

**Performance Committee
Part 1 meeting
Held on 29 May 2025
0930-1100hrs via MS Teams**
[Chair: Gavin Robert, Non-executive Director]

UNCONFIRMED MINUTES

Present		
G Robert	GR	Non-executive Director
C Conquest	CC	Non-executive Director
D Jones	DJ	Non-Executive Director
T Glenn	TG	Deputy CEO & Director for Innovation and Strategy
S Harrison	SH	Chief Finance Officer
H McEnroe	HMc	Chief Operating Officer
E Midlane	EM	Chief Executive
O Monkhouse	OM	Director of Workforce and Organisational Development
M Screaton	MS	Chief Nurse
I Smith	IS	Medical Director
In Attendance		
A Colling	AC	Executive Assistant (Minutes)
T Collins	TC	Public Governor, Observer
B Davidson	BD	Public Governor, Observer
M Kaiser	MK	Director of Operations Improvement & Delivery (Item 8.1)
K Mensa-Bonsu	KMB	Associate Director of Corporate Governance
S Rackley	SR	Director of Estates & Facilities
R Vaithamanithi	RV	Deputy Chief Information Officer
S Brown	SB	Head of Digital
Attending for Item 5 Cancer Transformation Board presentation only		
Dr C Johnson	CJ	Clinical Director
Dr D Meek	DM	Consultant Respiratory Physician, Thoracic Oncology & Clinical Lead
E Wassell	EW	Lead Nurse, Thoracic Oncology
M Wells	MW	Thoracic Oncology Service Manager
Dr J Ahluwalia	JA	Trust Chairman
D Leacock	DL	Non-executive Director
Apologies		
A Nyama	AN	Deputy Chief Finance Officer
A Raynes	AR	Chief Information Officer

[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		
25/124	The Chair welcomed all to the meeting and apologies were noted.		

Agenda Item		Action by Whom	Date
2	DECLARATIONS OF INTEREST		
25/125	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.		
5.1	DIVISIONAL PRESENTATION – Cancer Transformation Board		
25/126	<p>The Committee welcomed:</p> <p>Dr Chris Johnson, Clinical Director, Thoracic Dr David Meek, Consultant Respiratory Physician in Thoracic Oncology and Clinical Lead Emma Wassell, Lead Nurse, Thoracic Oncology Moby Wells, Thoracic Oncology Service Manager</p>		
	<p>Reported: MW presented and highlighted:</p> <p><u>Key developments at the Cancer Transformation Board:</u></p> <ul style="list-style-type: none"> • Thoracic oncology risks • Objectives of Transformation Board • Domains and key elements of focus, showing objectives, gaps and actions to close gaps. (relating to referrals, diagnostics, planning, MDTs, treatment), surgery). • Extra surgical funding received Cancer Alliance for 84 extra cases. • New staff: Data Analyst and Cancer Transformation Nurse. <p><u>Productivity – cancer performance standards:</u></p> <ul style="list-style-type: none"> • Cancer referrals • Referral to RPH treatment • 31 day compliance • Average decision to treat (DTT) • Combined breach performance 24-25 • 62 day trajectory April 25 to March 26. <p><u>Productivity diagnostic waiting times:</u> CT Needle Biopsy, EBUS, PET scan.</p> <p><u>Local performance indicators:</u> 5 KPIs used internally to monitor performance</p> <p><u>Key next steps</u></p> <ul style="list-style-type: none"> • Rollout of bundled diagnostics, • Pathway triage • Demand and capacity for surgery (theatres) • Task & Finish Group for CT Needle Biopsy pathway <p><u>Patient safety and experience:</u> Summary of incidents and complaints. Current revision of risk</p>		

