

**Meeting of the Performance Committee  
Held on 30 June 2022  
0900-1100hrs via MS Teams**

[Chair: Gavin Robert, Non-executive Director]

**UNCONFIRMED**

**MINUTES**

<b>Present</b>		
Mr G Robert (Chair)	GA	Non-executive Director
Mrs C Conquest	CC	Non-executive Director
Ms D Leacock	DL	Associate Non-executive Director
Mr T Glenn	TG	Chief Finance & Commercial Officer
Mrs E Midlane	EM	Chief Operating Officer
Ms O Monkhouse	OM	Director of Workforce & Organisational Development
Mr S Posey	SP	Chief Executive
Mrs M Screaton	MS	Chief Nurse
<b>In Attendance</b>		
Ms S Bullivant	SB	Public Governor, Observer
Mr E Gorman	EG	Deputy Director of Digital
Ms A Halstead	AH	Public Governor, Observer
Mrs A Jarvis	AJ	Trust Secretary
Mrs L Shacklock	LS	Divisional Operations Director, Thoracic & Ambulatory
Mr A Selby	AS	Director of Estates & Facilities
<b>Apologies</b>		
Mrs A Colling	AC	Executive Assistant (Minutes)
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mr C Panes	CP	Deputy Chief Finance Officer
Mr A Raynes	AR	Director of Digital and Chief Information Officer
Dr I Smith	IS	Deputy Medical Director
Dr S Webb	SW	Deputy Medical Director

*[Note: Minutes in order of discussion, which may not be in Agenda order]*

Agenda Item		Action by Whom	Date
<b>1</b>	<b>WELCOME, APOLOGIES AND OPENING REMARKS</b>		
22/136	The Chair welcomed all to the meeting. Apologies were noted as above.		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
22/137	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.  SP asked to note that he is Chief Executive designate for University Hospitals of Derby & Burton NHS FT.		

Agenda Item		Action by Whom	Date
<b>3</b>	<b>MINUTES OF THE PREVIOUS MEETING – 26 May 2022</b>		
22/138	<p>It was noted that the draft Minutes were not in the pack of papers circulated; TG will ensure these are circulated today and asked if these could be approved outside of the meeting. DL and CC had already reviewed these separately ahead of the meeting.</p> <p><b>Approved:</b> Under Chair's action, the Performance Committee minutes of 26 May meeting were approved outside of the meeting and authorised for signature by the Chair as a true record.</p>	Chair	26.05.22
<b>4.1</b>	<b>TIME PLAN OF TODAY'S AGENDA ITEMS</b>		
22/139	The Chair was happy to follow the agenda as set.		
<b>4.2</b>	<b>ACTION CHECKLIST / MATTERS ARISING</b>		
22/140	The Committee reviewed the Action Checklist and updates were noted.		
<b>5</b>	<b>DIVISIONAL PRESENTATION – next due 27/7/22 Critical Care</b>		
<b>IN YEAR PERFORMANCE &amp; PROJECTIONS</b>			
<b>6</b>	<b>REVIEW OF THE BAF</b>		
22/141	<p>AJ summarised the current BAF position, explaining the adequate levels of assurance.</p> <p>Referring to the Performance Committee risks – 2 had reduced in rating this month. Other risks remained static.</p> <p>GR noted that the BAF risks for Performance Committee, in terms of productivity, has only 'waiting list' risk included. He suggested it would be more appropriate to see a risk which covers activity and productivity which reflects more closely the 104% target.</p> <p>EM was happy to move forward on this basis and will take this as an action.</p> <p><b>Noted:</b> The Performance Committee noted the review of BAF.</p>	EM	28.7.22
<b>7</b>	<b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)</b>		
22/142	<p>The Committee received PIPR for M2 May 2022/23. TG summarised the position as 'Amber', which comprised:</p> <ul style="list-style-type: none"> <li>• Three 'red' domains: Responsive, People Management &amp; Culture and Finance.</li> <li>• Two 'amber' domains: Safe and Effective.</li> <li>• One 'green' domain: Caring</li> <li>• One new domain: Integrated Care Service – ICS; not currently rated.</li> </ul> <p>CC queried the 'At a Glance' 2022/23 CQUIN table where it was noted that</p>		

