

**Performance Committee**  
**Held on 25 May 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 T Glenn	TG	Deputy Chief Executive & Chief Finance and Commercial Officer
Mr H McEnroe	HMc	Chief Operating Officer
Mrs E Midlane	EM	Chief Executive
Ms O Monkhouse	OM	Director of Workforce & Organisational Development
Mr A Raynes	AR	Chief Information Officer
Mrs M Screaton	MS	Chief Nurse
Dr I Smith	IS	Medical Director
<b>In Attendance</b>		
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

[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>		
23/128	The Chair welcomed all to the meeting.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
23/129	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.		
<b>3</b>	<b>MINUTES OF THE PREVIOUS MEETING – 27 April 2023 Part 1 &amp; Part 2</b>		
23/130	<b>Approved:</b> The Performance Committee approved the minutes of 27 April 2023 Part 1 and Part 2 meetings and authorised for signature by the Chair as a true record.	Chair	25.05.23
<b>4.1</b>	<b>TIME PLAN OF TODAY'S AGENDA ITEMS</b>		
23/131	HMc informed the Committee that Item 5 STA presentation would be covered under Item 9.2 STA update by HMc. Therefore, there would be no separate divisional presentation on this item.		

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	MS advised that she need to leave the meeting at some point to welcome external visitors to the Trust.		
<b>4.2</b>	<b>ACTION CHECKLIST</b>		
23/132	The Committee reviewed the Action Checklist and updates were noted.		
<b>5.1</b>	<b>DIVISIONAL PRESENTATION - STA Division</b>		
23/133	As noted above, there was no divisional presentation due to staffing constraints; this will be covered by HMc under Item 9.2.		
<b>IN YEAR PERFORMANCE &amp; PROJECTIONS</b>			
<b>6</b>	<b>REVIEW OF THE BOARD ASSURANCE FRAMEWORK (BAF)</b>		
23/134	<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</p> <ul style="list-style-type: none"> <li>• Industrial Action risk revised following discussions at last Committee and Board.</li> <li>• Achieving financial balance at ICS level risk - a decrease in risk rating due to financial balance.</li> <li>• NHS Reforms and ICS strategic risk – this work continues through 23/24</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• DL referred to Waiting List Management risk 678. Regarding ‘Gaps in assurance’ – is this a typo, as the text seems to describe an assurance rather than a gap in assurance?</li> <li>• HMc - work has been done on this and reviewed; the 9 actions have been incorporated into STA action plan. HMc will adjust the text to reflect this assurance. It was confirmed that weekly PTL and Access meetings are in place.</li> <li>• GR felt that the statement was correct in that there <u>is</u> a gap in assurance and as the committee has not received the assurance it requires to evidence that waiting lists are reducing. If this has changed then he suggests it is amended or the wording to reflect that the assurance has now been provided.</li> <li>• CC felt that to gain assurance, she would like dates inserted as to when the actions will be achieved.</li> <li>• GR concluded that assurance is adequate subject to the trajectory discussed at Board and for this to be reflected in progress updates in this report.</li> <li>• HMc - to help assure the Committee, he explained the work underway and trajectories for this.</li> <li>• AJ summarised: the processes that we have in place on Waiting List are compliant, and the delivery is linked into Risk 3223 Activity Recovery and Productivity, with lack of controls in place but will bring back trajectories in Wating List risk to report against these. HMc will reflect this better in the BAF.</li> <li>• CC referred to Risk 3223 and queried gaps in assurance re. Workforce levels – is this an actual gap?</li> <li>• The Committee discussed this; HMc will again revise the wording</li> </ul>	HMc	29.6.23

