

**Meeting of the Performance Committee
Held on 28 April 2022
0900-1100hrs via MS Teams**

[Chair: Gavin Robert, Non-executive Director]

MINUTES – Part 1

Present		
Mr G Robert (Chair)	GA	Non-executive Director
Ms D Leacock	DL	Associate Non-executive Director
Mr T Glenn	TG	Chief Finance & Commercial Officer
Mrs E Midlane	EM	Chief Operating Officer
Ms O Monkhouse	OM	Director of Workforce & Organisational Development
Mr S Posey	SP	Chief Executive
Mr A Raynes	AR	Director of Digital (& Chief Information Officer)
Mrs M Screaton	MS	Chief Nurse
Mr A Selby	AS	Director of Estates & Facilities
In Attendance		
Ms S Bullivant	SB	Public Governor, Observer
Mrs A Colling	AC	Executive Assistant (Minutes)
Mrs A Jarvis	AJ	Trust Secretary
Apologies		
Mrs C Conquest	CC	Non-executive Director
Ms A Halstead	AH	Public Governor, Observer
Mr C Panes	CP	Deputy Chief Finance Officer
Dr I Smith	IS	Deputy Medical Director
Dr S Webb	SW	Deputy Medical Director

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

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
22/79	The Chair welcomed all to the meeting. Apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
22/80	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. SP asked to note that he is Chief Executive designate for University Hospitals of Derby & Burton NHS FT.		
3	MINUTES OF THE PREVIOUS MEETING – 31 March 2022		
22/81	Approved: The Performance Committee approved the Minutes of the meeting held on 31 March and authorised these for signature by the Chair as a true record.		31.03.22

Agenda Item		Action by Whom	Date
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
22/82	The running order of today's Agenda was noted and agreed. The Chair was mindful to keep sufficient time to discuss the 2022/23 Operational Plan.		
4.2	ACTION CHECKLIST / MATTERS ARISING		
22/83	The Committee reviewed the Action Checklist and updates were noted.		
4.2.1	Cyber Risk Business Continuity Review (Ref. 21/244)		
22/84	This item was discussed by the Committee and minuted in Part 2 Confidential minutes.		
4.2.2	Ethnicity Analysis (Ref 22/37)		
22/85	<p>OM presented this paper and underlined some key points. The Trust would like to introduce a formal exit interview process which would provide more insight into the reasons for leaving, although capacity constraints in HR were acknowledged.</p> <p>DL asked that given the effort and cost to recruit new colleagues, what can we do to improve retention for BAME colleagues in first two years of their employment. OM reiterated the need to keep making improvement in the areas identified and remain focussed on this; she also mentioned the newly recruited nine cultural ambassadors which could support this area.</p> <p>GR noted the concern around those BAME staff with under 2 years' service and the actions the Trust is taking on this.</p> <p>EM asked how does this compare with other organisations? OM does not have comparative data, but it's not uncommon to have leavers in first the two years some of whom may return to the Trust at a later time. But recognised there is more to be done particularly with the Health Care Support Worker (HCSW) role which has a high turnover.</p> <p>OM clarified that the '2-year leaver rate' is too high for all staff but higher for BAME staff vs white.</p> <p>The Committee noted that the data emphasised the importance of ongoing efforts (line manager support, career progression, wellbeing etc.) to improve retention.</p> <p>Noted: The Performance Committee noted the Ethnicity Analysis review.</p>		
5	DIVISIONAL PRESENTATION		
22/86	Next due at the 26 May meeting: Radiology/Imaging.		
IN YEAR PERFORMANCE & PROJECTIONS			
6	REVIEW OF THE BAF		
22/87	This report was introduced by AJ; she ran through the changes in risks and new risks as noted in the report. This month's report includes the risk appetite statements. Cyber risk had already been discussed under Matters Arising.		

