

Performance Committee
Part 1 meeting
Held on 26 January 2023
0900-1045hrs via MS Teams
 [Chair: Gavin Robert, Non-executive Director]

UNCONFIRMED **MINUTES**

Present		
Mr G Robert (Chair)	GR	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 Screaton	MS	Chief Nurse
Dr I Smith	IS	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 S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
Mr A Selby	AS	Director of Estates & Facilities (For item 12.1)
Mrs K Mainds	KM	Operations Manager, Estates (Observer)
In attendance for Item 5.1 – Theatre Update		
Mr D Jenkins	DJ	Joint Clinical Director STA
Mrs J Speed	JS	Operational Director, STA
Dr A Vuylsteke	AV	Joint Clinical Director, STA
Apologies		
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		
23/01	The Chair welcomed all to the meeting.		

Agenda Item		Action by Whom	Date
2	DECLARATIONS OF INTEREST		
23/02	<p>There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in relation to matters on the agenda. A summary of standing declarations of interests are appended to these minutes.</p> <p>Andrew Selby noted he is now in a new role as Director of Estates and Facilities Management at University Hospitals of Derby and Burton NHS FT.</p>		
5.1	DIVISIONAL PRESENTATION - Theatre update		
[0906hrs MB arrived]	We received an excellent presentation on progress of the Theatre Improvement Programme. We noted several positives: we moved to 4.5 theatres in January as planned; theatre productivity in December was above trajectory despite the industrial action; we have achieved a 3-pump day for cardiac surgery on two occasions and are planning extended/weekend lists for thoracic/respiratory; the recent recruitment day was very successful, and another is planned for end February; and the Theatres Manager role is about to be advertised. Nevertheless, significant challenges remain. In particular, we are currently only able to open 4.5 theatres based on substantial staff overtime (which is clearly not a sustainable solution for BAU) and opening 5 theatres in June depends largely on meeting challenging recruitment targets. While culture and behaviour are slowly changing, it is a long-term project and there are clearly tensions between continuing to improve productivity and maintaining staff wellbeing/morale unless we are able to fill vacancies.		
[0913hrs AH arrived]			
[0930hrs DJ, AV, JS, MB, AF left]	The Committee thanked Jane Speed, David Jenkins and Alain Vuylsteke for their excellent presentation and relentless efforts to improve theatre productivity.		
3	MINUTES OF THE PREVIOUS MEETING – 22 December 2022		
23/03	<p>Some minor amendments were noted.</p> <p>Approved: The Performance Committee approved the minutes of 22 December 2022 meeting and authorised for signature by the Chair as a true record.</p>	Chair	26.01.23
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
23/04	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		
23/05	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
6	REVIEW OF THE BAF		
23/06	<p>Received: A summary of the BAF risks and mitigations in place for risks above target. A copy of the BAF tracker report for January 2022 was attached.</p> <p>Reported: AJ. Gave an overview of the current position.</p>		

Agenda Item		Action by Whom	Date
	<p>affecting this. GR queried theatre utilisation rates. EM – explained methodology on theatre utilisation rates.</p> <p>GR commented that previous meetings had mentioned a review of capacity/productivity which is not due to theatre activity to ensure that we are maximising productivity in other parts of the hospital. AB – will bring this report to next meeting.</p>	AB	23.2.23
23/11	<p><u>Responsive (Red):</u> AB – aforementioned challenges impacted particularly on RTT performance, but this has been seen over time, not just in month. Due to this concern, there is a detailed recovery plan in hand. AB – the diagnostic position is maintaining and positive. He acknowledged the hard work by admin teams to deliver this. CC – referred to the 71-week wait for one patient. AB – the patient has a clear plan in place and full root cause analysis undertaken. Some waits are just over 52 weeks and plans are in place for these patients. AB will double check that there are no waits over 60 wks. CC – thanked for assurance and hard work by the team to reduce waits. DL referred to cancer waits – what is being done to improve in view of challenges in theatres etc. AB – the PIPR spotlight on 31-day cancer performance summarises the challenges and actions to address this. Tangible actions are in place to improve this area. GR referred to the spotlight and asked if the main reason for delays was surgery capacity and availability of clinics? AB – yes, these are the primary reasons for the performance. GR – does improvement and priority on 31-day pathway, impact on patients on other pathways? AB – no should not impact on other pathways and explained the rationale.</p>		
23/12	<p><u>People (Red)</u> It was noted that the first Workforce Committee meets today with DL attending. OM – trends seen over months continue. Staff turnover is erratic which is a national issue. Sickness was up in December (coughs, colds, COVID) which is similar trend to previous years. OM highlighted the spotlight on IPRs which compliance has been low but is under review and will be tracked via the Workforce Committee.</p> <p>GR referred to sickness rates - do we have ICS or national figures for the month to see how we compared? OM – we should have these figures in February noting RPH rates are generally lower in the region than most. CC had previously asked about sickness monitoring with ICB as she had been told previously that the numbers were not a fair comparison. OM advised that the ICB numbers in PIPR (where ICS sickness rates appear to be lower than RPH) are not the same as reported by the Trust and are handled by different providers. This does create inconsistent reporting; OM will look into this and cover in next month's PIPR.</p>	OM	23.2.23
23/13	<p><u>Finance (Amber):</u> This will be covered under Item 8.1 Financial Report.</p>		

