

**Meeting of the Performance Committee
Held on 30 September 2021
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
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 A Raynes	AR	Director of Digital (& Chief Information Officer)
Mrs M Screaton	MS	Chief Nurse
In Attendance		
Ms S Bullivant	SB	Public Governor, Observer
Mrs A Colling	AC	Executive Assistant (Minutes)
Ms A Halstead	AH	Public Governor, Observer
Mrs A Jarvis	AJ	Trust Secretary
Mr C Panes	CP	Deputy Chief Finance Officer
Mr A Selby	AS	Director of Estates & Facilities
For Item 5 – Presentation by Allied Health Professionals		
Mrs P Hales	PH	Acting Chief Allied Health Professional
Apologies		
Dr R Hall	RH	Medical Director
Mr S Posey	SP	Chief Executive
Dr I Smith	IS	Acting Medical Director
Dr S Webb	SW	Deputy Medical Director

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

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
21/163	The Chair welcomed all to the meeting. Apologies were noted as above.		
2	DECLARATIONS OF INTEREST		
21/164	There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in		

Agenda Item		Action by Whom	Date
	<p>relation to matters on the agenda. A summary of standing declarations of interests are appended to these minutes.</p> <p>Tim Glenn noted his role as Director of Cambridge Biomedical Campus (CBC) Ltd since July 2021, which will be added to the summary.</p>		
3	MINUTES OF THE PREVIOUS MEETING – 26 August 2021		
21/165	Approved: The Performance Committee approved the Minutes of the meeting held on 26 August 2021 and authorised these for signature by Diane Leacock, who chaired that meeting, as a true record.	Chair	30.09.21
4.1	TIME PLAN OF TODAY’S AGENDA ITEMS		
21/166	The Chair thanked all for their reports; move emerging risks to later in agenda under BAF wrap up		
4.2	ACTION CHECKLIST / MATTERS ARISING		
21/167	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
5	DIVISIONAL PRESENTATION – Allied Health Professionals (AHP)		
21/168	<p>The Committee had an excellent presentation from Pippa Hales. PH explained the importance of the AHP team throughout the pandemic, from proning patients to rehabilitating them for discharge and, most recently during Wave 3, rehabilitating cardiac surgery patients arriving in much poorer condition than typically seen previously. The extent of collaboration between AHPs and the nursing team was a particularly positive development. The importance of the new AHP strategy and leadership was also acknowledged. Key challenges over the next 12 months include stabilising a fit for purpose workforce, with hot spots in Operating Department Practitioners (ODPs) and radiographers, making retention – including wellbeing, EDI and the collective and compassionate leadership program – an important focus. Key opportunities include continued charity support, cross-divisional working (e.g., discharge planning) and improved data to demonstrate impact. The Committee thanked Pippa for her excellent and informative presentation.</p> <p>It was agreed that future divisional presentations would be held bi-monthly and timetabled to make them available to all Trustees.</p> <p>[0931hrs PH left the meeting]</p>		
6.1	REVIEW OF THE BAF		
21/169	<p>This report was introduced by AJ and taken as read.</p> <p>Two items were flagged in the report which both related to supplier issues. It was queried whether these should be managed jointly as one risk. Following discussion, it was agreed these should be dealt with as separate risks.</p>		

