

**Performance Committee
Part 1 meeting
Held on 23 February 2023
0900-1040hrs via MS Teams**
[Chair: Gavin Robert, Non-executive Director]

MINUTES

Present		
Mr G Robert (Chair)	GR	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		
Mrs A Colling	AC	Executive Assistant (Minutes)
Ms A Halstead	AH	Public Governor, Observer
Mrs A Jarvis	AJ	Trust Secretary
Apologies		
Ms S Bullivant	SB	Public Governor, Observer
Ms C Conquest	CC	Non-executive Director
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mr A Selby	AS	Director of Estates & Facilities
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		
23/34	The Chair welcomed all to the meeting.		
2	DECLARATIONS OF INTEREST		
23/35	There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in relation to matters on the agenda. A summary of standing declarations of interests are appended to these minutes.		

Agenda Item		Action by Whom	Date
	It was noted that Andrew Selby has been appointed to a new role as Director of Estates and Facilities Management at University Hospitals of Derby and Burton NHS FT.		
5.1	DIVISIONAL PRESENTATION - Theatre update		
	Next due by Cardiology to March meeting.		
3	MINUTES OF THE PREVIOUS MEETING – 26 January 2023		
23/36	Some minor amendments were noted. Approved: The Performance Committee approved the minutes of 26 January 2023 meeting and authorised for signature by the Chair as a true record.	Chair	23.02.23
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
23/37	The Chair advised that the main meeting would close at 10:40hrs to allow a Part 2 Confidential meeting with Executive Directors and NEDs only. Item 13.1 Operational planning has been brought forward to allow sufficient time for discussion.		
4.2	ACTION CHECKLIST		
23/38	The Committee reviewed the Action Checklist and updates were noted.		
4.2.1	EPRR Core Standards/Business Continuity Plans (BCPs)		
23/39	Received: An update on compliance against domain 9 of EPRR Core Standards; standard 51 which covers BCPs. Reported: AB – paper provides an update on current progress with BCPs and plan for conclusion to be completed by end of March 2023 . The update shows ongoing review of plans in 23/24 and revision dates in that time. This information has been shared with CCG in response to the core standards review. Discussion: AR – updated and clarified the position on Lorenzo outages in response to queries raised at the previous Board meeting. Noted: The Performance Committee noted the update.		
4.2.2	Financial Update – Private Patients		
23/40	Deferred to next meeting.		
IN YEAR PERFORMANCE & PROJECTIONS			
13.1	OPERATIONAL PLANNING 2023/24		
23/41	Received: An update on the Trust's 2023/24 operational planning submission. Reported: TG gave context from last year regarding inflation funding and the ERF (elective recovery funding) mechanism. The NHS principles behind operational planning for the next financial year are broadly a continuation of last year's principles being to improve services, improve productivity and continue to see demographic change in society and the implications of this to the NHS. RPH has worked through the current guidance in detail, the report contained a detailed bridge diagram of the		

Agenda Item		Action by Whom	Date
	<p>financial position, operating plan, and income risk to the Trust – TG explained this in detail. DL raised a query on ‘earn back’ under the block payment process. TG explained the proposal to change the block payment mechanism where work not achieved in block payment plan, will need to be earned back. It is still to be decided which services will fall into this scope. There is a lack of clarity on specialist commissioning income which is the same over the country. TG explained RPH options in a downside scenario and the financial recovery plan which would move RPH to breakeven next year. He also explained the financial forecast position within the ICS. There is a presentation to NEDs on 16 March to explain the operational plan in detail. GR would like to be clear on exactly what the £4.2m for theatre recovery is based on (plan, trajectory). TG happy would be happy to provide this at the NED presentation.</p> <p>Discussion: GR - we discussed the Operational Plan for 2023/24 at some length. Considerable risk exists around income for elective activity, given the announced move away from block funding to activity-based funding but continued uncertainty as to the precise mechanism and scope of services likely to be included, as well as RPH’s ability to sufficiently recover theatre and other clinical activity to achieve funding targets. There will hopefully be greater clarity in time for the planned presentation to NEDs on 16th March. TG reassured the Committee that the bottom-up part of the planning process at divisional level was proceeding on track and was aligned with the outline figures in the draft plan.</p> <p>Noted: The Performance Committee noted the draft 23/24 operational plan.</p>	TG	16.3.23
6	REVIEW OF THE BAF		
23/42	<p>Received: A summary of the BAF risks and mitigations in place for risks above target. A copy of the BAF tracker report was attached. Reported: AJ. Gave an overview of the current position; highest risks being Industrial Action and Waiting List Management; no changes in other risks this month. Discussion: No further comments were raised. Noted: The Performance Committee noted the review of BAF.</p>		
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
23/43	<p>Received: PIPR for M10 January 2022/23. Reported: TG – there is a continuation of themes on prior months. Summarised the position as ‘red, which comprised:</p> <ul style="list-style-type: none"> • Four ‘red’ domains: Safe, Effective, Responsive and People Management & Culture. • One ‘amber’ domain: Finance. • One ‘green’ domain: Caring. <p>One new domain: Integrated Care Service – ICS; not currently rated.</p> <p>Discussion: each sector as noted below.</p>		