Agenda Item		Action by Whom	Date
	<p><u>Future governance structure:</u> Cancer Performance and Delivery Group – this will take over from the Cancer Transformation Board in June to provide continued grip and oversight.</p> <p>EW referred to patient experience where national cancer patient experience survey data is collected quarterly. Results are in hand for 2024. This provides an opportunity to listen to patients and learn from any incidents. A major focus is on patient folders to ensure that all information is contained in one place.</p> <p>DM explained that the service is very data driven using the Somerset database and use data to hold to account. There some bottlenecks in the service and the team is using data to highlight and rectify these. The team is keen to control where they can control.</p> <p>Discussion: GR was pleased to see the focus on 24-day window to treat once referred to RPH and using data to help control this.</p> <p>CC thanked the team for the presentation. She queried the significance of the pre allocation data and any penalties. MW explained that the pre allocation data is shown in house at MDT meetings. Post allocation data separates each part of the pathway and this is presented nationally. This can sometimes mean late referrals hamper RPH external data which can be different from internal data.</p> <p>DM explained the 62 pathway metric (a very long, complex document) and how the breach is apportioned between Trusts – sometimes apportioning breaches to RPH when there was a significant breach by another provider. There is the risk of reputational harm for late referrals from other Trusts. This is under review by Cancer Alliance.</p> <p>DL thanked the team for their presentation. Regarding previous surgical delays, how can you ensure these do not happen again even if they are late referrals. MW advised the close work with colleagues in surgery operational team and clinicians along with collaboration in weekly PTL meetings. MW reviews demand and capacity with surgical and theatre colleagues. The Cancer Alliance funding is also helpful. The Cancer Transformation Board has been good at bringing cancer pathway and surgical pathway together to improve services and patient journey.</p> <p>DM explained how cancer services use many other linked services (radiology, surgical, histopathology etc). The Cancer Alliance funding is very important to enable treatment of more patients. There is an advert for a 4th cons surgeon ends soon, which will help with future referrals and bring robustness to the service.</p> <p>GR asked what is the main risk to achieving the target by March 2026 and what are you doing to manage that risk? DM advised that the list for EBUS/diagnostic list has increased from 3 to 4.5 lists per week. CTNB needs to increase efficiencies. Moving definite cancer cases direct to surgery rather than wait for other procedures/tests. Efficiency reviews for cancer referrals going to theatres. Delays would be surgical capacity; he advised of theatre efficiencies to support capacity.</p>		

Agenda Item		Action by Whom	Date
0926hrs	<p>JA asked whether cancer surgery affected significantly by cancellation for surgery on the day that are not related to patient reasons. MW – yes this does happen and was noted as a risk last year. Cancer cancellations increased – divisions looked at reasons for this, which pushed the extra work on scheduling. The cancellation rate has dropped, but there is still room for improvement and keep focussed. DM added that due to the type of surgery and anaesthetic techniques, thoracic patients tend not to need critical beds after surgery. The emphasis is on internal control to avoid this type of cancellation.</p> <p>GR thanked the team for their excellent presentation, showing collaboration, use of data and working to compliance for targets. The committee look forward to seeing updates on your path to that trajectory.</p> <p>CJ, DM, MB, EW, DL & JA left.</p>		
5.2	Cancer Performance		
	No separate report, taken within the Cancer presentation above.		
3	MINUTES OF THE PREVIOUS MEETING - Part 1 on 24 April 2025		
25/127	Approved: The Performance Committee approved the Part 1 minutes of 24 April 2025 meeting and authorised for signature by the Chair as a true record.	Chair	29.05.25
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
25/128	<ul style="list-style-type: none"> It was agreed to proceed as per the agenda and be mindful of the part 2 meeting scheduled for 1030hrs. Operational reports will be taken before PIPR - where Responsive and Effectives issues are covered in detail in the operational reports. 		
4.2	ACTION CHECKLIST		
25/129	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
6	REVIEW OF THE BOARD ASSURANCE FRAMEWORK (BAF)		
25/130	<p>Received: A summary of the BAF risks and mitigations in place for risks above target. A copy of the BAF tracker report was attached.</p> <p>Reported KMB No changes in risk this month. He updated on two risks: Key supplier risk and continuity to supplier risk: the impact of US tariffs needs to be kept under review. CT backlog risk: this is making progress with the outsourcing project.</p> <p>Discussed: CC referred to Risk 3433 CT reporting backlog, where there is an anomaly gap in assurance; the status is marked as 'no gaps in assurance' but the</p>		

