chair authorised electronic signature to be added)

26 January 2023

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 22 December 2022

Glossary of Abbreviations

BAF	Board Assurance Framework
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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
POU	Point of Use filters
Q&R	Quality & Risk Committee
RRR	Residual Risk Rating
SSI	Surgical site infection

Aug-22

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

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

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

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