

**Meeting of the Performance Committee
Held on 26 August 2021
0900-1100hrs via MS Teams**

[Chair: Diane Leacock, Associate Non-executive Director]

MINUTES

Present		
Ms D Leacock (Chair)	DL	Associate Non-executive Director
Mrs C Conquest	CC	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 L Gibbie	LG	Observer
Ms A Halstead	AH	Public Governor, Observer
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
Mr A Selby	AS	Director of Estates & Facilities
For Item 5 – Presentation by Surgery, Transplant & Anaesthetics Division		
Mr D Jenkins	DJ	Clinical lead for STA
Mrs C Riotto	CR	Head of Nursing, STA
Mrs J Speed	JS	Operational Director, STA
Apologies		
Dr R Hall	RH	Medical Director
Mr S Posey	SP	Chief Executive
Mr G Robert	GR	Non-executive Director (Chair)
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		
21/135	DL opened the meeting. She welcomed Maura Screaton who was attending her first Performance Committee meeting since being appointed as Chief Nurse. Apologies were noted as above.		

Agenda Item		Action by Whom	Date
2	DECLARATIONS OF INTEREST		
21/136	<p>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.</p> <p>A summary of standing declarations of interests are appended to these minutes.</p>		
3	MINUTES OF THE PREVIOUS MEETING – 29 July 2021		
21/137	Approved: The Performance Committee approved the Minutes of the meeting held on 29 July 2021 and authorised these for signature by Cynthia Conquest, who chaired that meeting, as a true record.	Chair	26.8.21
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
21/138	The Chair thanked all for their reports; Item 5 Divisional Presentation would be taken first on the Agenda.		
4.2	ACTION CHECKLIST / MATTERS ARISING		
21/139	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	DIVISIONAL PRESENTATION – Surgery, Transplant & Anaesthetics		
21/140	<p>JS, CR and DJ attended for this item.</p> <p>JS introduced the aims of their presentation today which focussed on Theatres. Key items included:</p> <p>Optimisation of theatre activity: divisional collaboration, weekly 6-4-2 meetings, patient waiting list monitoring and access. It was noted that the Cambridge Perfusion Services (CPS) contract is currently under planned review – there is a separate report from TG at Agenda item 16.1 which explained this in more detail.</p> <p>Theatre governance structure: Theatre Business Unit which meets monthly. Representation from all Trust disciplines including finance, Allied Health Professionals (AHP) and CPS.</p> <p>STA Divisional meeting is where the Clinical Director, Head of Nursing and Operational Director meet with Executive Directors and finance colleagues for the monthly performance review meeting.</p> <p>There is representation from STA at several other Trust committees.</p> <p>Slides were presented showing graphs of theatre activity over last 3 years up to July 2021. This showed data for cardiac cases, PTE cases, transplant and thoracic cases.</p> <p>The presentation gave a spotlight on elective vs emergency activity, where one theatre is ring-fenced daily for emergency work. This was run initially</p>		

Agenda Item		Action by Whom	Date
	<p>as a trial and it has carried on due to its success. Work is in hand to reduce elective cancellations but this has been a challenge during COVID-19 pandemic with higher use of CCA beds by ECMO patients.</p> <p>Specifically looking at transplant activity: the graph showed activity by month and type, donor runs for 2020/21 and donor offers by month and completed transplants at RPH. RPH has the highest volumes of transplant activity, short waiting times along with excellent outcomes.</p> <p>The Committee was shown a breakdown of Theatre utilisation by month for 2020/21 along with data on theatre overruns and work in hand to reduce these overruns.</p> <p>Theatre establishment update: establishment review work of theatre model is now complete and work underway on roster changes. Vacancies were discussed and noted that this is a difficult area to recruit to with a high training requirement. Operating Department Practitioners (ODPs) are especially hard to recruit to nationally, and RPH has introduced a 'grow your own training package' working with unregistered staff to develop to this role. There were challenges to training in the last 18 month when theatres were stood down during COVID. There is currently a focused piece of work on the Surgical Care Practitioner role which is highly specialised and again hard to recruit to.</p> <p>Theatre staff metrics: appraisal rates, mandatory training, staff sickness rates were discussed and noted.</p> <p>DL thanked JS and CR for this informative presentation and invited questions from the Committee:</p> <p>(CC) what is meant by 6-4-2 meetings. JS explained this is a weekly planning meeting which looks ahead to activity expected at 6-4 weeks, then 4-2 weeks and 2-0 weeks.</p> <p>(CC) 122 donor offers in July – can you explain what this means. CR advised this is the total number of organ offers received by RPH; these are heavily scrutinised and triaged by senior medical staff and Transplant Co-ordinator team. Some are declined initially, but some require the Trust donor retrieval team to visit to further assess. Of the 122 donor offers, this resulted in 6 actual transplants being performed. It shows the immense amount of work which goes into this part of the transplant process.</p> <p>(DL) referred to staffing and where 17 cancellations were noted as due to lack of CCA staff. She queried what was being done to minimise cancellations. CR explained the collaboration on staff across all Divisions and the detailed work on how to resolve this. The challenge includes high levels of sickness currently impacting the bed base, peak annual leave time and the 'pingdemic'.</p> <p>DJ highlighted that the key issue on theatre activity is the ability to open CCA beds. There is a maximum of 46 beds available which could only be resourced and opened in COVID surge. So much more theatre work could be undertaken if all of these beds were open. He acknowledged this is a national problem, fed by a shortage of CCA nurses. Currently at RPH almost one third of the CCA beds are being used by longer term ECMO</p>		

