

**Meeting of the Performance Committee
Held on 31 March 2022**

0900-1100hrs via MS Teams

[Chair: Gavin Robert, Non-executive Director]

MINUTES

Present		
Mr G Robert (Chair)	GA	Non-executive Director
Mrs C Conquest	CC	Non-executive Director
Ms D Leacock	DL	Associate Non-executive Director
Mr T Glenn	TG	Chief Finance & Commercial Officer
Dr R Hall	RH	Medical Director
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)
Ms A Halstead	AH	Public Governor, Observer
Mrs A Jarvis	AJ	Trust Secretary
Mr C Panes	CP	Deputy Chief Finance Officer
In attendance for Divisional Presentation - Respiratory		
Mr M Blastland	MB	Non-executive Director
Prof R Rintoul	RR	Consultant Respiratory - Oncology
Mrs L Shacklock	LS	Director of Operations, Thoracic Medicine & Ambulatory Division
Apologies		
Mr S Posey	SP	Chief Executive
Mr A Selby	AS	Director of Estates & Facilities
Dr I Smith	IS	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		
22/56	The meeting started at 0912hrs. The Chair welcomed all to the meeting. Apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
22/57	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
5	DIVISIONAL PRESENTATION – Respiratory Division		
22/58	<p>RR and LS gave a presentation to the Committee on thoracic oncology. It is a high functioning team both in clinical and research activity, one of the top five practices in the UK by size receiving referrals from across the region and had recently received positive feedback from a GIRFT (Get It Right First Time) visit in October 2021. Discussion at the Committee focused on areas for improvement, and in particular the delays caused by waiting times at CUH for PET-CT scans and pathology/genomic turnaround times. In both cases we are now dependent on a facility run by CUH where we are just one small customer. It was agreed that this would benefit from a deep dive at SPC in the context of “Working with our partners” to see what tangible progress could be achieved. RR explained that there was no issue with the quality of scans/pathology which are first rate, but the issue relates to process/admin delays. RR also raised the implications of the unexpected announcement by Dedalus to switch customers from Lorenzo to Orbis U. AR confirmed this has wider implications across the Trust and agreed to submit a report for detailed discussion at next month’s SPC. The above national average surgical re-admission rates were also noted and are being reviewed. The Committee thanked them for their excellent and informative presentation.</p> <p>[0944 RR and LS left the meeting]</p>		
3	MINUTES OF THE PREVIOUS MEETING – 24 February 2022		
22/59	Approved: The Performance Committee approved the Minutes of the meeting held on 24 February 2022 and authorised these for signature the Chair as a true record.		31.03.22
4.1	TIME PLAN OF TODAY’S AGENDA ITEMS		
22/60	The running order of today’s Agenda was noted and agreed.		
4.2	ACTION CHECKLIST / MATTERS ARISING		
22/61	The Committee reviewed the Action Checklist and updates were noted.		
4.2.1	Roster Update (Ref. 21/231)		
22/62	<p>MS and OM issued this update on rostering. MS explained that the report lays out the process to ensure rosters are aligned to ledgers and ESR data and the management of rosters. There is ongoing work on a monthly basis to ensure actions are carried through along with the day to day use of the safe care module.</p> <p>The anticipated outcome/target is a better experience for staff alongside more effective and efficient rostering. In terms of managing staff on a day-to-day basis it gives a real oversight view. Efficient rostering means better future planning where there may be gaps ahead.</p> <p>GR asked if it is possible to quantify this target?</p> <p>MS explained that the measure is via the metrics for rostering (known as levels of attainment). Efficient rostering should deliver the number of beds</p>		

