

Meeting of the Performance Committee
Held on 29 July 2021
0900-1100hrs via MS Teams
[Chair: Cynthia Conquest, Non-executive Director]

MINUTES

Present		
Mrs C Conquest	CC	Non-executive Director
Mrs D Leacock	DL	Associate Non-executive Director
Dr R Hall	RH	Medical Director
Mrs E Midlane	EM	Chief Operating Officer
Mr S Posey	SP	Chief Executive
Mr A Raynes	AR	Director of Digital (& Chief Information Officer)
In Attendance		
Ms S Bullivant	SB	Public Governor, Observer
Mrs A Colling	AC	Executive Assistant (Minutes)
Mr I Graham	IG	Deputy Chief Nurse
Ms A Halstead	AH	Public Governor, Observer
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs L Howard-Jones	LHJ	Deputy Director of Workforce
Mr A Selby	AS	Director of Estates & Facilities
Apologies		
Mr T Glenn	TG	Chief Finance & Commercial Officer
Mrs A Jarvis	AJ	Trust Secretary
Ms O Monkhouse	OM	Director of Workforce & Organisation Development
Mr G Robert	GR	Non-executive Director (Chair)

[Note: Minutes in order of discussion, not Agenda order]

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
21/117	CC welcomed all and opened the meeting. It was noted that SP needed to leave the meeting at 10am.		
2	DECLARATIONS OF INTEREST		
21/118	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. SP confirmed his membership of the National Organ Utilisation Group. A summary of standing declarations of interests are appended to these		

Agenda Item		Action by Whom	Date
	minutes.		
3	MINUTES OF THE PREVIOUS MEETING – 24 June 2021		
21/119	One small amendment was noted and approved. Approved: The Performance Committee approved the Minutes of the meeting held on 24 June 2021 and authorised these for signature by CC as a true record.	Chair	29.7.21
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
21/120	CC suggested we keep to the Agenda timeline, bearing in mind that SP needed to leave at 10am.		
4.2	ACTION CHECKLIST / MATTERS ARISING		
21/121	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5.1	REVIEW OF THE BAF		
21/122	<p>SP assured the Committee that the BAF is reviewed by Executive Directors on weekly basis and checked for emerging risk. There has been discussion regarding a possible emerging risk for Workforce relating to the national pay award; possible union intervention and its impact. This has not yet been added to BAF and is under review by EDs.</p> <p>During discussion the following was noted/considered:</p> <ul style="list-style-type: none"> • (CC) Referred to £5.39m CIP identified but not yet met. Should the risk rating change or stay at 16? (EM) CIP identification is positive, but the Trust wants to see an element of delivery before reducing the risk; it is likely this will be reduced in time. • (DL) Risk 2904 achieving financial balance at ICS level – what is the scale of challenge and impact on RPH. What sort of timescale are we looking at? (SH) There is flux on national expectations and how these feeds into system financial planning. This is an active piece of work where RPH is feeding in. By Q3 there should be a more refined projection on financial modelling and trajectory; it is difficult to project at the moment without certainty on national funding envelopes as yet. Assurance was given that this is actively being worked on at RPH, acknowledging much uncertainty at system level. (SP) NHS Providers are pushing for clarity; this is having an impact across the whole health service. It is being raised by professional bodies along with NHS Providers and RPH. • (DL) Risk 2532 COVID pandemic: concerned that this risk has not moved; slightly worried about increasing COVID rates and that this is still rated low risk. (SP) COVID numbers are not huge but significant along with other pressures; this risk will be kept under review but likely to rise in future due to operational pressures. (IG) CCA numbers are gradually increasing slowly; this will be kept under review as regards the BAF risk. • (CC) There is a possible emerging risk where a national piece of work by NHS Counter Fraud Authority (CFA) is being undertaken on COVID expenditure. Should this be added to Corporate Risk Register as a low risk? (SH) This review work has been noted and is referenced on the 		

