

**Audit Committee
Held on 21 July 2022
09000-1030hrs, Via MS Teams**

[Chair: Cynthia Conquest, Non-executive Director]

MINUTES

Present		
Mrs C Conquest (Chair)	CC	Non-executive Director
Mrs D Leacock	DL	Associate Non-executive Director
In attendance		
Mr D Burns	DB	Public Governor
Mrs A Colling	AC	Executive Assistant (<i>Minutes</i>)
Mr T Glenn	TG	Chief Finance & Commercial Officer
Mr B Endersby	BE	BDO, Internal Auditors
Mr E Gorman	EG	Deputy Director of Digital
Mrs A Jarvis	AJ	Trust Secretary
Mrs E Larcombe	EL	KPMG, External Auditors
Mrs A Mason-Bell	AMB	BDO, Internal Auditors
Mrs O Monkhouse	OM	Director of Workforce & Organisation Dev
Dr H Perkins	HP	Public Governor
Mrs M Screaton	MS	Chief Nurse
Mr J Shortall	JS	Local Counter Fraud, BDO
Apologies		
Mr N Ackroyd	NA	KPMG, External Auditors
Mr M Blastland	MB	Non-executive Director
Mr C Panes	CP	Deputy Chief Finance Officer
Andy Raynes	AR	Director of Digital & CIO
Mr G Rubins	GR	BDO, Internal Auditors
Dr I Smith	IS	Deputy Medical Director
Mr M Twyford	MT	KPMG, External Auditors

The minutes are noted as per order of discussion, which may differ from Agenda order.

Agenda Item		Action by Whom	Date by When
1	WELCOME, APOLOGIES AND OPENING REMARKS		
22/51	The Chair opened the meeting and apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
22/52	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. MB had previously declared a new interest where he is co-chair of a BBC review into the impartiality of its coverage of tax and public spending, which is likely to include health spending. He will add this to the register.		

Agenda Item		Action by Whom	Date by When
	A summary of standing declarations of interests are appended to these minutes.		
3	MINUTES OF MEETING held on 7 June 2022		
22/53	Approved: The Audit Committee approved the Minutes of the meeting held on 7 June 2022 and authorised these for signature by the Chair as a true record.	Chair	20.7.22
4.1	ACTION CHECKLIST		
22/54	<p>The Committee reviewed the Action Checklist and updates were noted. Two verbal updates were noted as below:</p> <p><u>Ref: 22/39 Governance Assurance Overview:</u> This related to the Chairs' reports submitted to Audit Committee and whether further types of assurance could be provided. AJ advised that this is an outstanding conversation for AJ and MB (and Board), suggesting that it links into the Well-Led plan. AJ suggested other assurance examples such as management reports, BAF, action plans – but that these need to be included in a more succinct way. This work will be reported to the next Audit Committee.</p> <p><u>Ref: 22/42 Waiver to Standing Financial Instructions:</u> TG gave a verbal update to the Committee on the Mindray Waiver. During COVID the Trust purchased 20 new ventilators from Mindray; the maintenance of this equipment would usually done by our own team with training via Mindray. However, the training requirement has not yet been provided by Mindray, with no commencement date for this due to COVID and staff absence, but they do intend to provide the training at some point. The Trust were therefore unlicensed to perform the servicing and therefore needed to procure a contract to do this, hence the Waiver with Mindray. TG explained that this gives the Trust security for three years, with the plan to get in-house training back in line within that timeframe. Pricing was also better value for money over a three-year period rather than one-year. CC thanked TG for providing the further information and agreed that this item can be closed.</p>	AJ	13.10.22
4.2	Internal Audit Report: Electronic Patient Record (Ref. 22/35)		
22/55	<p>EG joined the meeting for this report and gave a summarised update on the auditing of EPR.</p> <p>CC asked for further assurance regarding the audit on medicines and would like assurance from Q&R that they are also considering this. EG added that the pharmacy team do their own in-depth audit on medicines which is why it is not included in this review. MS advised that the pharmacy audit is reviewed at Quality Risk Management Group (QRMG) and any exceptions referred to Q&R. This is a robust system and, to provide further assurance, MS offered to bring a one-off highlight report to this meeting or report via Q&R. CC was happy for the overview to stay with Q&R who can then provide assurance to Audit Committee as required. MS will liaise with MB, as Chair of Q&R to update him.</p> <p>CC asked how many records there are in total noting that ten sets of</p>	MS	July 22

