

Meeting of the Performance Committee
Held on 24 November 2022
0900-1045hrs via MS Teams

[Chair: Gavin Robert, Non-executive Director]

UNCONFIRMED

MINUTES

Present		
Mr G Robert (Chair)	GA	Non-executive Director
Ms C Conquest	CC	Non-executive Director
Ms D Leacock	DL	Associate Non-executive Director
Mr A Baldwin	AB	Interim Chief Operating Officer
Mr T Glenn	TG	Deputy Chief Executive & Chief Finance and Commercial Officer
Mrs E Midlane	EM	Chief Executive
Ms O Monkhouse	OM	Director of Workforce & Organisational Development
Mr A Raynes	AR	Director of Digital and Chief Information Officer
Mrs M Screamon	MS	Chief Nurse
Dr S Webb	SW	Deputy Medical Director
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 A Selby	AS	Director of Estates & Facilities (For item 14.1)
In attendance for Item 5 – Divisional Presentation: Surgery & Transplant – Theatre Recovery Plan		
Dr J Ahluwalia	JA	Non-executive Director
Mr M Blastland	MB	Non-executive Director
Mr D Jenkins	DJ	Clinical Director, STA Division
Mrs J Speed	JS	Operations Director, STA Division
Mrs L Steadman	LSt	Head of Nursing, STA Division
Dr A Vuylsteke	AV	Clinical Director, STA Division
Apologies		
Mrs A Fadero	AF	Non-executive Director (Apologies for Item 5)
Mrs S Harrison	SH	Deputy Chief Finance Officer
Dr I Smith	IS	Medical Director
Prof I Wilkinson	IW	Non-executive Director (Apologies for Item 5)

[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		
22/266	The Chair welcomed all to the meeting.		

Agenda Item		Action by Whom	Date
2	DECLARATIONS OF INTEREST		
22/267	There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in relation to matters on the agenda. A summary of standing declarations of interests are appended to these minutes.		
5	DIVISIONAL PRESENTATION		
	Surgery, Transplant & Anaesthetics - Theatre Recovery Plan		
22/268	<p>The Committee welcomed colleagues from Surgery, Transplant & Anaesthetics (STA) Division: Mr David Jenkins – Clinical Director Dr Alain Vuylsteke – Clinical Director Jane Speed – Operations Director Lisa Steadman – Head of Nursing</p> <p>Received and reported: The Committee received an in-depth presentation from the divisional management team; it detailed the four key themes and the work being undertaken within each theme to move towards improving the position. <u>Key themes:</u></p> <ol style="list-style-type: none"> 1. Listening & Learning together – our culture 2. Resourcing our theatres and development the workforce 3. Making most of opportunities 4. Improving quality and safety <p>The presentation covered the following areas:</p> <ul style="list-style-type: none"> - Project framework adopted to progress the improvement programme - Phased approach to organisational development - Understanding our current staffing position vs. our requirements - Recruitment pipeline - Resources and Workforce KPIs - Roster optimisation - Training pipeline for elective procedures - Workstream 4 KPIs - Quality and Safety KPIs – headlines - Surgical Care Practitioner Endoscopic Vein Harvesting training pipeline - Opportunities: activity – target vs completed - Opportunities – Get It Right First Time (GIRFT) - Opportunities - KPIs - Summary: a 12-month journey to achieve a sustainable theatre model through transformational change. 		
	<p>Discussion:</p> <ul style="list-style-type: none"> • DJ explained how it is difficult to recruit staff to replace the experienced staff who have left post-Covid, post-Brexit and for promotion reasons. Initially the new staff need extra training programmes with support from experienced staff. Some staff have left to go to other organisations/private companies on better terms. On a positive note, the department is able to run two theatres at night and run a donor retrieval team. Within all this, he acknowledged the patient waiting list needs to actively managed. 		