Agenda Item		Action by Whom	Date
	<p>corporate risk register as part of the COVID cash risk.</p> <p>Noted: The Performance Committee noted the update and discussions on BAF.</p>		
5.2	EMERGING RISKS		
21/124	<p>As highlighted from discussions:</p> <ol style="list-style-type: none"> 1. Workforce: relating to the national pay award; possible union intervention and its impact. 		
6	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
21/124	<p>The Committee received PIPR for M03 2021/22. The position is summarised as 'amber'. This comprised:</p> <ul style="list-style-type: none"> • Three 'red' domains (Effective, Responsive and People Management & Culture); • One 'amber' domain (Finance); • Two 'green' domains (Caring and Safe) • One new domain (Integrated Care Service – ICS); not currently rated. <p>EM gave some background to current amber rating and changes in domain ratings. Effective moved from amber to red (due to constraints seen towards the end of June with CCA beds/emergency & transplant activity). Finance moved from red to amber (identification of CIP target ahead of plan with delivery).</p>		
	<p>Ahead of discussion, SP gave some context on national/regional issues.</p> <p>NHS general: There is a combination of significant operational pressures particularly on emergency care with increases in our various emergency pathways. Referring to elective recovery; areas are starting to see impact of this across NHS for various reasons: resurgence of COVID (RPH today has 10 patients with 7 on ECMO – being a gradual and steady increase). Biggest pressure and constraint is in workforce. Staff are very weary after the past 18 months of pandemic; RPH is encouraging staff to take annual leave to rest at the same time as having operational pressures. Historically RPH has low bank agency and overtime fill rate during summer months. All of this has come together to constrain capacity. This may be reflected in downward trends shown in next month's PIPR.</p> <p>RPH: May be suffering less than other organisations but it is still having an impact. The month of July is being compared to the winter month of January in terms of pressure being felt. There are significant pressures across the whole of East of England (EoE). RPH is looking to use the capacity we do have to do right things for patients – our Clinical Decision Cell (CDC) has this under constant review. The Trust is prioritising its workforce with health and well-being checks, encouraging annual leave to be planned and taken; an aspirational target has been set for 50% of annual leave to be taken by September by staff. This provides a good focus and measure at health and well-being conversations. The annual leave usage rate is currently at 40% which in current circumstances is felt to be good</p> <p>At regional and system wide level, the pressures are under review with</p>		

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	<p>various options being discussed to ease backlogs/emergency care/workforce and winter planning.</p> <p>ICS legislation has been passed. Adverts are out for Chairs. ICS will be established in April 2022.</p> <p>All the above sets the context for this month's PIPR narrative.</p>		
	<p>The Committee reviewed PIPR by section, where the following was noted:</p> <p><u>Safe (Green):</u> (CC) referred to the two Serious Incidents (SIs) requesting further detail. (IG) both SIs had gone through SI panel, root cause analysis (RCA), lessons learned and shared with teams. He expanded on the 1st SI which related to a patient fall which had happened due to monitoring leads connected to both the patient and medical equipment. The team, in liaison with the Falls Specialist Nurse, are looking at how equipment can be used differently to improve patient safety. (CC) What is the risk of the hospital being sued regarding this? (SP) always a possibility of this in the NHS and need to be mindful of this. (EM) A matron has supported the patient and family by acting as family liaison person, which has been appreciated by the family. IG confirmed all incidents have family liaison person (usually a matron) who contact family immediately. Our information governance team are also fully aware of incidents and can provide support for review of SIs.</p> <p>(IG) The second SI related to an ambulance transfer being diverted and not arriving at the hospital for the referred patient. This has been discussed with EoE Ambulance at senior level. IG explained how these emergency calls are prioritised by EoE Ambulance. As a result, new escalation procedures have been put in place for this type of incident.</p> <p>(CC) was pleased to see the update on VTE risk assessment monitoring, where it was useful to see the explanation.</p> <p>(CC) referred to increase in C.Diff infections. (IG) gave detail of the new cases. There is scrutiny on all C.Diff cases where the review processes at RPH have been commended. It was noted that C.Diff numbers are increasing in other organisations.</p> <p>(CC) Under "At A Glance" page 5 of PIPR and the comment on VTE patients – had this been dealt with? (IG) This has been dealt with and the comment can be removed.</p>	IG	July 21
	<p><u>Caring (Green):</u> (CC) Referred to the spotlight on palliative care and asked how does the Trust work with hospices? (IG) gave background to this. RPH Lead Consultant on Palliative Care has a job share through Arthur rank hospice; covered by a Service Level Agreement. Arthur Rank staff helped with the Trust's recent mock CQC inspection. RPH has been invited to help Arthur Rank with their own mock inspection. The Trust also has partnerships with other hospices around country where necessary. (CC) Thanked IG for the update which provided assurance and comfort.</p> <p>(IG) Number of complaints for June increased to 9; there is only 1 so far for July. On review of the 9 complaints, there is no correlation across wards or</p>		