Agenda Item		Action by Whom	Date
23/48	<p>People Management & Culture (Red) OM referred to the Spotlight on roster practice and explained the graphs and data. OM is liaising with MS on some of the metrics which are only just flagging red. Development work continues on exit interviews and stay interviews for those who have been in post for 18 months. GR referred to the 'time to hire' which was affected by Occupational Health (OH) service closing for two weeks over the Christmas period. OM explained how RPH procure the service from CUH and an improvement plan is in place. The average 'time to hire' is currently 55 days. GR noted that it would help to see monthly trend and targets. OM will carry on reporting this monthly via PIPR. OM added that this will fall under the main responsibility of the Workforce Committee to scrutinise. DL asked if the 'time to hire' days would reduce following the OH resumption of service. OM anticipates that the days will decrease for January and February.</p>		
23/49	<p>Finance (Amber): This will be covered under Item 8.1 Financial Report.</p>		
	<p>Integrated Care System (ICS) 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 M10 2022/23.</p>		
7.1.1	<p>INTERNAL AUDIT REPORT: DATA QUALITY & PIPR – Nov 2022</p>		
23/50	<p>Received: Escalated to Performance Committee from the January Audit Committee – for information.</p> <p>Reported: TG – the report was taken as read. It has been seen by the Audit Committee. The wording is challenging but has many positive aspects. One area highlighted is in relation to testing on cancer wait performance, where the metric relies heavily on manual calculation. At the time of audit testing we were introducing a digital system to reduce manual intervention, and during that transition period there were some errors with the manual calculations; we believe that the new system will improve this. We have asked auditors to review this next year to see whether there are improvements with the new system. EM – asked if the poorer performance on cancer wait metrics shown in PIPR over the past few months was related to the manual process and errors. TG does not think that this was the main driver. An examination of the data indicates that errors worked both ways, i.e. both favourable and unfavourable. AJ noted that Q&R review their relevant audit reports before these go to Audit Committee; should that process be adopted by other Committees and noted in the Committee Terms of Reference? TG had not seen that elsewhere in NHS. The current process demonstrates a mechanism where if the Audit Committee received adequate assurance, it does not escalate, but if it does not see adequate assurance then it is escalated to the relevant Committee. This avoids duplication and burdening already heavy agendas with 'green' reports.</p> <p>Noted: The Performance Committee noted this report.</p>		

