

Meeting of the Performance Committee
Held on 28 July 2022

0900-1100hrs via MS Teams

[Chair: Gavin Robert, Non-executive Director]

MINUTES

Present		
Mr G Robert (Chair)	GA	Non-executive Director
Mrs C Conquest	CC	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
Mr A Raynes	AR	Director of Digital and Chief Information Officer
Mrs M Screaton	MS	Chief Nurse
Dr I Smith	IS	Deputy Medical Director
In Attendance		
Ms S Bullivant	SB	Public Governor, Observer
Mrs A Colling	AC	Executive Assistant (Minutes)
Mr C Panes	CP	Deputy Chief Finance Officer
Mr David Jenkins	DJ	Clinical Lead STA (for Item 5)
Mrs A Jarvis	AJ	Trust Secretary
Mrs J Speed	JS	Divisional Operations Director, STA (for Item 5)
Apologies		
Ms A Halstead	AH	Public Governor, Observer
Mrs S Harrison	SH	Deputy Chief Finance Officer
Ms D Leacock	DL	Associate Non-executive Director
Mr A Selby	AS	Director of Estates & Facilities
Dr S Webb	SW	Deputy Medical Director
NED attendance for Item 5		
Amanda Fadero	AF	In attendance
Jag Ahluwalia	JA	Apologies

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

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
22/161	The Chair welcomed all to the meeting. Apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
22/162	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.		

Agenda Item		Action by Whom	Date
3	MINUTES OF THE PREVIOUS MEETING – 30 June 2022		
22/163	Approved: The Performance Committee approved the minutes of 30 June 2022 meeting and authorised for signature by the Chair as a true record.	Chair	28.7.22
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
22/164	It was agreed to proceed as per the agenda.		
4.2	ACTION CHECKLIST / MATTERS ARISING		
22/165	<p>The Committee reviewed the Action Checklist and updates were noted.</p> <p><u>Ref. 22/144 PIPR Caring:</u> MS verbally updated on the background to a patient telephone call when a complaint was discussed. The nurse had telephoned the patient to schedule a clinical follow up; during that conversation the complaint was discussed, and the patient satisfied with the response. It was confirmed that the call was not a specific call to discuss the complaint.</p>		
5	DIVISIONAL PRESENTATION – Critical Care		
22/166	<p>The Committee welcomed Jane Speed and David Jenkins to the meeting. JS gave a summary of the historic problem in not being able to open Critical Care Area (CCA) to 36 beds. A CCA Transformation Implementation Programme had been put in place to review and resolve this issue. The work comprised of four workstreams being: Roles & Responsibilities, Roster Optimisation, Workforce Optimisation and Culture & Civility. JS explained the different levels of care required in CCA depending on the complexity of the patient, which then determines staffing requirements. It was also noted that due to not running currently to 6 theatres open means the pressure on CCA beds has slightly lifted. (this issue is under separate focus and review). Some nurse redeployment to Wards has given staff a better understanding of the patient journey which has helped with some of the historic cultural issues. Challenges highlighted were staff vacancies, nursing rosters, overtime/agency/bank expenditure and nursing sickness absence. The next step in the programme is a sustainability assessment to ensure what needs to happen can happen</p> <p>DJ commented as an end user and benefiter of the process. There have been many historic practices and processes not paired backed to basics. This has been hard for staff to work through but will set up a more sustainable workforce for the future.</p> <p>CC asked if the success achieved so far is at the expected level DJ advised that opening of 36 beds have been achieved, which is on plan. He also noted the morale in CCA is good but would be interested to see real feedback from staff. JS added that a survey of staff views is in process to hopefully gain an understanding from the floor.</p> <p>OM advised that longstanding cultural issues have required difficult conversations, and this is still at a delicate stage in the programme.</p>		