Agenda Item		Action by Whom	Date
	departments.		
	<p><u>Effective (Red):</u> (EM) June had seen high CCA occupancy, with CCA beds then not available for elective cases which have impacted on theatre utilisation. Going into July, there may be a need to stand down some capacity relating to staff shortages due to 'ping-demic' and other staff issues, which has impacted onto service delivery.</p> <p>An update on CPAP recall was noted in PIPR. The Trust has rapidly stood up a helpdesk for patients and put a tracker on over 5000 patients using the device. The team developed a series of tools for patients including videos and other communications. Philips are working on making new devices and EM explained how these will be swapped over although the new devices may not be ready from Philips until September. There are new patients needing to go on CPAP along with swapping old device. The team has risen to challenge and doing their proactive best for patients.</p> (SP) RPH response to this had a 'shout-out' in a national newsletter by CEO of NHS on its response and processes it has put in place.		
	<p><u>Responsive (Red)</u> (EM) RTT month on month has seen approx. 3% improvement. Waiting list management is closely monitored; patients are treated on clinical priority and length of wait. The spotlight report on Priority Status Monitoring shows the changing shape of the waiting list; this data is required to access Elective Recovery Fund [ERF] funding. (CC) This information is useful, although a slight discrepancy noted which will be flagged under "Activity Restoration".</p>		
	<p><u>People Management and Culture (Red):</u> (LHJ) gave a summary overview. Vacancies on established nurses needed to be update on ESR and will be reflected next month. Voluntary turnover is high which is not unusual at time of year but a concern if it continues. The spotlight report on "Sickness absence and COVID-19 absence" highlighted trends. There is an increase in staff with mental health issues and stress related absence, which is also linked to headaches, migraines etc. This will be kept under review. The Trust is focussing heavily on health and well-being support for staff, ensuring staff are getting rest and how this can be done. Mandatory training is under KPI target but is seeing improvement – with support to staff to undertake their training. Plans are in place to address areas flagging red. DL was concerned about long term sickness absence. What is the Trust doing to support colleagues on long term sickness? There seems to be a gradual upward trend. (LHJ) There are processes in place to monitor, keep in contact with staff and with support also under the Occupational Health Service. The Trust is proactively looking at how it can support those staff on long term (and short term) sickness absence along with their return to work. (CC) referred to absence under anxiety/stress/depression and commented</p>		