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	<ul style="list-style-type: none"> • AV added that he has seen a positive change in staff morale with staff engaged and keen to improve the situation and provide solutions. • DL thanked the team for the informative presentation. She asked, what is the single biggest risk to achieving the targeted outcome of opening to 5.5 theatres? • DJ responded that this would be that staff in the recruitment pipeline proceed to a start date and that training can be completed. • GR understands the risk of the recruitment pipeline and asked if there was an alternative plan should this fail. DJ commented that this would be dependent on the existing workforce providing cover, which would only be a short-term fix as it is not sustainable. AV added that staff are also proactively looking at what can be achieved with less people. LSt explained how we are looking at ways of working differently with ODP staff and scrub nurses. • Should the Committee have further queries, JS welcomed contact outside of the meeting. • This item is under close monitoring and review by the Divisional Management Team and the Executive Team. The Committee thanked the team for an excellent presentation. Following this meeting, a Part 2 meeting was convened for the Executive and Non-executive Directors to discuss confidential issues relating to this. <p>[0946hrs MB, JS, LSt, AV, DJ left]</p>		
3	MINUTES OF THE PREVIOUS MEETING – 27 October 2022		
22/269	Approved: The Performance Committee approved the minutes of 27 October 2022 meeting and authorised for signature by the Chair as a true record.	Chair	24.11.22
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
22/270	The Chair advised that the main meeting would close at 10:45hrs to allow a Part 2 Confidential meeting with Executive Directors and NEDs only.		
4.2	ACTION CHECKLIST / MATTERS ARISING		
22/271	The Committee reviewed the Action Checklist and updates were noted.		
4.2.1	Recruitment plan		
22/272	<p>Received: The report provided the Committee with an overview of the Trust's recruitment activity, the current pipeline for new recruits and issues affecting the performance of our recruitment processes and our ability to attract candidate.</p> <p>Reported: OM</p> <p>Discussed:</p> <ul style="list-style-type: none"> • GR was concerned on the recruitment time to hire. • OM advised that much of this is a manual process; we are awaiting transition to an electronic system soon. This metric will be manually tracked on a monthly basis. GR was keen to see this tracking and a move to a positive change. OM added that retaining the members of the recruitment team is key; there is an opportunity to recruit to a team leadership post to provide support to staff, the advert for which will go live soon. 		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> • CC referred to the onerous pre-employment checks and asked if there was a way to streamline some of the bureaucratic processes. • OM explained that some pre -employment checks are a legal requirement or CQC led and the Trust needs to be safe in who we employ. Staff have reviewed the pathway to see where streamlining is possible; we are also working with national programmes to help streamline pre-employment checks, one idea being portable passports within recruitment. CC thanked OM for providing this assurance. • DL asked what are we doing differently to ensure overseas nurses stay with us and to improve retention rates? • OM explained that there are many aspects to retention; within this the Trust has a good focus on areas such as Compassionate & Collective Leadership programme and Equality, Diversity & Inclusivity. She also acknowledged that the labour market is difficult and Cambridge being a high-cost area to live are both significant factors in retention and recruitment. <p>Noted: The Performance Committee noted the update on recruitment activity and the actions being taken to improve time to hire.</p>		
6.2	INDUSTRIAL ACTION		
22/273	<p>Received: An update on the Trust's industrial action preparatory activity.</p> <p>Reported: AB</p> <p>Discussion:</p> <ul style="list-style-type: none"> • DL noted the link to the BAF Risk 3261 which had referred to the set-up of an Industrial Action Task Force Group – when will this Group be established? AB, as Chair of the Group, confirmed that it is well in place, having held its 7th meeting and is working well. He will ensure the wording on the BAF risk is updated to reflect this. • GR referred to the BAF risk at (C4xL4) and asked if the measures we are taking to manage impact will reduce the potential impact on hospital or is 16 still the right Residual Risk Rating (RRR). AB advised that once we are comfortable that we have completed all the actions in the self-assessment, the score could be reviewed but that it feels right for now. • OM added that the risk could increase when it is known which other staff besides nursing, might go on strike. <p>Noted: The Performance Committee noted the update.</p>		
6.1	ACTIVITY RESTORATION		
22/274	<p>Received: An update on the restoration of clinical services.</p> <p>Reported: AB</p> <p>Discussed: The report was taken as read.</p> <p>Noted: The Performance Committee noted the contents of the report.</p>		
IN YEAR PERFORMANCE & PROJECTIONS			
7	REVIEW OF THE BAF		
22/275	<ul style="list-style-type: none"> • Received: A summary of the BAF risks and mitigations in place for risks above target. A copy of the BAF tracker report for November 2022 was 		