Agenda Item		Action by Whom	Date
	100% achievement was included within the national tariff prices. TG agreed that the CQUIN was not variable this year therefore this table can be removed.	TG	28.7.22
22/143	<p><b>Safe (Amber)</b> MS noted that the safer staffing fill rate for registered night staff had moved from amber to green.</p> <p>MS highlighted the ongoing work around SSIs; there is an update report to Q&amp;R this afternoon. One serious incident reported in month is under investigation, where MS advised that the patient is well and did not suffer any long-term consequences. There were four moderate harms which are currently under investigation.</p> <p>DL queried the following:</p> <ol style="list-style-type: none"> <li>1) The number of moderate harm incidents in the month (noting that four seemed quite high) - was there any cause for concern?</li> <li>2) The fall in compliance relating to POU filters, seeking clarity and assurance around the reasons for this.</li> </ol> <p>MS responded:</p> <ol style="list-style-type: none"> <li>1) Moderate harm incidents are unrelated with no theme. They were due to be scrutinised by Q&amp;R later that day.</li> <li>2) POU filters – this relates to documentation on an admission assessment form, which is being reviewed, to ensure all information is on the audited form. All patients are receiving the information they need but this documentation needs to be improved. GR noted this but stressed the need to demonstrate openly that this information is being collated appropriately. MS will provide an update on this in next month’s meeting.</li> </ol> <p>CC referred to safer staffing:</p> <ol style="list-style-type: none"> <li>1) On the registered nurse to patient ratios of 1.5 etc - what would ‘normal/good’ be? MS explained that this would depend on the ward and acuity of patient. This is based on the safer nursing care tool to measure patient acuity and what the nurse-to-patient ratio should be. This is assessed in conjunction with other issues such as ward layout. The Trust is well within national guidelines.</li> <li>2) CHPPD and analysis – several areas continue to be ‘amber’. Is there a way to move these to ‘green’? MS advised that the ‘amber’ rating is the average of the midnight CHPPD across the month, which is not a reflection of the whole 24 hours care. On KPI data, the predicted vs actual is on target or slightly above target – this is taken from the three times per day stats on nursing numbers. CC asked if there was any scope to review this metric nationally? MS explained that there will be a refresh of the evidence-based tool used for setting establishments, although this does not specifically relate to CHPPD.</li> </ol>	MS	28.7.22
22/144	<p><b>Caring (Green):</b> MS noted the number of complaints for May had risen to 11. These are all under investigation; there are varying themes, some around communication and one of these complaints was removed further to a follow-up a call from a junior staff nurse to the patient to explain the situation, which the patient was most grateful for.</p>		

Agenda Item		Action by Whom	Date
	<p>GR commended the nurse for her action and the positive outcome but, on reflection, queried whether in general this is good practice, as a telephone call may not always be received positively by the complainant. He thought we would want some assurance that a patient is not intimidated into withdrawing a complaint.</p> <p>MS offered to investigate this and how the decision was reached to call the complainant direct. MS will provide feedback to GR outside of the meeting.</p> <p>GR referred to the update on 'learning from earlier complaints' with concern that, even where some complaints were not upheld, there were still learnings which could be made by the Trust; and he suggested that this should be made clearer in the narrative. MS agreed with GR comments and advised that this has been raised with the Clinical Governance Team.</p>	MS	28.7.22
22/145	<p><b>Effective (Amber):</b></p> <p>EM noted that for the first time in two years, this section has moved to 'amber'. With Covid numbers in month reducing, the staff base was much more stable. There were fewer cancellations and DNAs. This also improved patient admitted care, particularly in day case pathways for cardiology and RSSC.</p> <p>On the activity restoration summary charts, EM reminded the Committee that May 2019 saw the step down of activity due to hospital move which lowered the activity baseline for that time.</p> <p>Referring to Outpatients, this has seen good performance and the baseline was not affected materially by the hospital move.</p> <p>There is good utilisation of capacity but acknowledged there is more work to do and the productivity work in theatres and cath labs should help here. EM pre-warned that figures may not be quite as good for June due to staff issues in theatres relating to pay, overtime work; work is underway to resolve this.</p> <p>GR queried the issue on theatre utilisation and overtime. EM clarified that this will show an impact on figures in June. EM explained the process to work with staff and clinical teams to maximise capacity and minimise the impact on surgical activity.</p> <p>SP gave further detail of the issues, not just relating to remuneration, that are aggravating this. The Trust is working sensitively with staff to address the issues. OM gave some detail of the work ongoing and how the Trust is dealing with the issues. One area highlighted was the need to improve staff engagement in relation to workforce planning, resourcing and leadership within theatres. The Trust acknowledges the worries of staff relating to pay and higher cost of living etc. EM noted that the Meridian productivity work in theatres is complete and how this methodology is planned to be used going forward. EM can bring a report back to committee on progress of this productivity work in the various areas.</p> <p>GR referred to % day case work and if this is fully reported in PIPR. EM added that some data is shown within the Activity Restoration report; TG clarified this information. GR thanked EM for the signpost and did not feel it necessary to duplicate this information in PIPR.</p>	EM	28.7.22

