

Meeting of the Performance Committee
Held on 27 May 2021
0900-1100hrs
via MS Teams

Chair: Gavin Robert, Non-executive Director

UNCONFIRMED 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
Dr R Hall	RH	Medical Director
Mrs E Midlane	EM	Chief Operating Officer
Mr S Posey	SP	Chief Executive
In Attendance		
Mrs A Colling	AC	Executive Assistant (Minutes)
Mr E Gorman	EG	Deputy Director, Digital
Ms A Halstead	AH	Public Governor, Observer (from 9.15am)
Mrs S Harrison	SH	Deputy Chief Finance Officer
Mrs A Jarvis	AJ	Trust Secretary
For Item 5 - Surgical Transplant & Anaesthetics (STA) Presentation		
Mrs C Riotto	CR	Head of Nursing, STA
Mrs J Speed	JS	STA Operational Director
Apologies		
Ms O Monkhouse	OM	Director of Workforce & Organisation Development
Mr A Raynes	AR	Director of Digital (& Chief Information Officer)
Mrs J Rudman	JR	Chief Nurse
Mr A Selby	AS	Director of Estates & Facilities
Dr A Vuylsteke	AV	Clinical Director, STA (for Item 5)

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

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
21/78	GR welcomed all and opened the meeting.		
2	DECLARATIONS OF INTEREST		
21/79	There is a requirement that Board members raise any specific declarations		

Agenda Item		Action by Whom	Date
	<p>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>The following new declarations were noted to be added to the register:</p> <ol style="list-style-type: none"> 1. Stephen Posey – invited join national Organ Utilisation Group for Transplantation. 2. Tim Glenn, as Director of Cambridge Biomedical Campus Ltd. 	SP/TG	May 21
3	MINUTES OF THE PREVIOUS MEETING – 29 April 2021		
21/80	Approved: The Performance Committee approved the Minutes of the meeting held on 29 April 2021 and authorised these for signature by GR as a true record.	Chair	27.5.21
4.2	TIME PLAN OF TODAY’S AGENDA ITEMS		
21/81	There were no specific items to be taken out of Agenda order.		
4.3	ACTION CHECKLIST / MATTERS ARISING		
21/82	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	DIVISIONAL PRESENTATION – SURGERY TRANSPLANT & ANAESTHETICS (STA)		
21/83	<p>Mrs C Riotto, Mrs J Speed (Dr A Vuylsteke - apologies)</p> <p>The Committee received a presentation from Cheryl Riotto and Jane Speed on Critical Care. What was particularly impressive was the fact that CCA have managed to progress the CCA Optimisation Project to ensure that we avoid resumption of the issues around bed availability that so adversely affected hospital activity following the move, while at the same time expanding activity and treating the surge of Covid patients during the pandemic. The recruitment gap is eradicated, with the focus on skill acquisition and retention, roster management is improved, flexible working arrangements have been reviewed and continue to be optimised as BAU, a new augmented nursing model of care is in place, and mechanisms for more accurate and regular forward views of staff and bed capacity are embedded; while learnings from the redeployment during Surge 1 have been reflected during Surge 2.</p> <p>[0918hrs IG arrived]</p> <p>Admission numbers in critical care continue to rise as surgical cases increase, and long length of stay patients are discharged. There were 179 new patients in critical care in April, the highest since November and a sign of restoration. Bed occupancy was at 84% for April, based on a Critical Care footprint of 36 beds, although weekend capacity is lower and is being reviewed. Continued optimization has the potential to realise additional</p>		