Agenda Item		Action by Whom	Date
	<p>level of assurance is marked as 'inadequate'. This does not match. Can this be reviewed for next reporting. HMc will review</p> <p>GR noted that there is often a mismatch between BAF document and other documents presented to committee.</p> <p>Noted: The Performance Committee noted the review of BAF.</p>	HMc	26.06.25
7.1	FINANCIAL REPORT – Month 01 (April) 205/26		
25/131	<p>Received: Financial Report which provided oversight of the Trust's financial position as at Month 01, April 2025/26.</p> <p>Reported: SH highlighted:</p> <ul style="list-style-type: none"> • There is a breakeven position at month 1. • Thank you to finance team for their hard work in getting the month 1 data out alongside the work on annual planning and annual accounts. • CIP is under delivering at month 1 and contingency is offsetting this. • There is positive news on reductions in agency spend and usage; there is still work ongoing with oversight in this area, along with support to divisions/teams where CIP plans are not delivering as anticipated. • The cash position is £77m which is within realms to support the EPR position. • No new or escalating risks at this stage. • There are some actions on pay, outlined in report, with work ongoing on the elective recovery programme (costs of this work will be shown in the May reporting position). <p>System context at month 1: Month 1 sees work ongoing at this time to validate numbers. C&P is reporting a £5m deficit – which is £2m adverse to the original plan (the bulk of this sit with NWAFT). There is risk sitting behind these positions and RPH needs to keep a review on this system context being mindful of what it may mean for RPH going forward. EoE region is showing a £35m deficit at m1. Currently much discussion with commissioners on allocations, financial flows, financial performance etc.</p> <p>Discussed: CC referred to the agency staffing update, which flags 'Reds' as good in this report. SH will flip variance around to ensure consistency. Clinical admin has a negative figure against ytd actual. SH explained that this relates to the unwinding of an accrual in m1.</p> <p>CC asked how confident are you that ytd actual on agency spend are true actuals and we are not going to see accruals coming through from previous months. SH is as confident as can be with the data at this time. The finance team have been working closed with Head of Nursing and Roster Team to monitor and keep as accurate as we can. OM added that there are potential mitigations which can be put in place should issues continue.</p> <p>Noted: The Performance Committee noted the financial position.</p>	SH	29.05.25

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7.2	A BRIDGE TO EXCELLENCE (CIP) REPORT: Month 01 April 2024/25		
25/132	<p>Received: An update report to Month 01 April 2025/26.</p> <p>Reported: HMc. The report was taken as read. The position is off plan currently with control plans put in place. Last month it was identified that further work was needed with divisions on gaps. Actions taken to mitigate the gap include additional PMO (project management office) support to provide programme resource to the PMO team. It is anticipated that the extra resource will enhance CIP tracking and generate more schemes, and this is where the priority focus is. The extra PMO support comes in next Tuesday. with updates to Executives weekly. Currently 5.5 of 9.6 schemes are identified, with confirmed plans awaited from divisions on unidentified CiP.</p> <p>Discussed: DJ referred to a deficit in m1 and further risk from the system. Is there concern that there may be more risk/excessive risk financially going through this year? SH clarified that RPH is not in deficit in m1, it is a broader system deficit. Our CIP plan at 2.8% is half of national average and more than half compared to our system partners. RPH has planned mitigations to ensure that CIP is not a risk this year. The risk is around the current sustainable position which is why PMO support is being brought in.</p> <p>SH added that the recent focus on the elective recovery programme (ERP) and capacity of divisional teams, may have given less focus on CIP plans; noting that CIP is also part of ERP. Again, the new PMO support will link this work up. This should mitigate any recurrent risk.</p> <p>TG referred to the operational elements of the CiP plan need to be articulated into a CIP plan reported up to Board and the CIP PMO additional resource will support this work.</p> <p>DJ added that, outside of this meeting, it would be interesting to know how system risks affect RPH.</p> <p>CC remains pessimistic regarding the current CIP position. She highlighted that RPH has always identified CIPS early and been able to deliver them. This is first time that all CIPs have not been identified at 1 April, and now being two months into the financial year with a partial CUP plan is concerning. There is also concern that due to the system deficit position RPH will be asked to contribute to offset this.</p> <p>GR suggested a more detailed reporting on CIP to gain assurance required given the circumstances. Previously there had been a detailed breakdown of the CIP pipeline/projects by divisions and he requested this going forward on a monthly basis.</p> <p>TG gave some further context in that the financial risk this year is unprecedented on entirety of the system along with the economic downturn nationally. The Board steer on ERP and working the way through this is starting to see small green shoots. At the same time, there is a need to rebuild reporting to catch up with this approach. RPH position</p>	<p>TG</p> <p>HMc</p>	<p>26.06.25</p> <p>26.06.25</p>

