

Performance Committee
Held on 31 August 2023
0900-1100hrs via MS Teams
 [Chair: Gavin Robert, Non-executive Director]

MINUTES

Present		
Mr G Robert (Chair)	GR	Non-executive Director
Ms C Conquest	CC	Non-executive Director
Ms D Leacock	DL	Associate Non-executive Director
Mr T Glenn	TG	Deputy Chief Executive & Chief Finance and Commercial Officer
Mr H McEnroe	HMc	Chief Operating Officer
Mrs E Midlane	EM	Chief Executive
Mr A Raynes	AR	Chief Information Officer
Mrs M Screaton	MS	Chief Nurse
Dr I Smith	IS	Medical Director
In Attendance		
Ms S Bullivant	SB	Public Governor, Observer
Mrs A Colling	AC	Executive Assistant (Minutes)
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs L Howard-Jones	LHJ	Deputy Director of Workforce
Mrs A Jarvis	AJ	Trust Secretary
Mr S Rackley	SR	Director of Estates & Facilities
Mrs W Walker	WW	Deputy Chief Operating Officer
In attendance for Item 5: Materials Management		
Jacqui Dudley	JB	PwC
John Akpata	JA	PwC
Apologies		
Ms A Halstead	AH	Public Governor, Observer
Ms O Monkhouse	OM	Director of Workforce & Organisational Development

[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		
23/218	The Chair welcomed all to the meeting.		
2	DECLARATIONS OF INTEREST		
23/219	There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in		

Agenda Item		Action by Whom	Date
	relation to matters on the agenda. A summary of standing declarations of interests are appended to these minutes.		
5	MATERIALS MANAGEMENT – Presentation by PricewaterhouseCoopers (PwC)		
23/220 0933hrs JD and JA left	<p>Received: Materials Management Review report by PwC</p> <p>Reported: The Committee welcomed Jacqui Dudley and John Akpata from PwC. TG explained that to understand better the continuity of supply risks in light of the exit by NHS SBS from materials management in April 2024 and the potential efficiency savings from improved inventory management, PwC have been commissioned specifically to review current practice and make recommendations for improvement.</p> <p>Discussion: The Committee discussed the PwC report in detail and due to its commercial sensitivities, this is noted via Part 2 confidential minutes and within the Chair’s report to Part 2 Board of Directors’ meeting on 7 September.</p> <p>Noted: The Performance Committee noted the report on Materials Management, thanking JD and JA for their clear report and the time given for discussion.</p>		
3	MINUTES OF THE PREVIOUS MEETING – 27 July 2023		
23/221	Approved: The Performance Committee approved the minutes of 27 July 2023 meeting and authorised for signature by the Chair as a true record.	Chair	31.08.23
4.1	TIME PLAN OF TODAY’S AGENDA ITEMS		
23/222	It was agreed to follow the agenda as planned.		
4.2	ACTION CHECKLIST		
23/223	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
6	REVIEW OF THE BOARD ASSURANCE FRAMEWORK (BAF)		
23/224	<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.</p> <p>Reported: AJ summarised the current position and changes, including assurance mapping discussions with Executive Directors. The highest risk is Waiting List management which is covered in HMc reports. Also covered under the Agenda are, Supply Chain risk, Cyber risk and ICS risk.</p> <p>Discussion: CC thanked HMc for clarifying the gaps in Risk 678 Waiting List Management. CC referred to Risk 3223 Activity Recovery and Productivity,</p>		