Agenda Item		Action by Whom	Date
	<p>1. Key supplier risk (where the Trust may be over-dependent on one supplier).</p> <p>2. A wider view of our supply risks, looking at more general risk of suppliers and service delivery risks within the procurement and supply chain process.</p> <p>TG advised that this issue is under review and he will bring an update report to the next meeting and also to the next Board meeting.</p> <p>GR queried the current national HGV driver shortages alongside national fuel shortage and whether this could cause supply chain disruption or impact on staff getting into work. EM advised that there is a daily system call on fuel issues; RPH has not seen any impact. Staff seem to be managing the fuel issue and this is not causing absences. EM also confirmed that they had no issues re CO2.</p> <p>GR referred to the tracker and Risk 1854 Recruitment; he asked for a clearer distinction between controls in place and assurance? He is happy for OM to follow up on this after the meeting.</p> <p>Noted: The Performance Committee noted the review of BAF.</p>	<p>TG</p> <p>OM</p>	<p>28.10.21</p> <p>28.10.21</p>
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
21/171	<p>The Committee received PIPR for M05 2021/22. TG summarised the position as 'red', which comprised:</p> <ul style="list-style-type: none"> • Four 'red' domains (Effective, Responsive and People Management & Culture and Finance); • One 'amber' domain (Safe); • One 'green' domain (Caring) • One new domain (Integrated Care Service – ICS); not currently rated. 		
21/172	<p>TG gave some background to the current position where he felt it was important to view the August results in context of the whole NHS. August was a pressured month across the whole NHS due to several factors: large amounts of leave (annual and sick leave, Covid-19 isolation) creating workforce issues. This was alongside challenges of Covid-19 wave 3. Elective performance at RPH and across the region was poor in August. Considering all the challenges, RPH performed well. It was also noted that the PIPR standards are set to pre-pandemic tolerances.</p> <p>EM agreed with the above summary and noted that the Trust had prepared for a reduction in activity due to allowing staff annual leave.</p> <p>NEDs noted the downturn in results for August and asked whether they could look forward to seeing an upturn in September when fewer staff will be on annual leave. EM added that the first two weeks of September would see further staff annual leave. MS advised of support to CCA staffing. September should see a slight upturn in activity where Covid numbers dropped towards the end of September.</p> <p>CC referred to People Management & Culture and the forecast for year-end which seems optimistic to be rated 'green'; should this be reviewed? OM agreed and will look at this with CP.</p>	<p>OM</p>	<p>28.10.21</p>

Agenda Item		Action by Whom	Date
	<p>The Committee reviewed PIPR by section, where the following was noted:</p> <p>Safe (Amber): MS advised of work on rosters to ensure the baseline data is accurate when calculating the safer staffing fill rate; this is work in progress but is seeing an improving position. MS confirmed that the Trust is maintaining safe staffing across all ward and CCA areas.</p> <p>There were no Serious Incidents reported in Audit. There was one C. difficile case which has followed governance process and receiving review by a scrutiny panel.</p> <p>PIPR included a focus on Sepsis due to its 'amber' rating in last 2 quarters. The deep dive review showed some patients are put on the sepsis pathway when they do not match two of the required criteria, so there could be some over reporting. This is under review to ensure we are capturing the right data. MS confirmed that no patients are receiving wrong antibiotics.</p> <p>Previous queries on Point of Use Filters (PoU) were answered in the Spotlight Report on PoU filter audit.</p> <p>CC queried the metric for Safer Staffing CHPPD Day Ward which seemed to show a drop. MS explained this is linked to data input where the result is calculated according to number of patients. During Covid-19 this has reduced from 40 to 28 and the data calculated on 40 (it should be 28) which is creating a false result. MS confirmed that staffing is safe on 28 and that the background data will be reviewed for this.</p>		
21/173	<p>Caring (Green): MS referred to the data which continues to show good patient experience. The report included some benchmarking which shows good comparison for RPH. MS confirmed learning from upheld complaints in August (re. visiting and cancelled procedure).</p> <p>GR said it was useful to see the participation rates for the Family and Friends Test but was concerned on the variability and low scores in some areas, particularly 3N Ward. Is there anything which can be done to improve this?</p> <p>MS advised that this is being flagged through matron groups to share practices on Wards to improve participation rate of the test.</p> <p>EM also added that half of 3N Ward is dedicated to day case activity and not a routine inpatient Ward, which has a rapid turnover of patients, who are potentially less likely to be able to participate.</p>		
21/174	<p>Effective (Red): EM alluded to the lack of availability of capacity for August; partly due to planning and issues with staff absence. It was a very challenging month where all areas were kept safe, but this impacted on the number of patients able to be treated. August generally has a high number of cancellations by patients. Work continues to address the backlog in respiratory and continue to manage the waiting list in order of clinical prioritisation (continue to do harm reviews if patient breach).</p>		