Agenda Item		Action by Whom	Date
	<p>attached.</p> <ul style="list-style-type: none"> • Reported: by AJ. • Discussion: The report was taken as read. AJ noted there was limited assurance on activity recovery and productivity which is linked to the theatre recovery programme discussed earlier. <p>Noted: The Performance Committee noted the review of BAF.</p>		
9.1	FINANCIAL REPORT – Month 07 2022/23		
22/276	<p>Received: The report 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 • Financial Recovery Plan • Run rate trends • Activity • Statement of Financial Position • Statement of Cash Flow • Cash position and forecast • Cash Management • Capital <p>Reported: By TG. Financial performance for the year to date and this month was positive, including CIP on track but the performance on Better Payment Practice Code had dipped in month, where actions are in place to improve this.</p> <p>Discussion: DL referred to the backlog with Pharmacy Homecare and asked for an update. TG noted that this position had deteriorated, and that the team are looking to recruit an additional person to address this.</p> <p>Noted: The Committee noted the financial update for Month 7 2022/23.</p>		
9.1.1	BETTER PAYMENTS PRACTICE CODE – ACTION PLAN		
22/277	<p>Received: A revised action plan to implement further actions to improve the NHS payment target and maintain the non-NHS supplier payment target.</p> <p>Reported: by TG. The position had seen a dip in performance relating to some small invoices; the action plan is looking to address this and show an improvement next month.</p> <p>Discussion: The report was taken as read. GR welcomed this clear report which showed effective monitoring.</p> <p>Noted: The Performance Committee noted the BPPC action plan.</p>		
9.2	CIP REPORT – Month 07 2022/23		
22/278	<p>Received: The report summarised the Trust's progress on CIP plan to Month 7 2022/23, CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p>		

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	<p>Reported: by TG Discussion: The report was taken as read.</p> <p>Noted: The Performance Committee noted the update on CIP for Month 07 2022/23.</p>		
FUTURE PLANNING			
11	INVESTMENT GROUP – Chair’s Report		
22/279	<p>Received: An update from the Investment Group following its meeting on 14 November 2022.</p> <p>Reported: by TG. The Group continues to monitor the capital plan closely. Discussion: The report was taken as read. Noted: The Performance Committee noted the update from the Investment Group.</p>		
12	QUARTERLY REPORTS		
12.1	Cyber Risk Update		
22/280	<p>Received: The Committee received its quarterly update on cyber risk.</p> <p>Reported: AR</p> <p>Discussion:</p> <ul style="list-style-type: none"> • The Committee received assurance that cyber risk was being mitigated as far as reasonably practicable. • CC referred to the action plan and staff vacancies. AR was confident that the planned recruitment pipeline would deliver on the dates proposed. <p>Noted: The Performance Committee noted the contents of this report.</p>		
12.1.1	Cyber Risk Business Continuity Plan		
22/281	<p>Received: An updated Cyber Risk business continuity plan Reported: AR</p> <p>Discussion: GR noted that the report gives assurance on cyber risk preparedness but asked whether there were specific plans on how we would respond to a ransomware attack. AR agreed to come back to the Committee to confirm the planned response, specifically in the event of a Ransomware attack similar to Advanced 111.</p> <p>Noted: The Performance Committee noted the update</p>	AR	22.12.22
13	ANNUAL REPORTS		
13.1	Annual Planning: 2023/24 Operational Planning Framework		
22/282	<p>Received: This paper sets out the Trust’s intended approach to operational planning for 2023/24 and provided a high-level financial envelope based on</p>		