Agenda Item		Action by Whom	Date
22/146	<p><b><u>Responsive (Red):</u></b>  EM noted that Diagnostics are still performing well, alongside continued support to CUH.  The 18-week RTT wait percentage had increased slightly, but this also correlated with a higher number of patient referrals.  EM referred to the 8 patients at 52-week wait on cardiac surgery and the plans for these patients. It was noted that some waits were due to patients requiring dental work prior to surgery and the delays in accessing dental treatment.  PET-CT scanning has seen an improvement in waits; collaboration continues with using CUH facilities for this.</p>		
22/147	<p><b><u>People management and culture (Red):</u></b>  OM referred the issues in the wider labour market on pay etc, which is being seen across other NHS organisations for lower banded posts.  Focus on HCSW had seen an increase in recruitment.  The risk rating on staff engagement had been increased due to issues already discussed earlier.  The spotlight on temporary staffing, which showed trends, overtime and initiatives, was noted. Current pieces of work on temporary staffing by the system are on rostering and bank/agency; this shows RPH performs well on rostering, but OM acknowledged that we are not complacent, and improvements can still be made. OM also noted that while potential collaboration on bank staff is being pursued within the system, there are considerable obstacles incl. specialist requirements (such as at RPH) and pay differentials.    DL commented on temporary staffing and noted that though temporary staffing had seen a downward trend in last 12 months, agency staff costs were higher than plan, presumably due to some agency staff being paid above the capped rates. She queried whether this trend was likely to continue.    OM explained the areas where we pay at or above cap, due to these being national shortage areas. This was managed tightly and negotiated along with other actions to encourage temporary staff to join substantive staff.  TG acknowledged DL's query on this issue and explained that work was being done within the system to avoid creating a financial internal market.    [1000hrs SB left the meeting]    GR queried what initiatives are being taken to avoid "grade drift" as an alternative to pay increases, given external pressures. OM discussed the differences in banding of similar roles at other Trusts and how this is currently managed. She explained that as a system, a regional approach is being worked on. OM anticipates being able to bring further information to a future meeting.</p>		
22/148	<p><b><u>Finance (Red):</u></b>  This will be covered under the Financial Report.</p>		
22/149	<p><b><u>Integrated Care System (ICS)</u></b>  This is Included for information purposes and to understand how the system is performing.</p>		