Agenda Item		Action by Whom	Date
	<p>capacity gains. While there has been considerable progress on improving staff wellbeing and the experience and development of BAME staff, there is recognition that a great deal remains to be done. Staff wellbeing and engagement is the key risk for Critical Care.</p> <p>The Committee thanked them for their excellent presentation and the passion and knowledge with which it was delivered, and asked them to pass on the Committee's thanks for the outstanding efforts of the whole CCA team.</p>		
6	REVIEW OF THE BAF		
21/84	<p>The Committee received the update and noted that this had been discussed in detail at the last meeting.</p> <p>DL referred to the two new risks ref. 2094 and 2901; was there any commentary on controls/mitigations to reduce the severity of these risks. These risks are mapped to Board and Strategic Projects Committee respectively. CC also commented that risk 2904 which is mapped to Board should be mapped to Performance Committee.</p> <p>AJ will look to re-align these risks as discussed.</p>	AJ	24.06.21
	Noted: The Performance Committee noted the report and discussion on BAF.		
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
21/85	<p>The Committee received a summary version of PIPR for M01 2021/22. TG summarised the overall position as 'amber'. This comprised:</p> <ul style="list-style-type: none"> • three 'red' domains (Finance, Responsive and People Management & Culture); • One 'amber' domain (Effective); • Two 'green' domains (Caring and Safe) • One new domain (Integrated Care Service – ICS) <p>During discussion the following comments were noted/considered:</p> <ul style="list-style-type: none"> • GR noted the presentation of the fully restored PIPR and thanked all involved in preparing this. • SP welcomed the addition of the new ICS metric. • DL welcomed the detail contained in this revised PIPR. Referring to Responsive, in particular theatre cancellations, she queried how soon after cancellations were patients rescheduled, given the growing waiting list. EM responded that the team were pushing hard to keep cancellations to a minimum; although emergency and transplant work take priority and always risk affecting elective work. Cancelled patients are offered the chance to remain in hospital and then rescheduled within a matter of days. This often may mean a different surgeon to operate, with surgeons flexing their work to accommodate. Some patients choose to go home. There is a standard of 28-day rebook to get cancelled patients in during that time, notwithstanding any other issues and the team endeavour to work to this. This metric is measured on the dashboard in 'Responsive'. 		

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	<ul style="list-style-type: none"> GR referred to the switch of Theatre 6 for emergency activity use. EM advised that the high level of emergency activity justifies this plan; Theatre 6 is also used for IHUs, if no emergency activity planned and may also be used for smaller procedures during the day. This is kept under review to ensure the best use of resources. GR queried whether the Outpatient attendance target was too low. EM noted that the baseline is set at pre-Covid activity levels and would like to see recovery over a number of months before re-setting this target, especially noting the backlog of respiratory outpatients. This should be aligned with the footfall in OP, which is being reviewed on weekly basis. GR asked what was measured on the Point of Use (PoU) % figure. IG gave a detailed explanation of the metric and summarised that this involves a spot check on areas used by patients in 'at risk' groups; looking for PoU filters on all of outlets and, if relevant, a risk assessment being completed. This will be kept under review; it will be a focus for a PIPR spotlight at some point in the future when sufficient data is available. <p>Noted: The Performance Committee noted the summarised PIPR update for M01 2021/22.</p>		
8	ACTIVITY RESTORATION		
21/86	<p>EM introduced the overarching summary. The Trust is steadily moving to meet targets set by NHS E/I, as evidenced in the report tables. DNA rates are reviewed at weekly 6-4-2 meeting, including both face-to-face and virtual appointments. The team are trying to align appointments appropriate to patient care needs and not bringing patients onto site if not necessary but reviewing via other means.</p> <p>TG explained restoration/activity in the context of ICS plans including over performance on activity and use of ERF fund. Regional discussions continue on this with ICS where the Trust needs to remain flexible.</p> <p>GR queried what should be shown in activity charts. TG suggested that internal RPH plan targets could be shown as well as the ICS target.</p> <p>SP added that it is important to note our collaboration with the System and how we supporting this. He suggested that it would be useful to bring this discussion to the next Board meeting.</p> <p>GR acknowledged the complexity of understanding the patient prioritisation data. Fundamentally, the Committee received its assurance from its knowledge of the robust process in place for monitoring and prioritising patients on the waiting list even if we have not yet identified the metrics to show this.</p> <p>DL queried what was driving the reduction in GP referrals and what was being done to ensure that there was not a missed cohort of patients.. It was noted that this will be covered in the Access & Data Quality report at Agenda Item 10.</p> <p>Noted: The Performance Committee noted the report on Activity Restoration.</p>		

