

Meeting of the Performance Committee

Held on 24 June 2021

0900-1100hrs via MS Teams

[Chair: Gavin Robert, Non-executive Director]

MINUTES

Present		
Mr G Robert	GR	Non-executive Director (Chair)
Mrs C Conquest	CC	Non-executive Director
Mrs 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 & Organisation Development
Mr S Posey	SP	Chief Executive
Mr A Raynes	AR	Director of Digital (& Chief Information Officer)
Mrs J Rudman	JR	Chief Nurse
Mr A Selby	AS	Director of Estates & Facilities
In Attendance		
Mrs A Colling	AC	Executive Assistant (Minutes)
Ms A Halstead	AH	Public Governor, Observer (from 9.15am)
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
Mrs J Speed	JS	STA Operational Director (Observer)
Dr S Webb	SW	Deputy Medical Director
For Item 5 - Divisional Presentation: Pharmacy		
Mrs J Harrison	JH	Chief Pharmacist
Apologies		
Ms S Bullivant	SB	Public Governor, Observer
Dr R Hall	RH	Medical Director

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

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
21/98	GR welcomed all and opened the meeting.		
2	DECLARATIONS OF INTEREST		
21/99	<p>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.</p> <p>A summary of standing declarations of interests are appended to these minutes.</p> <p>GR confirmed that he had now updated his declarations of interests, even though some were not seen as conflicts.</p>		

Agenda Item		Action by Whom	Date
3	MINUTES OF THE PREVIOUS MEETING – 27 May 2021		
21/100	Approved: The Performance Committee approved the Minutes of the meeting held on 27 May 2021 and authorised these for signature by GR as a true record.	Chair	24.6.21
4.2	TIME PLAN OF TODAY’S AGENDA ITEMS		
21/101	There were no specific items to be taken out of Agenda order. GR noted that he and TG had discussed the possibility of a formal rolling prioritisation Agenda, whereby not all items would be dealt with at every meeting; in an effort to make best use of time. GR suggested this is discussed later under Any Other Business.		
4.3	ACTION CHECKLIST / MATTERS ARISING		
21/102	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	DIVISIONAL PRESENTATION – PHARMACY		
21/103	The Committee received a presentation from Jenny Harrison, Chief Pharmacist. The pharmacy team played a significant role during the pandemic, including helping to set up the vaccine clinic and ensuring that the hospital did not run out of drugs. Key challenges are vacancies for registered pharmacists and pharmacy technicians (with pharmacists increasingly choosing primary care over hospitals and lower numbers of students), lower banding than RPH’s neighbours and a lack of career opportunities. Morale is low and while the number of new recruits has helped to fill vacancies, this has imposed a training burden on existing staff. The team is focusing on addressing issues, including focusing on the benefits RPH has to offer, including career and professional development opportunities. The Committee welcomed the CIP success already achieved and the opportunities for further efficiencies, and the fact that the pharmacy team is “ahead of the curve” in its cooperation within the ICS. With reference to sustainability, the Pharmacy has been ‘plastic free’ since 2019. The Committee thanked Jenny for her excellent presentation, and asked her to pass on the Committee’s thanks for the efforts of the whole pharmacy team.		
6	REVIEW OF THE BAF		
21/104	AJ introduced the update where there had been some re-mapping of risks to committees since the last meeting. Risks had been reviewed against strategic objectives and this had been referenced in the report. The risk rating relating to ‘financial balance at ICS level’ had increased. TG advised that there has been much activity in the past few weeks re. ICS; a national CFO meeting with Julian Kelly is scheduled on 20 July. TG will include an update to the next Board meeting. DL referred to Ref.1021 Cyber Risk and was concerned that there was no note of update on progress and asked for assurance from AR on this. Work may be happening but this is not apparent.		

