

**Performance Committee**  
**Part 1 meeting**  
**Held on 30 March 2023**  
**0900-1100hrs via MS Teams**  
 [Chair: Gavin Robert, Non-executive Director]

**MINUTES**

<b>Present</b>		
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
<b>In Attendance</b>		
Ms S Bullivant	SB	Public Governor, Observer
Mrs A Colling	AC	Executive Assistant (Minutes)
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
<b>Attending only for Divisional Presentation by Allied Health Professionals</b>		
Mrs P Hales	PH	Chief Allied Health Professional
Mr M Blastland	MB	Non-executive Director
Mrs A Fadero	AF	Non-executive Director
<b>Apologies</b>		
Ms A Halstead	AH	Public Governor, Observer
Mr A Selby	AS	Director of Estates & Facilities
Dr I Smith	IS	Medical Director
Dr S Webb	SW	Deputy Medical Director

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

Agenda Item		Action by Whom	Date
<b>1</b>	<b>WELCOME, APOLOGIES AND OPENING REMARKS</b>		
23/70	The Chair welcomed all to the meeting.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
23/71	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
3	<b>MINUTES OF THE PREVIOUS MEETING Part 1 and Part 2 – 23 February 2023</b>		
23/72	<b>Approved:</b> The Performance Committee approved the Part 1 and Part 2 minutes of 23 February 2023 meetings and authorised for signature by the Chair as a true record.	Chair	30.03.23
4.1	<b>TIME PLAN OF TODAY'S AGENDA ITEMS</b>		
23/73	There were no changes to the planned Agenda.		
4.2	<b>ACTION CHECKLIST</b>		
23/74	The Committee reviewed the Action Checklist and updates were noted.		
5.1	<b>DIVISIONAL PRESENTATION – Allied Health Professionals</b>		
23/75	<p>The Committee welcomed Pippa Hales, Chief Allied Health Professional to present the update from the division.</p> <p>The presentation set out clearly the key challenges faced, especially around workforce resilience and stability, as well as some promising opportunities, including use of data, maximising their skillset, pre-admission patient optimisation and improving patient flow. The Committee noted her request for continuing support for integrating AHPs within the divisions.</p> <p>During discussion, the following queries were raised:</p> <ul style="list-style-type: none"> <li>• DL asked how the Trust could recognise AHP skills, use AHPs in more advanced roles, and encourage retention. PH explained where there are opportunities to work differently to better integrate with nursing staff.</li> <li>• AF referred to the slide showing distribution of time and focus on STA division in particular, asking where do AHPs have the greatest impact in terms of your resource and how do you take this forward? PH explained that AHPs predominately work on rehabilitation of patients following surgery. Patient outcomes are measured; the next stage of work will look at best use of this data.</li> <li>• AB acknowledged the well-presented challenges and asked how the Executive Team could provide support? PH stated that this would be support with AHP integration into divisions and explained the reasoning behind this.</li> <li>• CC referred to the difficulty in recruiting lower band staff and asked if there were opportunities via the Papworth School to train / 'grow our own'? PH advised that 'growing our own' is a positive way forward and the school will support this especially in apprenticeship roles and drawing staff to us.</li> <li>• EM mentioned ICS work, where AHPs are relatively small in numbers. Could we do more within an ICS-wide offering? PH noted that ICS has helped with apprentice work and faculty which has been invaluable. Part of this work involves using the region resource and ICS faculty resource to ensure staff can get their full training, which is not available wholly at RPH.</li> <li>• GR commented on how critical the AHP workforce is to everything that we discuss at this Committee (productivity, patient flow, length of stay, discharge etc).</li> </ul>		
[0932 PH left]			