Agenda Item		Action by Whom	Date
	<p>to better reflect this. It was agreed that our assurance remains limited.</p> <ul style="list-style-type: none"> <li>• TG updated the Committee of a new risk logged after this BAF report was published re. the underground tunnel between RPH and CUH. He explained the background to this and that the expected work has not yet started, therefore TG is raising this as a risk. There will be a further verbal update to Board next week.</li> <li>• AJ – flagged, that Alex Baldwin’s (previous interim COO) initials are noted instead of HMc. These will be amended before Board.</li> <li>• GR thanked the Committee for this discussion.</li> </ul> <p><b>Noted:</b> The Performance Committee noted the review of BAF.</p>		
<b>7</b>	<b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)</b>		
23/135	<p><b>Received:</b> PIPR for M01 April 2023.  <b>Reported:</b> TG</p> <p>Summarised the position as ‘red, which comprised:</p> <ul style="list-style-type: none"> <li>• Five ‘red’ domains: Safe, Effective, Responsive, People Management &amp; Culture and Finance.</li> <li>• One ‘green’ domain: Caring</li> </ul> <p><u>New Statistical Process Control reporting (SPC)</u>  GR, TG, HMc had discussed ahead of the meeting the new reporting format for Responsive and Effective - Statistical Process Control (SPC). This will be briefly explained again now and GR suggested thinking about a separate session to help members understand this, should committee members require it.  TG explained that following the Well Led Assessment, one recommendation was for us to consider adopting SPC reporting as this was seen as best practice reporting in the NHS, along with CUH now using this. This was reviewed at the recent Board Development Session. The two main aspects of SPC system is that it makes two assessments:</p> <ol style="list-style-type: none"> <li>1) The first assessment is that when looking at a variation in the month that is being reported, is that variation statistically significant or not?</li> <li>2) The second assessment looks at given the performance of this particular measure over time, do you have confidence and assurance that the target set will be met consistently/or not met consistently/or do not know if this can be consistently met.</li> </ol> <p>TG referred the Committee to page 50 of the papers regarding this.</p> <p><u>Quick PIPR summary</u>  Overall rating in month is red, with similar themes as seen in previous months. Nursing fill rates continue to be a challenge (both in Safe and People Management &amp; Culture). Effective and Responsive see challenges in relation to flow, impacted by Industrial Action. Finance sees CIP not quite closed off and a large payment in April which has deteriorated the cash position.</p> <p><u>Balanced scorecard</u>  CC referred to the Balanced Scorecard and queried year-end forecasts, where some are green but may never actually turn green – can these be reviewed to show more realistic forecasts? This was discussed by the Committee. It was agreed for Execs review these forecasts for the next meeting.</p>	EDs	29.6.23

Agenda Item		Action by Whom	Date
	<b>Discussion:</b> each sector as noted below.		
23/136	<b>Safe (Red)</b> No questions were raised.		
23/137	<b>Caring (Green):</b> MS referred to the further work being undertaken on complaints since last month, with a spotlight on Friends & Family Test. DL noted the comprehensive analysis of complaints. She was concerned regarding 'communication' which needs to be kept in focus, along with team learning from each complaint. MS advised that each patient and complaint is different and agreed with the need to keep this in focus. DL suggested a clarification process with the patient to ensure the Trust response is clear and understood.		
23/139	<b>Effective (Red):</b> HMc explained the changes in the reporting structure shown in PIPR under the SPC reporting structure. He welcomed all questions on the metrics arising from this process. He clarified:  Common cause = in control variation Special cause = process unstable, not in control (such as industrial action, equipment breakdown).  HMc explained the detail behind the inpatient and outpatient activity, occupancy, utilisation, length of stay and outcomes metrics.  GR suggested a separate learning session to NEDs to explain the new SPC reporting. AJ felt that Governors would also benefit from some explanation on this. Referring to the Effective Summary, it would help to include a key to the diagram graphics within the report.  <i>[Post meeting note: An SPC Workshop Session has been booked for NEDs and Governors on 12 June]</i>  Both CC and DL referred to cardiac surgical mortality which had been flagged previously and the percentage metric was still concerning. HMc advised that this is going to Q&R today for scrutiny and explained the detail within the metric graphic. AJ noted a query raised at Board on whether to have crude mortality rate or mortality figures linked to patient acuity.		
23/140	<b>Responsive (Red):</b> HMc explained the detail on RTT, Cancer, 52W position, 18W position, IHU surgery, radiology waiting 2023. He will be working with divisions to continually improve these positions.  DL referred to the six 104-day cancer wait breaches and questioned whether those patients all been treated now? HMc gave the detail behind the delays for the 6 patients, who are all in the pathway for care or have now been treated.  HMc highlighted that a letter had been received from the Specialised		