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	<p>GR queried the GP referral charts and asked for a clearer explanation of these.</p> <p>EM – work is ongoing to test our own numbers to ensure the baseline is correct. She explained how multi-faceted this is across the region and how the challenges in diagnostic capacity affect this. She confirmed that work is in hand on doing further benchmarking to get the position right before moving forward. The acute challenge in primary care was noted.</p> <p>CC – suggested that to have 2018 figures presented is now not relevant. She also referred to the metric ‘target’ of 30 cancellations per month. SP noted that this was historically set in anticipation of 1 cancellation a day for emergency work. EM added this was pre-pandemic data and would like to keep this under review for a while longer.</p> <p>CC – acknowledged the work done in reducing theatre cancellations.</p> <p>Noted: The Performance Committee noted the PIPR update for M02 2021/22.</p>		
7.2	2021/22 TEMPORARY STAFFING TARGETS AND TRAJECTORY		
21/106	<p>OM introduced the paper which was drawn up against uncertainties around financial structures. The Trust is seeking to improve in-house temporary staffing by using bank staff and less agency staff. The Trust is working with Divisions to provide appropriate staff on this basis and ensuring that staff can take their leave and study breaks. It was noted that there will always be an element of agency requirement, particularly regarding specialist roles. Further work with EDs will look to remove the enhanced overtime rate.</p> <p>TG added that this is the first time there has been an agreed budget for temporary staffing; this will enable it to be monitored in a more transparent way and managed appropriately.</p> <p>The Committee discussed the possibility of a pool of bank staff across ICS. This is an option being considered with an outside consultancy firm supporting this work.</p> <p>[1026 JR left the meeting]</p> <p>DL referred to the run rate change and queried what was what is driving the spike in bank and agency spend in March 2021. TG confirmed this related to year end tidying up work rather than a real-time change in practice.</p> <p>The Chair asked how the Committee can keep temporary staff under review. TG suggested that this is done by monitoring temporary staffing spend vs budget set, measured also against value for money. This data could be included in PIPR, along with a quarterly spotlight report.</p> <p>Noted: The Committee noted the report on 2021/22 Temporary Staffing Targets and Trajectory.</p>	EDs/ PIPR	29.7.21
8	ACTIVITY RESTORATION		
21/107	<p>EM introduced the overarching summary.</p> <p>Reference was made to the drop in GP referrals throughout the region,</p>		

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	<p>which appeared to show that the drop in referrals at RPH is greater than at other hospitals. EM suggested several factors behind this:</p> <ul style="list-style-type: none"> - cardiothoracic conditions less easily diagnosed and referred when GPs seeing patients virtually. - dependence on diagnostic tests to inform first outpatient discussions. <p>Respiratory outpatient activity does not appear to reflect the level of GP referrals seen. More work is being done to verify accuracy of the data. RPH is already maximising activity therefore an increase in referrals would not lead to an increase in activity. It is important however that patients requiring treatment are added to the waiting list so that they can be assessed for clinical prioritisation.</p> <p>The Committee welcomed the “sea of green” for activity restoration. EM noted however that a recall of Phillips CPAP devices will require additional ambulatory day cases for around 5,000 patients, and this will likely distract the RSSC team over the coming months. EM explained that patient risk was nevertheless low; the recall of the devices is as a result of a field safety notice rather than due to the performance of the device. The field safety notice alerts to a risk to health for those using the devices as when cleaned with unapproved cleaning materials there is degradation of the polyurethane foam used to baffle the noise made by air flow in the device. The foam as it degrades releases gas and particles known to be carcinogenic. This is low to users in the UK due to the training that we undertake with CPAP starters which includes outlining the risks involved in using cleaning agents or methods which are not approved by the supplier. CC said it would be useful to see how many patients are seen against activity – EM will include highlights from the CPAP recall.</p> <p>Noted: The Performance Committee noted the report on Activity Restoration.</p>	EM	29.7.21
9.1	FINANCIAL REPORT – Month 02 2021/22		
21/108	<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>TG advised that the year-to-date performance is a surplus of £900k, which excludes ERF (emergency relief funding). SP noted the importance of ensuring RPH is in a good financial position in advance of 2022/23 which is expected to be a much tighter year financially.</p> <p>On CIP, progress of £700K has been made since last month. Discussions are ongoing with teams to look to close the CIP gap over the next month, when the teams can then focus on delivery of the CIP pipeline. Due to COVID this has been delayed but progress is starting to be made.</p>		

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	<p>GR asked for an explanation of why national commissioning of Kaftrio produces CIP savings. TG advised that some of Kaftrio is included in a block contract; this is a one-off in current commissioning and will not be the same going forward.</p> <p>CC referred to Homecare products and were any savings at the risk of being recalled back to central funds? TG explained that the current contracting process is on hold and this will be looked at in future negotiations; this is currently shown as non-recurrent CIP.</p> <p>Noted: The Committee noted the financial update.</p>		
9.2	CIP REPORT- Month 02 2021/22		
21/109	<p>The Committee received the report which summarised the Trust's progress with the CIP plan to M02 2021/22, CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p> <p>This was covered with the above finance discussions.</p> <p>Noted: The Performance Committee noted the approach to CIP and the progress to date.</p>		
	FUTURE PLANNING		
10	2021/22 OPERATIONAL PLANNING – REVISED FINANCIAL PLAN		
21/110	<p>TG advised that the 2021/22 Operational Plan had been signed off by the Trust but there had been guidance changes over past few weeks along with changes in the region. He advised that this revised version of the plan:</p> <ol style="list-style-type: none"> 1) Aligns ERF to organisations which deliver it. 2) Shows a redistribution of money in relation to growth. <p>He added that this does increase risk, where the Trust has an ERF target to deliver. He agreed it was right for the Trust to support the system at this time.</p> <p>TG clarified that that unexpected new guidance had meant a revision required to the 'final' plan with a revised surplus for H1. This is expected to be the new 'final' version unless further guidance is issued. Whilst this this is in line with the trust's intention from the start of the financial year, TG advised that RPH should welcome the increased transparency as to where contributions to the ERF are coming from.</p> <p>CC referred to the change to ERF and risks this might create regionally going forward. TG advised of mitigations planned by the system but agrees there is an overall risk which remains. TG said that he will provide an update to the Board on the ICS financial position.</p> <p>[1049 SH left the meeting].</p> <p>Noted: The Performance Committee noted the update on Operational Planning.</p>		