Agenda Item		Action by Whom	Date
	<b>Noted:</b> The Performance Committee noted the PIPR update for M2 2022/23.2022/23.		
<b>9.1</b>	<b>FINANCIAL REPORT – Month 2 2022/23</b>		
22/150	<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"> <li>• Statement of Comprehensive Income (SOI) position</li> <li>• Run rate trends</li> <li>• Activity</li> <li>• Statement of Financial Position</li> <li>• Statement of Cash Flow</li> <li>• Cash position and forecast</li> <li>• Cash Management</li> <li>• Capital</li> </ul> <p>As context, TG advised that the report was prepared based on the £7.3m deficit plan which has now been revised. Next month will see reporting against the final plan submission.</p> <p>At the end of M2, the ICS was in a small surplus position year-to-date. RPH have posted a deficit of £300k at M2. The additional monies from Government are not included in this, which would give a break-even position.</p> <p>The CIP has improved against last month and is very much in line to achieve the CIP target. Capital position is progressing to plan.</p> <p>The BPPC performance in May was achieved on value and volume for non-NHS invoices; but for NHS payment this was below target. The current process requires manual intervention and during May the team were stretched with end of year accounts etc. This should improve going forward and work is in place to move to more automated based processes which should provide greater resilience in the face of staffing pressures.</p> <p>CC referred to BPPC and the agreement of balances position discussed at Audit Committee. TG clarified that many of the NHS invoices are between RPH, CUH and NWAFT and this is part of the work to move to automation.</p> <p>DL referred to clinical supplies being adverse variance to plan and queried what was driving this. TG explained the two parts to this, one relating to device costs, and where previously there was unidentified CIP – this has now been allocated and will see the variance reduce.</p> <p>GR noted that there is now no reporting requirement on the financial recovery plan (FRP) and would like assurance on the recurrent savings that had been proposed and how these will be achieved.</p> <p>TG advised that there will be a report against FRP next month, to clarify how we will achieve the forecast break-even position. He gave a brief update on factors to consider in the FRP (New money received centrally; exit COVID costs achieved quickly; exit plan from last year, balance sheet releases and asset re-evaluation.</p> <p>TG explained that the plan still targets the same trajectory to achieve the</p>		

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	<p>104% activity target largely in Q4. GR thanked TG for explaining this in detail.</p> <p><b>Noted:</b> The Committee noted the financial update.</p>		
<b>9.3</b>	<b>CIP REPORT – Month 2 2022/23</b>		
22/151	<p>This had been covered in discussions under the financial report.</p> <p>GR noted the procurement CIP, and noted the importance of controlling the increase in costs as a result of current inflation pressures. TG gave a verbal update, explaining that the Trust has limited room for action given the contracts already in place for significant non-pay items (drugs, devices etc). The most important non-pay contracts include the PFI contract which has an indexed uplift, and the perfusion services contract which has been scrutinised previously by the committee. Other ad-hoc contracts are mostly controlled by NHS Supply Chain contracts. TG also referred to device costs managed through NHSE. TG will bring a detailed report on this to the next meeting.</p> <p><b>Noted:</b> The Performance Committee noted the update on CIP for Month 2 2022/23.</p>	TG	28.7.22
<b>8</b>	<b>ACTIVITY RESTORATION – Month 1 2022/23</b>		
22/152	<p>EM presented the report which was taken as read. EM gave assurance to the Committee on the potential to reach 104% and 110% on activity.</p> <p>The impact of the Meridian work in cath labs is showing positively. Overall, a good month on activity and EM shared the ambitions within divisions to reach 104% and stretch to 110%. The month 3 projections show a decrease in activity, but this is not a true reflection as it does not show all the patients; this will become more evident in the last week of the month when numbers are clearer.</p> <p><b>Noted:</b> The Performance Committee noted the update on Activity Restoration.</p>		
<b>10</b>	<b>ACCESS AND DATA QUALITY</b>		
22/153	<p>TG highlighted the referral management map where most referrals are surpassing pre-pandemic levels, although GP levels continue to be down.</p> <p>CC referred to 'number of outpatients appointments without an outcome' where this had doubled. EM explained that this related to virtual clinic appointments, and the process of closing these appointments, along with the admin cover to support this. This part of the virtual set-up is under review. The 'without an outcome' wording refers to the transaction on Lorenzo rather than an actual patient outcome. CC referred to the referral management flow chart and the red flags. EM advised that actions for the red flags will be noted on the next report.</p> <p><b>Noted:</b> The Performance Committee noted the update on Access and Data Quality.</p>	EM	30.8.22
<b>FUTURE PLANNING</b>			