Agenda Item		Action by Whom	Date
21/175	<p>Responsive (Red): The data showed a growing waiting list due to less throughput in August. EM explained how this had affected the areas of cardiac surgery, In-House Urgents and cancellations.</p> <p>GR referred to cancellations which is particularly challenging for patients. EM explained the process for re-booking of cancelled patients, where the priority is based on clinical need.</p> <p>DL referred to cardio thoracic surgery where four P6 patients had chosen to delay their care due to Covid reasons. How often are we in touch with these patients, where a patient's condition may deteriorate in that time. EM explained that the Booking Team are in contact with these patients on a weekly basis to assess. The Booking Team can escalate to Consultant or clinical team any changing circumstances. Clinicians also do a regular six-week case review.</p> <p>CC referred to 62 day wait cancer time which was concerning. EM noted that August figures are provisional. The numbers are very small in terms of patients treated. One or two patients can affect numbers dramatically. Some waits are due to external pre-diagnostic work ups where some of the breach lands with us. There are PET CT scan delays at 14-16 days wait (tolerance 5). This is under review with national commissioners to seek performance improvement. These results reflect the whole system pressure in pathways and not just RPH performance.</p> <p>GR asked if our data could distinguish delays on pathway to show where RPH is the delay source or due to external factors, e.g. diagnostic waits; potentially highlighting trigger points in RPH where we might be able to improve.</p> <p>EM advised that a detailed spotlight on this can be provided next month.</p>	EM	28.10.21
21/176	<p>People Management and Culture (Red): OM advised that the overall context carries through to this domain, with the unavailability of staff during August. Overseas leavers have increased over the last few months and this is being reviewed to understand reasons why.</p> <p>The impact can be seen in IPRs where support will be given to managers to get these booked in. Mandatory training has made a good recovery. Some of the specialist roles are proving hard to recruit to (ODPs, Surgical Care Practitioners and Cardiac Physiologists) where the Trust is looking at 'training our own' in these areas. There is a national shortage in specialty roles.</p> <p>GR was concerned at the high staff turnover rate, although pleased that no common themes were showing. OM advised that this will be kept under close review.</p> <p>DL referred to rosters and felt it was disappointing to see a low % return on completion in 6 weeks. Is this linked to increase in bank spend if rosters are not finalised.</p> <p>MS explained that there is a focus on rosters in terms of compliance with KPIs. Meetings are being set up to support teams alongside the workforce rostering team to help improve some of the metrics. This relates to all rosters with a focus on clinical rosters to start with. It also highlights</p>		

Agenda Item		Action by Whom	Date
	demands on Ward Sisters' time on wards to cover other absences, therefore taking time away from admin/roster work. Measures need to be brought in which are sustainable and the roster process to be started earlier. This is being kept under review before establishing a target %. OM said that use of bank staff is more closely linked to the establishment issue and short notice absence.		
21/177	<p>Finance (Red): CC noted the private patient income over-performance and how did this affect patient priority. As previously discussed, priority is always on a clinical basis and not monetary based. CC wondered however whether this was clearly communicated to staff. EM will investigate issuing clear communications to stress that priority is clinically based whether a patient is NHS or privately funded.</p> <p>GR noted previous discussions about a time lag in figures. TG explained that there is a lag but we are looking to close this and should see a difference in the figures next month. The Chair was happy to defer further discussion to the main Finance report.</p>		
	<p>Integrated Care System (ICS) This is Included for information purposes and to understand how the system is looking.</p>		
	<p>Noted: The Performance Committee noted the PIPR update for M05 2021/22.</p>		
8	<p>ACTIVITY RESTORATION</p>		
21/178	<p>EM presented this report where graphs showed the reduction in activity in previous months. There continues to be a good throughput on day cases, but also high levels of emergency activity. Work is in hand to code all diagnostic waits (D codes) –this is being established and will be reported in future reports.</p> <p>GR asked for an update on total CCA beds being occupied and forecast for the following month, if more staff might be available. EM reported that August CCA bed figures were 31-33 open daily. The aim is to get back to 36 beds with this based on 4 patients on ECMO and devices. Currently CCA is running with 10-12 patients on respiratory ECMO through August. There is a high number of transplant/surgery patients on ECMO. Half CCA bed capacity is by ECMO/device patients. MS confirmed the summary by EM above. The ECMO patients are long stay and require a high skilled workforce to care for them; MS explained the staffing model of patients on devices and CCA capacity related to this. With up to 13-14 patients on devices, the aim is to open 33 beds. This is impacted by short notice staff absence due to Covid-19. The Trust is reviewing opportunities to see where support can be provided to consistently open to 33 beds even with a high number of devices. MS confirmed that safety is not compromised. To ensure staffing, there is a dependence on overtime and bank staff to supplement rotas, which also puts pressure on finance. There is also work to look at ways of working and how nurse time is used to release trained nurse time to put into bed resource.</p>		