Agenda Item		Action by Whom	Date
	<p>the current expectations.</p> <p>Reported: TG TG advised that national planning guidelines are awaited and expected in January/February next year.</p> <p>Discussion:</p> <ul style="list-style-type: none"> The Committee received assurance that the Trust's process for preparing the forward plan, whilst these guidelines are awaited, is comprehensive and robust. CC referred to the PBR deficit and asked how this might be dealt with by the ICS. TG advised that this mitigation is being discussed at regional level. <p>Noted: The Performance Committee noted the update.</p>		
8	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
22/283	<p>Received: PIPR for M07 October 2022/23.</p> <p>Reported: by TG Summarised the position as 'amber', which comprised:</p> <ul style="list-style-type: none"> Four 'red' domains: Safe, Effective, Responsive and People Management & Culture. Two 'amber' domains: Caring and Finance. One new domain: Integrated Care Service – ICS; not currently rated. <p>Discussion: each sector as noted below.</p>		
22/284	<p>Safe (Red) CC was concerned that this had moved to 'red' with deteriorations seen in several areas. What are the plans for improvement? MS noted that this will receive full scrutiny in Quality & Risk Committee later. Referring to CHPPD staffing, MS acknowledged the concern and advised that we are reviewing how this is reported, explaining fill rates and mitigations in place. The high number of nurse vacancies as described earlier does impact this. The spotlight on Safer Staffing gives greater details of the performance and mitigations in place. She advised that redeployment of staff is the biggest stress reported by our staff and we are working to support staff on this.</p> <p>GR referred to the bed occupancy on Level 5 and expressed concerned that CCA length of stay had increased to compensate for lack of Level 5 capacity. MS acknowledged this concern and described some mitigations in place. GR would like to discuss this in detail next month and MS agreed to provide a spotlight/focus on this in PIPR next month.</p> <p>EM added that Level 5 comes under the STA division, where the earlier presentation had been candid on issues. EM shared operational context and the strain the organisation is seeing. It was noted that the drive to get patients through is a balance given pressures on staff, without adding to further sickness or leavers. DL commented on the sustainability of redeployment and the risk of losing these staff, given the additional pressures they faced, suggesting that a</p>	MS	22.12.22

Agenda Item		Action by Whom	Date
	<p>permanent solution is needed to address issues.</p> <p>MS explained that redeployments are time limited. For some staff it is part of their career pathway. The longer-term plan is to recruit to vacancies (via overseas plan and UK nurses). This is a national issue with 40,000 nurses short in the UK. There is a valid concern and there is work around this to maintain safety and plan for recruitment.</p>		
	<p><u>Caring (Amber)</u>: Taken as read.</p>		
	<p><u>Effective (Red)</u> : Taken as read. <u>Responsive (Red)</u>: Taken as read. It was noted that many of the issues reported under Effective and Responsive had already been discussed in the context of STA.</p>		
	<p><u>People management and culture (Red)</u>: Taken as read.</p>		
	<p><u>Finance (Amber)</u>: This will be covered under Item 8.1 Financial Report.</p>		
	<p><u>Integrated Care System (ICS)</u> This is Included for information purposes and to understand how the system is performing.</p>		
	<p>Noted: The Performance Committee noted the PIPR update for M07 2022/23.</p>		
<p>14</p>	<p>AD-HOC REPORTS</p>		
<p>14.1</p>	<p>Value Testing Soft FM Services – initial results from the benchmarking exercise</p>		
<p>22/285 1031hrs AS arrived</p>	<p>Received: Under the PFI arrangement, the Soft FM Services (such as portering, cleaning, catering) are subject to value testing every five years, the first instance of which is required to be completed by mid-February 2023. The report detailed the initial results from the benchmarking exercise. This was presented for information with a final report coming to Committee in December for approval. Prior to this, AS offered to set up a briefing session with NEDs to review the details.</p> <p>Reported: AS AS explained the background to this item as per the report. There is a potential price increase of approx. £50k-100k per annum over the next five-year period. TG added that he is liaising with External Auditors regarding the treatment of the £2m mobilisation payment.</p> <p>Discussion: GR asked if there is a way to incentivise cost efficiencies in which the Trust could share the benefit? AS suggested that there might be potential for this but added that the price is comparable with benchmark data. It is important not to reduce standards or service and we would not want a lower quality product to save costs. There has been some mitigation on the cost of cleaning hours where this has been changed to daytime not night-time cleaning, where night costs are higher. TG agreed with AS and added that the totality of the package is effectively similar in level to the previous contract. Given inflation during the period, that therefore implied that cost</p>	<p>AS</p>	<p>Dec 22</p>