Agenda Item		Action by Whom	Date by When
	<p>records for each quarter may not give an adequate sample to give assurance. EG advised that the number of records is a possible thousand per year; he explained the rationale and process required for this audit.</p> <p>CC asked why specific areas had been chosen for auditing and why was this not mixed up? EG explained that it had been decided to audit each area in each quarter rather than focus only on one area. MS asked if we had incorporated what we need from the compliance documentation audit as per GMC standards – does this have medical input? Or is this just focussed purely on EPR system. EM was not aware of GMC standard. He would be happy to review this and look at incorporating those standards going forward but hoped that the current audit would already be capturing much of the GMC standard.</p> <p>DL asked how do you make sure that records selected are random? EG explained that the selection is a sub-set, with some clinic based, some surgery based and from different Consultants.</p> <p>The next update from EG would firstly be presented to QRMG and then to Audit Committee. EG would be looking to increase the number of records in the subset and also take in GMC considerations. It was agreed for an update to come to the January 2023 Audit Committee. CC thanked EG for this update report and for taking the time to attend the meeting, enabling response to queries.</p> <p>[0914hrs EG left the meeting]</p>	EG	Jan23
5	LOCAL COUNTER FRAUD – BDO		
5.1	Progress Report		
22/56	<p>JS presented the progress report which was taken as read.</p> <p>He updated on an issue which had arisen this week and had been raised by the Charity Team Head of Fundraising. During a reconciliation of Bank/Charity accounts it appeared there were a series of fraudulent donations of small amounts (pence) in order to test what appeared to be stolen card details online. The vast majority of these were blocked by online payment system. Four transactions did go through at 30p each and were refunded to the original cards. There was no loss to the Trust in terms of data or funds. It was pleasing to note that the Trust's reconciliation and controls process had picked this up this as well as the online payment system.</p> <p>As a control improvement, the minimum online donation amount has been raised to £5 – which is far greater than the amount usually used by fraudsters to test credit card details; the Trust has also moved to the JustGiving website for these payments, which gives added security.</p> <p>CC was pleased that Trust systems set up had picked this up very quickly and that staff were alert to this. There is always the need to keep vigilant.</p> <p><u>Progress report comments:</u> DL referred to the Staff Survey in progress – is there an update on this i.e., when is it likely to be completed and the level of return? JS advised that going forward he will include a progress on returns/survey for this survey which will be returned between now and March next year. He does not now have figures immediately to hand on</p>		

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	<p>the response rate but guessed this currently at 30 responses with possibly 150-200 responses by end of year, which he felt would be considered normal.</p> <p>DL did believe that the level of awareness is increasing; on a recent visibility round at the hospital, staff were asked of their awareness of counter fraud and their responses indicated that they knew how and to whom to escalate concerns.</p> <p>CC added that the Head of Fundraising obviously followed policy on the above issue and was aware of who to report to and how to do this.</p> <p>Noted: The Audit Committee noted the Counter Fraud Progress Report.</p>		
5.2	Counter Fraud Briefing Note – Salary Overpayments		
22/57	<p>CC welcomed this timely briefing note as this links into recommendations under Item 6.2.3 Key Financial Systems – Payroll.</p> <p>JS advised that he occasionally gets referrals on salary overpayments after staff have left. As the briefing note sets out that it is unlikely to be classed as fraud and more likely to be deemed a theft offence with referrals to police. This is because it is the leaver process that has broken down rather than the staff member generating the overpayment. In the instance, as noted in the briefing note, this is usually referred to the police, GMC and Solicitors. CC advised that this will be discussed further under Item 6.2.3.</p> <p>Noted: The Audit Committee noted the Counter Fraud Briefing Note on Salary Overpayments.</p>		
6	INTERNAL AUDIT - BDO		
6.1	Progress Report		
22/58	<p>AMB presented this report which updated on internal audit plans for 2022/23. She confirmed that all work from last year was complete, with three final reports included in papers today.</p> <p>The scoping work for 22/23 is making good progress, with the audit on M.Abscessus in hand.</p> <p>The HFMA Financial Sustainability audit is new and replaces the previous audit of Key Financial Controls and CIP – due to new requirements brought in by HFMA for all NHS organisations. This audit is due to start next month.</p> <p>AJ gave some context on consultation on governance; there may be some issues to come out of this around Audit Chair and Senior Independent Director (SID) responsibilities and the separation of these roles. This will be presented back through Audit Committee and Board. The guidance is imminent – expected to be published later in summer.</p> <p>DL referred to the management responses which she did not feel were very decisive as these had no timings on meetings and required better closure on items. CC will pick this up under Item 6.2 Final Internal Audit reports:</p> <p>AMB advised that there is a sense check on responses to ensure they are reasonable and agreed these responses could be more challenging</p>		

