

**Performance Committee
Held on 26 October 2023
0900-1100hrs via MS Teams**
[Chair: Gavin Robert, Non-executive Director]

MINUTES

Present		
Mr G Robert (Chair)	GR	Non-executive Director
Ms D Leacock	DL	Associate Non-executive Director
Mr 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
In Attendance		
Ms S Bullivant	SB	Public Governor, Observer
Mrs A Colling	AC	Executive Assistant (Minutes)
Mr B Davidson	BD	Public Governor, Observer
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
Mr S Rackley	SR	Director of Estates & Facilities
Apologies		
Ms C Conquest	CC	Non-executive Director
Mr T Collins	TC	Public Governor, Observer
Mrs W Walker	WW	Deputy Chief Operating Officer

[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		
23/275	The Chair welcomed all to the meeting.		
2	DECLARATIONS OF INTEREST		
23/276	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.		
3	MINUTES OF THE PREVIOUS MEETING 28 September 2023		
23/277	Approved: The Performance Committee approved the minutes of 28	Chair	26.10.23

Agenda Item		Action by Whom	Date
	September 2023 meeting and authorised for signature by the Chair as a true record		
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
23/278	It was agreed to follow the agenda as planned.		
4.2	ACTION CHECKLIST		
23/279	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	DIVISIONAL PRESENTATION: Radiology/Imaging (due 30.11.23)		
6	REVIEW OF THE BOARD ASSURANCE FRAMEWORK (BAF)		
23/280	<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 There is no change in ratings with the same high risks remaining (BAF 678 Waiting List Management and BAF 3261 Industrial Action). The report at Item 8.1 on STA Continuous Improvement Programme gives further assurance on BAF risk 3223 (Activity recovery and productivity – limited assurance). The impact of the Patient Safety Initiative Impact (PSI) is starting to show running through from September (BAF 3261 Industrial Action).</p> <p>Discussion: No items were raised.</p> <p>Noted: The Performance Committee noted the review of BAF.</p>		
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
23/281	<p>Received: PIPR for M06 September 2023.</p> <p>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. • Three 'amber' domains: Caring, Effective and Finance. <p><u>PIPR summary</u> A slightly improved position on last month, but still work to do and this reflects the challenges currently in the NHS. Highlights include:</p> <ul style="list-style-type: none"> • The ongoing inpatient experience rated high in the friends & family test. • The work ongoing in terms of RTT recovery and the STA Continuous Improvement Programme are starting to show improvement. • Staff turnover rates continue to reduce. • Finance position is rated amber but hope to move to green as work on CIP and Capital Expenditure continue. • Staff fill rates are based on established position continue to be lower than we would like. • Under 'Caring – complaints', this notes an adverse performance 		

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	<p>(although very low in terms of NHS wide).</p> <ul style="list-style-type: none"> • 'Effectiveness' continues to show the impact of Industrial Action. <p>Discussion: each sector as noted below.</p>		
23/282 0912hrs SR arrived	<p>Safe (Red): MS DL referred to 'pre-op and post-op decolonisation' patient data and explained a concern on one of comments on the September data analysis. Are there any risks to patient safety? MS noted that it is always a risk if there is not complete audit data. MS explained how this was reviewed. The decolonisation protocol has recently changed and is still under review with matrons and ward sisters embedding the new process. This is audited monthly, and work is in hand to ensure robustness on documentation.</p>		
23/283	<p>Caring (Amber): MS GR referred to the number of complaints responded to in time and queried the percentage figure which flagged red. EM explained that this metric relates to the proportion of all complaints due to be responded to, not just new complaints awaiting response. GR queried this metric. MS explained how the response process works with teams and agreed a tightening up of response timelines.</p>		
23/284 0923 OM arrived	<p>Effective (Amber): HMc HMc talked through the key areas: Admitted activity: Deteriorating impact of IA in Thoracic, Cardiology and Radiology with 50 slots lost in month. DL asked if it has been possible to claw back any of the lost cath lab hours. Is this part of overtime work? HMc clarified that we cannot use additional overtime work to offset IA impact; this is agreed with Unions. He explained how the re-booking of cath lab slots works. Of the 50 patient slots lost, HMc will clarify how many of these have been able to be rescheduled and take this as an action to report back to the Committee.</p> <p>Non- admitted activity: RSSC is performing well, Follow-ups above plan in month, Thoracic activity is below plan, working well with Digital on Patient Initiated Follow Ups (PIFU) model. GR asked whether the focus on 1st outpatient appointments would take capacity away from follow-up appointments? HMc responded that this is correct and is part of the balancing work. This is being governed through weekly scheduling meetings with divisions.</p> <p>Occupancy: HMc explained how IA has affected this. CCA bed occupancy has been directly affected as we have used fewer beds against commissioned beds. This is a focus piece of work ongoing to understand the CCA bed balancing challenge.</p> <p>GR referred to CCA 26 beds open against 36 capacity; this is noted as a result of 9-10 days of lost capacity due to IA. Do we think we could have opened more? He also acknowledged the underlying issues of culture and rostering in CCA. HMc advised that 33-34 would have been the number if no IA. Work is</p>	HMc	30.11.23