Agenda Item		Action by Whom	Date
	<p>patients, which has resulted in cancellation of elective work due to lack of available CCA beds.</p> <p>DL referred to the note in the presentation that the National Organ Retrieval Service (NORS) Team was to cease in September. CR clarified that this relates to the support RPH has been giving to two other centres, which will stop in September. This means that the RPH retrieval team will continue to have an increased level of activity along with the effect this has on staffing until that point.</p> <p>DL thanked the team for providing the committee with a most informative and insightful presentation.</p> <p>[0931hrs JS, CR and DJ left the meeting]</p>		
6.1	REVIEW OF THE BAF		
21/141	<p>This report was introduced by AJ and taken as read.</p> <p>The highest risks were flagged as per Risk Register Rating (RRR):</p> <ul style="list-style-type: none"> - BAF 2904 Achieving financial balance at ICS level (RRR 20) - BAF 1853 Staff Turnover (RRR 15) - BAF 841 Delivery of CIP (RRR 15). Since production of the report, the CIP rating has lowered to RRR8 and will be reflected in next month's report. <p>Noted: The Performance Committee noted the review of BAF.</p>		
6.2	EMERGING RISKS		
21/142	<p>(CC) last month SP alluded to an emerging risk on staff re. National pay award but she could not see this had been logged as a risk.</p> <p>(OM) advised that the national pay award will be implemented in September. There was previous challenge on the proposed pay award from the Royal College of Nursing (RCN) body, but currently there is no new challenge. It was noted that this item is not featuring as a concern at national meetings and industrial action is unlikely.</p> <p>AJ noted that some of the BAF appendices were missing and this will be rectified for next month.</p> <p>Referring to BAF 675 Failure to protect patient from harm from hospital acquired infections (RRR 10), it was confirmed that this would be discussed at Quality & Risk (Q&R) meeting later today.</p> <p>Noted: The Performance Committee noted discussion on emerging risks.</p>		
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
21/143	<p>The Committee received PIPR for M04 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. 		

Agenda Item		Action by Whom	Date
	<p>EM gave an operational overview which added some context to July's data: RPH saw continued high levels of emergency demand particularly in surgical and cardiology areas. The Trust is seeing an impact from staff sickness from non-Covid reasons; staff fatigue and exhaustion is coming through in sickness absence. The numbers of Covid cases regionally has increased which has impacted on staff infections and household infections. The Trust had encouraged staff to plan annual leave during this time to get their rest. All this has constrained capacity, as seen in a reduction of elective activity and RTT and some outpatient throughput. Through discussion at our Clinical Decision Cell (CDC), emergency and cancer care are seen as priority and these services have been maintained. National and regional capacity has seen an impact on the elective programme; emergency work in the system in July has seen a step back on other services with a particular threat to maternity services. This has been a challenging period for the system.</p> <p>(CC) noted that EM had warned in previous months that this situation would happen. EM noted the hard work by all and that RPH is constantly looking at optimising available capacity alongside being mindful of staff well-being.</p>		
21/144	<p>The Committee reviewed PIPR by section, where the following was noted:</p> <p><u>Safe (Amber):</u> This had moved from green to amber due to staffing and a Serious Incident (SI). (DL) expressed concern that bacterial infection rate was showing an increase in numbers. She acknowledged that this seemed isolated and reasons were given, but would like more assurance.</p> <p>(MS) advised there is a root cause analysis (RCA) into each incident. The increase in C.difficile (increase from 1 to 2) shows no correlation of transmission of infection. Each incident is fully scrutinised; many are complex patients with huge number of risk factors and there is continued monitoring. There is a low ceiling limit on this, even with the high-risk patient group. All other infection episodes received the scrutiny with a RCA.</p> <p>MS referred to staffing areas showing red. She assured the Committee that staff levels are monitored and matched to patient numbers with no issues of safety or quality during this period. MS acknowledged that this is not where the Trust would like to see staffing, but there are complex issues which are under review with roster teams. Work involves making sure that our baselines are correct and it is hoped that the picture on this would be clearer next month. Again, MS assured the Committee that wards are staffed at the right levels and mitigation is in place when shortfalls occur, always being mindful of quality and safety.</p>		
21/45	Caring (Green): Noted.		
21/46	<p><u>Effective (Red):</u> MS advised that cancellations had increased for all the reasons explained earlier and that that work is in hand to try and reduce cancellations. The Trust is aware that some patients have had procedures cancelled more than once and understands this has an impact on them.</p>		