Agenda Item		Action by Whom	Date
	GR thanked PH for her strong leadership of the AHP team; this gives assurance to the committee that the team is receiving some very impressive leadership.		
<b>IN YEAR PERFORMANCE &amp; PROJECTIONS</b>			
<b>6</b>	<b>REVIEW OF THE BAF</b>		
23/76	<p><b>Received:</b> A summary of the BAF risks and mitigations in place for risks above target. A copy of the BAF tracker report was attached.</p> <p><b>Reported:</b> AJ referred to key issues and updates in the report</p> <p><b>Discussion:</b>  CC – the Industrial Action risk (IA) is covered by three separate committees and asked if it could be assigned to one committee? Is there a risk that things could fall through gaps if being looked at in three separate areas? AJ noted that it had previously been agreed for IA risk to go through various committees due to impact on performance, workforce and quality. After discussion, the Committee agreed that responsibility for the risk review would sit with the Performance Committee, but other committees to see for information.</p> <p>DL referred to the cyber risk and gaps in assurance; what is being done now to ensure there is sufficient education and expertise in the team? AR noted this and that the digital team have worked to assess the risk. He advised how this is being managed but agreed to explain this better in the BAF text to provide better assurance.</p> <p>DL was concerned about the lack of senior cyber specialists in the Trust. How is this gap being addressed? AR advised that this is being managed as part of the development of the senior team and infrastructure and gave detail behind this.</p> <p>GR referred to Waiting List Management where there is no timeline or trajectory for resolution. Is this now coming through the recovery paper and metrics? AB confirmed that this will be presented via the main activity recovery paper; forecasting and monitoring will come through the recovery updates on the overall performance review.</p> <p>GR referred to the datix summary for productivity which talks about WL management but not productivity directly – AB confirmed this has been discussed at Exec Committee and will be updated for the next meeting.</p> <p><b>Noted:</b> The Performance Committee noted the review of BAF.</p>		
<b>7</b>	<b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)</b>		
23/77	<p><b>Received:</b> PIPR for M11 February 2023.</p> <p><b>Reported:</b> TG</p> <p>Summarised the position as ‘red, which comprised:</p> <ul style="list-style-type: none"> <li>• Four ‘red’ domains: Safe, Effective, Responsive and People Management &amp; Culture.</li> <li>• One ‘amber’ domain: Finance.</li> <li>• One ‘green’ domain: Caring.</li> </ul> <p>One new domain: Integrated Care Service – ICS; not currently rated.</p> <p>Safe: some improvement shown, although still red due to safer staffing fill rates. Important to note that, within that the overall CHPPD has been above</p>		

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	<p>target in February.            Effective &amp; Responsive: Theatre activity has increased in month (211 procedures vs planned 200), despite IA in February. The impact of IA has had a more detrimental effect elsewhere, especially in outpatient activity.            People, Management &amp; Culture: Continue to see sickness over KPI but some metrics are improving.            Finance: strong position with year-to-date surplus of £2.1m</p> <p><b>Discussion:</b> each sector as noted below.</p>		
23/78	<p><b>Safe (Red)</b>            Items to escalate to Q&amp;R:            DL – concerned about more cases of Klebsiella and E.coli bacteraemia and would like assurance that this is not a trend.            Also noted five moderate harm incidents in the last month (two last month); this increase is worrying although no trend shown.            MS – will raise both issues at Q&amp;R. The bacteraemia refers to low numbers of very complex patients with prolonged stays in CCA. There has been no transmission of infection and it is under review with Infection Control Team.</p> <p>CC referred to discussion at the last Board re SSIs being reported quarterly and due to importance of this, should this change to monthly reporting; is this in hand?            MS confirmed it is on agenda for Q&amp;R to report on monthly basis.</p> <p>GR welcomed the spotlight on Supervisory Sister role/Charge Nurse role; this is a good innovation, with oversight of key metrics within PIPR (as indicated in the proposed changes to PIPR – see below), which could address some concerns raised.</p>		
23/79	<p><b>Caring (Green):</b>            This section was taken as read.</p>		
23/80	<p><b>Effective (Red):</b>            No items were raised. This will be covered further under the Activity Recovery report.</p>		
23/81	<p><b>Responsive (Red):</b>            AB highlighted the spotlight on Patients Waiting Over 52 weeks, as requested last month, showing the challenges on the longest waits. This will be covered further under the Activity Recovery report.</p> <p>EM added that this spotlight was discussed at Exec Committee who noted the specific surgeon lack of capacity constraints and long waiters, and re-profiling of activity for this surgeon.</p> <p>DL queried one 52W patient who had no date listed for surgery. AB confirmed that all patients over 52W now have dates for surgery and this has been rectified on the data.</p>		
23/82	<p><b>People Management &amp; Culture (Red)</b>            OM updated that turnover is reducing at 15.4% - we do not know if this is a continuing trend. IPRs have seen an improving trend.            GR referred to turnover and asked how our metrics are reflected in the</p>		