Agenda Item		Action by Whom	Date
	<p>querying when will the limited assurance move to adequate assurance. HMc noted that Risk 3223 continues to be a challenge in terms of moving this forward with the key contributor to activity restoration being the impact of strikes. He proposes to discuss this later in meeting and work on patient safety initiatives to offset some of the risks and support backlogs. HMc committed to including this assurance in next month's report.</p> <p>Noted: The Performance Committee noted the review of BAF.</p>	HMc	28.09.23
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
23/225	<p>Received: PIPR for M04 July 2023. Reported: TG Summarised the position as 'Amber, which comprised:</p> <ul style="list-style-type: none"> • Three 'red' domains: Safe, Responsive, and People Management & Culture. • Two 'amber' domains: Effective and Finance • One 'green' domain: Caring <p><u>PIPR summary</u> Overall rating in month is Amber. TG summarised that PIPR shows an improving performance, notwithstanding a difficult month due to IA.</p> <p>Discussion: each sector as noted below.</p>		
23/226	<p>Safe (Red): MS CC was concerned on the two incidences of C.Difficile and one MRSA bacteraemia increase, noting that these will be discussed at Q&R later today. MS advised that the two C.Difficile episodes had been through a scrutiny panel where both related to complex patients on high level antibiotics. The scrutiny panel concluded that the episodes were unavoidable and that the patients had since responded well to treatment. It was noted that there are some learning points from the MRSA episode where the patient was colonised with MRSA prior to admission. The patient has since been treated and discharged. DL noted that VTE compliance had dipped along with % of supervisory ward sister/ charge nurse time and asked whether she should be worried about these. MS acknowledged the position with VTE and that this will be a focus of discussion at today's Q&R meeting. The dip in % of supervisory sister time related to staff annual leave over summertime and the unavailability of bank and agency staff to fill short absence gaps, hence ward sisters and charge nurses needed to step in to cover. This is now back on track and showing continuing improvement.</p>		
23/227	<p>Caring (Green): MS DL welcomed the spotlight on chaplaincy volunteers but concerned that RPH has only 5 volunteers whereas CUH has more than 60 and asked whether our volunteers adequately serve the needs of our patients? MS acknowledged this point and will take away and discuss with the chaplaincy team. At a recent Patient Public Involvement Committee, the Chaplain's Report on a patient story highlighted some areas for review which will be followed up.</p>		

Agenda Item		Action by Whom	Date
23/228	<p>Effective (Amber): HMc GR commented that it would be useful to show the PIPR dashboard ahead of the new SPC slides and metrics. HMc reported a challenging month in term of capacity mainly due to IA, losing 18-22% of capacity due to this. Cancellations were lower as patients are not scheduled in on known IA dates. Bed occupancy through CCA has improved. The opening of theatre 6 is scheduled one month ahead of plan, subject to balancing CCA bed capacity. HMc explained that the relatively high capacity utilisation figure reflected the reduction in average number of theatres open to 4.2 due to IA. GR asked for the narrative to clarify this. HMc will update this for the Board meeting.</p> <p>GR noted occupancy for CCA beds had fallen directly due to IA and asked if we still have the same number of CCA staff or are they redeployed? MS advised that some staff are redeployed on IA days when CCA beds are reduced, noting that this does impact on staff well-being. This time is also an opportunity for CCA staff to catch up on training, appraisals and annual leave. HMc explained the reduction in bed days leading up to and after IA, relating to LoS. He confirmed that CCA bed occupancy is measured against a fixed number of 36 commissioned beds. EM added that for consistency of reporting, all our metrics should be based on the same level of activity, i.e., the commissioned activity – GR agreed with this.</p>		
23/229	<p>Responsive (Red): HMc Again, a challenging month due to IA and lost capacity. Divisional colleagues have worked hard to maintain patient flow. We are aware of patients waiting 40 weeks and above which is likely to have impact on their care and our work in response to this. Late referrals from secondary and tertiary providers are also reflected in wait times. We are trying to manage this with referrers on mutual aid including encouraging referrers to use our diagnostic capacity where we have greater availability. IHU remains challenging due to IA and we are working on improvement of standards for referrals. DL queried the low percentage of IHU surgery performed < 7 days of being medically fit for surgery (i.e. 28% vs a target of 95%)? HMc advised that compliance is currently 35%, although waits have been reduced to a maximum of 11 days across the board, and we are aiming to get over the 70% mark by looking at how we can manage IHU beds slots and referrals from others. HMc explained how we can improve with inpatient IHU to create capacity. IS added that it been possible for some Consultants not undertaking IA to help out with IHUs.</p>	HMc	28.09.23
23/230	<p>People Management & Culture (Red) LHJ LHJ was pleased to see that high turnover in June was an anomaly: turnover rates have reduced to below KPI again in July and are now below target; we are working to get to an average of 10%. The vacancy rate is red which is driven by other staff group vacancies in month with no trends being shown. Time to hire has improved to 44 days. The recruitment pipeline is healthy. International recruitment is going well. We have had success in growing future talent which is good for retention. Sickness is slightly over KPI. Mandatory training and IPR compliance are not as good as last month but this can be influenced by annual leave over summer. Performance management discussions are picking up on workforce challenges and compliances. The spotlight focussed on the career progress of staff from a BAME background. LHJ explained some of the work being undertaken in this</p>		