Agenda Item		Action by Whom	Date
	<p>that we are commissioned to deliver. CCA is the biggest area of matching roster attainment levels with commissioned beds and there has been an external review on this; the themes found are far more complex in terms of build and skill mix. The current transformation review on CCA shows we have the right number of staff, it is down to how we use them.</p> <p>DL asked that if as a result of efficient and effective rostering, would we expect to see a reduction in temporary and agency spend? MS – yes, but we would also need to consider sickness absence and vacancies as these are other reasons why we use agency. Our in-house temporary staffing pool is small. There is headroom built into the roster for sickness and annual leave, but excess sickness levels bring challenges.</p> <p>OM added that the aim would be to shift from higher premium cost agency to our own bank staff; there are no figures for this currently.</p> <p>CC referred to the report and asked what ‘review of all warnings set up on roster’ means. MS explained that ‘warnings’ are items such as personal work patterns, as an example; but that there are so many warnings that they are often overlooked. MS confirmed that efficient rostering will improve metrics for safer staffing. EM added that thinking about the softer element around staff well-being and retention, is that effective and timely rostering gives people certainty about their lives.</p> <p>Noted: The Performance Committee noted the Roster Update.</p>		
<p>4.2.2</p>	<p>Trust Balancing of Decision Making (Ref 22/11)</p>		
<p>22/63</p>	<p>As this was a copy of a report primarily reporting to Q&R, GR suggested leaving this for Q&R discussion. CC and DL were happy with this.</p> <p>Noted: The Performance Committee noted the report on Trust Balancing of Decision Making.</p>		
<p>IN YEAR PERFORMANCE & PROJECTIONS</p>			
<p>6</p>	<p>REVIEW OF THE BAF</p>		
<p>22/64</p>	<p>This report was introduced by AJ and taken as read.</p> <p>There is one overdue risk re. Waiting list – it was noted that there was no change to this.</p> <p>The report is now showing the level of assurance (a follow-up from auditor recommendations) and this links in with the Board Assurance Framework policy.</p> <p>GR asked how much of the document changes from month to month; can the Committee see a tracked changes version to help identify what has moved? AJ explained that the progress notes are changed each month to reflect any risk moves. It is difficult to present with tracked changes as it is a live report coming out of the system which does not highlight changes and would be a laborious process to go back and highlight these changes. She</p>		

Agenda Item		Action by Whom	Date
	<p>gave assurance that if any fields are changed, this is captured in the progress notes.</p> <p>The Key Supplier risk was noted, which had been discussed at other Committees.</p> <p>GR queried the Recruitment Risk at 12 – in the current circumstances is this at the right level or should it be escalated? OM has been looking at this risk over last few months too and will review again for the next report.</p> <p>Noted: The Performance Committee noted the review of BAF.</p>	OM	28.04.22
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
22/65	<p>The Committee received PIPR for M11 February 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. <p>There has been an improvement in ‘Caring’ in month but continued challenges, as reported in ‘Effective’ and ‘Responsive’, in relation to staff sickness etc.</p>		
22/66	<p><u>Safe (Amber)</u> DL referred to the Key Performance Challenges on Prescribing in ‘Fractured Pathways’, specifically the medicines reconciliation on transfer between systems and wanted to better understand how we can ensure that the prescriber is actually looking at the complete picture knowing that these limitations exist. MS acknowledged this issue which has been discussed at Q&R. Historically, not all staff were trained in all systems, which has been addressed. The use of dual screens helps with cross-referencing between systems and the actual handover to the ward area. These are the current mitigations, and we are keeping this under review. This is recognised as a risk, but we are doing all we can to mitigate and maintain safety. This is reported through Medicine Safety Committee and QRMG for oversight on patient safety and patient harm. There is a different system in theatres and cath labs which is another vulnerability; MS explained this and the work going on in cath labs on drug recording. This is very much on our radar.</p>		
22/67	<p><u>Caring (Green):</u> There were no questions raised.</p>		
22/68	<p><u>Effective (Red):</u> EM noted we are seeing the same theme as February and the short-term staff absence has continued through March. There has been a high COVID-19 community prevalence, and this has affected staff in all areas. This has also caused high levels of patients cancelling or DNAs. The current COVID surge is expected to persist until mid-April.</p>		