Agenda Item		Action by Whom	Date
	<p>operationally is high compared to others in system; the risk is high but needs to be seen in the wider system context. TG suggested that RPH position needs to be seen in the wider system position.</p> <p>GR was keen not to over burden the committee with extra reporting requests which would be detrimental to current operational demands. TG was content to include the CIP pipeline work into future reporting as requested.</p> <p>Noted: The Performance Committee noted the update on CIP M01 25/26.</p>		
7.3	INVESTMENT GROUP – Chair’s Report		
25/133	<p>Received: Chair’s update summarising the meeting held on 14 May 2025.</p> <p>Reported: SH The report was taken as read. GR noted it was good to see some of the investments required to implement ERP coming through in ATIRs to Investment Group.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
8	OPERATIONAL REPORTS		
8.1	Elective Care Recovery Priorities		
25/134	<p>Received: Update on actions to achieve RTT improvement in line with national ask.</p> <p>Reported: TG highlighted the four items to achieve through the ERP work:</p> <ol style="list-style-type: none"> 1. Inclusive approach and talk to the wider challenge and address as a hospital 2. Bring in specific expertise to support ideas and delivery 3. Reduce bureaucracy re. decision making, whilst maintaining minimum oversight on quality, finance and workforce. 4. Coach and lead divisional groups to lead staff through the process and actions. <p>The programme is now two months in with the Executive team striving to achieve the above aims. Currently there are 36 ideas generated by divisions with these ideas being worked up and starting to improve performance on RTT during April and May. This has moved from position of 61.5% in February to 64.5% in April, which is the 2nd best performance in EoE. The ambition is to get back to national standard. He noted also the wait time to 1st appointment is the best of any provider in EoE. Work is consistently pushing to a stretching ambition, continuing to work through process and keep ideas flowing. In summary, there is positive progress to date, with much work to continue.</p> <p>Discussed: GR was pleased to see the context of progress. CC asked to consider where is EoE compared to nationally? TG added that we work within a complex system of the NHS and funding within the system does link to RPH performance.</p> <p>GR felt it would be helpful to explain waterfall charts in the report. TG gave a brief explanation of the charts.</p>		