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	<p>ongoing with Executive Directors and Divisions to move from 33-34 up to 36. The 26 beds used is due to lower throughput of patients (cancelled theatre slots etc) and not due to lack of staff.</p> <p>GR asked how we have managed to maintain utilisation in theatres at 88% notwithstanding lower CCA bed availability. HMc explained how this works with weekend work, not all patients need CCA etc.</p> <p>TG also referred to the case mix in CCA; there are some long stay patients which reduces bed capacity and flow through from theatres.</p> <p>GR asked if we are getting better at optimising the capacity in CCA. HMc advised that yes, this is the case where we are making use of theatre scheduling with 3-days out booking, planning, looking at case mix. Decision making is smarter, and the STA senior team is leading well on this planning aspect. HMc can articulate this in STA paper next time.</p> <p>EM added thoracic cases in the main do not need CCA beds as they go direct to the Ward; therefore, thoracic cases can continue with needing CCA beds.</p>	HMc	30.11.23
23/285	<p>Responsive (Red): HMc</p> <p>HMc gave an overview of the position: Some impact due to IA and hope to see an improvement with PSI work. RTT management, worked with ICB on governance. RTT breaches – explained how we have been able to curtail some moving into 52ww breaches. GR noted that last month in September there were 20 x 52ww breaches – are these the same breaches as previous and no new ones? Does this mean all 20 have not been treated and a further month has elapsed? HMc explained the details behind these 20 breaches.</p> <p>GR referred to PSI, asking will we have any comparative data to see how we have used the extra funding compared to other providers? TG advised that there is not a blanket amount of money given out to Trusts and explained how this funding is distributed. It is not national funding and not all Trusts have received it. It might be useful to look at RTT performance generally and compare with other trusts around the country. TG explained how other Trusts with the funding are running similar schemes to us such as waiting list initiative/PSI. It is difficult to compare activity numbers with different cohorts of patients. GR noted that it would be useful to see this benchmarking data at next meeting.</p> <p>GR referred to RSSC data which is less good in terms of responsiveness and RTT – does this need more focus and understanding on this for the Committee? HMc advised there is currently a deep dive with RSSC and he will bring this update to next month's PIPR.</p> <p>External referrals paths – information to come back next month on referrals (GP and non-consultant). Cancer: this is a focus area. The cancer deep dive shows the further work being done. On referral pathways, HMc explained in detail where a patient arrives with us over the accepted 31 and 62 days and reasons for delays. There is an action plan, involving fortnightly COO led oversight structure with a COO led fortnightly oversight structure with divisions and gave detail of this work.</p>	<p>HMc</p> <p>HMc</p> <p>HMc</p>	<p>30.11.23</p> <p>30.11.23</p> <p>30.11.23</p>