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	<p>how many are due to tiredness as opposed to true mental health issues – acknowledging that this is hard to assess. How will we see the impact of having a Health and Well-Being (HWB) Manager? How is this post measured/monitored/assessed?</p> <p>(LHJ) It is difficult to show on data actual sickness reasons which can be driven by multiple factors. The HWB Manager is seeing a number of referrals; this can be measured/tracked over length of time via routes such as Staff Pulse surveys.</p> <p>[0953hrs IG left]</p> <p>(SP) There are many moving parts; EDs have discussed having more benchmarking data. RPH is not complacent. It is recognised that acute providers have other pressures such as A&E and maternity. There are only three specialist trusts to benchmark against. The HWB measure is one of several measures RPH is putting in place along with trying to reach out to staff to get their feedback and ideas on what the Trust could do better.</p> <p>Prior to SP leaving the meeting, he noted that the pressures being seen now are as much as in previous COVID-19 waves and PIPR needs to be seen in this context. With no Board meeting in August; SP will be keeping the Board apprised by email of the current situation.</p> <p>[0957hrs SP left]</p>		
	<p><u>Finance</u> amber):</p> <p>(SH) The June position includes income from ERF which is driving increases in the year-to-date surplus. The move to amber rating is because of the CIP target being fully identified. Debtors continue to reduce, along with those over 90 days, with the team working on those more stubborn debts. The ICS performance was noted along with increase in emergency levels.</p>		
	<p>Noted: The Performance Committee noted the PIPR update for M02 2021/22.</p>		
<p>7</p>	<p>ACTIVITY RESTORATION</p>		
<p>21/125</p>	<p>(EM) There is a target of 95% to achieve ERF funding. The GP referral rate has positively increased; there has been a change at CCG level in terms of requirement for tertiary referrals where Consultant-to-Consultant (C2C) referrals are now accepted. It is likely that a higher level of C2C referrals will be seen going forward. Outpatient activity was strong in June; many of these as virtual appointments with some face-to-face where necessary. Diagnostic service activity is strong (CT and MRI). The Trust continues to support Cambridge University Hospital (CUH) on CT cardiac imaging.</p> <p>(CC) referred to GP vs C2C referrals and was pleased to see the change by CCG. EM supported this.</p> <p>(DL) flagged the emerging risks, where, come September time; the Trust could be in different place. She referred to staff sickness, 'ping-demic' etc. and asked how will this be managed?</p> <p>(EM) The CDC is responding to this. EM referred to access to temporary staffing is difficult in summer months along with staff taking rest at this time;</p>		

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	<p>due to this, it is anticipated there will be less capacity going into September. The CDC is prioritising how we use available capacity to get the maximum number of patients through. The impact of cancellations is likely to be seen by lower care/lower priority patients.</p> <p>(RH) referred to September data where all indicators look optimistic, as COVID case rates both nationally and in EoE. He explained how a positive COVID test result today could see general hospital impact in two weeks; CCA impact in three weeks and ECMO impact in four weeks acknowledging that there are lots of moving parts affecting this data. There is currently a plateau in COVID hospitalisation in EoE. The position could be similar in September; CDC is not anticipating seeing a doubling demand for beds.</p> <p>(CC) referred to page 66 which showed the thoracic medicine priority coding snapshot, which only showed May data and did not correspond to the data in the PIPR spotlight. EM confirmed that the wrong graph was inserted and apologised; with correct update is in PIPR.</p> <p>Noted: The Performance Committee noted the Activity Restoration report and discussions.</p>		
8.1	FINANCIAL REPORT – Month 03 2021/22		
21/126	<p>The Committee received this report which gave an oversight of the Trust's in month and full year financial position.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> - Statement of Comprehensive Income (SOI) position <ul style="list-style-type: none"> • Run rate trends • Activity • Statement of Financial Position • Statement of Cash Flow • Cash position and forecast • Cash Management • Capital • Spotlight on Homecare Pharmacy <p>SH presented this report and noted that the position includes ERF for the first time. The key message is that underlying spend rates are holding and the Trust is working with ICS partners to understand the expected shape of finance for 2nd half of year.</p> <p>(DL) was concerned about the homecare pharmacy backlog which seems to have increased on prior months. What is being done to address this?</p> <p>(SH) This is mainly linked to staffing issues where new starters have left very quickly. The Pharmacy Team are looking at these roles to see if alternative hybrid roles can be offered to improve retention and recruitment. Temporary staff have been brought in to provide support. SH advised that the Team are processing the higher value invoices first and are actively working to recover the backlog. IG confirmed the above measures and that the job roles are under review to try and understand why the new starters left after only a short time in the role.</p> <p>Noted: The Committee noted the financial update.</p>		
8.2	CIP REPORT- Month 03 2021/22		