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22/69	<p><u>Responsive (Red):</u> GR asked for further details on the scanner swap out referred to under Cancer Waits. EM advised that the CUH PET-CT scanner was at the end of its life; it was slow and lacked some modern levels of imaging definition. The replacement programme is an extensive piece of work and so CUH are dependent on a mobile scanner in the meantime.</p> <p>CC noted that six patients were waiting over 52 weeks, with mention at other meetings today of a patient waiting 104 weeks. EM updated that as at 29 March, there were only two patients waiting over 52 weeks, both surgical patients. Other longer-term patients have been treated bar one where the patient is deciding on whether to have treatment. EM also added that at 45 weeks, we do a deep dive review and escalate priority accordingly.</p> <p>GR referred to reasons for cancellations which are noted as 'patients unfit' – can you explain this? EM explained that the prime driver for this relates to patients testing positive for COVID just before their procedure, where they had tested negative at referring hospital. She noted the guidance for testing within 90-day window of having COVID, whereas we need to test on admission. The positive result could be due to visitors or nosocomial infection before arriving with us. MS added that the current high prevalence in the community and the incubation of COVID is affecting this.</p>		
22/70	<p><u>People management and culture (Red):</u> DL referred to registered nurses and was concerned to see that 13 left recently but was assured that we have a healthy pipeline of overseas nurses and UK nurses starting soon. Referencing retention – what can we do to ensure that these nurses will stay? OM responded with some context, that the issue with retention is common in many Trusts experiencing increasing a higher turnover, with difficulty in recruiting at the lower bands. At RPH this does not seem focussed in a particular area or for specific reasons; we are working to help line managers improve with further training and career development for staff. We also understand that there are some limitations as a small specialist hospital where staff may need to leave to progress, but then return to us in the future. There is not one answer to resolve this. Our planned work on talent and career development might be brought forward to support this. There is a new IPR process due May/June. OM confirmed that take up on the line manager training is excellent; sessions are full, with a waiting list.</p> <p>CC asked if in collaboration with ICS, is there any potential to have a rotation of staff within the region to get the upskilling but then we do not lose them from the System or that they may come back to us. Could this help retention? OM said that there were some rotation schemes in place already, i.e., physios. The System is discussing this but there are not enough resources to manage this, and this would only be part of a solution. RPH has a rotation scheme with CUH for CCA staff and we do also see rotation in line management and operational roles.</p>		
22/71	<p><u>Finance (Amber):</u> This will be covered under the Financial Report.</p>		

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22/71a	<p>Integrated Care System (ICS) This is Included for information purposes and to understand how the system is looking.</p> <p>CC commented that it was pleasing to see figures improving month on month. EM referred to work in diagnostics which has not seen such improvement, and explained the actions put in place to help this area improve.</p> <p>GR asked if the RPH stats can be included under ICS, for comparison purposes. EM confirmed this can be added in.</p>	EM	28.4.22
	<p>Noted: The Performance Committee noted the PIPR update for M11 2021/22.</p>		
8	ACTIVITY RESTORATION		
22/72	<p>EM presented the report which was taken as read. The update reflects discussions in PIPR on shortages of staff. The delivery of activity through admissions is down but there has been some improvement in outpatient activity. We still offer support to CUH on CT scanning and continue to manage the waiting list in order of clinical priority. EM noted that the radial diagram for respiratory incorrectly shows January information, not February, but the information is identical. The narrative for February is accurate.</p> <p>Noted: The Performance Committee noted the update on Activity Restoration.</p>		
9.1	FINANCIAL REPORT – Month 11 2021/22		
22/73	<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 (SOCl) position <ul style="list-style-type: none"> • Run rate trends • Activity • Statement of Financial Position • Statement of Cash Flow • Cash position and forecast • Cash Management • Capital • Spotlight on Homecare Pharmacy <p>TG referred to the report which shows a strong performance in month. The capital performance is picking up in line with the revised plan. The issue reported last month on BPPC NHS invoices continues and the team continue to work to improve this.</p> <p>DL asked for clarification on the homecare backlog which states it is in the month of January – should this be for February? TG confirmed this was for February.</p>		