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<b>11</b>	<b>INVESTMENT GROUP – Chair’s Report</b>																														
22/154	<p>The Investment Group met on 13 June and the Performance Committee received a summary of the meeting.</p> <p>DL queried the proposed changes noted to 3 South East Ward to increase cardiac care beds, and whether the request which was not approved was likely to be re-examined. TG advised that as further detail is given on the proposal it will be reported through Investment Group with feedback to this meeting.</p> <p><b>Noted:</b> The Performance Committee noted the update from the Investment Group.</p>																														
<b>12.1</b>	<b>ISSUES FOR ESCALATION</b>																														
22/155	<ul style="list-style-type: none"> <li>• Board of Directors</li> <li>• Audit Committee</li> <li>• Quality &amp; Risk Committee</li> <li>• Strategic Projects Committee</li> </ul> <p>No items for escalation were raised.</p>																														
<b>13.1</b>	<b>COMMITTEE FORWARD PLANNER</b>																														
22/156	<p>TG/AJ/AC/Execs to review the Committee Forward Plan and discuss with GR ahead of a revised version to the next meeting.</p> <p><b>Noted:</b> The Committee noted the Forward Planner.</p>	AC	28.7.22																												
<b>13.2</b>	<b>REVIEW OF MEETING AGENDA AND OBJECTIVES</b>																														
22/157	The Committee agreed that the meetings objectives had been met.																														
<b>13.3</b>	<b>BAF: END OF MEETING WRAP-UP</b>																														
22/158	Items were covered.																														
<b>13.4</b>	<b>EMERGING RISK</b>																														
22/159	<p>Key items noted:</p> <ul style="list-style-type: none"> <li>• staff relations in theatres, pay issues</li> <li>• inflationary pressures, reaching finance targets.</li> </ul>																														
<b>14</b>	<b>ANY OTHER BUSINESS</b>																														
22/160	The Chair noted this was the last Performance Committee for Stephen Posey as Chief Executive and thanked him for all his contributions to this committee.																														
	<b>FUTURE MEETING DATES</b>																														
	<table border="1"> <thead> <tr> <th>2022</th> <th>Time</th> <th>Venue</th> <th>Apols rec'd</th> </tr> </thead> <tbody> <tr> <td>27 January</td> <td>0930-1100hrs</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>24 February</td> <td>0900-1100hrs</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>31 March</td> <td>0900-1100hrs</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>28 April</td> <td>0900-1100hrs</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>26 May</td> <td>0900-1100hrs</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>30 June</td> <td>0900-1100hrs</td> <td>MS Teams</td> <td></td> </tr> </tbody> </table>	2022	Time	Venue	Apols rec'd	27 January	0930-1100hrs	MS Teams		24 February	0900-1100hrs	MS Teams		31 March	0900-1100hrs	MS Teams		28 April	0900-1100hrs	MS Teams		26 May	0900-1100hrs	MS Teams		30 June	0900-1100hrs	MS Teams			
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28 July	0900-1100hrs	MS Teams			
25 August	0900-1100hrs	MS Teams			
29 September	0900-1100hrs	MS Teams			
27 October	0900-1100hrs	MS Teams			
24 November	0900-1100hrs	MS Teams			
15 December	0900-1100hrs	MS Teams			

The meeting finished at 1048hrs hrs

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Signed

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Date

**Royal Papworth Hospital NHS Foundation Trust  
Performance Committee**  
Meeting held on 30 June 2022

### Glossary of Abbreviations

BAF	Board Assurance Framework	ERP	Emergency Recovery Plan
CHPPD	Care Hours Per Patient Day		
C&P	Cambridgeshire & Peterborough ICS	ICB	Integrated Care Board
CCG	Clinical Commissioning Group	ICS	Integrated Care System
CUH	Cambridge University Hospitals NHS FT	KPI	Key Performance Indicator
DNA	Did Not Attend	SSI	Surgical Site Infection
ERF	Emergency Recovery Funding	VTE	Venous Thromboembolism