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	<p>Commissioning team setting out their concerns relating to the increase in waiting times (including 52-week breaches) for cardiothoracic surgery (especially IHUs) and requesting sight of recovery plans. EM believed that a similar letter has been sent to all cardiothoracic centres, as there is a concern nationally on the pace of cardiac recovery, but it is the first time (as far as Executives are aware) that RPH has received such a letter. The Committee confirmed that the letter must be taken very seriously. GR noted that the increase in waiting times caused by the reduced productivity in theatres and consequent recovery programme has been a major focus for the Committee for some time. EM said that the letter would be included in the pack for the Board meeting next week.</p> <p>HMc confirmed that work is in hand on RPH actions to give assurance to the Specialist Commissioning team.</p>		
23/138	<p><b><u>People Management &amp; Culture (Red)</u></b>  OM advised that vacancy and IPR rates are slowly improving. The team will keep an eye on vacancy rates and any required reflections in BAF going forward. Time to hire was noted positively as under KPI and still a focus with the team.</p> <p>GR commented that the Spotlight slides can sometimes be a repeat of earlier text, making it difficult to understand what is new. OM will review with Workforce Committee.</p> <p>DL noted that compliance with roster approval has declined. What can be done to keep this on an upward trajectory? What are the issues behind this?  OM advised that this is variable and linked to supervisory time for ward managers. MS added that the supervisory sister time sits at 38% for this month and a programme of work has started on this. This is key to improving that metric.</p>	OM	29.6.23
23/141	<p><b><u>Finance (red):</u></b>  This will be covered under Item 8.1 Financial Report.</p>		
	<p><b><u>Integrated Care System (ICS)</u></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 M1 2023/24</p>		
8.1	<p><b>FINANCIAL REPORT – Month 1 2023/24</b></p>		
23/142  1015 OM left	<p><b>Received:</b> Financial Report which provides oversight of the Trust's financial position as at month 1, 2023/24.</p> <p><b>Reported:</b> SH summarised:</p> <ul style="list-style-type: none"> <li>• There has been a change leading up to this month particularly in national mechanisms, hence some metrics are not included this month; this is replicated across the region.</li> <li>• A small surplus position in M01 includes new variable payment mechanism as part of clinical income.</li> <li>• Pay spend reflects the pay awards 2023/24. We can expect further</li> </ul>		

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	<p>funding to support the impact of the pay award from next month onwards.</p> <ul style="list-style-type: none"> <li>Better Payment Practice Code (BPPC) – PIPR shows a difference to that shown in the finance report, which SH explained. There were some slight dips in performance driven by a small number of NHS invoices which are being reviewed.</li> <li>Capital spend was a small amount in month. Work continues with Investment Group and Medical Devices Group to keep expenditure on plan and to budget.</li> </ul> <p>TG added to the previous context given on M01 reporting, where the ICB position is unclear, as colleagues have not been able to report. There will be more information at M02 to understand the context of RPH performance.</p> <p><b>Discussion:</b> GR referred to Finance flagging red, which as explained is due to elective income model and adverse cash position as a result of the robot spend. Yet the cash position nevertheless remains very healthy. TG noted that the target in PIPR is a high bar and the Committee agreed that it would be useful to review cash position tolerances.</p> <p>CC referred to Appendix 6: Purchase Orders and asked what do the purple boxes represent? SH explained that these show the definitive point at which invoices will be moved over to Purchase Order system; the green boxes show where work is in hand with individual owners. This will be made clearer in the next update.</p> <p><b>Noted:</b> The Performance Committee noted the financial position.</p>		
8.2	<p><b>FINANCIAL FORWARD LOOK: MEDIUM TERM FINANCIAL PROJECTION</b></p>		
1027 MS left	<p><b>Received:</b> An update to the Performance Committee of the work being undertaken to refresh the Trust’s medium term financial modelling and strategy.</p> <p><b>Reported:</b> TG. Following 6-monthly planning during the COVID pandemic period, this is gradually now moving back to annual and medium-term planning.</p> <p>This is a first draft of the report where TG ran through the scenarios detailed in the report. Future updates will provide more detail and mitigating measures and allow further scrutiny by the Committee. The Committee was asked at this point to review the scenarios, check and raise any material issues to be considered.</p> <p><b>Discussion:</b> EM – is there something around capturing within the assumptions the impact of interdependence with the system? TG – yes agreed, as the exposure is particularly dependent on specialist commissioner delegation.</p> <p>CC noted that the ICS position has a huge impact on RPH position. She referred to previous tables which showed mitigations and impact, and asked</p>		