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	<p>efficiencies are already included in the proposed pricing. AS added that the Trust had looked at retail catering with the possibility of a profit share arrangement on a breakeven basis; this can be raised in the next paper.</p> <p>GR asked what benchmarking have we done on service quality from OCS? AS referred to PLACE results. Previous PLACE audits have shown us to be well ranked in terms of Specialist Trusts and PFI Trusts. The cleaning audit scores are high and patient surveys good. As further assurance, AS explained a recent estate workshop onsite with external NHS colleagues and how positively our cleaning levels were seen. The current PLACE results will not be with us until after the contract agreement.</p> <p>GR commented that one downside of going through value benchmarking only, rather than market testing, is that there is no competition on service quality. He requested therefore that the final paper in December includes any assurance that can be given on service quality.</p> <p>Noted: The Performance Committee note the initial outcomes of the benchmarking exercise and the negotiation strategy being pursued to achieve affordability and value for money of implementing the results of the exercise.</p>	AS	22.12.22																
15	ISSUES FOR ESCALATION																		
22/286	15.1 Audit Committee 15.2 Board of Directors 15.3 Quality & Risk Committee 15.4 Strategic Projects Committee No items for formal escalation were raised.																		
16.1	COMMITTEE FORWARD PLANNER																		
22/287	<p>Received: The updated Forward Planner. Reported: by AJ. Noted: The Performance Committee noted the Committee Forward Planner.</p>																		
16.2	REVIEW OF MEETING AGENDA & OBJECTIVES																		
22/288	Verbal: No items to report.																		
17	ANY OTHER BUSINESS																		
22/289	No items were raised.																		
	FUTURE MEETING DATES																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9e1f2;">2022</th> <th style="background-color: #d9e1f2;">Time</th> <th style="background-color: #d9e1f2;">Venue</th> <th style="background-color: #d9e1f2;">Apols rec'd</th> </tr> </thead> <tbody> <tr> <td>22 December</td> <td>0900-1100hrs</td> <td>MS Teams</td> <td></td> </tr> </tbody> </table>				2022	Time	Venue	Apols rec'd	22 December	0900-1100hrs	MS Teams									
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26 January	0900-1100hrs	MS Teams																	
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27 April	0900-1100hrs	MS Teams			
25 May	0900-1100hrs	MS Teams			
29 June	0900-1100hrs	MS Teams			
27 July	0900-1100hrs	MS Teams			
31 August	0900-1100hrs	MS Teams			
28 September	0900-1100hrs	MS Teams			
26 October	0900-1100hrs	MS Teams			
30 November	0900-1100hrs	MS Teams			
21 December	0900-1100hrs	MS Teams			

The meeting finished at 1045hrs

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Signed
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Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 24 November 2022

Glossary of Abbreviations

BAF	Board Assurance Framework
BPPC	Better Payments Practice Code
C&P	Cambridgeshire & Peterborough ICS
CCA	Critical Care Area
CUH	Cambridge University Hospitals NHS FT
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection, prevention & control
NWAFT	North-West Anglia Hospitals Foundation Trust
POU	Point of Use filters
Q&R	Quality & Risk Committee
RRR	Residual Risk Rating
SSI	Surgical site infection