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	<p>GR was pleased to see the green shoots of improvement, noting that with RSSC, the sleep service has shown the majority of the improvement.</p> <p>GR suggested it would be useful to understand what is working well and what is not working. TG is happy to bring this into the report.</p> <p>CC was also pleased with the performance and improvements seen.</p> <p>Noted: The Performance Committee noted the update and discussion.</p>	TG	26.06.25
8.2	Patient Flow Improvement Programme <i>(Deferred from April)</i>		
25/135	<p>Received: A report updating on the status of the flow programme.</p> <p>Reported: HMc The report was taken as read.</p> <p>Discussed: GR noted this flows into the ERP work. He was unsure how this is being taken forward and will outputs continued to be measured in same way.</p> <p>HMc explained how the flow programme work will move into the Access Board programme and reporting. There will not be a separate patient flow programme report going forward.</p> <p>Noted: The Performance Committee noted the update.</p>		
8.3	CT Backlog Recovery Plan		
25/136	<p>Received: This paper is presented to the Performance Committee to provide an update on the key aspects of the CT recovery programme.</p> <p>Reported: HMc (apologised for the lateness of the paper).</p> <p>Discussed: GR thanked HMc for this informative update. He noted that it was good to have a clear trajectory to meeting the statutory compliance. HMc explained that there is not a statutory reporting standard as such - it can be between 2-4 weeks. The plan is to be at 6 weeks in July. GR would like to see this trajectory at next meeting and going forwards</p> <p>CC referred to page 5 where it stated that the level of reporting across modalities will fluctuate depending on how many consultant posts are within the workforce; can this be explained further. HMc explained how the outsourcing depends on substantive consultants; the volume of work would not change; it would be the balance of how much of the work could be done internally or externally.</p> <p>GR noted that this work is CT scans; regarding other forms of scans , are there solutions being put in place, will that also provide cover and back up for these other types of scans. HMc explained that the current insourcing product is for only CT. The outsourcing looks at other scans such as MRI, plain film options and ability to move work offsite. This is future proofing for other diagnostic tests.</p>	HMc	26.06.25

Agenda Item		Action by Whom	Date
1015hrs MK left	<p>GR summarised that the short term solution in place should get to a good position in 2-3 months and the long term sustainable solution which is underway and should be in place by end of year.</p> <p>DJ commented that all strategies and approaches are good; he wondered if there was an opportunity for RPH more broadly on national imaging and how we can look at driving this across the NHS. The ultimate aim would be better solutions for national imaging across the NHS.</p> <p>Noted: The Performance Committee noted the update on CT Backlog.</p>		
	<p><u>Agenda timing update</u> GR suggested taking PIPR as read and offered the opportunity for the committee to comment or raise queries. There were no comments raised, and the meeting therefore moved to Item 13.1 Green Plan/Sustainability.</p>		
9.1	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
25/137	<p>Received: PIPR for M01April 2025/26 Reported: SH Summary of the position was 'Amber', which comprised:</p> <ul style="list-style-type: none"> • One 'green' domain: Caring. • Two 'red' domains: Effective and Responsive. • Three 'amber' domains: Finance, Safe and People Management & Culture. <p>Discussion: PIPR was taken as read with no issues raised.</p> <p>Noted: The Performance Committee noted the PIPR update for M01 April 2025.</p>		
FUTURE PLANNING			
10	QUARTERLY REPORTS		
10.1	Cyber Risk – See Part 2 Agenda		
11	POLICY APPROVAL No items for review.		
12	ANNUAL REPORTS No items for review.		
13	AD-HOC REPORTS		
13.1	Green Plan / Net Zero Sustainability		
25/138	<p>Received: Green Plan/Net zero Sustainability six-monthly update.</p> <p>Reported: SR SR advised of progress so far and explained the work on improvements on the governance structure; with BAF and corporate risks embedded into the governance procedure. The team are fully engaged in this work.</p>		

