

Performance Committee
Held on 21 December 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
Mr H McEnroe	HMc	Chief Operating Officer
Mrs S Harrison	SH	Chief Finance Officer (Interim)
Ms D Leacock	DL	Associate Non-executive Director
Mrs E Midlane	EM	Chief Executive
Mr A Raynes	AR	Chief Information Officer
Mrs M Screamon	MS	Chief Nurse
Dr I Smith	IS	Medical Director
In Attendance		
Mr T Collins	TC	Public Governor, Observer
Mr B Davidson	BD	Public Governor, Observer
Mr S Rackley	SR	Director of Estates & Facilities
Mrs W Walker	WW	Deputy Chief Operating Officer
Dr S Webb	SW	Deputy Medical Director
Mrs S Wilkinson	SWi	Pathology Manager (for Item 9.3)
Apologies		
Mrs A Colling	AC	Executive Assistant (Minutes from the recording)
Mrs A Jarvis	AJ	Trust Secretary
Mr K Mensa-Bonsu	KMB	Associate Director of Corporate Governance <i>designate</i>

[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		
23/332	The Chair welcomed all to the meeting and apologies were noted.		
2	DECLARATIONS OF INTEREST		
23/333	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. GR noted that he has joined Law for Change Strategic Impact Committee.		
3	MINUTES OF THE PREVIOUS MEETING 30 November 2023		

Agenda Item		Action by Whom	Date
23/334	Approved: The Performance Committee approved the minutes of 30 November 2023 meeting and authorised for signature by the Chair as a true record	Chair	21.12.23
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
23/335	It had been agreed to take the following items at the start of the meeting: 4.2 CT Reporting Delays/Wait Times 9.1 Financial Report		
4.2	CT REPORTING DELAYS/WAIT TIMES		
23/336 0910hrs HMc joined the mtg.	<p>Received: A paper to provide the committee with key highlights, workplans and actions underway in relation to the BAF risk ID 3433, in relation to reporting of CT scans waits times at RPH.</p> <p>Reported: IS gave a summary of the position: Previous discussions were noted at this committee and Q&R regarding the emerging risk of CT reporting and a backlog of approx. 1000 which is growing at the same rate as referrals i.e., 7%. Factors hindering progress in clearing the backlog were noted as:</p> <ul style="list-style-type: none"> • New PACS system, with slower functionality than previous system and unable to report when working from home due to slowness of the system. • Reporting staff had been looking to reduce their hours of reporting work and a member of the team had also left the Trust. <p>Therefore, this was escalated to a RRR16 due to concern on patients on the waiting list with undiagnosed pathology. Resolutions put in place include:</p> <ul style="list-style-type: none"> • Improvement in digital technology to increase the speed of the system and to enable home reporting. • Locums employed to increase the workforce. • To deal with the backlog, the Trust is working with an in-source company to engage Consultants from other Trusts to work under the supervision of our staff. Our staff are supporting this process. • The plan is to clear the backlog over a 6-8 week period and bring back to national KPI of 4-weeks reporting. <p>AR updated on the digital aspects; the work to support the new PACS system and work with the radiology team. For home reporting, a new virtual desktop solution system is currently going through the procurement tender process. New high spec PCs have been ordered to deal with complex images. The Optimisation Project Group is working to steer changes and improve the PACS system. We have also reached out to all companies in the supply chain of PACS and imaging solutions to ensure we are getting the most out of the system and infrastructure. This is a top priority for the Digital team.</p> <p>Discussion: DL asked about the VDI Solution and tender process – what would be the timeframe for this to be implemented. AR advised this is planned for the new year and a preferred solution has been identified. He would hope to see good in-roads by the end of January 2024 and, as mentioned, VDI is only part of the solution and other mitigations will help.</p>		