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	<p>region? OM has seen this reducing in other organisations – which is reviewed via the Workforce Committee.</p> <p>CC referred to key performance challenges and ‘time to hire’, querying that candidates are removed if not fully engaged in the recruitment process. OM explained the reasoning behind this and emphasised that candidates are not removed unless they are no longer regarded as realistic potential recruits.</p> <p>DL referred to roster compliance which is still falling behind target. MS advised that this is reliant on a supervisory sister to keep this up to date. She explained how monitoring is in place on roster compliance to improve this. There have been some staff gaps which has been a challenge; work is ongoing around this.</p>		
23/83	<p><b>Finance (Amber):</b> This will be covered under Item 8.1 Financial Report.</p>		
	<p><b>Integrated Care System (ICS)</b> This is Included for information purposes and to understand how the system is performing.</p>		
	<p><b>Noted:</b> The Performance Committee noted the PIPR update for M11 2022/23.</p>		
<b>8.1</b>	<p><b>FINANCIAL REPORT – Month 11 2022/23</b></p>		
23/84	<p><b>Received:</b> Financial Report which provides oversight of the Trust’s financial position as at month 11, 2022/23.  <b>Reported:</b> SH summarised:  YTD position is surplus £2.1m  Cash position remains healthy at circa. £75m  BPPC performance is being monitored closely, good performance in-month. Year-end work continues.  Purchase Order and Non-Purchase Order workstream has been discussed at Audit Committee; work is going well in developing a trajectory to bring to Committees.</p> <p><b>Discussion:</b>  GR asked if the YTD position was mainly due to allocation of funds system-wide and staff benefits?  SH explained how funds are reallocated by ICB over the whole system which is driving our in-month position, and the University Grant monies which was covered last month.  CC referred to Appendix 1 run rate trends and the SPC (Statistical Process Control) charts in the report (and specifically total pay overspend, total drugs spend and depreciation &amp; amortisation).  SH explained that the SPC charts look at trends from April 2019 to date and give a long-term view. SH noted that this information should become clearer as we become more familiar with using the SPC charts in a financial setting, including where control limits may change within financial year.</p> <p><b>Noted:</b> The Performance Committee noted the financial position.</p>		

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8.1.1	<b>BETTER PAYMENT PRACTICE CODE (BPPC) ACTION PLAN</b>		
23/85	<p><b>Received:</b> Update report as at February 2023.  <b>Reported:</b> TG – covered under Financial Report.  <b>Noted:</b> The Performance Committee noted the update.</p>		
8.2 8.2.1	<p><b>CIP FORECAST 2023/24</b>  <b>CIP REPORT – Month 11 22/23</b></p>		
23/86	<p><b>Received:</b> Summary of Trust’s progress on CIP plan to month 11 2022/23; CIP achievement to date and the ongoing steps to ensure the CIP target is delivered. Draft update of CIP pipeline for 2023/24.  <b>Reported:</b> TG noted a good performance in year; we continue to work hard with divisions on the next financial year. There is still work to do on the pipeline, which is taking slightly longer, but the Trust is ahead of peers in ICS.  <b>Discussion:</b>  GR welcomed and noted the scrutiny on this ahead of the start of 2023/24 financial year.  <b>Noted:</b> The Performance Committee noted the update on CIP.</p>		
9.1	<b>ACTIVITY RESTORATION</b>		
23/87	<p><b>Received:</b> Update report to Month 11, February 2023  <b>Reported:</b> AB – Will cover this report alongside Elective Activity Improvement.  Key messages are that we are seeing the same themes in relation to overall elective activity, which is behind plan, but offset by emergency activity which continues to be high.  <b>Discussion:</b> See below.  <b>Noted:</b> The Performance Committee noted the update on Activity Restoration.</p>		
9.3	<b>OTHER ELECTIVE ACTIVITY IMPROVEMENT</b>		
23/88	<p><b>Received:</b> An update on activity restoration, 23/24 operational planning progress and the operational improvement plan for 23/24.  <b>Reported:</b> AB.  The report demonstrates the detail of the above robust planning which has undergone executive scrutiny and shows the level of confidence of delivery. He referred to demographic growth but there is no assumption on IA as this is difficult to plan for.  The summary of monitoring of delivery of plan is noted on p103 of pack; this shows the monitoring metrics to provide assurance on delivery. The metrics are broad comprehensive and ambitious – but AB believes they are achievable to enable delivery of plan.  There is a set of key actions on the detailed work to support the key metrics (p104).  Summary: It is proposed to revise the reporting through a change in the way we monitor our activity, moving away from monthly to a weekly summary, monitored by divisions and then summarised in a monthly report to the Performance Committee. This will allow close monitoring and time for adjustments if the plan is drifting. The report shows the governance structure on all components which support delivery of the plan.</p>		