Agenda Item		Action by Whom	Date
8.1	FINANCIAL REPORT – Month 10 2022/23		
23/51	<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"> • In month loss £66k • Provided £2m potential contribution to the system which is a non-recurrent payment; this will be recommended for approval by the Board. • Capital position improving, plan is on track to spend by year end. • BPPC failed on one standard, relating to one invoice of high value. Work continues to mitigate this, but the process is vulnerable as it still relies on manual process. • The ‘amber’ position is due to the £2m contribution to the system, which was incurred in month, even though the Trust is performing overall to surplus. <p>Discussion: No further items were raised.</p> <p>Noted: The Performance Committee noted the financial position.</p>		
8.1.1	BETTER PAYMENT PRACTICE CODE (BPPC) ACTION PLAN		
23/52	<p>Received: Update report as at February 2023.</p> <p>Reported: TG – covered under Financial Report.</p> <p>Noted: The Performance Committee noted the update.</p>		
8.2	CIP REPORT – Month 10 2022/23		
23/53	<p>Received: Summary of Trust’s progress on CIP plan to month 10 2022/23. CIP achievement to date and the ongoing steps to ensure the CIP target is delivered.</p> <p>Reported: TG – CIP target for 2022/23 is delivered.</p> <p>Discussion: No further items were raised.</p> <p>Noted: The Performance Committee noted the update on CIP.</p>		
8.2.1	CIP FORECAST 2023/24		
23/54	<p>Received: Draft update of CIP pipeline for 2023/24.</p> <p>Reported: TG - There is a good amount of CIP in the pipeline, and this is going in right direction.</p> <p>Discussed: GR queried the amount of non-recurrent CIP. TG advised that much of the non-recurrent work is the phasing of vacancies coming into position. TG explained how this worked. GR did query if this was an actual CIP improvement or more phasing of staff recruitment; he is keen to see emphasis on recurrent savings. TG advised that this is consistent with how it has been recorded in previous years and across NHS but acknowledged the priority should be to achieve recurrent savings.</p> <p>Noted: The Performance Committee noted the CIP benchmarking report.</p>		
9.1	ACTIVITY RESTORATION		
23/55	<p>Received: Update report to Month 10, January 2023</p> <p>Reported: AB</p> <p>Discussion: taken as read</p> <p>Noted: The Performance Committee noted the update on Activity Restoration.</p>		

Agenda Item		Action by Whom	Date
9.2	DEEP DIVE INTO REDUCTION IN ACTIVITY (<i>outside of theatre issues</i>)		
23/56	<p>Received: A report to provide the Committee with a deep dive analysis of the reasons for reduced activity in areas outside of theatres.</p> <p>Reported: AB.</p> <p>The deep dive sets out specific issues impacting on performance across each of the delivery points. It shows challenges and agreed actions identified to address these. It provides a summary of key contributory factors in relation to why activity is not at expected levels. AB gave details behind the three areas being workforce, capacity and process. The recommendation is to set up a Recovery Activity Steering Group to identify and manage the agreed actions in relation to recovery across all points of delivery, aligning with strategic objectives.</p> <p>Discussion:</p> <p>TG gave clear view of operation planning for 23/24 and the high reliance on RPH hitting operational targets along with the need to maximise the use of facilities on the estate for benefit of patients.</p> <p>AB - Next steps need to align with operational planning and budget setting – especially re. divisional activity targets and delivery of activity plans. This will be factored into the overall activity recovery delivery.</p> <p>DL was pleased to hear of working differently; are there any practical examples? AB noted opportunities such as development of existing services i.e., virtual ward for cohort of respiratory patients and the opportunity to expand this at pace. Back-office functions i.e., referral management and automated services, would allow us to use our people more effectively.</p> <p>GR does not feel fully assured at this stage. The report gives an insight into the problem but the paper does not show that there is a real grip of what the problem is and the plan to sort it out. He suggested that there should have been a tighter grip on this much earlier. He would like to see a better plan to improve activity. He acknowledges that focus has been on theatre activity over last few months.</p> <p>EM recognises that the current plan does not present where we want to be and recognised the need for greater clarity.</p> <p>There have been a number of changes to divisional directors, new starters in recent weeks which has made this work more challenging. EM and AB have talked about getting progress on key actions and to get this plan accelerated.</p> <p>GR asked AB to come back to this Committee, with a clearer plan for next month.</p> <p>AB said that he can certainly bring back a detailed plan linked to operational planning, acknowledging the challenge and response. The intention is that the assurance needs to come and the trajectories will provide this. The detailed work does take time and is not a quick fix but agreed that we do need a clear plan to deliver improvement. AB will bring the report back to next meeting.</p> <p>Noted: The Performance Committee noted the content of the report and agreed that reporting to Performance Committee on improvement will take place on a monthly basis in the same way as theatres.</p>	AB	30.3.23
9.3	THEATRE IMPROVEMENT PROGRAMME		
23/57	Received: A verbal update on the Theatre Improvement Programme.		