Agenda Item		Action by Whom	Date
	<p>DL referred to Risk 1583 staff turnover where the risk appears to have reduced to moderate. As a gap in assurance has been identified, is this justified? AJ confirmed that it is the target rating that has been modified, not the actual risk rating. DL thanked AJ for clarifying this.</p> <p>Noted: The Performance Committee noted the review of BAF.</p>		
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
22/88	<p>The Committee received PIPR for M12 February 2021/22. TG summarised the position as 'Red', which comprised:</p> <ul style="list-style-type: none"> • Four 'red' domains (Safe, Effective, Responsive and People Management & Culture). • Two 'green' domains (Caring and Finance) • One new domain (Integrated Care Service – ICS); not currently rated. <p>TG summarised the overall position, noting that COVID related issues continue to be theme in Responsive and Effective areas.</p>		
22/89	<p>Safe (Red)</p> <p>DL referred to incidences of bacteria where, in this month's data, these seem to have increased – is there a concern or trend here?</p> <p>MS confirmed that all instances have a review via root cause analysis (RCA). This type of incidence is more associated with long term patients on CCA or patients transferred in and very sick ECMO patients. The issues are scrutinised at Infection Prevention & Control Committee on a quarterly basis and there is a weekly catch up with Microbiologists. There are no concerns on the status. MS offered to bring back a focus to the next PIPR, which DL welcomed.</p> <p>DL was also concerned about the red flags raised on health roster in March with 42 out of 60 red flags on nursing shortfalls. Is there cause for concern here and how was this mitigated? What does 'missed intentional rounding' mean?</p> <p>MS explained that March saw the highest prevalence of COVID in the community and affected staff hugely, resulting in a high number of short-notice staff absence, which was difficult to fill. Staff sickness has now resolved to normal levels and staffing for April is showing a better position. This purely related to short notice staff sickness re. COVID with no issues of patient safety or harm.</p> <p>'Intentional rounding' is checking on patients every hour or two hours depending on patient need to ensure they have everything they need, with examples given. Any staff member can do a check. Where audits show this was missed, it was due to shortness of staff resource, but no harm to patients resulted as a consequence.</p> <p>SP noted that it is right to highlight these areas and, even though there are issues, RPH remains a positive outlier on safer staffing and we should be mindful of pressures at regional and national level; he suggested that this context needs to carry into Committee understanding and Board.</p>	MS	26.5.22

Agenda Item		Action by Whom	Date
22/90	<u>Caring (Green):</u> No issues were raised.		
22/91	<u>Effective (Red):</u> No issues were raised.		
22/92	<u>Responsive (Red):</u> GR referred to outsourced diagnostics. EM noted that PET-CT will be taken to SPC for detailed discussion. On PET-CT, the deep dive explains the ongoing work with CUH where improvement had been seen due to the temporary mobile scanner. The new static scanner is now in place although there are still some delays, and this is work in progress with CUH. On a histopathology perspective, biopsies are turned around well within the national threshold. On genomics, although we do not routinely see this data, the expected turnaround time of 21 days is more likely now at 28 days – this will be reviewed with CUH. DL referred to histology and the comment about post-surgical resections taking four weeks. Has this improved or is it still a concern.? EM explained how this is a lower priority as it is post-operative and our focus is on diagnostic pre-treatment. CUH have also suffered with reduced staffing which has affected this. GR summarised that PET-CT will come to SPC for a deeper dive. Histology has no performance issues, so no further investigation required. Genomics is still under review and will come back to this Committee to see if further escalation is needed.		
22/93	<u>People management and culture (Red):</u> No further comments were received.		
22/94	<u>Finance (Green):</u> This will be covered under the Financial Report.		
22/95	<u>Integrated Care System (ICS)</u> This is Included for information purposes and to understand how the system is looking.		
	<u>Noted:</u> The Performance Committee noted the PIPR update for M12 2021/22.		
8	ACTIVITY RESTORATION		
22/96	EM presented the report which was taken as read. She summarised that there is a continued theme of staff absence and patient DNA, mainly due to COVID in the community. This has seen the most impact in elective care. On a positive note, in Outpatients, with the new productivity tools, that even with absence of staff and DNAs, a strong recovery in Outpatients has been achieved. The Meridian productivity work is now underway to support theatres and cath labs etc. The programme has been re-mapped from 12 to 16 weeks (due to sickness issues) with no extra cost for this. EM gave details of some key strands of work identified in theatres. The work in cath labs is a simpler piece of work to improve productivity.		