Agenda Item		Action by Whom	Date
	<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 M09 2022/23.</p>		
<p>12.1</p>	<p>VALUE TESTING SOFT FM SERVICES</p>		
<p>23/14</p> <p>[1025hrs AS and OM left]</p>	<p>Received: Final report on the benchmarking exercise for approval by the Performance Committee.</p> <p>Reported: TG – updated on background to this item and the options considered by the Trust. The Trust chose to undertake a benchmarking exercise as opposed to going straight to market. TG explained the reasoning behind this.</p> <p>An offer has been put to Trust and the benchmarking company have assessed this as value for money. He referred to the previous mobilisation payment of £2m and annual fee and the way forward regarding this, which is noted in the report. He clarified the position on the legal nature of the Heads of Terms (HoTs) on the contract.</p> <p>AS referred to the Joint Efficiency Group; the purpose of group is to manage any change in profitability of the restaurant and to mitigate the need of an up-front payment in 5 years' time.</p> <p>Discussion:</p> <p>GR referred to the HoTs and that a mobilisation payment should not be made (as required by the draft HoTs) until there is a legally binding contract. The contract would need to be signed and in place by 31 March 2023 in order for the payment to be made this financial year. AS endorsed this course of action and explained the mechanism of the mobilisation payment.</p> <p>TG confirmed that the mobilisation payment has been discussed and reported to the External Auditors and was awaiting a report back on the treatment of this money for this financial year. There is no value for money concern.</p> <p>GR referred to the profits now being made by the restaurant and the provision of a financial cap per annum in the contract. TG explained the detail of the financial cap, which is a precautionary cap and not likely to be relevant.</p> <p>GR felt that this was a good result and outcome and pleasing to see the restaurant moving to profit. Well done to the team.</p> <p>Summary by Chair: The Committee is endorsing principles set out in HoTs expecting these to be reflected in the long-term documents, but not expecting to sign these HoTs. TG advised that this would go to Board and suggested that if the terms of the long term agreement are the same as in the HoTs, then the long term document can be signed. If there are any material deviations, then it will need to come back to Board. TG will make this clear to the Board in the documentation.</p> <p>The Performance Committee: Reviewed this document and recommended to the Board of Directors that:</p>		

Agenda Item		Action by Whom	Date
	<p>1. The benchmarking exercise be concluded in accordance with the commercial terms described within the draft Heads of Terms as contained in Appendix 2 of this document.</p> <p>2. A Deed of Variation be developed in accordance with the commercial terms agreed within the Heads of Terms and that delegated powers be provided to the Chief Executive and Chief Finance Officer/Deputy Chief Executive to execute such Deed of Variation once finalised, unless the final version of such deed is materially different to the previously agreed Heads of Terms, in which case matters shall be referred back to the Board of Directors for additional approval.</p>		
8.1	FINANCIAL REPORT – Month 9 2022/23		
23/15	<p>Received: Financial Report which provides oversight of the Trust’s financial position.</p> <p>Reported: TG summarised:</p> <ul style="list-style-type: none"> • Position is positive year to date with a £400k surplus in month and £3.6m surplus year to date. • Better Payment Practice Code has achieved all targets in the four domains. <p>Capital programme is being monitored tightly and expenditure is in line with plan.</p> <p>Discussion: CC referred to BPPC and asked what percentage has been achieved (previously at 40%) and what is the trajectory? TG – it is still at 40% and will ensure this information is included in the report to Board. The Divisions are working on the trajectory and this will be reported in due course.</p> <p>Noted: The Performance Committee noted the financial position.</p>		
8.1.1	BETTER PAYMENT PRACTICE CODE (BPPC) ACTION PLAN		
23/16	<p>Received: Update report as at January 2022.</p> <p>Reported: TG – covered under Financial Report.</p> <p>Noted: The Performance Committee noted the update.</p>		
8.2	CIP REPORT – Month 9 2022		
8.2.1	CIP PLANNING 2023/24		
23/17	<p>Received: Summary of Trust’s progress on CIP plan to month 9 2022/23. CIP achievement to date and the ongoing steps to ensure the CIP target is delivered.</p> <p>Reported: TG . In year, the position is positive and on trajectory. The Committee received a first view of the CIP pipeline for the next financial year. There are £3.3m of pipeline schemes on a preliminary target £5.8m (some dependant on changes in operating plan). Good progress is being made in the pipeline. Work now is focussing to convert the pipeline and increase this as we work through the budget setting process.</p> <p>Discussion: No items were raised.</p> <p>Noted: The Performance Committee noted the update on CIP.</p>		