Aug-22

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	Col Date From
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre,Cambridge.	01/10/2018
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Employee at CUH since 1996, seconded to Eastern Academic Health Science Network as Chief Clinical Officer since April 2019. This employment with CUH ended on 15.02.2022.	21/04/2019
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Fellow at the Cambridge Judge Business School. This is an honorary position, I am not on faculty and not paid for this role. However I do deliver occasional lectures for CJBS, some of which are remunerated.	01/01/2018
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Programme Co-Director for East of England Chief Resident Training programme, run through the postgraduate medical education department at CUH. This is a paid role.	01/09/2010
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	With effect from 16.02.2022 I became an employee of the Eastern Academic Health Science Network as their Chief Clinical Officer. This is the same role as I held since April 2019 until 15.02.2022 but during these dates it was as a secondee from CUH Foundation Trust.	16/02/2022
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Shareholdings and other ownership interests	Co-director and shareholder in Ahluwalia Education and Consulting Limited. I undertake private work in the field of healthcare management, reviews and healthcare related education and training through this company for a range of clients including but not limited to the NHS, pharmaceuticals and charities.	01/10/2018
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Shareholdings and other ownership interests	I have been appointed as a director of Hazelwick Management Company Limited. This is a small private company that oversees a block of property in which my wider family and I have an interest. There are no NHS connections.	06/04/2022
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member C & P Clinical Ethics Committee. Not remunerated so not employed.	01/05/2020
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member Eastern Region Clinical Senate (since March 2020 - this is within my role at Eastern AHSN. Not remunerated for this role specifically.	01/03/2020
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Trustee on the main board of Macmillan Cancer Support	01/02/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	Board member of the Winton Centre for Risk and Evidence Communication	01/04/2016
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	Co-chair of a review of the impartiality of BBC coverage of taxation and public spending	03/03/2022
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	freelance writer and broadcaster	01/02/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Advisor to the Behavioural Change by Design research project	01/08/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member of the oversight Panel for the Cholesterol Treatment 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	Consilium Partners is a specialist health consultancy working with health and care organisations to help them plan, improve and deliver successful and sustainable futures Interim CEO role St Barnabas and Chestnut Tree House Hospices for 6/12	11/10/2021
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Sponsored research	My brother Matthew Wakefield has recently been appointed as the Chairman of Oxford BioDynamics PLC - a biotechnology company developing personalised medicine tests based on 3D genomic biomarkers	14/12/2020
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	I am an Associate Non Executive Director at East Sussex Healthcare NHS Trust	01/07/2020
Glenn, Mr. Timothy John	Chief Finance Officer	Y	Non-financial professional interest	Loyalty interests	My wife is ICS development lead for the East of England to July 2022. Moved to CUH role from July 2022.	31/03/2020
Glenn, Mr. Timothy John	Chief Finance Officer	Y	Non-financial professional interest	Outside employment	I am a Director of Cambridge Biomedical Campus Ltd. I act on behalf of Royal Papworth Hospital NHS Foundation Trust on the Board.	22/06/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Financial interests	Loyalty interests	Portfolio Finance Director working on behalf of the CFO & FD Centre UK through my limited company, ADO Consulting Ltd	01/06/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Financial interests	Outside employment	Director, ADO Consulting Ltd	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Indirect interests	Loyalty interests	Daughter works as a trainee chartered accountant with KPMG London	04/10/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee, Benham-Seaman Trust	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee. Firstsite	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group, a network for BAME NEDs in the NHS	01/12/2020
Midlane, Mrs. Eilish Elizabeth Ann	Chief Operating Officer	Y	Indirect interests	Loyalty interests	Chair of the C&P Diagnostic Steering Group	29/03/2022
Midlane, Mrs. Eilish Elizabeth Ann	Chief Operating Officer	Y	Indirect interests	Loyalty interests	Holds an unpaid Executive Reviewer role with CQC	03/08/2020
Monkhouse, Ms. Oonagh Jane	Director of Workforce and Organisational Development	N	I have no interests to declare			23/12/2020
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is CEO of the Royal College of Obstetrics and Gynaecologists	01/03/2019
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is a Trustee of Magpas, Registered Charity	25/02/2021
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Outside employment	Director of Cambridge University Health Partners (CUHP) an Academic Health Science Centre	15/11/2016
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Loyalty interests	Partner is a NED of the Kent, Surrey and Sussex Academic Health Science Network	01/04/2022
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Chair EOE Cardiac Network	01/10/2018

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

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