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	<p>to promote better active responses and will work towards this in future reports. DL agreed with this way forward. TG suggested that there needs to be absolute clarity on the specifics where the Committee is not happy and feed this back to the Executive Director (ED) responsible for that area. DL agreed to email the respective EDs to make progress on this.</p> <p>Noted: The Audit Committed noted the update on progress with internal audit reports.</p>	DL	July 22
6.2	<p>Final Internal Audit Reports Overall, the Chair noted that the reports were very clear and agreed with the 'moderate' assessments.</p>		
6.2.1	<p>Data Security & Protection Toolkit</p>		
22/59	<p>CC referred to the Management Response on Medical device management policies & procedures, noting that it would be useful to know the outcome of the meetings mentioned.</p>	AR	13.10.22
6.2.2	<p>Private Patients Practice</p>		
22/60	<p>The response was noted with no queries raised.</p>		
6.2.3	<p>Key Financial Systems – Payroll</p>		
22/61	<p>CC felt that Payroll should be a focus area particularly linking into the LCFS update on salary overpayments.</p> <p>CC referred to the benchmarking exercise noted in the report where RPH seems to be an outlier. - What is being done in order to improve our position? She suggested a separate report to this Committee specifically on salary overpayments – this report to be covered after the agenda section – Losses and Special Payments. Detail of payments should include: when, date and time, amount, how many new ones, any possible write-off, and comparable to previous reports. CC to speak with TG on this outside of the meeting.</p> <p>TG suggest that we include this query into the email above and TG can pick up with the Execs involved and ensure a proper update is brought to Committee.</p> <p>BE commented on the visibility issue on over payments. A key area is regular review and reporting of overpayments at Audit Committee level which he has seen at other Trusts. This encourages progress and action, and improvements then follow.</p> <p>CC keen to see this brought as a report to the 13 October meeting.</p>	<p>CC</p> <p>TG</p> <p>TG</p>	<p>July22</p> <p>July22</p> <p>13.10.22</p>
7	<p>External Audit</p>		
22/62	<p>TG gave a verbal update on overrun fee proposed by KPMG. This was due to three extra pieces of work to be done over normal business, namely:</p> <ul style="list-style-type: none"> • IFRS 16 • Review of PFI model • Review of M.Abscessus cases <p>TG proposed agreement to a total overrun cost of 12k to cover all three items. The work on PFI was in depth and puts the Trust in a good place</p>		