Agenda Item		Action by Whom	Date
	<p>GR asked what the scale of improvement in terms of capacity utilisation is. EM advised that expectation is: Theatres – 25% approx Cath lab – 10-15% approx</p> <p>OM referred to the report query on including staffing to AfPP guidelines (Association for Preoperative Practice) for theatre and cath lab staff. EM added that this refers to utilisation and rostering rather than total numbers of staff and explained this in detail.</p> <p>GR asked if there are other hospitals who have used the Meridian improvement package? EM said there are numerous examples from Meridian’s 30 years’ experience in this area. The key to their success seems to be the educational work alongside productivity work which helps embed the tools.</p> <p>DL asked how long will it take to see the 25 % improvement in theatres? EM explained that the benefits realisation will be on a different timescale for cath labs and theatres. In cath labs, improvement should be seen in May and June. In theatres we should see a reduction in overtime quite quickly in June, but a slower pace with the rest of the productivity work at 4-6 months.</p> <p>TG wanted to highlight that this is key work which is critical in the Operating Plan and referred to the main pack showing the elective journey and the impact of the productivity work.</p> <p>GR asked if this work would enable us to meet the plan or reduce the deficit. TG explained how this would work against the 104% target with reference to phasing and ERF.</p> <p>EM added that planning has been prudent and there may be opportunity to improve the speed of the work. EM also added that RPH is the only Trust in the region using productivity work to achieve improvement with the staff resource we already have, rather than relying on further recruitment.</p> <p>Noted: The Performance Committee noted the update on Activity Restoration.</p>		
9.1	FINANCIAL REPORT – Month 12 2021/22		
22/97	<p>The Committee received this report which gave an oversight of the Trust’s in month and full year financial position.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> - Statement of Comprehensive Income (SOI) position <ul style="list-style-type: none"> • Run rate trends • Activity • Statement of Financial Position • Statement of Cash Flow • Cash position and forecast • Cash Management • Capital • Spotlight on Homecare Pharmacy <p>TG noted the strong year-end result of £3.2m surplus (£4m on control total basis). The CIP plan set at the start of the 21/22 year has been delivered</p>		

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	<p>along with the capital plan in line with forecast; allowing some leeway on Digital Aspirant funding which has been allowed to roll to next year.</p> <p>TG referred to BPPC where the Trust achieved 3 out of 4 metrics, which is an improvement since last month. The NHS volume number is not quite there yet and we are working with SBS partners to try to resolve. GR gave credit to the team for this strong financial performance in the circumstances. TG highlighted that this is a Trust-wide effort.</p> <p>Noted: The Committee noted the financial update.</p>		
9.3	Private Patient Review		
22/98	This item was discussed by the Committee and minuted in Part 2 Confidential minutes.		
9.2	CIP REPORT- Month 12 2021/22		
22/99	<p>TG advised that progress has been made on the new year CIP target, but there is a gap to plan. There are regular CIP meetings with Divisions and that due to timing, some of the revisions have not made it to this report. He acknowledged that there is a gap and more to do. He stressed how important CIP achievement is in being able to achieve the Operating Plan.</p> <p>DL asked how do we enable clinical divisions to achieve CIP and ensure it is recurrent, given that opportunities in 2022/23 may not be available on a recurrent basis, given the changing funding models and transition to the ICS? TG explained discussion with divisions and the drivers for this year's CIP; there is a piece of work with Thoracic Division on a CIP Workshop which will hopefully roll-out to other divisions.</p> <p>Noted: The Performance Committee noted the approach to CIP and the progress to date.</p>		
10	ACCESS & DATA QUALITY		
22/100	<p>The report was taken as read.</p> <p>TG noted that the Trust is starting to see GP referrals coming back which is encouraging news.</p> <p>Noted: The Performance Committee noted the update on Access & Data Quality.</p>		
FUTURE PLANNING			
	<p><i>At this point the Chair took the opportunity for a quick review of the remaining agenda items. He referred to Item 17i Value Testing Soft FM Services; the Chair had discussed earlier with TG and suggested that this should be taken at SPC, but that due to timing of that Committee, it would need to be considered today by Performance Committee. TG added that this item is brought to this Committee for oversight. This paper sets out the suggested approach and is not requesting a decision to award the tender. On this basis, the Chair agreed to keep to Agenda order and ensure sufficient time towards the end of meeting to discuss this item.</i></p>		