Agenda Item		Action by Whom	Date
	<p>DL referred to the 104-day breach position with 15 patients. HMc gave the details of the breaches per patient.</p> <p>GR noted that as result of our focussed action, there may not be a reduction in breach patients, as they may still be referred to us late. It would be useful to see a report on how quickly patients are treated once they arrive with us, rather than the breaches? He is keen not to overburden on work but would like to see our process for this. HMc advised that as a reporting process, this is difficult, but will take this away to review.</p> <p>DL referred to the focus on 3 patients breached due to delays in our pathway and concerned as these were cancer surgery patients (81 days being the longest wait which was extremely late). How can we shorten this waiting time? HMc advised that this has been reviewed internally on how this could have been improved. More will be show in future reporting as improvements come through.</p> <p>The data on delays in CT and radiology backlog will be discussed at Q&R. EM added to the diagnostic report update; on DM01 there is no national standard for reporting, we monitor this internally. Issues on optimisation of the system are difficult to resolve and relate mainly on functionality of the PACS system. This has moved to escalation phase with a PACS Implementation Board scrutinising this further. MS and EM are looking at a clinical oversight group to assess any harm as a consequence of delays in reporting and this will be scrutinised at Q&R. The main impact is on CT reporting with minimal impact on MRI reporting.</p>	HMc	30.11.23
23/286	<p><u>People Management & Culture (Red) OM</u> OM referred to spotlight on sickness absence, which is at its highest point in recent years, particularly in CCA. This is under review within an absence process management, understanding that it is a large staff group (300+) which is complex and covers 24/7 working. The highest factor is musculoskeletal issues.</p> <p>DL asked what is being done now to ensure that our healthy staff remain healthy and do not go off sick. OM advised a review of staff absence records to ensure those off sick are on the right plan. There is some capacity from the HR team to keep in touch and have initial contact with individuals. It was acknowledged that the absence management process needs to be improved and this training is in hand (involves initial conversation, keep in touch, return to work call).</p> <p>DL asked what are we doing to keep staff healthy? OM advised of a review on the moving and handling practice (reference to musculoskeletal issues.) looking at minimising lifting by staff. MS added that we are looking carefully at how much overtime staff are doing. After period of sickness, there is a review of overtime work to ensure adequate time to recover from sickness. There is a good well-being facilitator in CCA along with 'listening events' by MS and Deputy Chief Nurse. This is a focus for the Workforce Committee.</p>		
23/287	<p><u>Finance (Amber):</u> This will be covered under Item 9.2 Financial Report.</p>		
	<p><u>Integrated Care System (ICS)</u> This is included for information purposes and to understand how the system is performing.</p>		

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	Noted: The Performance Committee noted the PIPR update for M06 August 2023/24		
8.1	STA CONTINUOUS IMPROVEMENT PROGRAMME		
23/288	<p>Received: October Stocktake report.</p> <p>Reported: HMc HMc introduced the oversight report where the focus remains on Domain Four, Culture and Leadership. Domain One: Operational Performance – taken as read. Domain Two: Business intelligence position - dashboards and analysis mapping and work to embed these tools. Domain Three: 'Quality & Safety and Safer Staffing' links to the Culture and Leadership programme. The key risk is the staffing profile and how this affects flow (absence rates etc). Domain Four: Culture and Leadership – underpins all other domains. Three highlighted by the division for focus: 1) Resourcing and recruitment planning. 2) Supporting good attendance. 3) Retention.</p> <p>MS added that there is work to mitigate staff sickness. The recruitment pipeline for Level 5 is improving and this is seeing increased bed capacity. Work has started in terms of recruitment plans.</p> <p>OM added that there has been good progress in last month. The Division has identified the three areas to prioritise and it is important that the division have worked together to identify these. Work towards a plan is now progressing and assurance remains limited until the plan is drawn up.</p> <p>Discussion: DL was pleased to see a plan is in progress and asked when the plan will be ready. She is conscious of many other priorities for the division along with coming into winter etc. How smart will the objectives be and will all STA staff know what the plan is and be accountable?</p> <p>OM explained that this is exactly what we are working on with the division now. The division is aware that this is pressing, and we need to see the plan to get a sufficient level of assurance which underpins other domains. The ask from the Executive is to see the plan for the November meeting.</p> <p>Noted: The Performance Committee noted the update and discussion on STA Continuous Improvement Programme.</p>		
8.2	FLOW MANAGEMENT (<i>Action ref. 23/201</i>)		
23/289	<p>Received: A report to provide the Committee with an update on the Flow Improvement Programme.</p> <p>Reported: HMc</p>		