Agenda Item		Action by Whom	Date
	<p>From a central/regional position, we are receiving better data and hope to have a standard tool in future to report on the same data.</p> <p>The key focus going forward is the Green Plan where there is a national submission date of 31 July. Appendix 4 shows the key list of dates to achieve this, which is on track.</p> <p>The current Green Plan was high level and hard to track actions. The new version Green Plan will include granular detail.</p> <p>The team have received funding £120k to support projects on carbon reduction. He gave some examples of projects this funding is supporting , i.e., LED lighting (opens up earlier access to approx. £60k energy reduction), automation of light levels in unoccupied rooms). Simpler Recycling legislation came in force in April 2024; this is under review with Trust policies procedures and looking at ways to save waste.</p> <p>The green impact tool (used by CUH) allows each department to create individual trackers/action plans to further support work. Ensuring that sustainability is embedded in strategy going forward is vital.</p> <p>Discussed: CC noted that green plan/sustainability had been brought up at Audit Committee yesterday. Our Internal Auditors have prepared a Sustainability Briefing and we will ensure that this is forwarded to SR. It was noted at Audit Committee that higher emphasis should be given to sustainability and perhaps this could include better communication with staff.</p> <p>EM added that there is good engagement from the Estates Team and the Trust is looking to improve engagement from the clinical side which should see even greater improvements</p> <p>GR noted that the report shows mainly inputs and processes; he would like to see more outputs/meeting KPIs (waste reduction/plastic reduction) and how are we tracking against these KPIs.</p> <p>SR advised that there are many different metrics to report against, and they are awaiting a national data set to report to which can then improve reporting to the committee.</p> <p>SR added that the strategy does have targets; GR would like to see progress against these targets. SR will add this into future reporting.</p> <p>Noted: The Performance Committee noted the contents of this report.</p>	SR	27.11.25
14	ISSUES FOR ESCALATION TO OTHER COMMITTEES		
25	No items were raised.		
15.1	COMMITTEE FORWARD PLANNER		
25/139	<p>Received: The updated Forward Planner. Reported: KMB Discussion: The planner was taken as read. Noted: The Performance Committee noted the Forward Planner.</p>		

Agenda Item		Action by Whom	Date
15.2	REVIEW OF MEETING AGENDA & OBJECTIVES		
25/140	The agenda had been covered and objectives met.		
15.3	BAF end of meeting wrap-up		
	No items were raised.		
15.4	Emerging Risks		
	None identified.		
16	ANY OTHER BUSINESS		
25/141	As Sophie is due to start her maternity leave very shortly, the Chair and committee thanked Sophie for all her hard work and wished her well. The meeting finished at 1027hrs		
	FUTURE MEETING DATES		

2024/25	Time	Venue	Divisional Presentation	Apols rec'd
30 January 2025	0900-1100hrs	MS Teams	AHPs	
27 February	0900-1100hrs	MS Teams		
27 March	0900-1100hrs	MS Teams	PHARMACY	
25 April	0900-1100hrs	MS Teams		
29 May	0900-1100hrs	MS Teams	CANCER TRANSFORMATION BOARD	
June	0900-1100hrs	MS Teams		
July	0900-1100hrs	MS Teams	CCA	
August	0900-1100hrs	MS Teams		
September	0900-1100hrs	Face to Face / HLRI	THORACIC	
October	0900-1100hrs	MS Teams		
November	0900-1100hrs	MS Teams	CANCER	
December	0900-1100hrs	MS Teams		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee Part 1 Meeting held on 29 May 2025

Abbreviations and Acronyms

BAF	Board Assurance Framework
CIP	Cost Improvement Programme
ERU	Emergency Recovery Unit
ERP	Elective Recovery Programme
ICB	Integrated Care Board
ICS	Integrated Care System
NED	Non-executive Director
PIPR	Papworth Integrated Performance Report
Q&R	Quality & Risk Committee
QIA	Quality Impact Assessment
RPH	Royal Papworth Hospital
RTT	Referral to Treatment
52WW	52 week wait