Agenda Item		Action by Whom	Date
11	2022/23 OPERATIONAL PLAN		
22/101	<p>TG introduced this report and highlighted the importance of the original context of the October 2021 spending review, being a low COVID and low inflation scenario. The current position is far from that with inflation at 6.2% and forecast to increase; COVID is not yet at a low scenario although cases are reducing. These two factors have put pressure on the NHS wide and Trust plan. Many ICSs are forecasting deficits in 22/23. The Cambs & Peterborough ICS deficit is £76m. All in all, this creates an extremely challenging financial year.</p> <p>TG has kept the Committee and Board updated on the changes in the planned position. Since the initial draft operational plan, there has been a review of the assumptions as to what COVID and inflation will do. Assumptions are:</p> <ol style="list-style-type: none"> 1. RPH will not be able to achieve the 104% activity target. In practice, the ability to earn ERF funding is highly limited. 2. Inflation will be much higher than previously assumed. <p>Important to note the assumptions that underpin the activity trajectory. The Meridian work is key and our ability to move our CCA bed numbers from current average 31 now to 36 at end of September. Length of Stay improvement is also taken into account.</p> <p>These assumptions bring the position to a forecast £7.3m deficit which is proposed in the Operational Plan for submission; approval for this is requested from the Performance Committee.</p> <p>TG noted this is not an acceptable position but is the current situation; the Trust will need to work hard to limit this deficit. He would envisage that further planning submissions will be asked for following this submission.</p> <p>GR laid out his understanding that the planned deficit of £7.3m, already includes the improvements in productivity in cath labs and theatres and the opening of further CCA beds. Therefore, to improve on the planned deficit, the Trust would need to improve on the productivity assumptions. Although we believe that this is achievable, it is considered prudent to keep the assumptions conservative in this plan.</p> <p>TG confirmed that in general that is the position but would question whether this is conservative as we are aiming to achieve the full Meridian productivity gains. The question is whether we have been aggressive enough in terms of phasing of this and therefore whether it is possible to bring forward the gains sooner during the year.</p> <p>SP supports TG in this position. He shared a conversation at this week's Executive Committee when reviewing the plan. The plan needs to work from a finance perspective but needs to be right for staff and patient whilst still noting the fragility within the NHS. We need to keep awareness of this; the plan needs to work for RPH with flexibility to reflect reality.</p> <p>GR mentioned an earlier conversation where other providers in the ICS are relying on recruiting staff rather than productivity gains. What upside is there in the recruitment market which we might be able to exploit or not?</p>		

Agenda Item		Action by Whom	Date
	<p>EM advised that we have built in a workforce assumption into the plan, so will still recruit but are not relying totally on this. GR asked whether CUH recruitment could impact on our recruitment? OM said that CUH are opening new facilities and have a large overseas recruitment programme. They have a different programme and slightly different labour market. But there is a common issue in recruiting and retaining HCSWs.</p> <p>DL had no other queries and felt that all had been answered.</p> <p>TG advised that the plan needs to be submitted by midday today. The detail has been shared and discussed with the full Board.</p> <p>DL asked if all of the work, including the outstanding items mentioned in the report, has been completed now. TG confirmed that the work is complete to deliver a £7.3m deficit at this point. But again stated that he expects further guidance from centre which would change the plan.</p> <p>GR felt that it is important to state that we do not think that a £7.3m deficit is acceptable and the Committee fully expects a financial recovery plan to be put in place to reduce this. He suggested the next meeting discusses governance against any such recovery plan. TG agreed felt this was a sensible approach.</p> <p>GR thanked TG for his clear explanation of the Plan and the assumptions behind it.</p> <p>Recommendation and approvals The Board and Performance Committee is requested to approve the plan 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> <ul style="list-style-type: none"> 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) Make the submission based on this paper together with appropriate amendments within the envelope set out in this paper. <p>Approved: The Performance Committee approved the recommendations as noted above.</p>		
12	INVESTMENT GROUP – Chair’s Report		
22/102	<p>The Investment Group has not met since the last Performance Committee meeting. The next meeting is on 13 May 2022.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		

Agenda Item		Action by Whom	Date
13	QUARTERLY REPORTS		
13.1	Corporate Risk Register		
22/103	<p>MS introduced the report which shows that the percentage of overdue risks has crept up; this is escalated to Q&R today. She advised that there are several actions to help teams to improve this situation, including training which has been developed to support staff.</p> <p>DL asked how are extreme risks being managed and mitigations for these, particularly for the top four risks?</p> <p>MS these are reviewed through the divisional performance meetings as key risks including the level of risk and support needed in team to manage and mitigate this.</p> <p>EM added that the top two risks re. tissue banking have been reported via the HLRI Mobilisation Group (EM is Chair) and, as at yesterday, both issues are concluded and the risks can close.</p> <p>MS advised that the risk re. harm reviews, has been discussed at the weekly Serious Incident Executive Review Panel (SIERP) this week. A process is being developed for this to come to that panel as a standard agenda item, ensuring complete oversight.</p> <p>OM referred to the risk on doctor rostering, and how as a whole Trust we look at medical rostering, not just within individual teams. We are keen to improve this across the board and whether any aspects can be centralised.</p> <p>The Corporate Risk Register is reported via Q&R Committee on a monthly basis.</p> <p>Noted: The Performance Committee noted the update on Corporate Risk Register.</p>		
13.2	Local Health Economy Update		
22/104	This has been covered by other discussions on the agenda.		
14	AD-HOC REPORTS		
14.1 22/105	Cardiac Physiology Structure Update (included in PIPR Spotlight as 'AHP/Scientific vacancies')		
	OM suggested she could update this for the Board version of PIPR, to include leadership issue. She explained that there has been progress with putting in place a lead cardiac physiologist, although this is not a joint CUH appointment, the rationale was to improve development of that professional group.	OM	4.5.22 Board
17.1	Value Testing Soft FM Services: proposal to pursue a benchmarking exercise		
22/106	This item was discussed by the Committee and minuted in Part 2 Confidential minutes.		