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	<p>An overview of the position and engagement with this internal programme to keep it on track. There remains a challenge on internal flow with the objectives to bring this together into one governance process. HMc explained this process in detail.</p> <p>Discussion: GR asked how soon will the smart metrics and trajectory be ready? HMc advised that the first version of the dashboard is being compiled in the next few weeks and aims to bring a draft to the November meeting. GR asked if it was envisaged that a separate flow report would come to this Committee once a month? HMc advised its not the intention to compile a further report, but to use PIPR as far as possible to demonstrate flow. He proposes an additional slide to 'Effective' to draw out specific non-PIPR metrics relating to flow. GR agreed this course of action.</p> <p>DL was pleased to hear progress on this but added that it felt very soon to bring to November meeting. She is concerned for the team not to over commit. HMc explained that some of the work is already started, therefore a first draft to November is achievable.</p> <p>GR also queried a potential initiative overload for staff and Executive and the need to keep focus on what is achievable. HMc feels this is achievable; much of work is already being done but needs to be brought together into one place. The coherence that this brings will be welcomed by staff. This work has been ongoing since May but is the first sight to Committee.</p> <p>EM added that the initiative was presented yesterday at Management Executive Group (made up of clinical and senior leaders) yesterday and greeted with huge enthusiasm and energy. There was a willingness to engage and offers to lean in with support. It does link to the National Context report and articulates the importance of flow and activity.</p> <p>MS noted that we are doing all the right things but recognise the risk. All work is dependent on staff behaviour, cultures and engagement etc. Many of the challenges on Length of Stay and flow are also in STA, all are intertwined. As we struggle with staffing levels, we need to be mindful that there is a risk on engagement and timelines.</p> <p>Noted: The Performance Committee noted the update.</p>	HMc	30.11.23
8.3	ELECTIVE CARE PRIORITIES 2023/24		
	Quarterly update next due November 2023.		
9.1	NHS FINANCE CONTEXT		
23/290	<p>Received: A paper summarising the system Medium Term Plan submission and the wider sector financial performance context.</p> <p>Reported: TG TG gave a summary of the pre-COVID plan and the following increase in spending during COVID. The COVID benefit has been unwound over the</p>		

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	<p>last 18 months which in real terms brings a cut in funding. Following COVID, new workstreams have emerged (COVID disease treatment, staff sickness, catch up on backlog) and there are more asks on funding than before.</p> <p>The report shows the NHS position at end of month 4 which is struggling as a service to live within funding envelope. There is a huge national funding deficit, and he explained how this deficit sits in different geographical regions. This is causing issues to deliver within operating plans and deliver budget.</p> <p>He touched on next year's estimated C&P ICS position, which is forecast deficit; this is already being worked on to help close this gap collectively before the start of financial year.</p> <p>This gives context to the financial frame in which we are operating.</p> <p>Discussion: IS referred to the gap on graph page 2 and queried if this was inflation or built in an expectation of growth? TG advised that both lines are inflation adjusted. Inflation as a factor isn't visible on the graph and explained how this works in real terms and against current demands.</p> <p>DL thanked TG for this comprehensive report. She was concerned about the estimated C&P deficit and can discuss this offline. TG added that ICS discussions have deliberately started early in order to give as much opportunity to act.</p> <p>Noted: The Performance Committee noted the update on NHS Finance Context.</p>		
9.2	FINANCIAL REPORT – Month 6 2023/24		
23/291	<p>Received: Financial Report which provides oversight of the Trust's financial position as at month 6, September 2023/24.</p> <p>Reported: SH summarised: Month 6 sees a continuation of previous months and the Trust's surplus is holding at approximately £1m. As discussed within PIPR, the impact of IA is showing on elective activity and showing an increase in temporary staffing and vacancies.</p> <p>Capital orders are now starting to come through and the variance on plan is closing and work continues bring in orders by financial year end. She thanked teams across the Trust for the work on the Purchase Order spend, which has seen slow progress but is an improving position.</p> <p>Discussion: GR referred to the underspend on strategic initiatives agreed at Board. He would like to see a track on this spend and reasons for it not happening. SH will bring this back to next the meeting and then report back to Board.</p> <p>DL noted that BPPC had slipped slightly this month and queried the 'volume' piece. SH advised that the reason for this dip has been found with the explanation in the report. We are satisfied that these are unusual one-off issues and are</p>	SH	30.11.23