Trust Board of Directors as at 01 June 2025

Employee Name	Position Title	Interest Category	Interest Situation	Interest Description	Comments	Col Date From	Col Date To
Ahluwalia, Dr Jagjit Singh (Jagjit)	Chairman	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)	Chairman	Financial interests	Outside employment	Non-Executive Director on board of THISLabs. Chair of Board of THISLabs from 11.03.24		27/11/2023	
Ahluwalia, Dr Jagjit Singh (Jagjit)	Chairman	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)	Chairman	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.	Estimated date of start as initially undertook no work through it.	01/10/2018	
Ahluwalia, Dr Jagjit Singh (Jagjit)	Chairman	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)	Chairman	Non-financial professional interest	Outside employment	Member C & P Clinical Ethics Committee. Not remunerated so not employed.	Estimated date.	01/05/2020	
Ahluwalia, Dr Jagjit Singh (Jagjit)	Chairman	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)	Chairman	Non-financial professional interest	Outside employment	Trustee on the main board of Macmillan Cancer Support	This is a pro-bono role	01/02/2017	
Ahluwalia, Dr Jagjit Singh (Jagjit)	Chairman	Non-financial professional interest	Shareholdings and other ownership interests	Director of Cambridge University Health Partners. This directorship is to be formally confirmed by CUHP but would in practice have come into effect only assuming the role of Chair at Royal Papworth with effect 01.02.24	Formal documentation still pending from CUHP	01/02/2024	
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	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	Non-financial professional interest	Loyalty interests	Member of the Seacole Group - Network for BAME NEDs in the NHS	Chair of their Governance Group wef 9 May 2023	25/02/2021	
Fadero, Mrs. Amanda Therese	Non-Executive Director	I have no interests to declare				01/10/2013	
Fadero, Mrs. Amanda Therese	Non-Executive Director	Indirect interests	Loyalty interests	I am an Non Executive Director at East Sussex Healthcare NHS Trust		01/07/2020	30/06/2026

Employee Name	Position Title	Interest Category	Interest Situation	Interest Description	Comments	Col Date From	Col Date To
Fadero, Mrs. Amanda Therese	Non-Executive Director	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	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	
Glenn, Mr. Timothy John	Chief Finance Officer	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	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	
Harrison, Mrs. Sophie Ann	Chief Finance Officer	Financial interests	Donations	I am a donor to the Royal Papworth Charity and sit on the Board of Trustees in the role of CFO. I do not oversee direct spending of the donation and it is not material to the Charity overall.		06/11/2023	
Harrison, Mrs. Sophie Ann	Chief Finance Officer	Non-financial personal interests	Loyalty interests	Husband is the Chief Finance Officer at North West Anglia NHS FT		01/12/2020	
Jones, Mr. David Ian	Non-Executive Director						
Leacock, Ms. Diane Eleanor	Non-Executive Director	Financial interests	Loyalty interests	Portfolio Finance Director working on behalf of the CFO Centre through my limited company, ADO Consulting Ltd	Name change from FD & CFO Centre to CFO Centre	26/09/2022	
Leacock, Ms. Diane Eleanor	Non-Executive Director	Financial interests	Outside employment	Director, ADO Consulting Ltd	I am a self-employed finance consultant operating through my company, ADO Consulting Ltd	01/12/2020	
Leacock, Ms. Diane Eleanor	Non-Executive Director	Financial interests	Outside employment	Non Executive Director, Essex Partnership University NHS Foundation Trust		04/12/2023	
Leacock, Ms. Diane Eleanor	Non-Executive Director	Indirect interests	Loyalty interests	Daughter works as an Audit Assistant Manager with KPMG London		01/10/2024	
Leacock, Ms. Diane Eleanor	Non-Executive Director	Non-financial personal interests	Loyalty interests	Trustee, Benham-Seaman Trust		01/12/2020	
Leacock, Ms. Diane Eleanor	Non-Executive Director	Non-financial personal interests	Loyalty interests	Trustee, Firstsite	Voluntary position	01/12/2020	
Leacock, Ms. Diane Eleanor	Non-Executive Director	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	Non-financial personal interests	Donations	Member of the Labour Party		04/07/2023	
McEnroe, Mr. Harvey Lee Anthony	Chief Operating Officer	Non-financial personal interests	Outside employment	I am Deputy Chair of Governors for Acorn Federation of Primary Schools and a Parent Governor for the Ambition Federation of Primary Schools.		05/10/2023	