Agenda Item		Action by Whom	Date
0924hrs IS left the mtg.	<p>CC thanked IS for a clear report. Is there a timeline on the appointment of substantive staff as this will be key. IS explained that the plan would be to assess the locums over a six month period; this area is a difficult market and good resource is scarce. The emergency solutions are in-hand; the digital solutions will come soon to future proof and then the plan is to take time to appoint the right staff. IS explained the specialities of service where newly qualified radiologists do not have the experience, therefore many start as locums to gain experience before looking to appoint substantively. IS advised that the recruitment ambition is for above and beyond the WTE 10.2 reporting staff to include growth.</p> <p>GR referred to the approval of the new PACs contract where he did not feel it was evident at time of approval that there would be this disruption or an issue with home working. Should we be questioning the procurement process and review lessons learned? EM responded that the Trust was replacing an elderly PACS system, and the business change element was always going to be significant. The provider has also reflected the significant level of change between the two systems. Lessons have been learned from this, which was difficult to gauge beforehand. AR acknowledged that new systems also involve training and staff do take time to learn and become efficient – this has been taken into account with training, communication, optimisation and technical aspects.</p> <p>GR asked how would this committee track the progress and report to Board? IS confirmed this is being tracked outside of the meeting. It was suggested to include a KPI slide in PIPR with a trajectory on backlog reduction and activity against key metrics. GR suggested IS take this away to consider, to find a reporting solution which is clear and not onerous to provide or read.</p> <p>The Committee took assurance from the rigorous process in place to tackle the issues and to deliver improvements.</p> <p>Noted: The Performance Committee noted the information and assurance of the work underway to reduce the risk of the CT Reporting Delays/Wait Times for CT being reported.</p>	IS	25.01.24
4.3	ACTION CHECKLIST		
23/337	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	DIVISIONAL PRESENTATION: Next due 25/01/2024		
6	REVIEW OF THE BOARD ASSURANCE FRAMEWORK (BAF)		
23/338	<p>Received: A summary of the BAF risks and mitigations in place for risks above target. A copy of the BAF tracker report for November was attached.</p> <p>Reported: EM Key areas were noted as: BAF 3433 CT reporting backlog (RRR16) - discussed at Item 4.2. BAF 3223 Activity Recovery Productivity (RRR16) – an operational</p>		

Agenda Item		Action by Whom	Date
0932hrs HMc left the mtg	<p>improvement plan is now incorporated into the flow programme as noted in previous reports by HMc. BAF 742 Safer Staffing (RRR12) – improvement in fill rate for day and night shifts in line with reduction in vacancy levels and turnover rates; but will keep at the current risk rating as we enter a period of seasonally higher sickness.</p> <p>Discussion: GR noted the limited assurance on BAF 3223 Activity Recovery Productivity, where Executive Directors were reviewing this to assess when this could move to adequate assurance. EM advised that this has been reviewed by EDs and proposed that assurance is now adequate; where there is now a comprehensive programme and a clear plan for monitoring and engagement. DL felt it would be helpful for this to be articulated in the risk narrative to make the assurance clear. HMc apologised that this was not included and will ensure it is updated in next month's report. GR felt that the Committee were assured that there is a route to progress and improve activity via the plans in place.</p> <p>Noted: The Performance Committee noted the review of BAF.</p>	HMc	25.01.24
9.1	FINANCIAL REPORT – Month 8 2023/24		
23/339	<p>Received: Financial Report which provides oversight of the Trust's financial position as at Month 8, November 2023/24.</p> <p>Reported: SH Context summary: SH referred to the H2 reforecast exercise which had planned on the basis of no further industrial action (IA). As we are now in a further period of IA, the finance report shares the impact of the measures that were announced nationally as part of that H2 exercise. Regional and national meetings are in place to understand the impact of IA on finance and systems. This is creating huge pressures in the system which are not yet coming through into the figures reported.</p> <p>Current Trust position: Month 8 - £4m surplus year to date and £1.8m in month – includes the impact of the H2 measures. November (no IA) saw 105% of activity against 2019/20 levels. Cash position is increased to £18m. The Capital plan is slightly behind schedule; the largest risk is linked to Estates schemes linking into the Facilities Optimisation Project. This is under close review and where schemes may not be feasible by year end, then other priority schemes are being considered to utilise the funds in order to meet the 2023/24 capital plan.</p> <p>Discussion: GR was pleased to see the activity run rate figure for November, with no IA, at 105%. CC referred to the capital plan and was concerned on how the Estates schemes would be finalised with three months to year end. SH assured the committee that there is a priority list of medical equipment and digital projects which could be delivered by year end, should clarity not be forthcoming on the Estates scheme by the first week in January. SH</p>		