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	<p>Reported: TG – we are still hitting the recovery plan presented to Board and achieved 3 months consecutively; aiming to deliver for February although challenging due to strike days; the 3-pump day has seen positive movement but work is needed to get this to business as usual. There has been completion of work on restructuring of rotas which will improve the position. The Part Two confidential meeting will cover some of the other issues from a management perspective, which has led to a CEO escalation.</p> <p>Noted: The Committee noted the verbal update.</p>		
10	ACCESS & DATA QUALITY REPORT (bi-monthly)		
	Deferred to 30 March due to heavy agenda.		
FUTURE PLANNING			
11	INVESTMENT GROUP – Chair’s Report		
23/58	<p>Received: An update from the Investment Group following its meeting on 13 February 2023</p> <p>Reported: by TG. The Group continues to monitor the capital plan closely, which was also covered in the financial report.</p> <p>Discussion: The report was taken as read. GR asked for assurance that acceleration of orders to meet financial year-end was not comprising the rigour that we apply to investment decisions. TG has no concerns regarding this and assured the Committee that orders have gone through the correct governance processes. GR asked why orders had not gone through in earlier months? TG acknowledged the slower pace on orders earlier in the year; and this was similar in other NHS Trusts; there was some uncertainty on capital plan value which has seen prudence in earlier part of the year. TG suggested work on developing a higher risk profile to ensure orders get in earlier. He noted the Pathology LIMs capital request and that this has been escalated to Executive Directors with a plan of action; this will come back to this Committee at a future point.</p> <p>Noted: The Committee noted the update from the Investment Group.</p>		
12	QUARTERLY REPORTS		
12.1	CYBER RISK		
23/59	<p>Received: Quarterly update on cyber security.</p> <p>Reported: AR – take the report as read. Caution remains therefore this is still rated at 16; we are seeing heightened levels of phishing threats commonly targeting CEO and CFO, and we are vigilant in this respect. The Digital Team are in good communication trust wide with staff to keep up cyber risk awareness.</p> <p>Discussed: GR noted that the format of report is improved, much clearer and useful reading. The report still contains background watermarks which makes it hard to read – AR will ensure these are removed in future reports.</p> <p>Noted: The contents of the report were noted.</p>	AR	25.05.23
13	ANNUAL REPORTS		
13.2	COMMITTEE SELF-ASSESSMENT		
23/60	<p>Received: The Committee is asked to:</p> <ol style="list-style-type: none"> 1. Perform a self-assessment by means of review of the self-assessment checklist and attendance summary. 		

Agenda Item		Action by Whom	Date
	<p>2. Review the terms of reference and recommend these for approval to the Board of Directors.</p> <p>Reported: AJ. The narrative on self-assessment has been completed by AJ using responses received. AJ shared the meeting attendance record on screen for the Committee to see. She asked if we should review membership, for those who attend meetings but are not on the official Terms of Reference; particularly referring the MS and AR who attend meetings but are not formally members of the Committee.</p> <p>Discussion: ToR GR felt that as a NED it is helpful to have MS and AR present; but that it is the responsibility of Exec Team as to how they utilise their time. EM noted this is the only committee, other than Board, where we look at whole PIPR together and we do often stray to areas into clinical elements beyond what Q&R might pick up. Do we need to amend ToR to add MS on? MS input is crucial to other areas apart from Safe and Caring. TG agreed and stressed the importance of collective involvement.</p> <p>Self-Assessment AJ - the ratings follow the format in National Audit Office (NAO) framework used for Audit Committee. Can we consider those areas and whether we excel across every domain or are there areas where there is room for improvement.</p> <p>DL acknowledged that there is always room for improvement. GR suggested reviewing by individual lines, maybe by survey monkey. DL agreed it would be a good idea to go away to review and rate ourselves; as the Audit Committee did for their self-assessment, and then discuss views. AJ suggested circulating a survey monkey and then discussing at the next Board development session. EM suggested a sense check for the column named 'room for improvement'; all elements have robust evidence against them, therefore no areas would likely fall under 'room for improvement' in a CQC sense although, as a committee, we acknowledge there are always areas where we can improve.</p>		
13.3	COMMITTEE TERMS OF REFERENCE		
23/61	<p>Discussion: GR – the ToR does not mention productivity flow in purpose/objectives, can this be added in. AJ – yes can add it.</p> <p>Membership – does MS go into core membership as previously discussed? MS noted that discussions at this Committee are completely linked to Q&R and whole conversations we have on productivity, flow etc which are important to inform and also take away from this Committee to Q&R. EM suggested a discussion at Exec Committee and come back with a recommendation. AJ – this will be discussed at Board. She also commented that if all Execs are on this Committee, what about other NEDs? What are we creating as a Performance Committee, noting that it is not a Board meeting.</p> <p>AJ – will circulate in time to update to Board next week.</p>	AJ	02.03.23