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	<p>for the next five years. EL confirmed that was to cover additional work done for 2021/22 audit and is not a recurrent fee.</p> <p>[0937 BE left the meeting]</p> <p>The two Governor observers and DL were happy with the proposed £12k fee.</p> <p>Approved: The Audit Committee approved the proposed external audit overrun fee of non-recurrent £12k.</p> <p><u>Amendments to Annual Report & Accounts 2021/22</u> AJ noted that there were two small amendments to the published documents on the Annual Report and Accounts, in the Annual Report Section. The first was the date of a committee meeting and the second where an 'either/or' section had been left in. These amendments were checked and agreed with TG and EL prior to publication.</p> <p>Noted: The Audit Committee noted the amendments as discussed.</p>		
8	BOARD ASSURANCE FRAMEWORK (BAF)		
8.1	BAF Update		
22/63	<p>The report summarised what has been reported to Committees and Board since last meeting. The report Included risk appetite statements for first time, which was a recommendation as best practice from the Risk Maturity Audit and taken through Board for approval.</p> <p>CC noted the clear report and having the risk appetite statements was useful, noting that it is a 'live' document which will change. CC was happy with role of Audit Committee on governance around this.</p> <p>Noted: The Audit Committed noted the update on BAF.</p>		
9	GOVERNANCE ASSURANCE OVERVIEW		
22/64	<p>9a.1 Quality & Risk Committee 9a.2 Performance Committee 9a.3 Strategic Projects Committee 9a.4 Charitable Funds Committee</p> <p>CC commented that all reports were clear, and she was comfortable that the Q&R Chair's reports give assurance around the governance on key items such as SSI, M.Abscessus and 'people' issues.</p> <p>Noted: The Audit Committee noted the Chairs' Reports as submitted.</p>		
10	Bad Debt Write-offs		
22/65	<p>Noted: The Audit Committee noted that there have been no debts written off during the first three months of the financial year 2022/23.</p>		
11	Losses and Special Payments		
22/66	<p>TG presented the report and gave a summary to the Committee on the year-to-date position on losses and special payments. These are slightly higher than at this point last financial years, noting that they are made up of high value, low volume items.</p>		

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	<p>TG explained the issue with the dentistry work claim and MS explained the infection control risk for bad dentistry in surgery, especially in relation to open heart surgery. This forms part of pre-op assessment for heart surgery.</p> <p>CC asked for future reports to show the full year for previous year, to enable comparison on quarters. TG will ensure this is included in future reports.</p> <p>Noted: The Audit Committee noted the update on Losses & Special Payments.</p>	TG	13.10.22
12	Waiver to Standing Financial Instructions		
12.1	Q1 2022-23		
22/67	<p>TG presented this update report.</p> <p>CC commented that it does not show completeness for all waivers being approved/rejected. Particularly where reference numbers do not run concurrently and not all waiver numbers are included in the update.</p> <p>CC has spoken to TG ahead of the meeting to ensure that future reports include all areas (what is coming through, what is approved, what has been rejected).</p> <p>CC asked if Internal Audit colleagues had any examples of waiver reports? AMB was happy to look across client base and send to TG.</p> <p>Noted: The Audit Committee noted the update on Waivers at Q1 2022/23.</p>	<p>TG</p> <p>AMB</p>	<p>Oct 22</p> <p>July22</p>
12.2	Waivers: Annual report 2021-22		
22/68	<p>CC welcomed this annual review which does show an improvement and less waivers coming through. It would help to see the further detail requested above.</p> <p>TG agreed that the Annual Report shows progress and some improvement. He added that there should have been an appendix to this paper which would explain the position better; he has received the appendix, but it still does not have all the information. TG suggests an interim meeting with NEDs before the next Committee to agree a report format that gives full assurance and transparency. CC was happy with this course of action.</p> <p>DL referred to the Estates waivers, which have a 6-month extension; what happens after this time? What is the process?</p> <p>TG gave further details on these two waivers:</p> <ol style="list-style-type: none"> 1) Point of Use filters : previously there was only one supplier; we have since found further suppliers. This 6-month agreement allows us to run a more competitive tendering process. 2) Clinical Sterile Services Dept – theatre equipment cleaning. Due to some queries on the current suppliers, the Trust has undergone some soft market testing. The 6-month extension allows further time to undertake this work and have discussions with current supplier. <p>DL thanked TG for this helpful explanation.</p> <p>Noted: The Audit Committee noted the update on Waivers.</p>	TG	July22