Agenda Item		Action by Whom	Date
	<p>explained the delays within the Estates schemes. CC thanked SH for this assurance.</p> <p>CC asked about the increase in non-NHS debt and the risk on this. SH explained the over 90 days aged has increased by approx. £700k which relates to one invoice for HLRI equipment; the delay has been around VAT issues which have now been resolved; the invoice will be re-worked and re-issued.</p> <p>Regarding the Estates issues, SR advised that some of the work involves complex ward refurbishment and includes the impact to the ongoing service delivery to the Trust. He assured the Committee of the good working relationship with Project Co/Skanska to ensure the Trust is meeting its contractual requirements. GR looks forward to further discussion in January on proposed re-prioritisation of the capital plan.</p> <p>DL referred to CIP and asked for assurance on the cost improvement plans in Cardiology. SH explained the two items being worked on in Cardiology: (1) Saving possibilities in procurement and (2) review of clinical coding to ensure that coding relating to tariff is accurate.</p> <p>Noted: The Performance Committee noted the financial position.</p>		
9.2	INVESTMENT GROUP – Chair’s Report		
23/340	<p>Received: Chair’s update summarising the meetings held on 4 and 12 December 2023.</p> <p>Reported: SH</p> <p>Discussed: The report was taken as read and had been discussed under the Financial Report.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
9.3	BLOOD TRANSFUSION LIMS TENDER		
23/341	<p>Received: A report detailing the end of-of-life replacement for the Laboratory Information Management System (LIMS) Tender Outcome, for approval by the Committee.</p> <p>Reported: SH – gave a brief overview of the report and the requirement for a modern, robust, secure Blood Transfusion LIMS to ensure the continued provision of blood and blood product to Royal Papworth Surgical, Critical Care, Transplant and Cardiology services. Electronic safety means that the use of remote access blood refrigeration facilities remains viable. The procurement process has identified a preferred supplier, and the Committee is asked to approve this.</p> <p>WW, Deputy COO advised that she has worked closely with Sharon Wilkinson, Pathology Manager on this project. WW explained the procurement process and the engagement of our clinicians. CUH were involved in early discussions but were not able to be part of a joint procurement at this time. Under agreement with the Investment Group, the implementation of this programme will be managed by the Blood Transfusion Working Group (co-chaired by WW and HMc) – there will also be LIMS Project Implementation Board.</p>		

0945hrs
SWi joined
the mtg

Agenda Item		Action by Whom	Date
0958hrs SWi left the mtg	<p>Discussion:</p> <p>AR referred to clinical coding (CIP work) and the new LIMS tender where both embed the use of digital standards and he confirmed that the LIMS system is GS1 compliant.</p> <p>CC referred to earlier discussions and issues on the new PACS system; in relation to the new LIMS system, how can the Committee be assured on ICT connectivity (to be confirmed at discovery phase) and could this be a potential risk to the project.</p> <p>SW advised that the new LIMs will connect into Lorenzo in the same way that Winpath connects to Lorenzo – she explained how this would work and at this point in time, there is no reason why this should not continue. The discovery phase is anticipated to be less than the proposed 3 months; no complications are anticipated. HMc added that the interface between our current system and the new system does not change (which was not the case with PACS). The Trust will use the discovery phase to fully scrutinise the system and iron out any issues. It is felt that any risk is low. AR further expanded on open application interfaces which helps integrate new systems in the Trust.</p> <p>HMc gave further assurance on the governance of the project via the Blood Transfusion Working Group and LIMS Project Implementation Board.</p> <p>HMc gave assurance on futureproofing:</p> <ul style="list-style-type: none"> • The new LIMs system can work with all respective EPR systems. • Should CUH decide to join later on, this is built into contractual reviews with the provider. <p>Approved: The Performance Committee recommended the LIMS Tender Outcome to the Board of Directors for approval.</p>		
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
23/342	<p>Received: PIPR for M08 November 2023. Reported: SH</p> <p>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></p> <p>The month 08 position showed an overall ‘amber’ position, although there have been improvements seen within Safe and People Management & Culture. Caring remains ‘green’ which is remarkable under the current challenges. Effective remains ‘amber’ along with Finance, which is driven by the clinical income and capital position. Responsive rates ‘red’ which reflects challenges in month on flow, theatre cancellations and ACS performance in month.</p> <p>Discussion: each sector as noted below.</p>		
23/3443	<p>Safe (Red): MS</p> <p>Pleased to see improvement in fill rates, but need to be mindful of nurse vacancies which are concentrated in CCA. One SI report in month which is under investigation.</p> <p>DL was disappointed to see an SI in November and hopes there is no trend. MS advised that Q&R are monitoring this and explained some of the detail.</p>		