Agenda Item		Action by Whom	Date
8.2.2	CIP BENCHMARKING REPORT		
23/18	<p>Received: A report which seeks to benchmark the Trust's performance on a range of key metrics against other acute specialist Trusts and the national provider average. The report compares performance on a selection of core metrics from the NHSI Model Health System portal and the annual Corporate Benchmarking Return.</p> <p>Reported: TG explained how the model hospital in the benchmarking report works by calculating an average weighted unit of cost by speciality. It was noted that there is a mixed performance by the Trust and TG gave some background detail on this. This is a first stage analysis and this is work in progress.</p> <p>Discussed: GR felt that this was a good basis when exploring CIP opportunities. We compare reasonably with similar specialist hospitals. CC – is the Executive Team looking at benchmarking in relation to Trust strategy? TG noted this as a valid point; there is more work to do to delve deeper into certain areas and agreed that some nuances will guide budget setting. The main area of concern coming out of the report is our consistent need to explain the estates position, where the majority relates to PFI payment and how the design of our hospital affects this (i.e., CCA single room, high spec functionality).</p> <p>EM referred to reporting on cardiology and respiratory areas, is that allowing for the tertiary nature of our Trust or compared to organisations of similar size and nature? TG – noted that page 3 shows the peer group for comparison, which is made up of specialist providers.</p> <p>Noted: The Performance Committee noted the CIP benchmarking report.</p>		
9.1	ACTIVITY RESTORATION		
23/19	<p>Received: Update report to Month 9, December 2022</p> <p>Reported: AB – this was covered under 'Effective and Responsive in PIPR.</p> <p>Discussion: No items were raised.</p> <p>Noted: The Performance Committee noted the update on Activity Restoration.</p>		
9.2	RADIOLOGY UPDATE - Quarter 3		
23/20	<p>Received: Quarter 3 update.</p> <p>Reported: AB noted overall a good performance; there are some underlying issues which are being worked through.</p> <p>Discussed: No items were raised.</p> <p>Noted: The Performance Committee noted the update.</p>		
10	ACCESS & DATA QUALITY REPORT (bi-monthly)		
	Next report due 23 February 2023		
FUTURE PLANNING			

Agenda Item		Action by Whom	Date
11	INVESTMENT GROUP – Chair’s Report		
23/21	<p>Received: An update from the Investment Group following its meeting on 9 January 2023</p> <p>Reported: by TG. The Group continues to monitor the capital plan closely. Covered in financial report.</p> <p>Discussion: The report was taken as read.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
12	ADHOC REPORTS		
12.2	STRATEGIC DEPLOYMENT OF FUNDS 2022/23		
23/22	<p>Received:</p> <p>Reported: TG – this report follows from Board discussions. Two main items referred to being the Research & Innovation grant and the continuation of Workforce Incentives Scheme (discounts restaurant, travel etc).</p> <p>The Performance Committee is asked to recommend to the Board the proposed deployment of additional funds available in 2022/23 in accordance with the Trust’s strategic objectives as outlined in the paper.</p> <p>Discussed:</p> <p>GR noted the Committee had previously discussed the Research & Innovation grant to the University of Cambridge (UoC) last year. TG explained one change in the mechanism, previously this had been a 3-way agreement between RPH/UoC and CUH. This new agreement is between RPH and UoC only.</p> <p>CC was happy to support.</p> <p>The Performance Committee recommended for approval to the Board as discussed.</p>		
14	ANNUAL REPORTS		
14.1	OPERATIONAL PLAN 2023/24		
23/23	<p>Received: The paper provided an update to the Performance Committee on the Trust’s 2023/24 operational planning submission.</p> <p>Reported: TG – this is an introductory report which will be discussed at the Board meeting and not for Committee approval today.</p> <p>Discussed:</p> <p>CC felt that it was useful last year to have separate meeting to discuss this in detail. Can this be set up again? TG agreed this can be arranged for Feb/early March.</p> <p>TG ran through the report and brought the Committee up to speed on the current position. Targets and changes are listed on page 7 of the report. He explained the distribution of funding and rationale and that guidance is still awaited from Government. He suggested that key for RPH was to maximise the use of our assets and deliver on activity and productivity.</p>		