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	<p>area. CC referred to the Staff Survey on BAME which in March 2022 showed that 24.2% of the workforce was of a BAME background. What are we doing to improve career progression? LHJ advised that we are working through the selection panel process and gaining an understanding of experiences of different cultures; also recognising differences and what this could bring and giving opportunity for BAME staff to have the right skills to apply for roles.</p> <p>EM added that we are putting in place, for a year, an opportunity to help protection of salary for those staff taking promotion and coming off night shift work.</p>		
23/231	<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 M4 July 2023/24</p>		
8.1	<p>FINANCIAL REPORT – Month 4 2023/24</p>		
23/232	<p>Received: Financial Report which provides oversight of the Trust's financial position as at month 4, 2023/24.</p> <p>Reported: SH summarised: In month position at M4 is £0.1m surplus resulting in £880k surplus year to date. This reflects the variable income work and work on national targets. IA is the main factor linking through into the M4 position. We continue to work with commissioners and NHSE to understand how changes in the national elective targets will affect the provider position going forward.</p> <p>An estimated accrual for the medical pay award is included in month, as the pay has since been announced there will be a further enhancement to this next month. £1m is recognised for the continuation of the staff benefit fund, with papers to come through Trustee Board.</p> <p>The debtor position, as noted in PIPR, shows an increase in NHS debts over 90 days due to medical staffing recharges to CUHFT and NWAFT. We are working with Commissioners and clinical teams to resolve this in the coming months.</p> <p>Better Payment Practice Code (BPPC) performance continues to be strong at 96% (volume) and 98% (value); some issues in month with low volume NHS invoices – this is a one-off and expected to resolve when staff are back from annual leave.</p> <p>Capital spend remains below planned levels. Orders are trickling in and we continue to work with the Medical Devices Group on equipment expenditure along with overall review of the capital plan. As assurance to the Committee, SH advised that £600k of orders have been made this month and a review of the capital plan will feature in next month's report.</p> <p>Discussion: CC asked if the national pay awards are being fully funded? SH advised that funding has been made available in support of pay awards which covers costs for RPH, but this is not the same for all Trusts.</p>	TG	28.09.23

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	<p>CC noted that Homecare is £1m adverse to plan – SH advised that this is a typo and should read £0.1m, which will be corrected.</p> <p>DL referred to CIP numbers which look good overall, but she was concerned with Cardiology which seems to be behind compared to other Divisions.</p> <p>TG advised that this is being picked up in the monthly divisional performance meeting; work is in hand to improve the cardiology position and if no improvement, then will revert to deep dive work to scrutinise further.</p> <p>CC referred to CIP where the plan shows there is a reduced stock holding for valves - is this a result from PwC work? GR asked whether we are double counting benefits? TG confirmed that there is a slight overlap and explained the rationale behind this. Divisions continue their work on stock control along with the PwC work on sizing and scoping of savings. The Committee agreed that we should certainly not hold back on achieving immediate savings while the PwC work is ongoing, even if there is some overlap.</p> <p>It is estimated that IA during July amounted to a 16% loss of activity in value terms. Although this indicates that RPH would have exceeded the 109% of 19/20 national target but for IA, the read across is complicated by value weightings and is only valid as an indication of overall direction of travel.</p> <p>Noted: The Performance Committee noted the financial position.</p>		
8.2	A BRIDGE TO EXCELLENCE (CIP) REPORT: Month 3 2023/24		
23/234	<p>Received: Month 4 2023/24 summary.</p> <p>Reported: TG.</p> <p>Discussion: This was covered with Item 8.1 Financial Position.</p> <p>Noted: The Performance Committee noted the update on CIP.</p>		
9.1	ACTIVITY RESTORATION		
23/235	<p>Received: Update report to Month 4, July 2023</p> <p>Reported: HMc</p> <p>There is some under performance across some metrics compared to previous months, which is primarily driven by IA. As mentioned in the financial update, it was noted that some activity has a cost variation subject to its weighted value. HMc talked through tables 1&2 of the report, explaining the reasons for the activity downturn in various areas and the recovery plans in place.</p> <p>Discussion</p> <p>IS and HMc have been investigating the fall in GP referrals to RPH post-Covid. This is not compensated by the increase in consultant-to-consultant referrals. HMc reassured the Committee that other Trusts in the ICS had witnessed a similar drop in GP referrals and that it is therefore unlikely to be due to RPH-specific reputational issues. The Committee requested that this data is provided to next month's committee that will provide the assurance that the Committee seeks. There is a limited number of large GP practices which account for a substantial proportion of the decrease. Reviews are planned with ICB/ICS colleagues and GP practices to understand this. HMc confirmed that all our routes to treatment remain open to all providers. To provide further assurance to the Committee, the referral data for CUH and NWAFT on</p>	HMc	28.09.23