Agenda Item		Action by Whom	Date
23/3444	<p>Caring (Green): MS DL was concerned to see the spike in number of complaints – is there any trend on the increase? MS advised that on review of these, there is a theme regarding cancellations, communications about cancellations and communication about risk for sicker patients. We have made some changes to our consenting patient information to reflect this. It very much reflects the current climate but the team are not complacent and strive to improve.</p>		
23/345	<p>Effective (Amber): HMc Responsive (Red): HMc This had been the first month with no IA, but we also lost seven CCA beds on re-alignment due to sickness absence rates in CCA. This staffing ratio enabled only 30 beds to be opened in month. This impacted on flow through cardiology, cardiac surgery and our responsiveness to ACS. PSI work continued to bring waiting list down but there were some 52W breaches in October/November and HMc explained the detail behind these. GR asked if the PSI would at some point eliminate 52W breaches? HMc explained the patient wait numbers before PSI and now; the plan for zero 52W waits in November needed to be re-baselined based on reduced CCA bed capacity. The EDS have agreed to continue PSI work into January, February and March which should help offset some of the delays but the limiting factor remains CCA bed capacity. A more formal version of this update will be included in the January update. SH explained the funding of PSI, agreed with ICB, in using our own surplus to fund this.</p> <p>DL referred to 30 cardiac patients cancelled due to lack of beds, how long do they wait and how are the patients being monitored. HMc explained that some have been re-booked and can advise the numbers outside of Committee. He explained the governance processes to capture these patients.</p> <p>GR asked for clarification on CCA bed occupancy number where beds have been reduced but occupancy figure remains high at 84.3%. Is the % measured against 36 beds? HMc explained that the 84.3% is measured against 36 bed base capacity; the target should be 30 beds and this outcome needs to be re-worked. HMc will take away and review. HMc confirmed that there are sufficient staff to open the planned 6 theatres, but the limiting factor is the sickness rate in CCA and therefore reduced CCA bed capacity.</p> <p>GR asked if redeployment from other areas to CCA was possible. MS advised that this is a challenge in terms of balance and stress on staff; it is possible where some have CCA experience. HMc confirmed that MS and team daily monitor the flexing of capacity to increase CCA bed capacity. With careful balancing and year-end oversight, planned forecast should still be possible, but there is risk.</p> <p>GR referred to cancer metric and referrals to treatment times, and asked whether this will be included in January's PIPR to improve the dashboard metrics? He agreed to discuss this offline with SH and HMc.</p>	GR/ HMc/ SH	11.01.24
23/346	<p>People Management & Culture (Red) EM highlighted the positive turn in vacancy reduction and turnover rate. There has been a reflection on agency usage which has been increasing where EDs have discussed re-introducing some agency controls.</p>		

Agenda Item		Action by Whom	Date
	The 'time to hire' time has increased due to the move to the new Oleeo recruitment system, and this is expected to improve once the legacy recruitment system is stood down.		
23/347	Finance (Amber): This was covered under Item 9.1 Financial Report.		
23/348	Integrated Care System (ICS) This is included for information purposes and to understand how the system is performing.		
	Noted: The Performance Committee noted the PIPR update for M08 November 2023/24		
8.1	STA CONTINUOUS IMPROVEMENT PROGRAMME		
23/349	Received: Verbal update to the meeting. Reported: HMc Work continues in terms of STA recovery and performance; along with retention, recruitment and looking after staff. There are two focus areas being (1) CCA and (2) wider work covering cardiac surgery and other surgical teams. There is a divisional development ongoing with the team, discussed at Board Part 2 last month. This work will grow into other divisions in due course. The anticipated close of the programme was December and with work ongoing, this will continue until the end of the financial year. Discussion: No items were raised. Noted: The Performance Committee noted the update and discussion on STA Continuous Improvement Programme.		
FUTURE PLANNING			
10	QUARTERLY UPDATE REPORTS		
23/350	No items to report.		
11	AD-HOC REPORTS		
23/351	No items to report.		
12	ISSUES FOR ESCALATION TO OTHER COMMITTEES		
23/352	No items to report.		
13.1	COMMITTEE FORWARD PLANNER		
23/353	Received: The updated Forward Planner. Reported: AJ Discussion: The planner was taken as read. Noted: The Performance Committee noted the Committee Forward Planner.		
13.2	REVIEW OF MEETING AGENDA & OBJECTIVES		
23/354	Verbal: The Chair felt it worked well to take Finance early and suggested this continue going forward.		