Employee Name	Position Title	Interest Category	Interest Situation	Interest Description	Comments	Col Date From	Col Date To
McEnroe, Mr. Harvey Lee Anthony	Chief Operating Officer	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	Indirect interests	Loyalty interests	Chair of the C&P Diagnostic Board		29/03/2022	
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Indirect interests	Loyalty interests	Holds an unpaid Executive Reviewer role with CQC		03/08/2020	
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Non-financial professional interest	Loyalty interests	Director at CBC Ltd. on behalf of Royal Papworth.	CBC Ltd. is a limited company owned and representing the interests of partners on the Biomedical campus.	06/11/2023	
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	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	Non-financial professional interest	Outside employment	I am an unpaid Director of CUHP		01/09/2022	
Monkhouse, Ms. Oonagh Jane	Director of Workforce and Organisational Development	Non-financial professional interest	Outside employment	I am employer side lead and co-chair of the NHS Staff Council. This is a non-remunerated role. The NHS Staff Council is the negotiating body for Agenda for Change Terms and Conditions.		01/04/2023	31/03/2026
Paddison, Dr Charlotte Anna Mary	Non-Executive Director	Non-financial professional interest	Outside employment	I am employed by the Nuffield Trust as a Senior Fellow (Policy and Research)	I have been employed by the Nuffield Trust, a politically independent research and policy organisation (think tank) based in London since April 2017.	12/03/2024	
Paddison, Dr Charlotte Anna Mary	Non-Executive Director	Non-financial professional interest	Outside employment	Member of the British Medical Association Patient Liaison Group	This is a voluntary role with the British Medical Association, appointed to the patient liaison group August 2023	12/03/2024	
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Financial interests	Hospitality	Evening meal following Go-live of ShCR with Orion Health	Hospitality for 6 members of staff for one meal only (each under £25 p/p)	23/02/2025	23/02/2025
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	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	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	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	

Employee Name	Position Title	Interest Category	Interest Situation	Interest Description	Comments	Col Date From	Col Date To
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Non-financial professional interest	Sponsored events	Chair of Healthcare Strategy Forum, stay over in hotel and meals provided	As Chair of this years forum, the event was paid for by the sponsors including my room stay and meals.	18/11/2024	20/11/2024
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Non-financial professional interest	Sponsored events	Presentation on Closed loop meds at the GS1 Regional Forum, Hong Kong	Flights, overnight stay and meals paid for by GS1 Global.	28/10/2024	29/10/2024
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Non-financial professional interest	Sponsored events	RPH Staff Awards sponsorship Cyferd, Celerity Idox CMR	Partner Sponsorship of the staff awards.	12/12/2024	12/12/2024
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Non-financial professional interest	Sponsored events	RPH Staff awards sponsorship	Four tech sponsorship opportunities helped fund the Staff awards this year from Celerity, Cyferd, Idox and CMR Surgical.	12/12/2024	12/12/2024
Screaton, Mrs. Maura Bernadette (Maura)	Chief Nurse	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	30/01/2030
Screaton, Mrs. Maura Bernadette (Maura)	Chief Nurse	Financial interests	Shareholdings and other ownership interests	Shareholdings in unit trusts		02/08/2021	30/01/2030
Screaton, Mrs. Maura Bernadette (Maura)	Chief Nurse	Indirect interests	Loyalty interests	My husband is a Consultant Radiologist at Royal Papworth Hospital.		02/08/2021	30/01/2030
Smith, Dr Ian Edward (Ian)	Consultant	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.	Update 2025 - no changes to declare	14/09/2020	
Wilkinson, Dr Ian Boden	Non-Executive Director	Indirect interests	Clinical private practice	Private health care at the University of Cambridge;		01/03/2021	01/03/2035
Wilkinson, Dr Ian Boden	Non-Executive Director	Non-financial professional interest	Loyalty interests	President of the British and Irish Hypertension Society		31/10/2021	
Wilkinson, Dr Ian Boden	Non-Executive Director	Non-financial professional interest	Outside employment	Hon Consultant CUHFT and employee of the University of Cambridge		01/03/2021	01/03/2035
Wilkinson, Dr Ian Boden	Non-Executive Director	Non-financial professional interest	Shareholdings and other ownership interests	Director Cambridge Cardiovascular Clinics	This is a group private practice that is not yet trading	13/11/2023	