Agenda Item		Action by Whom	Date
21/147	<p><u>Responsive (Red)</u> EM explained that there was a discrepancy regarding the '52 week RTT breaches' where narrative and metric do not match. EM explained how this had happened and the plan for these patients who are being monitored and booked in.</p> <p>Diagnostic performance has dropped to 92%. Staffing in Radiology has been difficult with many overseas staff leaving and going back home. System-wide, the staffing figure is even lower at 50%. Referrals are coming in from other organisations where RPH is trying to support the system. RTT has reached an established position which is via collaborative work on the patient tracking list (PTL).</p> <p>(DL) questioned how could the Trust attract radiographers and retain them? EM explained there is a national shortage in this role; a lack of training and increased demand on imaging. RPH is now investing in catch-up training. (OM) reiterated the struggle to retain radiographers. There is a large African cohort of staff which we need to support; HR is currently working on the dynamics in department to help staff.</p> <p>EM added that the current themes on Effective and Response continue into August and September and will be reflected as such in future reporting.</p>		
21/148	<p><u>People Management and Culture (Red):</u> Much discussion had already crossed over and linked to this domain. (OM) noted that sickness absence is up across the whole health system – much due to isolating etc. and high for the time of year. Other Trusts are reporting much higher sickness levels than RPH. The data shown reflects the new establishment work. There has been high dependency on temporary/agency staff which is less available during summer months. It was noted that the flu vaccination programme is scheduled to start in September.</p> <p>(DL) referred to page 19 of the PIPR which showed '% sickness absence' above the Trust KPI of 4.4% and questioned whether this should be 3.5%. OM confirmed the Trust KPI should be 3.5%.</p> <p>(MS) was working with OM to have risk assessment in place for those who have either been contacted through Track & Trace or other means or advised on status to return to work. A robust system in place; trying to ensure that critical roles can continue where possible. This all falls in line with national guidance and taking into consideration vulnerable patients and staff.</p>		
21/149	<p><u>Finance (amber):</u> TG advised a continued strong performance in CIP and Trust financial position year-to-date. It was agreed for a full update to be taken with the following Finance report.</p>		
	<p><u>Integrated Care System (ICS)</u> This is Included for information purposes and to understand how the system is looking.</p>		

Agenda Item		Action by Whom	Date
	Noted: The Performance Committee noted the PIPR update for M04 2021/22.		
8	ACTIVITY RESTORATION		
21/150	<p>EM noted there were many areas flagging red and amber this month. From 1 July NHSE/I changed target of 85% to 95% on activity; this had changed part way through month.</p> <p>GP referrals saw a dip with less referrals through GPs and more through Consultant-to-Consultant (C2C).</p> <p>Detailed Clinical Priority Coding graphs were noted; with Cardio-thoracic being the most challenging due to lack of CCA beds. 'P' coding is actively monitored with priority patients moving on the list as relevant.</p> <p>(CC) Referred to the Elective Recovery Fund (ERF) and queried if this was for elective activity only (not Outpatients). TG advised that it is for a combination of both and sub-sets of each.</p> <p>(CC) asked what is the risk now to the Trust's ERF funding? TG advised that ERF is not retrospective, so fixed for month of performance. H1 value is set at £3.5m, where already RPH has delivered £4.9m. The Trust awaits national guidance, expected in September, on ERF threshold going forward.</p> <p>(DL) referred to CPAP devices and if there was any further update. EM advised that RPH had identified all patients in scope and registered all their devices with Philips. The Trust has developed a communications plan for patients; requested that any 2nd devices or spare devices are surrendered, which has been successful. EM advised of a national stockpile of devices and an allocation process for these; RPH also has access to a regular supply of non-Philips devices – all of which can be issued to new starters or for replacements. The recall process by Philips is now due in October (was Aug/Sept). RPH will be keeping patients up to date by 'safe' text communication.</p> <p>Noted: The Performance Committee noted the Activity Restoration update.</p>		
9.1	FINANCIAL REPORT – Month 04 2021/22		
21/151	<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 		