Agenda Item		Action by Whom	Date
	<p>MS added that the model has not yet been tested at maximum bed level. The positive position with progress was noted but there is still work to do.</p> <p>GR and CC both noted the work and excellent progress but also the work still to be done.</p> <p>0932hrs JS, DJ, AF left the meeting.</p>		
IN YEAR PERFORMANCE & PROJECTIONS			
6	REVIEW OF THE BAF		
22/167	<p>AJ summarised the current BAF position, explaining the adequate levels of assurance.</p> <p>All risks are above target risk ratings, with adequate levels of assurance, apart from the new risk which has limited levels of assurance.</p> <p>New risk BAF 3223 : Risk to productivity RRR 16</p> <p>The review this month includes a more detailed summary for each risk based on the full DATIX BAF report.</p> <p>CC queried Risk 678 Waiting List Management which had increased to RRR 20; requested further assurance on how this is to be addressed. EM explained that this risk had sat at RRR16 for some time. It was reviewed due to three successive months with growth in waiting list size and a deteriorating position. The work underway relates to issues in theatres which is being addressed separately, where a transformation piece of work is required, similar to that done in CCA. TG has been appointed as Executive Director Senior Responsible Officer to support the theatre transformation programme.</p> <p>GR asked how the transformation work differs from the Meridian productivity work. EM explained that the Meridian work is one strand of work; the transformation work is a wider piece including the cultural changes (rosters, hours of work, leadership skills). CC commented that it would have been useful from an assurance context to include this update in the progress notes. EM advised that this was purely down to timing issue of the report; the theatre work is a live piece and fast moving.</p> <p>GR queried the Waiting List risk now at RRR 20 and the new productivity risk only RRR16. EM noted that this was discussed at the last meeting whether it was one risk. On review, the Waiting Lists risk is purely about the ability to meet the statutory requirements rather than broader aspect of managing the waiting list, getting patients through and addressing backlog and activity. She would be happy for the rating to be reconsidered if needed. GR did not feel that this was necessary and agreed that the risks should be separate even though they are linked.</p> <p>GR queried the wording ‘ new hospital’ included in the description of the new risk. EM explained this was used as a measure of baseline and that the new facilities offer greater productivity opportunities. GR felt that the</p>		

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	<p>wording can be removed from the description itself now that we have been three years in situ at the new hospital, but aware it could be useful when benchmarking.</p> <p>Noted: The Performance Committee noted the review of BAF.</p>		
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
22/168	<p>The Committee received PIPR for M03 June 2022/23. TG summarised the position as 'Red', which comprised:</p> <ul style="list-style-type: none"> • Four 'red' domains: Effective, Responsive, People Management & Culture and Finance. • One 'amber' domain: Caring. • One 'green' domain: Safe. • One new domain: Integrated Care Service – ICS; not currently rated. <p>TG gave context to the report where the key story continues to be one of flow for various reasons. There is still COVID in communities which is affecting sickness and staffing in some areas. Referencing the elective inpatient graph (p54 of the pack) showed a drop in elective admissions. This is alongside the current issue affecting theatre activity.</p> <p>CC referred to the balanced score card and regulatory standards and asked why the forecast is still 'green' when there are some challenges around the metrics. TG will take away and review. GR agreed with this course of action but acknowledged the work which might be required to manage this but we need to be sure that this is not burdensome. EM added that reporting is on the previous month's data and suggested that it would be useful to give a flavour of the current position in the report. CC suggested a quarterly update to this forecast, which the Chair agreed.</p>	TG	25.8.22
22/169	<p><u>Safe (Green)</u> CC referred to the High Impact Intervention table (page 46) and queried why 4 North Ward was showing 'unaudited'. MS explained it was due to the occupancy on 4N particular and gave a brief history of this reporting. This work forms part of the focus on IPC and SSIs.</p> <p>CC referred to the spotlight report on Sepsis and would like to see this escalated to Q&R Committee with assurance brought back to this Committee. MS advised the improvement work in hand in this area. MS is happy to report back from Q&R.</p> <p>GR referred to the description on complaints partially upheld and welcomed the revised approach to include lessons learned.</p>	MS	25.8.22
	<p><u>Caring (Amber):</u> No items were raised.</p>		
22/170	<p><u>Effective (Red) and Responsive (Red):</u> It was agreed to cover Effective and Responsive together. EM explained the timing of reporting, alongside the issues in theatres and when this will show in reporting.</p> <p>GR was pleased with the diagnostics performance. It was noted that RPH is</p>		