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11	INVESTMENT GROUP – Chair’s Report		
21/111	TG introduced his Chair’s report which was taken as read. Noted: The Performance Committee noted the update from the Investment Group.		
12	ISSUES FOR ESCALATION		
21/112	<ul style="list-style-type: none"> • Audit Committee – no items. • Strategic Projects Committee: no items. • Board of Directors: no items. 		
13	AD-HOC REPORTS		
13.1	Private Patients Overview		
21/113	<p>GR welcomed this overview. TG emphasised that patients are prioritised on clinical need and not by payer (NHS vs private). EM stated that those private patient cases completed would have been higher acuity patients.</p> <p>CC queried the private patient profit figure for 20/21; TG noted this will be available after Q1 and that 21/22 private patient plans are included in the financial plan.</p> <p>DL asked what is driving a reducing profit margin in 19/20 private income. TG advised this reflects the impact of the COVID-19 pandemic and that profit should increase as activity increases.</p> <p>[1052 AR left the meeting]</p>		
14	BAF : END OF MEETING WRAP-UP		
21/114	<p>The Chair added it would be useful to see the summary of the BAF inserted into the paper pack at this point.</p> <p>Following the main discussions, the following risk areas were highlighted:</p> <ul style="list-style-type: none"> - Finance/ICS increase in risk. - Agreed that all other risks had been discussed. 	AJ	29.7.21
15.1	COMMITTEE FORWARD PLANNER		
21/115	Noted: The Performance Committee noted the Forward Planner.		
16.2	REVIEW OF MEETING AGENDA AND OBJECTIVES		
21/116	It was noted that a strict limit of 10 minutes for divisional presentations and 10 minutes for committee questions would help time keeping.		
17	ANY OTHER BUSINESS		
21/117	<p><u>Future Agenda Prioritisation</u></p> <p>GR suggested the following might help in enabling fuller discussion on some items and more efficient use Committee time:</p>		

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	<ul style="list-style-type: none"> PIPR – take 2 items specifically as rolling focus. Still look at whole PIPR and any queries can be asked. Spotlight focus on areas noted in the forward planner. Spread reporting of some items such as Access & Data Quality, which might come to the Committee on a quarterly rather than monthly basis. <p>Comments by Committee:</p> <ul style="list-style-type: none"> TG felt each agenda item was important and from today's discussions, it is clear that there is not much scope to remove items. He agreed with suggestion on PIPR. CC agreed with TG. CC would prefer not to focus at each meeting only on two PIPR domains. PIPR highlights and spotlights are already presented and she trusts the EDs in their appropriate and timely presentation of the spotlight reports. SP welcomed the helpful discussion. He referred to the current period of change with system and processes and the need to be flexible to move alongside strategic implications. Some of this is now included at the BAF wrap-up. DL felt that there is merit in deep dives should EDs think that above standard reporting is needed for a particular topic, in which case they can choose to bring it to the Committee as a spotlight or paper. Sometimes the Committee covers lots but not in great depth. SP suggested a working group outside of Committee to drill down in to detail if required; aware colleagues are already heavily time committed. Perhaps breakfast or lunchtime meetings. DL would welcome this 1 hour over lunch say. CC and GR would prefer to keep items to the main meeting time within the Performance Cttee, with workshops etc. only held on a very exceptional basis (as was the case for the PIPR review). <p><u>Summary:</u> GR suggested that TG/EM think about what we can cover on quarterly basis and how to reflect this in forward plan; and discuss with GR offline. It's a fine balance to find a more efficient way to discuss some items in more depth but retain the flexibility to cover any importance issue that may arise.</p> <p>[1103hrs OM left the meeting]</p> <ul style="list-style-type: none"> Presentations 10 mins and 10 mins questions only. GR/TG – to review again balance on spotlights and rolling report. 	TG/EM	29.7.21
	FUTURE MEETING DATES		
Date	Time	Venue	Apols rec'd
29 July	9am-11am	MS Teams	TG
26 August	9am-11am	MS Teams	
30 September	9am-11am	MS Teams	
28 October	9am-11am	MS Teams	
25 November	9am-11am	MS Teams	
16 December	9am-11am	MS Teams	