Agenda Item		Action by Whom	Date
	<p>TG advised that the year to date position is reported against the Trust's H1 2021/22 plan and shows a surplus of £6.0m compared to a planned surplus of £2.1m. The variance is mainly driven by ERF with £4.9m recognised at end of Month 4.</p> <p>Cash position closed at £66.4m. In relation to 'Better Payments Practice Code' (BPPC), Treasury is asking to ensure suppliers are paid on a timely basis. BPPC monitors how efficiently invoices are paid; at M04 this stands at 72% by value and 94% by volume vs the 95% standard. The Trust is working to improve this.</p> <p>Homecare pharmacy issues continue as a concern and still under review. The spotlight report gives a detailed update on this.</p> <p>(CC) asked if BPPC can this be spotlighted next month. TG confirmed this would be added to next month's finance report.</p> <p>Homecare pharmacy: – are there any other services that are suffering such as Homecare in relation to recruitment and retention of staff.</p> <p>(TG) noted this had been flagged in the STA presentation and will also be reflected later in Item 16.1 Perfusion Services Tender update.</p> <p>(OM) added that it is the nature of workforce and specialist teams, which is hard to recruit to and creates pinch points across all areas.</p> <p>Noted: The Committee noted the financial update.</p>	TG	30.09.21
9.2	CIP REPORT- Month 04 2021/22		
21/152	<p>The Committee received the report which summarised the Trust's progress with the CIP plan to M04 2021/22, CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p> <p>(TG) advised that the CIP is on plan and progressing well; projects are being worked through validation and benefit realisation.</p> <p>(CC) Commended the report on patient transport and welcomed the focus on prioritising quality of service to patients alongside recuperation of costs.</p> <p>Noted: The Performance Committee noted the approach to CIP and the progress to date.</p>		
10	ACCESS & DATA QUALITY		
21/153	<p>SH introduced this report noting that many themes already discussed were highlighted in this report.</p> <p>There is a focus on building a non-RTT waiting list and working on improving data quality in this area.</p> <p>Again, the extent of GP referrals was reflected in this activity report.</p> <p>(CC) was keen to see further referrals from C2C. On querying ECMO referrals, EM advised this can be between 5 and 60 in a 24 hour period. EM explained the review process for ECMO referrals; before any decision to accept a patient for ECMO, referrals are remotely managed and are 'live' for this period.</p>		

Agenda Item		Action by Whom	Date
	<p>(DL) referred to reduction in GP referrals with no corresponding upward trend in C2C referrals and queried how do we know we are not missing patients. EM noted that GPs refer via an electronic system so none are lost as 'paper' referrals. Elective referrals are reviewed on a daily basis – it shows that GPs are not referring elsewhere; but that there have been many other demands on GP time (Covid related, vaccination programme etc).</p> <p>CC referred to Data Quality and 'number of outpatient appointments without an outcome' which had seen good improvement - how sustainable is this? EM advised that the team have been working hard before the pandemic to close this gap, including liaising with Consultants. Virtual clinics have added another challenge to monitoring this and the team are actively working on this.</p> <p>Noted: The Performance Committee noted the Access & Data Quality update.</p>		
FUTURE PLANNING			
11	INVESTMENT GROUP – Chair's Report		
21/154	<p>TG introduced this report and highlighted three items:</p> <ul style="list-style-type: none"> • Group Terms of Reference had been revised with minor changes to bring in line with Trust governance and current attendees. • The Group approved the ATIR for medical student placement. • Capital budget 2021/22 is currently behind plan. Under national context, there may be a clawback of capital if not spent as planned; therefore this is being monitored carefully and working to support teams to prioritise and enable appropriate capital expenditure. <p>(DL) queried whether there was a risk we might lose some of this capital funding? (TG) advised that divisions are still looking to spend the money as planned. If Treasury take a blanket approach, we do not know how this may affect RPH.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
12	ISSUES FOR ESCALATION		
21/155	<ul style="list-style-type: none"> • Audit Committee – BPPC to add to next Agenda for October meeting. • Strategic Projects Committee – no items flagged. • Board of Directors – no items flagged. <p>It was also agreed to move this item to the end of the Agenda to ensure it captured all areas.</p>	Audit AC	15.10.21 30.09.21
13	QUARTERLY REPORTS		
13.1	Corporate Risk Register (CRR)		
21/156			