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	<p>performing ahead of System; but that the System has the poorest rating nationally. We continue with discussions on mutual aid with local partners.</p> <p>EM explained that one of the biggest issues when scheduling patients, is access to dental care. It is an important requirement for patients going for cardiac surgery that dental work is complete. She suggested that we may be able to work with system partners to access dental care (via NWAFT and CUH).</p> <p>CC noted that last month we took on some long waiters from CUH. Is this impacting on our figures? EM advised this has covered 80 patients; we are delivering waiting lists for them outside of their own capacity. This does not impact on RPH costs or waiting lists.</p> <p>AR referred back to diagnostics and thanked EM for chairing the hospital's PACS Implementation Group, which had overseen a successful go-live on the new PACS system.</p>		
22/171	<p>People management and culture (Red):</p> <p>OM highlighted the spotlight report on roster effectiveness which has seen some improvement and focus continues on this.</p> <p>CC referred to rostering and asked why CCA had scored only one 'green' on rostering, given the work on CCA Transformation Project.</p> <p>OM explained that CCA were coming from a low base in terms of processes and are making good progress in many areas and keen to keep focus on rostering work. MS noted the enormity and complexity of the CCA roster, and the work to keep the back-office roster function consistent and sustainable.</p> <p>CC asked if we are trying to learn from areas/Wards with good roster system? OM responded that at a Trust level this is happening. The System work includes benchmarking, learning, and sharing good practice. Although it was noted that RPH performs better than other providers on compliance with roster sign off deadlines, this demonstrates poor performance more generally than a source of assurance. OM confirmed that RPH will seek to learn from the best performers.</p>		
22/172	<p>Finance (Red):</p> <p>This section also covered the Financial Report.</p> <p>TG advised that the report was updated to reflect the final plan submitted on 20 June, working to a break-even position and recognises the new funding allocation of £1.5bn to the System.</p> <p>RPH is very slightly behind plan – but still in a strong position.</p> <p>TG noted some caution regarding activity issues in theatres, already discussed, where block contracts are in place. Looking forward, this reduced performance will soon start to flash red on dashboards and this could impact how this is managed within the ICS and explained potential risks for RPH on this.</p> <p>BPPC was disappointing in month in relation to NHS invoices. The work within the finance team to focus on this had been delayed due to the overdue planning work and submission. TG advised that work is now in hand to focus on this part of BPPC to deliver improvements.</p> <p>Following a query from CC on BPPC, TG confirmed the NHS invoices concerned are mostly local; work is in hand to bring in annual agreements where an update report/action plan will come back to this committee.</p>	TG	25.8.22

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	<p>GR queried at what point and how is 104% activity target measured. Is it taken as an average across the year where if there is an under-performance now then this needs to be balanced by an over-performance later in order to meet it? TG confirmed that this is how it works. The NHS performance overall is not hitting 104%. TG suggested that RPH needs to be mindful of its own relative performance to the rest of NHS.</p> <p>CC referred to the Financial Recovery Plan progress at Appendix 1 and thanked TG for this update and queried if the allocation will be £1.8m or £1.6m. TG confirmed this will be £1.6m.allocation.</p> <p>CC noted that the baseline adjustment for cardiology had been rejected by NHSE/I. TG explained that this relates to baselines and relative performance of other hospitals.</p> <p>TG confirmed that the financial forecast will be revamped at M6.</p>		
	<p><u>Integrated Care System (ICS)</u> This is Included for information purposes and to understand how the system is performing.</p>		
	<p>Noted: The Performance Committee noted the PIPR update for M03 2022/23.</p>		
<p>9.1</p>	<p>FINANCIAL REPORT – Month 03 2022/23</p>		
<p>22/172</p>	<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 • Financial Recovery Plan • Run rate trends • Activity • Statement of Financial Position • Statement of Cash Flow • Cash position and forecast • Cash Management • Capital <p>Noted: The Committee noted the financial update which was discussed within PIPR above.</p>		
<p>8</p>	<p>ACTIVITY RESTORATION – Month 03 2022/23</p>		
<p>20/173</p>	<p>EM presented the report which was taken as read.</p> <p>The headlines are a strong performance through outpatients and a strong trajectory of the PIFU (patient initiative follow-up) pathways. Radiology continues to perform well on core modalities, and we continue to support CUH locally, with a potential to also support NWAFT.</p> <p>ECHO had been challenged with short staffing, but we have been able to attract some high calibre new recruits.</p> <p>The areas of challenge are on elective surgery and the work with theatre activity. The key areas of focus and concern are the unmet need for waiting patients and overall sustainability.</p>		