Agenda Item		Action by Whom	Date
21/127	<p>The Committee received the report which summarised the Trust's progress with the CIP plan to M03 2021/22, CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p> <p>The Committee was pleased to note the CIP identification was confirmed, but that key is the implementation and realisation of CIP. TG/EM will regularly be liaising with Divisions to keep up on delivery element (known as Star Chamber meetings).</p> <p>CC noted that the CIP programme is rag rated red - what work is being done to identify recurrent savings.</p> <p>(EM) The procurement team are looking at top areas of spend and where there might be an opportunity to working with shared services to identify products which give recurrent savings; clinical teams are also engaged in this work. A work plan has been set with benefits expected to be seen later in the year. CC added that it is commendable that this plan has been identified; in recognising the challenges for the 2nd half of the year, it would be good to monitor this.</p> <p>Noted: The Performance Committee noted the approach to CIP and the progress to date.</p>		
FUTURE PLANNING			
11	SYSTEM OVERSIGHT FRAMEWORK (SOF)		
21/128	<p>SH presented this paper which summarised the new SOF briefing published; it highlights system led integrated care in general and how it affects RPH.</p> <p>The Committee discussed current RPH rating against potential ICS rating.</p> <p>Several questions were raised: How will the individual Trust rating be affected by the overall ICS rating? What does it mean for RPH? Where do each of the Cambs & Peterborough (C&P) partners of ICS individually sit in ratings? SH advised it is difficult to assess this and can only be measured by previous ratings given. [1020hrs AS left the meeting]</p> <p>EM commented that management by ICS will drive other elements which might adversely affect RPH, such as CQC publishing their ratings on a system basis. RPH will be reflected as a site but will also be sitting in an ICS group which does not have a CQC rating as high as RPH. It was noted that only c8% of RPH income comes from within the C&P region.</p> <p>DL also expressed concerned on how this might play out with CQC ratings where currently RPH has the top rating of 'outstanding'.</p> <p>Noted: The Performance Committee noted the update on SOF.</p>		
12	INVESTMENT GROUP – Chair's Report		

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21/129	The report was taken as read with no comments raised. Noted: The Performance Committee noted the update from the Investment Group.																										
13	ISSUES FOR ESCALATION																										
21/130	<ul style="list-style-type: none"> • Audit Committee • Strategic Projects Committee • Board of Directors <p>There were no issues required for escalation.</p>																										
14	BAF: END OF MEETING WRAP-UP																										
21/131	The Committee agreed that all risk items had been covered within the agenda adequately.																										
15.1	COMMITTEE FORWARD PLANNER																										
21/132	<p>(CC) There are several key members away on leave for the August meeting, the Chair included. Yet there are agenda items deferred from the July meeting as well as the planned agenda items for August which would seem to be too much especially with the Chair not being present.</p> <p>(EM) noted the importance from a Trust point of view to keep this meeting in the diaries.</p> <p>It was noted that there is a meeting to be held with DL and TG in August to discuss the agenda for the August meeting.</p> <p>Noted: The Performance Committee noted the Forward Planner.</p>																										
15.2	REVIEW OF MEETING AGENDA AND OBJECTIVES																										
21/133	<p>Comments from the Committee:</p> <p>(EM) There was a good balance of discussion on issues and challenges currently being faced.</p>																										
16	ANY OTHER BUSINESS																										
21/134	There were no other items raised.																										
	FUTURE MEETING DATES																										
	<table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Venue</th> <th>Apols rec'd</th> </tr> </thead> <tbody> <tr> <td>26 August</td> <td>9am-11am</td> <td>MS Teams</td> <td>GR, RH</td> </tr> <tr> <td>30 September</td> <td>9am-11am</td> <td>MS Teams</td> <td>RH</td> </tr> <tr> <td>28 October</td> <td>9am-11am</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>25 November</td> <td>9am-11am</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>16 December</td> <td>9am-11am</td> <td>MS Teams</td> <td></td> </tr> </tbody> </table>	Date	Time	Venue	Apols rec'd	26 August	9am-11am	MS Teams	GR, RH	30 September	9am-11am	MS Teams	RH	28 October	9am-11am	MS Teams		25 November	9am-11am	MS Teams		16 December	9am-11am	MS Teams			
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16 December	9am-11am	MS Teams																									