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	<p>consultant-to-consultant and GP referrals will be added into next month's report.</p> <p>IS clarified that respiratory physiology refers mainly to the sleep service and suspects that some GP referrals are now going to NWAFT and then referred to onto RPH, which would appear to be inefficient. He will review this.</p> <p>CC asked for clarification on the labelling of charts within this report – are they by financial year or calendar year? HMc confirmed all are by financial year apart from one chart on page 3 of the report which is by calendar year.</p> <p>Noted: The Performance Committee noted the update on Activity Restoration.</p>		
9.1.1	REFERRAL SUMMARY		
23/236	<p>Received: Referral summary on:</p> <ul style="list-style-type: none"> - GP Referrals - Consultant to Consultant vs GPs - West Suffolk Consultant to Consultant <p>Reported: This was covered within Item 9.1 Activity Restoration.</p> <p>Discussion: As noted in Activity Restoration.</p> <p>Noted: The Performance Committee noted the Referral Summary.</p>		
9.2	STA IMPROVEMENT PROGRAMME		
23/237	<p>Received:</p> <p>Reported: HMc HMc took the Committee through some of the background of the work discussed at the Board Part 2 meeting in May 2023.</p> <p>Discussion: GR highlighted that the report received by the Committee was largely a narrative report setting out in some detail the current status. While the Committee took some assurance from the report as to the progress being made, the Committee emphasised the need for the Committee to receive consistent data month-on-month to track progress against planned trajectory. It was discussed whether the output metrics already in PIPR are sufficient or whether further metrics (including further granularity and some input measures e.g. on recruitment and time between surgeries) are necessary. While there is a need to balance this against the desire for more consolidated reporting, it is important that the Committee can focus, and can be seen to focus, on an issue that is so important to Trust performance. GR is conscious not to create extra reporting for teams; it was agreed for TG and HMc to discuss further with GR offline.</p> <p>Noted: The Performance Committee noted the STA Improvement Project update.</p>	GR/ TG/ HMc	28.09.23
9.3	ELECTIVE CARE PRIORITIES 2023/24		
23/238	<p>Received: Following the issue of the Elective Care 2023/24 Priorities letter from Sir James Mackey, Sir David Sloman, Dame Cally Palmer and Prof</p>		

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	<p>Tim Briggs, the Committee is requested to review the checklist attached to assure plans to deliver elective and cancer recovery objectives over the coming year.</p> <p>Reported: HMc</p> <p>Discussion: GR was concerned to see “No formal process in place to monitor patients” on the Waiting List, which was rated red. HMc referred to the current process and gave assurance to Committee on how this will be improved and achieved as part of the elective recovery plan. GR asked for this to specifically be raised at Q&R due to its red rating, along with the plan to make progress. HMc agreed to do this.</p> <p>Noted: The Performance Committee noted the update and escalation.</p>	HMc	31.08.23
10	ACCESS & DATA QUALITY REPORT (bi-monthly)		
23/239	Next update due 29.9.2023		
FUTURE PLANNING			
11	INVESTMENT GROUP – Chair’s Report		
23/240	<p>Received: Chair’s report summarising the meeting held on 18 August 2023.</p> <p>Reported: TG There is work in hand to get a better grip on medical equipment expenditure and we are also working with Digital team to ensure the same scrutiny in their area.</p> <p>Discussion: No items were raised.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
12	QUARTERLY UPDATE REPORTS		
12.1	CYBER RISK		
23/241	<p>Received: Quarterly update on cyber risk. Reported: AR</p> <p>Discussion: GR noted a very good report where the quality has improved vastly over previous months. AR will feed this back to Chris Bardell who compiles this report.</p> <p>Noted: The Performance Committee noted the Cyber Risk update.</p>		
13	ANNUAL REPORTS		
13.1	ICS MEDIUM TERM PLAN (MTP) (inc 5-year Financial Strategy)		
	<p>Received: The Committee received an update to the medium-term financial projections presented in June’s Performance Committee and an update to the Committee on the projection being submitted as part of an</p>		