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15.1	ISSUES FOR ESCALATION																																																						
22/107	<ul style="list-style-type: none"> Board of Directors Audit Committee Quality & Risk Committee Strategic Projects Committee <ul style="list-style-type: none"> – Soft FM - Private Patient strategy work - PET-CT deep dive 																																																						
16.1	COMMITTEE FORWARD PLANNER																																																						
22/108	Noted: The Committee noted the Forward Planner.																																																						
16.2	REVIEW OF MEETING AGENDA AND OBJECTIVES																																																						
22/109	Objectives covered with good discussion on items.																																																						
16.3	BAF: END OF MEETING WRAP-UP																																																						
22/110	AJ noted: <ul style="list-style-type: none"> Clarification on the issue about our staff retention. The increasing position in relation to financial risks. Cyber risk rating and assurance – Executive Directors to review and then discuss at Board. Closed risks were noted along with decrease in supplier risk. No other risks were flagged by the Committee. 																																																						
16.4	EMERGING RISK																																																						
22/111	No items were raised.																																																						
17	ANY OTHER BUSINESS																																																						
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The meeting finished at 1053 hrs


Signed
(Chair authorised electronic signature to be added)

Date: 26 May 2022

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 28 April 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 (ਜਸਜੀਤ ਅਹਿਲੂਵਾਲੀ)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jasjit Singh (ਜਸਜੀਤ ਅਹਿਲੂਵਾਲੀ)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre, Cambridge.	01/10/2018
Ahluwalia, Dr Jasjit Singh (ਜਸਜੀਤ ਅਹਿਲੂਵਾਲੀ)	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 (ਜਸਜੀਤ ਅਹਿਲੂਵਾਲੀ)	Non-Executive Director	Y	Financial interests	Outside employment	Fellow at the Cambridge Judge Business School. This is an honorary <u>position</u> , I am not on faculty and not paid for this role. <u>However</u> I do deliver occasional lectures for CBS, some of which are remunerated.	01/01/2018
Ahluwalia, Dr Jasjit Singh (ਜਸਜੀਤ ਅਹਿਲੂਵਾਲੀ)	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 (ਜਸਜੀਤ ਅਹਿਲੂਵਾਲੀ)	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, <u>pharmaceuticals</u> and charities.	01/10/2018
Ahluwalia, Dr Jasjit Singh (ਜਸਜੀਤ ਅਹਿਲੂਵਾਲੀ)	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 (ਜਸਜੀਤ ਅਹਿਲੂਵਾਲੀ)	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 (ਜਸਜੀਤ ਅਹਿਲੂਵਾਲੀ)	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 <u>Behavioral</u> 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	<u>Coventry</u> Partners is a specialist health consultancy working with health and care <u>organisations</u> to help them plan, <u>improve</u> 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 <u>Biodynamics</u> PLC- a biotechnology company developing <u>personalised</u> 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 <u>Non-Executive</u> 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 <u>trainee chartered</u> accountant with KPMG London	04/10/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee, Benham-Seaman Trust	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee. Firstsite	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group, a network for BAME NEDs in the NHS	01/12/2020
Midlane, Mrs. Eilish Elizabeth Ann	Chief Operating Officer	Y	Indirect interests	Loyalty interests	Holds an unpaid Executive Reviewer role with CQC	03/08/2020
Monkhouse, Ms. Conagh Jane	Director of Workforce and Or	N	I have no interests to declare			23/12/2020
Possey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is CEO of the Royal College of Obstetrics and <u>Gynaecologists</u> .	01/03/2019

Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is a Trustee of MASS , 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