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	working to ensure this does not happen again. Noted: The Performance Committee noted the financial position.		
9.3	A BRIDGE TO EXCELLENCE (CIP) REPORT: Month 6 2023/24		
23/292	Received: Month 6 2023/24 summary. Reported: TG. Discussion: No items were raised. Noted: The Performance Committee noted the update on CIP.		
9.4	INVESTMENT GROUP – Chair’s Report		
23/293	Received: Chair’s verbal update summarising the meeting held on 9 October 2023. Reported: TG Discussed: No items were raised. Noted: The Performance Committee noted the update from the Investment Group.		
FUTURE PLANNING			
10	QUARTERLY UPDATE REPORTS		
10.1	CORPORATE RISK REGISTER		
23/294	Received: A overview of those risks graded 12 and above that are included on the Corporate Risk Register (CRR). Reported: MS The report shows risks opened and closed in month, along with overdue risks. Since issue of the report, the team continue to work to close off overdue risks. Discussion: GR thanked MS for pulling out and listing the higher rated risks on the cover sheet, as requested previously. Noted: The Performance Committee noted the update.		
10.2	INTEGRATED CARE BOARD		
23/295	Received: A quarterly verbal update on Integrated Care Board. Reported: EM There were no further items which had not already been covered during the discussions. An update will also be taken to the next Strategic Projects Committee and Board meeting. Discussion: No further items were raised. Noted: The Performance Committee noted the update.		
11	ADHOC REPORTS		
11.1	EPRR CORE STANDARDS – 1st Submission 2023		
23/296	Received: A report to update the Committee on the annual assessment of Trust Compliance against the Emergency preparedness, resilience and response (EPRR) Core Standards.		

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	<p>Reported: HMc This first report outlines the initial work undertaken to assess the Trust against the standards. The initial review gave partial compliance to the September deadline for submission.</p> <p>Discussion: There were no items raised.</p> <p>Noted: The Performance Committee noted the report.</p>		
11.2	EPRR CORE STANDARDS – Additional Update		
23/297	<p>Received: The purpose of this paper is to update the committee on the annual assessment of Trust Compliance against the Emergency preparedness, resilience, and response (EPRR) Core Standards post work completed this last six-month period. This is an additional report, please refer to EPRR Annual Assurance update report ‘EPRR Core Standards – 1st Submission 2023’.</p> <p>Reported: HMc Following the first report, this second report details the further work done which has moved assurance for partial to substantial.</p> <p>Discussion: No items were raised.</p> <p>Noted: The Committee noted the contents of this report and the conclusion of our self-assessment against the EPRR core standards and commended this report to the Trust Board for approval.</p>		
12	ISSUES FOR ESCALATION TO OTHER COMMITTEES		
	No issues were raised for escalation.		
13.1	COMMITTEE FORWARD PLANNER		
23/298	<p>Received: The updated Forward Planner.</p> <p>Reported: by AJ.</p> <p>Noted: The Performance Committee noted the Committee Forward Planner.</p>		
13.2	REVIEW OF MEETING AGENDA & OBJECTIVES		
23/299	<p>Verbal: The Committee agreed that the agenda and objectives had been met. This was the first meeting of new consolidation of reporting. DL liked the Operational consolidated reporting format which flowed through better. She thanked HMc and team for this work.</p>		
13.3	BAF end of meeting wrap-up		
23/2	None identified.		
13.4	Emerging Risks		
23/2	Covered in earlier discussions.		
14	ANY OTHER BUSINESS		
23/300	DL thanked TG for the NHS Finance Context report and financial reports but was concerned on the limited Committee time to discuss the finance section; adding that the Committee need to give the right amount of time to ensure the Committee receive assurance. She asked for this to be considered to ensure it is covered appropriately on the agenda. GR agreed and will allow more focus at next month’s meeting.		