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	<p>GR referred to issues in theatres and asked if there are structural measures which can be introduced to reduce reliance on overtime both in short and longer term? EM confirmed that there are measures such as looking at staffing structures to rotate staff; looking at skill mix and training programmes. All of this is a delicate balance within the theatre team. MS advised the need to understand the day-to-day issues where a quick fix can improve things and then work on more gradually with staff to achieve effective rostering.</p> <p>GR noted the inpatient priority coding charts show the impact on patients, especially, cardiothoracic patients.</p> <p>EM added that for this report the team had taken out many of the previous lines on p-coding. Going forward, the plan is to reflect a 3-month period – would this help? CC and GR agreed this would be useful.</p> <p>Noted: The Performance Committee noted the update on Activity Restoration.</p>		
9.3	CIP REPORT – Month 03 2022/23		
22/174	<p>TG presented the report and advised that delivery against CIP plan to date is on track.</p> <p><u>Spotlight: Non-pay controls and procurement</u> GR had last month asked about non-pay controls and procurement and this month's report includes a spotlight showing the detail of this and how we strive to obtain value for money.</p> <p>GR thanked TG for this helpful report. He felt it would be useful to see a table or pie chart showing different groups of spend and which category they fall into, to obtain an overview of the financial position. TG can provide this next time with a more specific detail on breakdown.</p> <p>CC acknowledges that procurement helps to deliver savings for other groups. What she has seen in past, is the total amount that procurement can help with and how this is divided to departments. TG advised that he will check the exact figure and report this outside of the meeting.</p> <p>TG noted thanks to Chris Goodier in procurement for this work.</p> <p>Noted: The Performance Committee noted the update on CIP for Month 03 2022/23.</p>	<p>TG</p> <p>TG</p>	<p>25.8.22</p> <p>July 22</p>
10	ACCESS AND DATA QUALITY		
	Next bi-monthly report due to 25 August meeting.		
FUTURE PLANNING			
11	INVESTMENT GROUP – Chair's Report		
22/175	<p>The Investment Group met on 15 July and the Performance Committee received a summary of the meeting. TG noted that the key request was for capital funding for Endoscopic Vein</p>		