Agenda Item		Action by Whom	Date by When
13	ANNUAL REPORTS		
13.1	Raising Issues of Concern		
22/69	<p>[0954hrs] OM joined the meeting for this item. OM advised that the report had followed the same reporting format used last year. The FTSU index was not included and since writing the paper, OM has learned that it will not be published this year. It is disappointing as this is an external assurance of how staff feel in organisations.</p> <p>DL asked if we are keeping any good statistics internally, such as number of colleagues raising concerns. Now that FTSU champions are in place, has this encouraged more staff to come forward to raise concerns?</p> <p>OM noted that this was difficult to give a straight answer as concerns are raised in a number of different ways through a number of different processes (grievance, whistleblowing, informal chats etc). This report along with FTSUG report which went to Board last month, is showing an increase in the number of concerns raised. The Pulse survey data also shows increase in confidence of staff knowing how to raise concerns.</p> <p>CC commented that an increase in response can be seen as good because it shows that staff are encouraged to speak up. What is the 'red line' number where we would be concerned about the number of enquiries being raised?</p> <p>OM advised that this is not easy to benchmark. She noted some areas to capture this information: regular catch ups with the FTSUG to get a sense check on concerns, pulse survey, Exec visits to areas. If there are several concerns on a particular themes/area, i.e., management style, then specific action can be taken.</p> <p>CC has regular meetings with the FTSUG and would agree with this reflection. OM that Network Meetings (such as Health & Well Being, EDI) are also helpful on picking up issues.</p> <p>CC thanked OM for this informative report and discussion.</p> <p>Noted: The Audit Committed noted the annual review on Raising Issues of Concern.</p> <p>[1001hrs OM left the meeting]</p>		
14	ANY OTHER BUSINESS		
22/70	No items were raised.		
15	FORWARD PLANNER AND MEETING REVIEW		
15.1	Audit Committee Forward Planner		
22/71	Noted: The Audit Committee noted the committee forward planner.		
15.2	Emerging Risk		
22/72	No items were raised.		

Agenda Item		Action by Whom	Date by When
15.3	Review of meeting agenda and objectives		
22/73	<p>The Committee agreed that topics had been covered and objectives had been met.</p> <p>DL referred to the Internal Audit reporting and thanked TG for the challenge on closing the loop and the suggestion to send emails to relevant Execs.</p>		
15.4	Any other items for next meeting		
22/74	No items were raised.		
	FUTURE MEETING DATES: 2022		
	<p>20 January</p> <p>10 March</p> <p>10 May cancelled</p> <p>1 June [sign-off Annual Report & A/cs]</p> <p>14 June [final AR & A/cs sign off]</p> <p>21 July</p> <p>13 October</p>		

The meeting finished at 1002hrs.

Royal Papworth Hospital NHS Foundation Trust
Audit Committee meeting
 Meeting held on 21 July 2022

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	CoI Date From
Ahluwalia, Dr Jagjit Singh (ਜਗਜੀਤ ਸਿੰਘ)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jagjit Singh (ਜਗਜੀਤ ਸਿੰਘ)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre, Cambridge.	01/10/2018
Ahluwalia, Dr Jagjit Singh (ਜਗਜੀਤ ਸਿੰਘ)	Non-Executive Director	Y	Financial interests	Outside employment	Employee at CUH since 1996, seconded to Eastern Academic Health Science Network as Chief Clinical Officer since April 2019. This employment with CUH ended on 15.02.2022.	21/04/2019
Ahluwalia, Dr Jagjit Singh (ਜਗਜੀਤ ਸਿੰਘ)	Non-Executive Director	Y	Financial interests	Outside employment	Fellow at the Cambridge Judge Business School. This is an honorary position, I am not on faculty and not paid for this role. However I do deliver occasional lectures for CJBs, some of which are remunerated.	01/01/2018
Ahluwalia, Dr Jagjit Singh (ਜਗਜੀਤ ਸਿੰਘ)	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 (ਜਗਜੀਤ ਸਿੰਘ)	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 (ਜਗਜੀਤ ਸਿੰਘ)	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 (ਜਗਜੀਤ ਸਿੰਘ)	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 (ਜਗਜੀਤ ਸਿੰਘ)	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 Behavioral 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 Trialists' Collaboration	01/08/2020
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group - Network for BAME NEDs in the NHS	25/02/2021
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Contract work with Great Ormond Street Hospital Private Patient Units	05/01/2022
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Loyalty interests	Trustee of Nelson Trust Charity	01/10/2013
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Outside employment	Goodwin Partners is a specialist health consultancy working with health and care organisations to help them plan, improve and deliver successful and sustainable futures. Interim CEO role St Barnabas and Chestnut Tree House Hospices for 6/12	11/10/2021
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 Biomedica PLC - a biotechnology company developing oncology 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 professional interest	Loyalty interests	My wife is ICS development lead for the East of England.	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
Hall, Dr Roger Michael Owen (Roger)	Medical Director	Y	Financial interests	Shareholdings and other ownership interests	Director of a medical services company Clure & Hall Ltd	01/09/2016
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Financial interests	Loyalty interests	Portfolio Finance Director working on behalf of the CFO & FD Centre UK through my limited company, ADD Consulting Ltd	01/06/2021
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 KPMG London	04/10/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee, Benham-Seaman Trust	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee, Firstsite	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group, a network for BAME NEDs in the NHS	01/12/2020
Midlane, Mrs. Eilish Elizabeth Ann	Chief Operating Officer	Y	Indirect interests	Loyalty interests	Holds an unpaid Executive Reviewer role with CQC	03/08/2020
Monkhouse, Ms. Conagh Jane	Director of Workforce and Or	N	I have no interests to declare			23/12/2020
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is CEO of the Royal College of Obstetrics and Gynaecologists.	01/03/2019