Agenda Item				Action by Whom	Date
FUTURE MEETING DATES					
2023					
Time	Venue	Divisional presentation	Apols rec'd		
30 November	0900-1100hrs	MS Teams	Radiology/Imaging	D Leacock	
21 December	0900-1100hrs	MS Teams	-		
2024					
Time	Venue	Divisional presentation	Apols rec'd		
25 January	0900-1100hrs	MS Teams	STA		
29 February	0900-1100hrs	MS Teams	-		
28 March	0900-1100hrs	MS Teams	AHPs		
25 April	0900-1100hrs	HLRI R88+89*	-		
30 May	0900-1100hrs	MS Teams	Cardiology		
27 June	0900-1100hrs	MS Teams	-		
25 July	0900-1100hrs	MS Teams	Thoracic		
29 August	0900-1100hrs	MS Teams	-		
26 September	0900-1100hrs	RPH HLRI R88+89	Pharmacy		
31 October	0900-1100hrs	MS Teams	-		
28 November	0900-1100hrs	MS Teams	Radiology		
19 December	0900-1100hrs	MS Teams	-		
30 January 25	0900-1100	MS Teams	CCA		

* to be moved to MS Teams. New date for face-to-face meeting to be agreed and advised.

The meeting finished 1058hrs.


Signed
(Chair authorised electronic signature to be added)

Date: 30 November 2023
Royal Papworth Hospital NHS Foundation Trust
Performance Committee Meeting held on 26 October 2023

Abbreviations and Acronyms

BAF	Board Assurance Framework
BPPC	Better Payment Practice Code
CCA	Critical Care Area
CIP	Cost Improvement Programme
CTNB	Computed Tomography-guided Transthoracic Needle Biopsy
ENH	East & North Herts NHS FT
ERF	Emergency Recovery Fund
GIRFT	Get It Right First Time
IA	Industrial Action
NHSE	NHS England
PIFU	Patient Initiated Follow Up
PSIRF	Patient Safety Incident Response Framework
Q&R	Quality & Risk Committee
RSSC	Respiratory Support & Sleep Centre
RTT	Referral to Treatment
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 CJB5, 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	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
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	I am a school Governor for North East Essex Co-operative Academy which is a school in Colchester which provides Alternative Provision School for children aged 5 - 16, most of whom have found it difficult to be successful in a mainstream school.	01/09/2023
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

Lescock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee, Benham-Seaman Trust	01/12/2020
Lescock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee. Firstsite	01/12/2020
Lescock, 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	Y	Non-financial personal interests	Donations	Member of the Labour Party	04/07/2023
McEnroe, Mr. Harvey Lee Anthony	Chief Operating Officer	Y	Non-financial professional interest	Loyalty interests	deputy chair of governors and chair of resources committee - Acorn Schools Federation	03/07/2016
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	03/06/2020
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Hospitality	Attendance at staff lunch meeting at CMR (Cambridge Robotics) where I presented to staff.	14/08/2023
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Hospitality	Attended the Cambridge Lifescience Advisory Council meeting and dinner.	15/05/2023
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Hospitality	Host and attend a Cardiology Clinical Research dinner at Sidney Sussex College. This was funded by Cambridge University Health Partners (CUHP).	05/09/2023
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Hospitality	Host and attend a Respiratory Clinical Research dinner at Sidney Sussex College. This was funded by Cambridge University Health Partners (CUHP).	18/09/2023
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-committees.	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
Midlane, Mrs. Eilish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Sponsored events	Attended one day charity trustee training event in London, hosted by Cazenove Capital.	21/09/2023
Monkhouse, Ms. Oonagh Jane	Director of Workforce and Orga	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	Orion Healthcare sponsored 1 table at the HSI Awards 2021 for RPH @ a cost of £4740.00	19/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial professional interest	Loyalty interests	Spouse works for Royal College of Nursing (I cant see a situation from the drop down pertinent to this declaration so have selected the most likely reflecting the circumstances)	01/06/2017
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial professional interest	Sponsored events	HSI Awards Presentation and Dinner	01/03/2023
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 and by the ALS foundation	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