The meeting finished at 1027hrs

CB Conquest

[Chair authorised electronic signature to be added]

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Dated: 26 Augusts 2021

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 29 July 2021

Appendix 1

DOI July 2021

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	Col Date From
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre, Cambridge.	01/10/2018
Ahluwalia, Dr Jagjit Singh	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.	21/04/2019
Ahluwalia, Dr Jagjit Singh	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	Non-Executive Director	Y	Financial interests	Outside employment	Programme Co-Director for East of England Chief Resident Training programme, run through the postgraduate medical education department at CUH. This is a paid role.	01/09/2010
Ahluwalia, Dr Jagjit Singh	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	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	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	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Trustee on the main board of Macmillan Cancer Support	01/02/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	Board member of the Winton Centre for Risk and Evidence Communication	01/04/2016
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	freelance writer and broadcaster	01/02/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Indirect interests	Outside employment	My partner is an adviser to Thrive, a games-based mental health app and support service.	11/05/2021
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Advisor to the Behavioural Change by Design research project	01/08/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member of advisory group for Bristol University's Centre for Academic Research Quality and Improvement.	01/08/2020
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member of the oversight Panel for the Cholesterol Treatment Trialist's Collaboration	01/08/2020
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group - Network for BAME NEDs in the NHS	25/02/2021
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Loyalty interests	Trustee of Nelson Trust Charity	01/10/2013
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	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 professional interest	Loyalty interests	My wife is ICS development lead for the East of England.	31/03/2020
Hall, Dr Roger Michael Owen	Medical Director	Y	Financial interests	Shareholdings and other ownership interests	Director of a medical services company Cluroe & Hall Ltd	01/09/2016
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	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. Oonagh Jane	Director of Workforce and Organisational Development	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	Y	Non-financial personal interests	Loyalty interests	Partner is a Trustee of Magpas, Registered Charity	25/02/2021
Posey, Mr. Stephen James	Chief Executive	Y	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	Y	Non-financial professional interest	Outside employment	Chair EOE Cardiac Network	01/10/2018
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Chair NHSE East Operational Delivery Network Board	01/05/2017
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Co-Chair EOE Strategic Programme Board - Critical Care	01/07/2020
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Executive Reviewer for the Care Quality Commission (CQC)	01/06/2018
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Hold an Honorary Contract with Cambridge University Hospitals NHSFT	01/02/2017
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Trustee of the Intensive Care Society - Registered Charity	25/02/2021
Raynes, Mr. Andrew Duncan	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	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	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	Trustee and Vice Chair, REAch2 Multi-Academy Trust	01/09/2018
Rudman, Mrs. Josie	Chief Nurse	Y	Non-financial professional interest	Outside employment	CQC specialist advisor	29/04/2017
Rudman, Mrs. Josie	Chief Nurse	Y	Non-financial professional interest	Outside employment	Director of operations in contain, test and trace (secondment)	28/09/2020
Rudman, Mrs. Josie	Chief Nurse	Y	Non-financial professional interest	Outside employment	Director on National New Hospitals Program (secondment)	29/04/2021
Wallwork, Mr. John	Chairman	Y	Financial interests	Outside employment	Independent Medical Monitor for Transmedics clinical trials	21/04/2021
Wallwork, Mr. 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	Outside employment	Hon Consultant CUHFT and employee of the University of Cambridge	01/03/2021