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	<p>GR suggested the Committee return to this in the separate NEDs discussion with the two Governor observers to be invited.</p> <p>Noted: The Performance Committee noted the operational planning update.</p>		
13	QUARTERLY REPORTS		
13.1	CORPORATE RISK REGISTER		
23/24	<p>Received: Quarterly report to the Performance Committee with an overview of those risks graded 12 and above that are included on the Corporate Risk Register (CRR).</p> <p>Reported: MS – since report, some of the high risks have been downgraded/closed. There is concern on several overdue risks on the Risk Register. Continue to support Governance team on this work and is ongoing work and with divisions.</p> <p>Discussed: There were no issues raised.</p> <p>Noted: The Committee noted the update on Corporate Risk Register.</p>		
13.2	INTEGRATED CARE BOARD		
23/25	<p>Received: Verbal update to the Committee.</p> <p>Reported: EM – there has been one further ICB Board meeting on 12 January with discussion on operational planning and pre-Christmas guidance. On 20 December the Integrated Care Partnership Group met (Health and Well-being Board and ICB) collectively working on joint a strategy.</p> <p>Discussed: No issues were raised.</p> <p>Noted: The Performance Committee noted the verbal update on ICB.</p>		
15	ISSUES FOR ESCALATION		
23/26	<p>15.1 Audit Committee</p> <p>15.2 Board of Directors</p> <p>15.3 Quality & Risk Committee : - safety issues to Q&R*(MS) and outcome to be brought back to this cttee (via action checklist) and discussed at Board.</p> <p>15.4 Strategic Projects Committee</p>		
16.1	COMMITTEE FORWARD PLANNER		
23/27	<p>Received: The updated Forward Planner.</p> <p>Reported: by AJ.</p> <p>Noted: The Performance Committee noted the Committee Forward Planner.</p>		
16.2	REVIEW OF MEETING AGENDA & OBJECTIVES		
23/28	<p>Verbal: Committee agreed that agenda and objectives had been met.</p> <p>Will discuss at a separate NEDs meeting next week how to deal with PIPR Safe and Caring.</p>		

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	No emerging risks, not already covered in BAF. AJ added that the Committee Self-Assessments are due for review at next month's meeting; paperwork will be issued ahead of the meeting.																																																						
17	ANY OTHER BUSINESS																																																						
17.1	Internal Audit Report: Data Quality & PIPR Nov 2022																																																						
23/29	TG noted that this was included as relevant to this Committee – to see the recommendation and any implications. This is for awareness. GR suggested bringing this back to the next meeting – position this further up the agenda for discussion.																																																						
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	<table border="1"> <thead> <tr> <th>2023 proposed</th> <th>Time</th> <th>Venue</th> <th>Apols rec'd</th> </tr> </thead> <tbody> <tr><td>26 January</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>23 February</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>30 March</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>27 April</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>25 May</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>29 June</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>27 July</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>31 August</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>28 September</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>26 October</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>30 November</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> <tr><td>21 December</td><td>0900-1100hrs</td><td>MS Teams</td><td></td></tr> </tbody> </table>	2023 proposed	Time	Venue	Apols rec'd	26 January	0900-1100hrs	MS Teams		23 February	0900-1100hrs	MS Teams		30 March	0900-1100hrs	MS Teams		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			
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The meeting finished 1050hrs.


Signed
(Chair authorised electronic signature to be added)

23 February 2023
Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 26 January 2023

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 Trialists' Collaboration	01/08/2020

Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group - Network for BAME NEDs in the NHS	25/02/2021
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 Executive	Y	Indirect interests	Loyalty interests	Chair of the C&P Diagnostic Steering Group	29/03/2022
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	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
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