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	<p>GR noted that private patient performance was doing well and contributing to the bottom line in month and that relates to when billing comes in, so activity happened previously. With COVID staffing pressure, how have we managed to maintain the private patient income?</p> <p>TG explained that the Trust had undertaken a private patient review with Ernst & Young (EY) in Dec /Jan, with opportunity to increase our prices in insurance. This is a price gain rather than a volume gain. This price gain will roll into next year and be shown in next year's plan.</p> <p>GR would be interested to see the outcome of review. TG offered to show this via a private patient deep dive next month. GR would welcome this.</p> <p>RH referred to private medicine and that we need to be mindful of all drivers in terms of NHS performance. We are not choosing to displace NHS patients but need to be thinking ahead.</p> <p>Noted: The Committee noted the financial update.</p>	TG	28.4.22
9.2	CIP REPORT- Month 11 2021/22		
22/74	<p>TG noted that the current focus is on year-end and next year's budget planning process. Following that the focus will shift to CIP.</p> <p>The spotlight report stated that the Business Intelligence report was due June 2023; TG confirmed this should read 2022.</p> <p>Noted: The Performance Committee noted the approach to CIP and the progress to date.</p>		
10	ACCESS & DATA QUALITY		
22/75	Bi-monthly report – next due to 28 April 2022 meeting.		
FUTURE PLANNING			
11	2022/23 OPERATIONAL PLAN		
22/76	<p>TG had led an Operational Planning Workshop for NEDs which explained the plan in detail with opportunity for discussion. The Performance Committee is requested to approve the plan and recommend to the Board of Directors at its 7th April meeting. TG will update the report version to Board to include all the documents shared at the Workshop along with recognition of discussions.</p> <p>TG highlighted that it is important to note the context on the remit of the plan; this plan was drawn up in the light of the NHS spending review in October last year, with the NHS settlement based on a low covid scenario, with prevalence similar to summer 2021 and inflation running at 2.8%; those assumptions were trickled down to ICS and Trusts on that basis.</p> <p>As we are all aware, we are not now in a low covid scenario and inflation is not 2.8%. There are ongoing live conversations at top level to see how this is managed with queries such as, what does this mean for ERF performance? How much is inflation pressure worth?</p> <p>This position is common with all other NHS organisations in this ICS and</p>		

Agenda Item		Action by Whom	Date
	<p>the majority of ICSs in East of England have taken the same approach to planning.</p> <p>DL asked that following on from the NEDs workshop and current discussions, are we comfortable with the level of inflation within the plan, given that inflation is currently higher? TG said that it is not possible to talk about outcomes yet, but the Centre is aware of these problems and our approach to date has aligned with what is needed for those discussions. Inflation will be a government decision.</p> <p>CC asked if for the Board meeting, could there be a slide set to show the risks just articulated? TG agreed this will be included. GR commented that the inflation risk will be an NHS wide risk where the decision is out of our control. CC added that some organisations have input a higher inflation figure to lessen the risk for them. TG gave some context on inflation noted in previous discussions.</p> <p>GR thanked TG for organising the NEDs workshop, the openness and transparency around risk and waterfall diagram were extremely helpful. On that basis he suggested that the Operational Plan be recommend for approval to the Board. This was agreed by the Committee.</p> <p>Recommendation and approvals The Performance Committee approved the 2022/2023 Operational Plan and recommended to the Board of Directors for approval; including a breakeven financial position and the delivery of the national activity targets within existing capacity, and to delegate authority to the Chief Executive /Officer and Chief Finance Officer to:</p> <p>a) Agree the final system funding values and any subsequent changes to the financial plan as a result; b) Approve the submission of the draft plan including the financial, activity and workforce position; and c) To make the submission based on this paper together with appropriate amendments within the envelope set out in this paper.</p>	TG	7.4.22 Board
12	INVESTMENT GROUP – Chair’s Report		
22/77	<p>TG advised that work continues to push on the capital position to get delivery at Month 12. Two approaches for additional funding were noted: one was not approved, and one was approved at £6k which provided a future opportunity, but with some work to quantify the potential opportunity identified.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
13	ISSUES FOR ESCALATION		
22/78	<ul style="list-style-type: none"> • Board of Directors • Audit Committee – No items flagged. • Quality & Risk Committee – No items flagged. • Strategic Projects Committee <p>1) Following on from the GIRFT Cancer Update, AR to provide a report to SPC regarding Lorenzo/Somerset transfer ORBIS U system.</p>	AR	28.4.22