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	End Date From
Ahluwalia, Dr Jasjit Singh (JASJIT)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jasjit Singh (JASJIT)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre, Cambridge.	01/10/2018
Ahluwalia, Dr Jasjit Singh (JASJIT)	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 Jasjit Singh (JASJIT)	Non-Executive Director	Y	Financial interests	Outside employment	Fellow at the Cambridge Judge Business School. This is an honorary <u>position</u> , I am not on faculty and not paid for this role. <u>However</u> I do deliver occasional lectures for CBS, some of which are remunerated.	01/01/2018
Ahluwalia, Dr Jasjit Singh (JASJIT)	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 seconded from CUH Foundation Trust.	16/02/2022
Ahluwalia, Dr Jasjit Singh (JASJIT)	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, <u>pharmaceuticals</u> and charities.	01/10/2018
Ahluwalia, Dr Jasjit Singh (JASJIT)	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 Jasjit Singh (JASJIT)	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 Jasjit Singh (JASJIT)	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 <u>Behavioral</u> Change by Design research project	01/08/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member of the oversight Panel for the Cholesterol Treatment Trialist's Collaboration	01/08/2020
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group - Network for BAME NEDs in the NHS	25/02/2021
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	<u>Coventry</u> Partners is a specialist health consultancy working with health and care <u>organisations</u> to help them plan, <u>improve</u> 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 <u>Biodynamics</u> PLC- a biotechnology company developing <u>personalised</u> 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 <u>Non-Executive</u> 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 Clurce & 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 <u>trainee chartered</u> 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	Y	I have no interests to declare			23/12/2020
Possey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is CEO of the Royal College of Obstetrics and <u>Gynaecologists</u> .	01/03/2019

Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is a Trustee of <del>MASSA</del> , 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 <del>Executive</del> 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	Member of the NHSE Organ <del>Unit</del> Group (OUG)	01/07/2021
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Trustee of the Intensive Care Society - Registered Charity	25/02/2021
Posey, Mr. Stephen James	Chief Executive	Y	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	Y	Financial interests	Patents	CIS UCCQ is a Trademark for health and care IT courses established under my consultancy ADR Health Care Consultancy Solutions Ltd	05/04/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Financial interests	Shareholdings and other ownership interests	Owner of ADR Health Care Consultancy Solutions Ltd	02/05/2017
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Indirect interests	Sponsored events	Orion Healthcare sponsored 1 table at the HSI Awards 2021 for RPH @ a cost of £4740.00	19/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial personal interests	Gifts	Headset earphones value £20	19/11/2021
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial professional interest	Loyalty interests	Spouse works for Royal College of Nursing (I <del>can</del> see a situation from the drop down pertinent to this declaration so have selected the most likely reflecting the circumstances)	01/06/2017
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial professional interest	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	Y	Financial interests	Outside employment	Affiliated lecturer, Faculty of Law, University of Cambridge	30/09/2013
Robert, Mr. Gavin	Non-Executive Director	Y	Financial interests	Outside employment	Senior Consultant, Euclid Law (a specialist competition law firm)	01/07/2016
Robert, Mr. Gavin	Non-Executive Director	Y	Indirect interests	Loyalty interests	My spouse is Senior Bursar at St Catherine's College, University of Cambridge	01/06/2019
Robert, Mr. Gavin	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Chair and member of Board of Trustees, REAch2 Multi-Academy Trust	01/10/2018
Screaton, Mrs. Maura Bernadette (Maura)	Chief Nurse	Y	Financial interests	Loyalty interests	My husband has set up a limited company, Cambridge Clinical Imaging Ltd., which provides professional imaging services. This is outside the scope of his Royal Papworth employment. I am a named Director and shareholder in Cambridge Clinical Imaging.	02/08/2021
Screaton, Mrs. Maura Bernadette (Maura)	Chief Nurse	Y	Financial interests	Shareholdings and other ownership interests	Shareholdings in bio - technology/pharmaceutical companies	02/08/2021
Screaton, Mrs. Maura Bernadette (Maura)	Chief Nurse	Y	Indirect interests	Loyalty interests	My husband is a Consultant Radiologist at Royal Papworth Hospital.	02/08/2021
Wallwork, Mr. John (John)	Chairman	Y	Financial interests	Outside employment	Independent Medical Monitor for Transmedics clinical trials	21/04/2021
Wallwork, Mr. John (John)	Chairman	Y	Non-financial professional interest	Shareholdings and other ownership interests	Director Cambridge university health partners CUHP	21/04/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Indirect interests	Clinical private practice	Private health care at the University of Cambridge;	01/03/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Indirect interests	Loyalty interests	Director of Cambridge Clinical Trials Unit; Member of 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	Y	Non-financial personal interests	Sponsored research	Grant support for research from <del>Wellcome</del> 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