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	<p>Harvesting for CABG patients. This gained support in principle, but further information was required before this can be approved.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
12	QUARTERLY REPORTS		
12.1	Corporate Risk Register		
22/176	<p>MS presented this report which was taken as read. Since the last report to this Committee in April, 8 new risks have been added and 5 closed. The proportion of overdue risk has gone up to 34%. Deep dive work continues with divisions on corporate risk registers, and the focus is now on working with teams to embed this.</p> <p>CC noted the huge improvement in corporate risk reporting - well done. She referred to the closed risks and felt it would have been useful to see the reasoning for these closures on the report narrative</p> <p>CC noted that the SSI risk was to be combined with another risk, but the report does not detail which risk this is. She also queried why the SSI risk is not a separate risk in its own right? MS will take the question to Q&R today and feed back.</p> <p>GR agreed with CC that from assurance perspective, this document now gives greater assurance on corporate risks. Thank you.</p> <p>Noted: The Performance Committee noted the update on Corporate Risk Register.</p>	MS	25.8.22
12.2	Local Health Economy Update		
22/177	<p>TG noted that this had been covered partially within the finance section. He also added that NWAFT have asked for support from a third-party financial management consultant on their financial position; work is expected to start next week.</p>		
12.3	Radiology Reporting update		
22/178	Covered within PIPR under Responsive.		
13.1	ISSUES FOR ESCALATION		
22/179	<ul style="list-style-type: none"> • Board of Directors • Audit Committee • Quality & Risk Committee – Sepsis Report and Corp Risk Register • Strategic Projects Committee <p>No items for escalation were raised.</p>		
14.1	COMMITTEE FORWARD PLANNER		
22/180	<p>AJ talked the Committee through the proposed minor changes. The planner had been reviewed with reference to the Committee Terms of Reference, to ensure the two documents were aligned.</p> <p>GR asked why there is a separate radiology report update and why this is not routinely covered in PIPR.</p>		

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	EM explained the rationale to keep this separate and the benefit in having a more holistic approach to presenting. On reflection GR felt that this update along with the divisional presentation would negate the need to have this as a separate quarterly report and suggested this is covered in PIPR. EM agreed that this was a sensible way forward and will reflect the update as a quarterly spotlight in PIPR. Noted: The Committee noted the Forward Planner.		
14.2	REVIEW OF MEETING AGENDA AND OBJECTIVES		
22/181	The Committee agreed that the meetings objectives had been met. It was suggested to move the Financial Report and CIP Report item to follow straight after PIPR. This would help the flow of discussion. The Committee agreed to this change. GR noted that the CCA presentation was useful along with discussions on key issues in theatres.	AC	25.8.22
14.3	BAF: END OF MEETING WRAP-UP		
22/182	Items were covered in earlier discussions.		
14.4	EMERGING RISK		
22/183	SP flagged the need to look ahead to autumn and potential staff disputes on pay. OM confirmed that ballots by unions are expected including with the BMA.		
15	ANY OTHER BUSINESS		
22/184	GR noted this was SP's last meeting and echoed the acknowledgements given at the last meeting.		
	FUTURE MEETING DATES		

2022	Time	Venue	Apols rec'd
25 August	0900-1100hrs	MS Teams	
29 September	0900-1100hrs	MS Teams	
27 October	0900-1100hrs	MS Teams	
24 November	0900-1100hrs	MS Teams	
22 December	0900-1100hrs	MS Teams	

2023 proposed	Time	Venue	Apols rec'd
26 January	0900-1100hrs	MS Teams	
23 February	0900-1100hrs	MS Teams	
30 March	0900-1100hrs	MS Teams	
27 April	0900-1100hrs	MS Teams	
25 May	0900-1100hrs	MS Teams	
29 June	0900-1100hrs	MS Teams	
27 July	0900-1100hrs	MS Teams	
31 August	0900-1100hrs	MS Teams	
28 September	0900-1100hrs	MS Teams	
26 October	0900-1100hrs	MS Teams	
30 November	0900-1100hrs	MS Teams	
21 December	0900-1100hrs	MS Teams	

The meeting finished at 1046hrs hrs


Signed
(Chair authorised electronic signature to be added)

Approved 25.08.2022

**Royal Papworth Hospital NHS Foundation Trust
Performance Committee**
Meeting held on 28 July 2022

Glossary of Abbreviations

BAF	Board Assurance Framework
BPPC	Better Payments Practice Code
C&P	Cambridgeshire & Peterborough ICS
CCA	Critical Care Area
CUH	Cambridge University Hospitals NHS FT
ICB	Integrated Care Board
ICS	Integrated Care System
IPC	Infection, prevention & control
NWAFT	North-West Anglia Hospitals Foundation Trust
PACS	Picture and Archiving Communication Systems
Q&R	Quality & Risk Committee
RRR	Residual Risk Rating
SSI	Surgical site infection

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 MASSA , 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 Executive 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 Unit 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 can 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 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