Agenda Item		Action by Whom	Date
	<p>MS presented this report for information. There had been much work done over recent months to review risks on the CRR; the number of risks has been slimmed down, with some being closed and some being amalgamated. Review work continues with a percentage of overdue reviews. The Risk Team are supporting divisions with this and improvement is anticipated over the next few months.</p> <p>(CC) the report cover sheet advised that a summary of emerging risk could be seen at Appendix 2; the content of Appendix 2 contained the CRR tracker and not a summary of emerging risk. MS apologised and will ensure this is rectified for future reports.</p> <p>(DL) referred to overdue risks, where most are classed as extreme risk – what mitigations are in place? (MS) The Risk Team is supporting divisions; it seems there is no issue in logging risks, but further support is needed on review and mitigation of risk. Work is in progress in terms of supporting managers with this part of the process. (EM) referred to previous work on risk discussed at the monthly Divisional Performance Review meetings; there were previously many duplicate risks on CRR and EM gave examples of these and how the teams are managing these, with completion of this this work by October 2021</p> <p>Noted: The Performance Committee noted the update on CRR.</p>	MS	28.10.21
13.2	Cyber Security Update		
21/157	<p>AR presented this new quarterly report, which is noted as a top risk with many sensitives to manage surrounding cyber risk.</p> <p>(CC) would like assurance on patching as the numbers seem high. (AR) explained the process of patching relevant to our organisation and manageability of this operationally. This is kept under review. Some critical patches are not relevant to NHS (i.e. gaming patches). (CC) advised that under report recommendations, it notes RSM as Trust Internal Auditors, and this should now be BDO.</p> <p>(DL) referred to SQL servers which are out of support with plans to upgrade; what is the timeline for this? (AR) Confirmed this is in the programme to upgrade, but does come with a cost. A response is anticipated from the Infrastructure Team in the coming weeks. AR acknowledged that this is an emergent risk and needs to be prioritised with all other digital risks.</p> <p>[1051 AR left the meeting]</p> <p>Noted: The Performance Committee noted the Cyber Security update.</p>		
13.3	Local Health Economy update		
21/158	<p>TG noted that he had attended a national meeting with Julian Kelly a few weeks ago regarding financial infrastructure. This had gone well with some follow-ups on system items. The next meeting is scheduled in October with JK to look at the financial recovery plan for December. TG will keep the Committee updated.</p>		

Agenda Item		Action by Whom	Date
14	BAF: END OF MEETING WRAP-UP		
21/159	<p>The Committee agreed that all risk items had been covered within the agenda adequately.</p> <p>EM noted that the ICS risk will be discussed at the Strategic Projects Committee which follows this meeting.</p>		
15.1	COMMITTEE FORWARD PLANNER		
21/160	Noted: The Committee noted the Committee Forward Planner.		
15.2	REVIEW OF MEETING AGENDA AND OBJECTIVES		
21/161	<p>The Committee noted that the agenda had covered everything and objectives were met.</p> <p>There was one revision to future agenda: – Issues for Escalation to move to the end of meeting.</p>		
16	ANY OTHER BUSINESS		
16.1	Perfusion Services Tender – update		
21/162	<p>TG advised this item was highly commercial and confidential.</p> <p>TG had kept NEDs and EDs updated on the on provision of perfusion services, where this had recently gone out to tender and the contract is under review. TG gave a summary of the tender applicants and negotiations on costings with the main bidder, explaining the offer made to the main bidder and the progress with this.</p> <p>There were no further questions raised. The Committee noted and thanked TG for this update.</p>		
	FUTURE MEETING DATES		
Date	Time	Venue	Apols rec'd
30 September	9am-11am	MS Teams	RH
28 October	9am-11am	MS Teams	
25 November	9am-11am	MS Teams	
16 December	9am-11am	MS Teams	

The meeting finished at 1059hrs


 Signed
 (Chair authorised electronic signature to be added)

Date: 30 September 2021

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
 Meeting held on 26 August 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 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
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