Agenda Item		Action by Whom	Date
	<p>ICS-wide medium term financial projection.</p> <p>Reported: TG referred to updates on MTP and the 5-year forward view. The main changes are reductions in delegation risk in respect of commissioning and the elective funding risk compared to national. These aspects are reflected in the model which, as a result, shows a healthier financial position. Achieving this position requires however increase in private patient income (being reviewed at SPC), and increased utilisation of NHS capacity.</p> <p>TG explained that the 5-year forward view is a Trust-led plan. Separately, the MTP is nationally commissioned and covers two years, not five. The Trust has submitted this LTFM for next the two years and aligned some assumptions, shown in appendix 3. This means that the Trust has submitted a deficit position in the next two years and TG explained the rationale behind this (mainly relating to the expected costs of the new EPR system over the next two years) which has openly been discussed with CFOs/ICs.</p> <p>Discussion: No items were raised.</p> <p>Noted: The Committee noted the update.</p>		
13.2	POLICY REVIEW: INTELLECTUAL PROPERTY (IP)		
23/243	<p>Received: The Committee are asked to approve the revised Intellectual Property (IP) policy. In response to legal advice received by RPH Charity, a minor amendment have been made to the version approved in December 2022.</p> <p>Reported: TG</p> <p>Discussion: No queries were raised, and the Committee approved the policy.</p> <p>Approved: The Performance Committee approved the policy for Intellectual Property.</p>		
14	ISSUES FOR ESCALATION TO OTHER COMMITTEES		
	No issues were raised for escalation.		
15.1	COMMITTEE FORWARD PLANNER		
23/244	<p>Received: The updated Forward Planner.</p> <p>Reported: by AJ.</p> <p>Noted: The Performance Committee noted the Committee Forward Planner.</p>		
15.2	REVIEW OF MEETING AGENDA & OBJECTIVES		
23/245	<p>Verbal: Committee agreed that the agenda and objectives had been met; the Chair thanked all for their discussion.</p> <p>GR apologised for the overrun in time towards the end of the meeting.</p>		
15.3	BAF end of meeting wrap-up		
23/246	None identified.		

Agenda Item		Action by Whom	Date
15.4	Emerging Risks		
23/247	Covered in earlier discussions.		
16	ANY OTHER BUSINESS		
23/248	GR sends his apologies to the Board of Directors' meeting next week. GR will produce a Chair's report and DL agreed to present this to the Board.		
	FUTURE MEETING DATES		
023	Time	Venue	Divisional presentation
31 August	0900-1100hrs	MS Teams	-
28 September	0900-1100hrs	MS Teams	Respiratory
26 October	0900-1100hrs	MS Teams	-
30 November	0900-1100hrs	MS Teams	Radiology/Imaging
21 December	0900-1100hrs	MS Teams	-
			Apols rec'd
			C Conquest

The meeting finished 1103hrs


Signed
(Chair authorised electronic signature to be added)

Date: 28 September 2023

Royal Papworth Hospital NHS Foundation Trust
Performance Committee Meeting held on 31 August 2023

Abbreviations and Acronyms

ACS	Acute Coronary Syndrome
BAF	Board Assurance Framework
BPPC	Better Payment Practice Code
CCA	Critical Care Area
CRR	Corporate Risk Register
IA	Industrial Action
IHU	In-House Urgent
IPR	Individual Personal Review
ICB	Integrated Care Board
NHSE	NHS England
NSTEMI	Non-ST Elevation Myocardial Infarction
PPCI	Primary Percutaneous Coronary Intervention
Q&R	Quality & Risk Committee
RTT	Referral to Treatment
SPC	Strategic Projects Committee
STA	Surgery, Transplant, Anaesthetics Division
TAVI	Transcatheter Aortic Valve Implantation

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