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	2) PET-CT and pathology issues – deep dive reports to be included in next month’s PIPR with a covering update to SPC.	EM	28.4.22																																																				
14.1	COMMITTEE FORWARD PLANNER																																																						
22/79	Noted: The Committee noted the Forward Planner.																																																						
15.2	REVIEW OF MEETING AGENDA AND OBJECTIVES																																																						
22/80	GR acknowledged today’s tight agenda and thanked the Committee for their support in keeping to time.																																																						
14.3	BAF: END OF MEETING WRAP-UP																																																						
22/81	<p>As discussed earlier, OM will review the risk on staff recruitment risk and report this to next month’s meeting.</p> <p>AJ referred to discussions on pathology delays and queried if this is properly covered on BAF risks? This would be reflected within the waiting times risk. EM added that the pathology risk is a bi-product of having small specialist teams and managed under ‘BAU’ context.</p> <p>Lorenzo/Orbis U is a separate risk to the cyber risk. EM noted that the Digital Strategy Board will meet next week, and AR advised this will be discussed in consideration of the whole portfolio to determine risk.</p>																																																						
14.4	EMERGING RISK																																																						
22/82	No items were raised.																																																						
15	ANY OTHER BUSINESS																																																						
22/83	GR noted that this was RH’s last meeting with us before his retirement and thanked RH for all his contributions.																																																						
	FUTURE MEETING DATES																																																						
	<table border="1"> <thead> <tr> <th>2022</th> <th>Time</th> <th>Venue</th> <th>Apols rec’d</th> </tr> </thead> <tbody> <tr><td>27 January</td><td>0930-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>24 February</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>31 March</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>28 April</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>26 May</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>30 June</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>28 July</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>25 August</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>29 September</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>27 October</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>24 November</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>15 December</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> </tbody> </table>	2022	Time	Venue	Apols rec’d	27 January	0930-1100hrs	MS Teams		24 February	0900-1100hrs	MS Teams		31 March	0900-1100hrs	MS Teams		28 April	0900-1100hrs	MS Teams		26 May	0900-1100hrs	MS Teams		30 June	0900-1100hrs	MS Teams		28 July	0900-1100hrs	MS Teams		25 August	0900-1100hrs	MS Teams		29 September	0900-1100hrs	MS Teams		27 October	0900-1100hrs	MS Teams		24 November	0900-1100hrs	MS Teams		15 December	0900-1100hrs	MS Teams			
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The meeting finished at 1055hrs


Signed
(Chair authorised electronic signature to be added)

Date: 28 April 2022

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 31 March 2022

Glossary of Abbreviations

CUH – Cambridge University Hospitals NHS FT
ERF – Emergency Recovery Funding
ESR – Electronic Staff Record
GIRFT - Get It Right First Time
ICS – Integrated Care System
IHU – In House Urgent
QRMG – Quality Risk Management Group
SPC – Strategic Projects Committee

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	End Date From
Ahluwalia, Dr Jasjit Singh (JASJIT)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jasjit Singh (JASJIT)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre, Cambridge.	01/10/2018
Ahluwalia, Dr Jasjit Singh (JASJIT)	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 Jasjit Singh (JASJIT)	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 CBS, some of which are remunerated.	01/01/2018
Ahluwalia, Dr Jasjit Singh (JASJIT)	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 seconded from CUH Foundation Trust.	16/02/2022
Ahluwalia, Dr Jasjit Singh (JASJIT)	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 Jasjit Singh (JASJIT)	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 Jasjit Singh (JASJIT)	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 Jasjit Singh (JASJIT)	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 Trialist's Collaboration	01/08/2020
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group - Network for BAME NEDs in the NHS	25/02/2021
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	Codeblue 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 Biomedica 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
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
Hall, Dr Roger Michael Owen (Roger)	Medical Director	Y	Financial interests	Shareholdings and other ownership interests	Director of a medical services company Clurce & Hall Ltd	01/09/2016
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, ADD Consulting Ltd	01/06/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Financial interests	Outside employment	Director, ADD 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. Elish Elizabeth Ann	Chief Operating Officer	Y	Indirect interests	Loyalty interests	Holds an unpaid Executive Reviewer role with CQC	03/08/2020
Monkhouse, Ms. Donagh Jane	Director of Workforce and Or	Y	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 MASSA , 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	Member of the NHSE Organ Unit 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
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Sponsored events	Philips sponsorship for a table at the HSI 2021 Awards Ceremony for 10 members of staff to attend ("Trust of the Year" shortlisting of RPH). £4,794.00	18/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Financial interests	Patents	CIS UCCQ is a Trademark for health and care IT courses established under my consultancy ADR Health Care Consultancy Solutions Ltd	05/04/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Financial interests	Shareholdings and other ownership interests	Owner of ADR Health Care Consultancy Solutions Ltd	02/05/2017
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Indirect interests	Sponsored events	Orion Healthcare sponsored 1 table at the HSI Awards 2021 for RPH @ a cost of £4740.00	19/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial personal interests	Gifts	Headset earphones value £20	19/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial professional interest	Loyalty interests	Spouse works for Royal College of Nursing (I can 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
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 Addenbrookes 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