Agenda Item		Action by Whom	Date
9.1	FINANCIAL REPORT – Month 01 2021/22		
21/87	<p>The Committee received this report which gave an oversight of the Trust's in month and full year financial position. A summarised version of the report was presented for April 2021.</p> <p>Key items covered:</p> <ul style="list-style-type: none"> • Statement of Comprehensive Income (SOCl) position • Run rate trends • Activity • Cash position and forecast • COVID-19 expenditure • Capital expenditure <p>TG advised that the H1 plan is finalised, reporting positively that Month 1 is in line with plan. H2 guidance is still uncertain and therefore difficult to plan against.</p> <p>DL referred to page 4 of the report where there is a £0.5m variance on non-clinical supplies. TG confirmed this is non-recurrent and relates to M.Abscessus filters where more were bought in month.</p> <p>CC noted the CIP for the next 6 months where there is a pipeline but actual CIP achieved is not near the plan – is this an optimistic target? TG noted the CIP target for H1 has a credible pipeline. The CIP target for H2 does need further work to move towards target and this work will be done in the coming weeks/months.</p> <p>AH referred to page 4 of the report which noted M.Abscessus costs including provision for legal costs. TG explained what this referred to.</p> <p>Noted: The Committee noted the financial update.</p>		
9.2	CIP REPORT- Month 01 2021/22		
21/88	<p>The Committee received the report which summarised the Trust's progress with April 2021/22 CIP plan, CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p> <p>GR asked if there were any particular areas of concern where the CIP target might be a challenge to realise.</p> <ul style="list-style-type: none"> • TG felt that this month's CIP pipeline of £0.55m would be challenging and explained that there is more work to do on ideas generation in 2nd half of year, which is being worked through with Divisions. In light of the CIP gap (based on the current Trust plan), meeting CIP targets in H2 will be challenging and is a key focus for the organisation as a whole. • The Committee found the format of the report helpful. • CC asked if the Committee would be expected to review the areas rag rated red as some of the red ratings did not seem to be material amounts. TG noted that the metrics for rag ratings were quite stringent. • DL echoed CC's query. 		

Agenda Item		Action by Whom	Date
	Noted: The Performance Committee noted the approach to CIP and the progress to date.		
10	ACCESS & DATA QUALITY		
21/89	<p>The earlier query on the gap in GP referrals was flagged.</p> <p>EM noted that there has been a reduced flow of referrals from GPs, which seems to be mirrored in other organisations. Potentially the reason for the low referrals is very much Covid-19 related. It is likely that when Government Covid-19 restrictions are further lifted, then the Trust will see an increase in GP referrals. EM confirmed that the current Waiting List is keeping the Trust activity busy, so lower referrals is not having any impact on activity. That similar trends are being seen at other Trusts in the system provides some assurance that the trend is not RPH-specific, although Executives agreed to provide data on referral trends for other Trusts to provide further assurance.</p> <p>EM advised that the team are working on individual indicators to address long term data quality issues. The Trust is close to launching an electronic 18W training package for all 'patient pathway' staff. If there is headroom this year, the Trust may seek to invest some of this into bespoke work for an external validator service to do backlog/correction of data.</p> <p>Noted: The Performance Committee noted the Access & Data Quality report.</p>		
	FUTURE PLANNING		
11	2021/22 OPERATIONAL PLANNING		
21/90	<p>TG introduced the report noting that there was not much change since last time; all is on track as planned.</p> <p>GR queried the reduction in capital expenditure and asked what the consequence of this would be and how this would affect equipment spend.</p> <p>TG advised that the main area affected is Digital and the Trust is working with colleagues in region to see if funds can be brought in to mitigate this. The capital expenditure budget excluded Digital exemplar funding.</p> <p>Noted: The Performance Committee noted the update on Operational Planning.</p>		
12.1	INVESTMENT GROUP – Chair's Report		
21/91	<p>TG introduced his Chair's report which was taken as read. There were two applications for funding noted as capital; <i>post meeting note:</i> these are confirmed as revenue items.</p> <p>One funding application was approved for replacement of medicines cabinets. One funding application for AHP Chief Leader role was deferred for further information.</p>		