Agenda Item		Action by Whom	Date
13.3	BAF end of meeting wrap-up		
23/355	CT Delays/Wait Times were discussed, and IS will review how this will be reported to the Committee in the future.		
13.4	Emerging Risks		
23/356	1) Junior Doctors' strikes continue in December and a further 6-day strike planned for early January. 2) HMc advised that we are leaning in to support system partners, during the period of winter pressures and strikes actions and have commissioned 8 extra beds to support our partners at CUH – this is until the end of the early January strike action period. This capacity is within our wards and not as a nested ward. MS noted that our nurse/patient ratios have been stretched to do this, acknowledging that our system partners are also stretching their patient/staff ratios significantly. Quality and safety is being monitored closely during this time.		
14	ANY OTHER BUSINESS		
23/357	No items were raised.		
	FUTURE MEETING DATES		

2024	Time	Venue	Divisional presentation	Apols rec'd
25 January	0900-1100hrs	MS Teams	STA	
29 February	0900-1100hrs	HLRI R88+89	-	
28 March	0900-1100hrs	MS Teams	AHPs	
25 April	0900-1100hrs	MS Teams	-	
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	

The meeting finished 1033hrs.


 Signed
 (Chair authorised electronic signature to be added)

Date: 25 January 2024

Royal Papworth Hospital NHS Foundation Trust
 Performance Committee Meeting held on 21 December 2023

Abbreviations and Acronyms

BAF Board Assurance Framework
 BPPC Better Payment Practice Code
 CCA Critical Care Area

CI	Continuous Improvement Programme
CIP	Cost Improvement Programme
CUH	Cambridge University Hospitals NHS FT
IA	Industrial Action
ICS	Integrated Care System
NED	Non-executive Director
PIPR	Papworth Integrated Performance Report
Q&R	Quality & Risk Committee
RPH	Royal Papworth Hospital
RTT	Referral to Treatment
STA	Surgery, Transplant, Anaesthetics Division
52WW	52 week wait

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
Blaxland, 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
Blaxland, 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	01/03/2022
Blaxland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	Freelance writer and broadcaster	01/02/2017
Blaxland, 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
Fadens, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Loyalty interests	Trustee of Nelson Trust Charity	01/10/2013
Fadens, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Outside employment	Conilium 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
Fadens, 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
Fadens, 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
Fadens, 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/IBC 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
Hamilton, Mrs. Sophie Ann	Deputy Director of Finance	Y	Non-financial personal interests	Loyalty interests	Husband is the Chief Finance Officer at North West Anglia NHS FT	01/12/2020
Hamilton, Mrs. Sophie Ann	Deputy Director of Finance	Y	Non-financial professional interest	Outside employment	Independent Governor at Long Road Sixth Form College - non-financial interest	22/03/2021
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, ADD Consulting Ltd	26/09/2022
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Financial interests	Outside employment	Director, ADD 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 EPNG London	04/10/2021

Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee, Berham-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	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 personal interests	Outside employment	I am Deputy Chair of Governors for Acorn Federation of Primary Schools and a Parent Governor for the Ambition Federation of Primary Schools.	05/10/2023
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	01/07/2016
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	01/08/2020
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. Donagh Jane	Director of Workforce and Organisation	N	I have no interests to declare			23/12/2020
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Financial interests	Patents	OS 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	Non-financial professional interest	Loyalty interests	Spouse works for Royal College of Nursing (I cant see a situation from the drop down pertinent to this declaration so have selected the most likely reflecting the circumstances)	01/06/2017
Robert, Mr. Gavin	Non-Executive Director	Y	Financial interests	Outside employment	Affiliated lecturer, Faculty of Law, University of Cambridge	30/09/2013
Robert, Mr. Gavin	Non-Executive Director	Y	Financial interests	Outside employment	Senior Consultant, Euclid Law (a specialist competition law firm)	01/07/2016
Robert, Mr. Gavin	Non-Executive Director	Y	Indirect interests	Loyalty interests	My spouse is Senior Bursar at St Catherine's College, University of Cambridge	01/06/2019
Robert, Mr. Gavin	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Chair and member of Board of Trustees, REAch2 Multi-Academy Trust	01/10/2018
Screaton, Mrs. Mauna Bernadette (Mauna)	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. Mauna Bernadette (Mauna)	Chief Nurse	Y	Financial interests	Shareholdings and other ownership interests	Shareholdings in bio - technology/pharmaceutical companies	02/08/2021
Screaton, Mrs. Mauna Bernadette (Mauna)	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	F	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	F	Indirect interests	Clinical private practice	Private health care at the University of Cambridge;	01/01/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	F	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).	01/01/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	F	Non-financial personal interests	Sponsored research	Grant support for research from Wellcome Trust, BHF, MRC, AZ, GSK, Addenbrooke's charitable Trust, Evelyn Trust	01/01/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	F	Non-financial professional interest	Loyalty interests	Vice President of the British and Irish Hypertension Society	11/10/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	F	Non-financial professional interest	Outside employment	Hon Consultant CUHFT and employee of the University of Cambridge	01/01/2021