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	<p><b>Discussion:</b>            CC thanked AB for this detailed report. She referred to day case activity for STA at a proposed 25% of 2019 activity – is this high enough?            AB acknowledged that this is a fair challenge and agreed there is more that can be done; this needs to be reviewed in the context of the STA recovery plan.            EM explained that in STA, ‘day case activity’ is separate from ‘day surgery’ - CC asked for this to be made clearer in the report.            CC – the 52W has been given to Sept 23 to achieve target, could we strive to do this earlier? AB – agreed with this thought process and will take back to the teams to review.            CC added that current percentage rates are noted for some areas but not all. AB will add in for all areas.            GR commented that it would be good to see the changes for next month and contextual information on current benchmarks.            DL – to improve clarity, could patient numbers relating to this be added in as well as %. AB – yes will include next time.</p> <p>GR commented that this report gives more granularity which the committee has been seeking and is a good step forward.</p> <p>On actions, GR asked how much of this is new and how much is already being done? What is changing in the way we do things at operational level to give greater assurance of achieving the target?            AB explained that the programme of recovery introduces three key changes:</p> <ul style="list-style-type: none"> <li>• a range of activities will be coordinated under a single governance structure.</li> <li>• the introduction of a broader holistic approach to the hospital’s operations which allows us to deliver the operational plan in a robust and consistent way. He gave example on length of stay and delivery of the elective plan.</li> <li>• weekly (rather than monthly) reporting which will allow for a more reactive approach, enabling intervention in real time.</li> </ul> <p>The weekly data will be aggregated monthly for reporting to Performance Committee.</p> <p>MS agreed the plan contains all the right things which we should be doing daily. We need to understand how far we are from achievement in metrics and what realistic timeframes are to achieve this. MS/AB are already in discussion on this aspect.</p> <p><b>Noted:</b> The Committee noted the update.</p>	<p>EMc</p> <p>EMc</p> <p>EMc</p> <p>EMc</p>	<p>27.4.23</p> <p>27.4.23</p> <p>27.4.23</p> <p>27.4.23</p>
<p><b>9.2</b></p>	<p><b>THEATRE IMPROVEMENT PROGRAMME</b></p>		
<p>23/89</p>	<p><b>Received:</b> Verbal update to the Committee.  <b>Reported:</b> TG            AB – February PIPR showed a positive position, notwithstanding IA. The cultural work is ongoing; recruitment is ongoing and on trajectory; an improving position is being seen.</p> <p>TG added there have been many positives including recruitment; recently opened to five theatres which is ahead of June target and work to do to continue this. It is important to note that IA for Doctors strike has had an</p>		

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	<p>impact, which may affect the trajectory for March. We continue to be positive on work that is happening, but IA is out of our control.</p> <p><b>Discussion:</b> GR was pleased to hear that the recruitment pipeline is on trajectory.</p> <p><b>Noted:</b> The committee noted the verbal update.</p>		
<b>10</b>	<b>ACCESS &amp; DATA QUALITY REPORT (bi-monthly)</b>		
23/90	Next due to April meeting.		
<b>FUTURE PLANNING</b>			
<b>11</b>	<b>INVESTMENT GROUP – Chair’s Report</b>		
23/91	<p><b>Received:</b> A verbal update from the Investment Group Chair following its meeting on 13 March 2023</p> <p><b>Reported:</b> TG.</p> <p>No approvals submitted to the meeting.</p> <p>Capital programme has seen a strong recovery in the final quarter of the financial year to bring in line with target.</p> <p><b>Discussion:</b> No items were raised.</p> <p><b>Noted:</b> The Committee noted the update from the Investment Group.</p>		
<b>12</b>	<b>QUARTERLY REPORTS</b>		
	No items to report this month.		
<b>13</b>	<b>ANNUAL REPORTS</b>		
<b>13.1</b>	<b>OPERATIONAL PLANNING 2023/24</b>		
23/92	<p><b>Received:</b> Trust’s 2023/24 Operational Plan for approval.</p> <p><b>Reported:</b> TG.</p> <p>GR noted that this had been discussed at length in previous Committees and a separate NED briefing. TG summarised:</p> <p>National Overview:</p> <ul style="list-style-type: none"> <li>• The national position and ICS contribution to this, specifically in C&amp;P region and a national directive to ICS on certain issues, which TG explained.</li> <li>• This directive created a change in national ICS positions. C&amp;P has seen a change in deficit from £99m to £38m.</li> </ul> <p>Our plan - key points:</p> <ul style="list-style-type: none"> <li>• This is a proposed break-even plan.</li> <li>• This has undergone a detailed process in relation to activity with divisions.</li> <li>• The plan moves incrementality by 0.75% per month, giving an overall improvement of 5% over the year – moving to 98% of 2019/20 activity.</li> <li>• Plans will be monitored against internal and external targets.</li> </ul> <p>Financial perspective:</p> <ul style="list-style-type: none"> <li>• Concern was ERF on specialist commissioning and the income risk here. National clarity has now been received and the risks shown in the report on underlying financial position over various scenarios.</li> </ul>		