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	<p>if this could be included in this report going forward. TG thanked CC for this suggestion and will include in future reports. The Performance Committee felt that the scenarios captured all issues.</p> <p><b>Noted:</b> The Committee noted the medium-term financial projection.</p>		
<b>8.2.1</b>	<b>A BRIDGE TO EXCELLENT (CIP REPORT) Month 1 23/24</b>		
23/142	<p><b>Received:</b> An update of 2023/24 Divisional Savings <b>Reported:</b> TG - CIP plans are on track and in a better position than this time last year. <b>Discussion:</b> DL asked if there was any cause for concern with cardiology, given that they are currently below plan? TG advised that they have some schemes in pipeline, being worked through, and hope to get back to trajectory soon. <b>Noted:</b> The Committee noted the 2023/24 CIP position.</p>		
<b>9.1</b>	<b>ACTIVITY RESTORATION</b>		
23/143	<p><b>Received:</b> Update report to Month 1, April 2023 <b>Reported:</b> HMc This had been partly covered during earlier discussions under PIPR. A key challenge has been elective admitted activity which was behind plan due to the number of days lost in April (Bank Holidays and Industrial Action) – this is under review to enable improvement.</p> <p><b>Discussion:</b> No items were raised.</p> <p><b>Noted:</b> The Performance Committee noted the update on Activity Restoration.</p>		
<b>9.2</b>	<b>STA CONTINUOUS IMPROVEMENT PROGRAMME</b>		
23/144	<p><b>Received:</b> Update report covering the period <b>Reported:</b> HMc This is a collaborative piece of work with Executive colleagues. The Board Part 2 had recently received an update relating to the proposed support package and intervention plan within STA Division. There has now been opportunity to review this and meet with the Division. The Trust is supporting the Division through Trust's performance management model which is at red status. The involves the Executive Team overseeing objectives with the Division in a clear transparent process. The senior STA team have positively taken this review on board, and the outputs currently are productive. The Division will take ownership and responsibility for this work.</p> <p>HMc updated on current position within the plan; the project KPIs have been established and now looking towards benefits realisation.</p> <p>HMc referred to the report which covered: Programme scope, strategic goals, proposed governance, weekly programme cadence, aligning support and executive sponsorship, aligning executive leadership, professional input and professional support and finally, programme timescales.</p>		

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	<p><b>Discussion:</b> GR felt that the presentation and slides gave assurance on the process and controls put in place to improve performance. He then asked how does the Committee get substantive assurance on progress and meeting of objectives? HMc said that measured KPIs are being worked on and will be included in the next report. GR noted the work on output but would also like to see progress on inputs i.e., recruitment pipeline, leavers etc. CC and DL agreed with this summary and proposed way forward. The Committee agreed that further consideration needs to be given to how we address the notoriously difficult challenge of assessing improvement of culture and engagement. The Committee thanked HMc for this comprehensive report.</p> <p><b>Noted:</b> The Committee noted the update.</p>		
<b>9.3</b>	<b>OTHER ELECTIVE ACTIVITY IMPROVEMENT</b>		
23/145	<p><b>Received:</b> A verbal update on activity restoration, 23/24 operational planning progress and the operational improvement plan for 23/24.</p> <p><b>Reported:</b> HMc This has been covered under discussion in some previous reports and PIPR. This work is less intensive than the current focus on STA but still under focus with weekly reporting to Execs.</p> <p><b>Noted:</b> The Committee noted the update.</p>		
<b>9.3.1</b>	<b>FLOW IMPROVEMENT PROGRAMME</b>		
23/146	<p><b>Received:</b> An update to the Committee on the flow programme. <b>Reported:</b> HMc. This is an important part of improving delivery of output in performance and operations. He referred to the workshop with Divisions on flow where the report outlines the output from the workshop. This was a positive workshop and well attended. GR asked how the Committee would know if the work was having a desired impact. HMc advised that the work is underway to define key metrics linking into PIPR.</p> <p><b>Discussion:</b> GR commented that he understands the amount of work going on, but reports/data can be overwhelming and it is important to make sure that the information provided can be understood and scrutinised.</p> <p>CC felt that the information was necessary but suggested this could have been presented in a reference pack. GR would be happy to have separate discussion on reporting formats with HMc if required. DL thanked HMc for this comprehensive report which was helpful to gain assurance.</p> <p><b>Noted:</b> The Performance Committee noted the update on the Flow Improvement Programme.</p>		
<b>10</b>	<b>ACCESS &amp; DATA QUALITY REPORT (bi-monthly)</b>		
23/147	Next due to June meeting.		