Agenda Item		Action by Whom	Date
	Noted: The Performance Committee noted the update from the Investment Group.		
13	ISSUES FOR ESCALATION		
21/92	<ul style="list-style-type: none"> • Audit Committee – no items. • Strategic Projects Committee: • Board of Directors: BAF and allocation of different BAF risks. 	AJ	24.6.21
14	QUARTERLY REPORTS		
14.1	Cyber Risk Update		
21/93	<p>GR found the report useful and able to see how this is aligned as high risk on BAF.</p> <p>Items noted during discussion:</p> <ul style="list-style-type: none"> • High risk of time taken to undertake patch management. EG explained the work in place to prioritise patching for the most relevant and urgent items, e.g. some patches are not relevant to the Trust (such as gaming). This will necessitate a governance change where the Trust would deviate from NHS best practice. This will be taken through relevant committees, including Digital Strategy Board, to ensure full oversight. • DL flagged concern on emergency patches and how quickly can we reduce number of computers which might be vulnerable. EG advised that critical patches are escalated although delays on staff re-booting can result in a delay of upgrade of patch. • NK highlighted care needed on re-booting in clinical areas which could have an impact when services are taken offline – this work needs to be planned carefully. • DL flagged the remaining devices still running on unsupported Windows software – EG explained which type of devices were affected and work in place to mitigate the risk. • GR asked if there was an annual plan on what Digital want to achieve along with progress against targets, and whether this can be shared with the Committee. EG advised that this can be incorporated into reports for future meetings. <p>Noted: The Performance Committee noted the quarterly update report on Cyber Risk.</p>	EG	26.8.21
15	BAF : END OF MEETING WRAP-UP		
21/94	<p>Following the main discussions, the following risk areas were highlighted:</p> <ul style="list-style-type: none"> - BAF risks allocated to Performance Committee - Waiting list management - Activity restoration - Staffing (not discussed in detail and discussion expected to next meeting when further data available for PIPR. - Workforce: SP raised this which related to staff engagement and should be factored into BAF; regarding the increasing likelihood of industrial unrest, particular on NHS pay award. This is a risk on the horizon and needs to feature on BAF in some way. This will be discussed in Board Part 2 and future meetings. AJ confirmed that this has been picked up and mapped 		

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	<p>through to Q&R for future discussion.</p> <ul style="list-style-type: none"> - CIP - Cyber breach - Turnover and recruitment - Achieving financial balance - Maintaining a safe and secure environment – Description of the risk is quite vague and a query if this should be SPC rather than Performance Committee? TG advised that the PFI/Skanska issue would be raised at SPC and would also be discussed at Board. 																																		
16.1	COMMITTEE FORWARD PLANNER																																		
21/95	<p>GR was pleased to see Divisional presentations allocated by month on the planner and for these to be booked in with teams.</p> <p>Noted: The Performance Committee noted the Forward Planner.</p>																																		
16.2	REVIEW OF MEETING AGENDA AND OBJECTIVES																																		
21/96	<p>GR thanked all for excellent, well prepared reports and appreciated the work which has gone into this.</p> <p>CC felt that the Divisional presentation took too long and need to look at timings for this. GR suggested that it may be helpful to see the slides in advance, which may pre-empt questions. EM will pick this up with teams.</p> <p>SP felt it was extremely encouraging that the CCA team were very proud to present and very open in reporting both good and bad issues. He stated that it is an incredible improvement for CCA to have optimised bed capacity.</p>	EM	June 2021																																
17	ANY OTHER BUSINESS																																		
21/97	No items were raised.																																		
	FUTURE MEETING DATES																																		
	<table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Venue</th> <th>Apols rec'd</th> </tr> </thead> <tbody> <tr> <td>24 June</td> <td>9am-11am</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>29 July</td> <td>9am-11am</td> <td>MS Teams</td> <td>TG</td> </tr> <tr> <td>26 August</td> <td>9am-11am</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>30 September</td> <td>9am-11am</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>28 October</td> <td>9am-11am</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>25 November</td> <td>9am-11am</td> <td>MS Teams</td> <td></td> </tr> <tr> <td>16 December</td> <td>9am-11am</td> <td>MS Teams</td> <td></td> </tr> </tbody> </table>	Date	Time	Venue	Apols rec'd	24 June	9am-11am	MS Teams		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			
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The meeting finished at 1058hrs


 Signed
 (Chair authorised electronic signature to be added)

24 June 2021

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
 Meeting held on 27 May 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