Agenda Item		Action by Whom	Date
	<p><b>Discussion:</b>            Since ERF funding has been clarified, GR asked for clarification on numbers if we meet divisional targets – what would the underlying position then be and would we need to make some use of non-recurrent mitigations? TG explained how this would work.            GR suggested a separate explanatory session on the plan with NEDs who were not able to attend the previous briefing.            TG would be happy to hold another session, but timing will be tight to get this in ahead of next week’s Board meeting.            CC appreciated this as it is important that all NEDs understand the position. TG noted that ICS position nationally does make the risk materially higher than previously, which could then pose a potential risk for RPH.</p> <p><b>Recommendation:</b>            The Performance Committee <b>recommended</b> the 2023/24 operational plan for approval by the Board, including revised PIPR metrics, and delegated authority for the final submission to be made by the Chief Finance Officer. The Committee <b>agreed</b> to delegate authority for the Chief Finance Officer to make minor updates if required ahead of the final submission and to progress the key items listed under “work to be completed”.</p>	AC	27.4.23
<b>14</b>	<b>ISSUES FOR ESCALATION TO OTHER COMMITTEES</b>		
23/93	Quality & Risk Committee: <ul style="list-style-type: none"> <li>• Klebsiella and E. coli bacteraemia issues.</li> <li>• Moderate harm reviews.</li> <li>• Operational Plan: CC queried the change in some of the ‘Safe’ metrics and whether they should be kept in as monitor only? The Chair agreed that this should be put to Q&amp;R as a suggestion at this afternoon’s meeting and feedback provided to Board.</li> </ul>	MS	30.3.23
<b>15.1</b>	<b>COMMITTEE FORWARD PLANNER</b>		
23/94	<p><b>Received:</b> The updated Forward Planner.  <b>Reported:</b> by AJ.  <b>Noted:</b> The Performance Committee noted the Committee Forward Planner.</p>		
<b>15.2</b>	<b>REVIEW OF MEETING AGENDA &amp; OBJECTIVES</b>		
23/95	<p><b>Verbal:</b> Committee agreed that the agenda and objectives had been met. Good papers and helped discussion on activity recovery.</p>		
<b>15.3</b>	<b>BAF end of meeting wrap-up</b>		
23/96	Covered in earlier discussions.		
<b>15.4</b>	<b>Emerging Risks</b>		
23/97	Covered in earlier discussions.		
<b>17</b>	<b>ANY OTHER BUSINESS</b>		
23/98	<ol style="list-style-type: none"> <li>1) GR is away for 6 April Board meeting and asked if another NED could present his Chair’s report, which he will write in advance. DL offered to cover this at Board.</li> <li>2) AJ referred to Committee Self-Assessments presented to last month’s meeting; she will send through some updated scoring to GR and</li> </ol>		

Agenda Item		Action by Whom	Date
	circulate to others. AJ noted that a reminder had been sent today to Committee to complete Self-Assessments for Board next week.		
	<b>FUTURE MEETING DATES</b>		
<b>2023 proposed</b>	<b>Time</b>	<b>Venue</b>	<b>Apols rec'd</b>
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	

The meeting finished 1055hrs.

  
 Signed  
 (Chair authorised electronic signature to be added)

Date: 27 April 2023

**Royal Papworth Hospital NHS Foundation Trust**  
**Performance Committee**  
 Meeting held on 30 March 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