The meeting finished at 1107 hrs

CB Conquest

[Chair authorised electronic signature to be added]

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Signed: C B Conquest, Non-executive Director and Chair.
Date: 29 July 2021

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 24 June 2021

Employee Name	Role	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 00:00
Ahluwalia, Dr Jagjit Singh	Non Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre,Cambridge.	01/10/2018 00:00
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 00:00
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 00:00
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 00:00
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 00:00
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 00:00
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 00:00
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 00:00
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 00:00
Blastland, Mr. Michael Iain	Non Executive Director	Y	Financial interests	Outside employment	freelance writer and broadcaster	01/02/2017 00:00
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 00:00
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 00:00
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 00:00
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 00:00
Fadero, Mrs. Amanda Therese	Non Executive Director	Y	Indirect interests	Loyalty interests	Trustee of Nelson Trust Charity	01/10/2013 00:00
Fadero, Mrs. Amanda Therese	Non Executive Director	Y	Indirect interests	Sponsored research	My brother 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 00:00
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 00:00
Glenn, Mr. Timothy John	Board Level Director	Y	Non-financial professional interest	Loyalty interests	My wife is ICS development lead for the East of England.	31/03/2020 00:00
Hall, Dr Roger Michael Owen	Medical Director					
Leacock, Ms. Diane Eleanor	Non Executive Director	Y	Financial interests	Outside employment	Director, ADO Consulting Ltd	01/12/2020 00:00
Leacock, Ms. Diane Eleanor	Non Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee, Benham-Seaman Trust	01/12/2020 00:00
Leacock, Ms. Diane Eleanor	Non Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee. Firstsite	01/12/2020 00:00
Midlane, Mrs. Eilish Elizabeth Ann	Board Level Director	Y	Indirect interests	Loyalty interests	Holds an unpaid Executive Reviewer role with CQC	03/08/2020 00:00
Monkhouse, Ms. Oonagh Jane	Board Level Director	N	I have no interests to declare			23/12/2020 14:12
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 00:00

Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is a Trustee of Magpas, Registered Charity	25/02/2021 16:48
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 00:00
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Chair EOE Cardiac Network	01/10/2018 00:00
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Chair NHSE East Operational Delivery Network Board	01/05/2017 00:00
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Co-Chair EOE Strategic Programme Board - Critical Care	01/07/2020 00:00
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Executive Reviewer for the Care Quality Commission (CQC)	01/06/2018 00:00
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 00:00
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Trustee of the Intensive Care Society - Registered Charity	25/02/2021 16:42
Raynes, Mr. Andrew Duncan (Andrew)	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 (Andrew)	Chief Information Officer	Y	Financial interests	Shareholdings and other ownership interests	Owner of ADR Health Care Consultancy Solutions Ltd	02/05/2017
Raynes, Mr. Andrew Duncan (Andrew)	Chief Information Officer	Y	Non-financial professional interest	Loyalty interests	Spouse works for Royal College of Nursing (I cant see a situation from the drop down pertinent to this declaration so have selected the most likely reflecting the circumstances)	01/06/2017
Robert, Mr. Gavin	Non Executive Director	N	I have no interests to declare			28/01/2021 08:54
Rudman, Mrs. Josie (Josie)	Director of Nursing	Y	Non-financial professional interest	Outside employment	CQC specialist advisor	29/04/2017 00:00
Rudman, Mrs. Josie (Josie)	Director of Nursing	Y	Non-financial professional interest	Outside employment	Director of Operations in Contain, Test and Trace (secondment)	28/09/2020 00:00
Rudman, Mrs. Josie (Josie)	Director of Nursing	Y	Non-financial professional interest	Outside employment	Director on National New Hospitals Program (secondment)	29/04/2021 11:45
Wallwork, Mr. John (John)	Non Executive Director	Y	Financial interests	Outside employment	Independent Medical Monitor for Transmedics clinical trials	21/04/2021 13:47
Wallwork, Prof. John (John)	Non Executive Director	Y	Non-financial professional interest	Shareholdings and other ownership interests	Director Cambridge university health partners CUHP	21/04/2021 13:43
Wilkinson, Prof Ian Boden	Non Executive Director	Y	Indirect interests	Clinical private practice	Private health care at the University of Cambridge;	01/03/2021 12:28
Wilkinson, Prof 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 12:27
Wilkinson, Prof 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 12:29
Wilkinson, Prof 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 12:23