Agenda Item		Action by Whom	Date
<b>FUTURE PLANNING</b>			
<b>13</b>	<b>RE-PROCUREMENT OF THE TRUST'S FINANCE AND PROCUREMENT CONTRACT</b>		
13/151 [1055hrs SB left]	Due to contract sensitivities, it was agreed to note this as a Part 2 confidential minute.		
<b>11</b>	<b>INVESTMENT GROUP – Chair's Report</b>		
23/148	Update to June meeting.		
<b>12</b>	<b>QUARTERLY REPORTS</b>		
<b>12.1</b>	<b>Corporate Risk Register</b>		
23/149	<p><b>Received:</b> An overview of those risk graded 12 and above that are included on the Corporate Risk Register (CRR). <b>Reported:</b> MS</p> <p><b>Discussion:</b> DL referred to the extreme risk 3351 (sterility for pump sucker ends) and asked what are the implications of this risk and the mitigations for this? IS advised that this is a particular piece of equipment used during surgery but there is an alternative, which the surgeons do not favour due to the weight of instrument and movement during surgery. This is the immediate mitigation ahead of obtaining sterility on the preferred piece of equipment. The mitigation therefore is to move to the preferred sterile piece of equipment.</p> <p><b>Noted:</b> The Committee noted the Corporate Risk Register update.</p>		
<b>12.2</b>	<b>CYBER RISK</b>		
123/150	<p><b>Received:</b> The Committee received the quarterly update on Cyber Risk. <b>Reported:</b> AR</p> <p><b>Discussion:</b> GR welcomed the format which is much improved and appreciated the information contained within. CC and DL were happy with the report. EM noted the report was helpful and well-articulated, particular thanks to Chris Bardell who is new in post to Cyber Risk Analyst and commended him for the report. AR will feed this back.</p> <p><b>Noted:</b> The Committee noted the Cyber Risk update.</p>		
<b>14</b>	<b>ANNUAL REPORTS</b>		
	No annual reports due this month.		
<b>15</b>	<b>ISSUES FOR ESCALATION TO OTHER COMMITTEES</b>		
23/152	No issues were raised for escalation.		
<b>16.1</b>	<b>COMMITTEE FORWARD PLANNER</b>		
23/153	<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>		

Agenda Item		Action by Whom	Date	
<b>16.2</b>	<b>REVIEW OF MEETING AGENDA &amp; OBJECTIVES</b>			
23/154	<p><b>Verbal:</b> Committee agreed that the agenda and objectives had been met. The Chair apologised for the slight overrun.</p> <p><b>Discussion:</b> EM asked that when introducing new methodology on reporting (such as SPC) that the Committee is advised on the structure of this ahead of the meeting. GR agreed a briefing session was required on SPC reporting. CC reiterated that a key box would be helpful. AH would appreciate a briefing session – GR suggested a session, open to NEDs plus some Governors.</p>			
<b>16.3</b>	<b>BAF end of meeting wrap-up</b>			
23/155	Covered in earlier discussions.			
<b>16.4</b>	<b>Emerging Risks</b>			
23/156	Covered in earlier discussions.			
<b>17</b>	<b>ANY OTHER BUSINESS</b>			
23/157	<p>CC had mentioned at the last Board for EM and IS to give some data on patient ethnic minorities of inpatients. She asked if this should come to Performance Committee before Board – this poses a quality of access query. It was agreed for this to come to Performance Committee with the timescale to be confirmed.</p>	IS	tbc	
	<b>FUTURE MEETING DATES</b>			
<b>2023</b>	<b>Time</b>	<b>Venue</b>	<b>Divisional presentation</b>	<b>Apols rec'd</b>
27 July	0900-1100hrs	MS Teams	Cardiology	
31 August	0900-1100hrs	MS Teams	-	
28 September	0900-1100hrs	MS Teams	Respiratory	
26 October	0900-1100hrs	MS Teams	-	C Conquest
30 November	0900-1100hrs	MS Teams	Radiology/Imaging	
21 December	0900-1100hrs	MS Teams	-	

The meeting finished 1104hrs.

  
Signed  
(Chair authorised electronic signature to be added)

Date: 29 June 2023

**Royal Papworth Hospital NHS Foundation Trust**  
Performance Committee Meeting held on 25 May 2023

#### **Abbreviations and Acronyms**

BPPC	Better Payment Practice Code
IA	Industrial Action
IHU	In-House Urgent
IPR	Individual Personal Review
ICS	Integrated Care Service
LoS	Length of Stay
NHSI	NHS Improvement
PO	Purchase Order
Q&R	Quality & Risk Committee
RRR	Risk Register Rating
SSI	Surgical Site Infection
STA	Surgery, Transplant, Anaesthetics Division

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 CIBS, 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
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	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
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
McEnroe, Mr. Harvey Lee Anthony	Chief Operating Officer					
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Financial interests	Donations	Funding for staff awards from Philips	19/12/2022
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Indirect interests	Loyalty interests	Chair of the C&P Diagnostic Board	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
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Hospitality	Attendance at Cambridge University Vice-Chancellor's New Year Reception at the Museum of Zoology.	17/01/2023
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Hospitality	Attendance at the 5th John Addenbrookes lecture, followed by dinner at St Catherine's College	23/02/2023
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Hospitality	Visit to Marshalls of Cambridge.	03/03/2023
Midlane, Mrs. Eilish 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-	01/09/2022
Midlane, Mrs. Eilish 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 Organisatio	N	I have no interests to declare			23/12/2020
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