Posey, Mr. Stephen James	Chief Executive	£	Non-financial personal interests	Loyalty interests	Partner is a Trustee of MAURA , Registered Charity	25/02/2021
Posey, Mr. Stephen James	Chief Executive	£	Non-financial personal interests	Outside employment	Director of Cambridge University Health Partners (CUHP) an Academic Health Science Centre	15/11/2016
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Chair EOE Cardiac Network	01/10/2018
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Chair NHSE East Operational Delivery Network Board	01/05/2017
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Co-Chair EOE Strategic PROVISION Board - Critical Care	01/07/2020
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Executive Reviewer for the Care Quality Commission (CQC)	01/06/2018
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Hold an Honorary Contract with Cambridge University Hospitals NHSFT	01/02/2017
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Member of the NHSE Organ UTILISATION Group (OUG)	01/07/2021
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Outside employment	Trustee of the Intensive Care Society - Registered Charity	25/02/2021
Posey, Mr. Stephen James	Chief Executive	£	Non-financial professional interest	Sponsored events	Philips sponsorship for a table at the HSI 2021 Awards Ceremony for 10 members of staff to attend ('Trust of the Year' shortlisting of RPH). £4,794.00	18/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	£	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	£	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	£	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	£	Non-financial personal interests	Gifts	Headset earphones value £20	19/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	£	Non-financial professional interest	Loyalty interests	Spouse works for Royal College of Nursing (I can't 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	£	Non-financial professional interest	Patents	In partnership with the commercial and professional development arm of RPH, I will be delivering a CIS project management course on 25.3.22. There is no direct remuneration for this course as it is a pilot. All parties have signed NDAs.	25/03/2022
Robert, Mr. Gavin	Non-Executive Director	£	Financial interests	Outside employment	Affiliated lecturer, Faculty of Law, University of Cambridge	30/09/2013
Robert, Mr. Gavin	Non-Executive Director	£	Financial interests	Outside employment	Senior Consultant, Euclid Law (a specialist competition law firm)	01/07/2016
Robert, Mr. Gavin	Non-Executive Director	£	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	£	Non-financial professional interest	Outside employment	Chair and member of Board of Trustees, REAch2 Multi-Academy Trust	01/10/2018
Screator, Mrs. Maura Bernadette (Maura)	Chief Nurse	£	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
Screator, Mrs. Maura Bernadette (Maura)	Chief Nurse	£	Financial interests	Shareholdings and other ownership interests	Shareholdings in bio - technology/pharmaceutical companies	02/08/2021
Screator, Mrs. Maura Bernadette (Maura)	Chief Nurse	£	Indirect interests	Loyalty interests	My husband is a Consultant Radiologist at Royal Papworth Hospital.	02/08/2021
Wallwork, Mr. John (John)	Chairman	£	Financial interests	Outside employment	Independent Medical Monitor for Transmedics clinical trials	21/04/2021
Wallwork, Mr. John (John)	Chairman	£	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	£	Indirect interests	Clinical private practice	Private health care at the University of Cambridge;	01/03/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	£	Indirect interests	Loyalty interests	Director of Cambridge Clinical Trials Unit; Member of Addenbrookes 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	£	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	£	Non-financial professional interest	Outside employment	Hon Consultant CUHFT and employee of the University of Cambridge	01/03/2021