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14	ISSUES FOR ESCALATION																																																						
23/62	15.1 Audit Committee 15.2 Board of Directors 15.3 Quality & Risk Committee: PIPR Safe and Responsive. 15.4 Strategic Projects Committee																																																						
15.1	COMMITTEE FORWARD PLANNER																																																						
23/63	Received: The updated Forward Planner. Reported: by AJ. Noted: The Performance Committee noted the Committee Forward Planner.																																																						
15.2	REVIEW OF MEETING AGENDA & OBJECTIVES																																																						
23/64	Verbal: Committee agreed that agenda and objectives had been met.																																																						
17	ANY OTHER BUSINESS																																																						
23/65	No other items were raised.																																																						
	FUTURE MEETING DATES																																																						
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The meeting finished 1050hrs.

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 Signed
 (Chair authorised electronic signature to be added)

Signed

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 Date: 30 March 2023

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
 Meeting held on 23 February 2023

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	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	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
Baldwin, Mr Alex	Interim Chief Operating Officer	Y	Indirect interests	Loyalty interests	My wife is a trustee of the Motor Neurone Disease Association	01/09/2022
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	11/10/2021
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Outside employment	Fixed term contract at St Barnabas and Chestnut Tree Hospices as the CEO until May 2023	06/08/2022

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 personal interests	Loyalty interests	I am a governor at William Westley Primary School	05/10/2022
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. Currently on secondment to Cambridge University Hospitals, working on their OBC/FBC for the Cambridge Cancer Hospital	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 Centre through my limited company, ADO Consulting Ltd	26/09/2022
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. Elish Elizabeth Ann	Chief Executive	Y	Financial interests	Donations	Funding for staff awards from Philips	19/12/2022
Midlane, Mrs. Elish Elizabeth Ann	Chief Executive	Y	Indirect interests	Hospitality	Attendance at Cambridge University Vice-Chancellor's New Year Reception at the Museum of Zoology.	17/01/2023
Midlane, Mrs. Elish Elizabeth Ann	Chief Executive	Y	Indirect interests	Loyalty interests	Chair of the C&P Diagnostic Board	29/03/2022
Midlane, Mrs. Elish Elizabeth Ann	Chief Executive	Y	Indirect interests	Loyalty interests	Holds an unpaid Executive Reviewer role with CQC	03/06/2020
Midlane, Mrs. Elish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Outside employment	I am a voting member, representing NHS providers and Trusts, on the Cambridge and Peterborough Integrated Trust Board. This includes attendance at the Board, and a number of Board sub-committees.	01/09/2022
Midlane, Mrs. Elish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Outside employment	I am an unpaid Director of CUHP	01/09/2022
Monkhouse, Ms. Oonagh Jane	Director of Workforce and Organisation	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	Indirect interests	Sponsored events	Fysicon provide technology in Cardiology services and have agreed to sponsor the 2022 RPH Staff awards to the value of £1000.	08/09/2022
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
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 (Ma	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 (Ma	Chief Nurse	Y	Financial interests	Shareholdings and other ownership interests	Shareholdings in bio - technology/pharmaceutical companies	02/08/2021
Screaton, Mrs. Maura Bernadette (Ma	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