Agenda Item		Action by Whom	Date
9.1	FINANCIAL REPORT – Month 05 2021/22		
21/179	<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 gave the update on the current position. The Trust over-performed on ERF in Q1 and expect to under-performance in Q2 and therefore anticipate remaining on budget for H1.</p> <p>TG referred to the spotlight report on BPPC; the national focus on this and the need to pay suppliers on a timely basis which is important to ensure cashflow in the local community given the importance of RPH to the local economy. Month 5 showed an under performance on BPPC; this is under review to bring improvements.</p> <p>CC enquired if the Trust had ever met the BPPC target. TG explained that figures were close to target on invoice volumes but not on invoice values (i.e, slow at paying high-cost invoices). He gave an overview of BPPC issues in the whole NHS. As an observation, and in comparison, with others, many organisations are also in same position. TG explained the position with regard to purchase order based invoices and non-purchase order invoices. TG confirmed that whilst this continues to be monitored, it will be flagged in key headlines within the financial report.</p> <p>TG explained the Trust's stance on non-clinical provisions in the year-to-date position.</p> <p>Capital expenditure is on track against plan with a strong focus to ensure agreed expenditure is progressed on time to avoid heavy expenditure at year end. October and November are key months for Capex to remain on track.</p> <p>Noted: The Committee noted the financial update.</p>		
9.2	CIP REPORT- Month 05 2021/22		
21/180	<p>The Committee received the report which summarised the Trust's progress with the CIP plan to M05 2021/22, CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p> <p>TG advised that CIP is progressing well and work continues in converting CIP plans to benefit realisation stage – there is currently £4.45m to benefits</p>		

Agenda Item		Action by Whom	Date
	<p>stage which was noted as a positive position.</p> <p>CC referred to the spotlight report on anti-microbial reviews within cardiac surgery and particularly the benchmarking against Royal Brompton, which performed above RPH and Liverpool Heart & Chest Hospital. TG advised that RPH would continue to clarify the CIP ambition in this area, together with improvement to aspire to better performing organisations. MS explained that this was not only a CIP but also a huge quality initiative.</p> <p>GR flagged the high proportion of non-recurrent CIPS. TG explained what these related to and acknowledged the concern on non-recurrent CIPS. TG added that with tighter controls on national funding expected next year, it is important to continue work to identify recurrent savings. GR would like to see the proposed benchmark dashboard to identify potential for savings – TG agreed to provide this in a future report.</p> <p>Noted: The Performance Committee noted the approach to CIP and the progress to date.</p>	TG	16.12.21
10	ACCESS & DATA QUALITY		
21/181	This report is tabled at alternate meetings and will be tabled at the next meeting.		
FUTURE PLANNING			
11	INVESTMENT GROUP – Chair’s Report		
21/182	<p>The report was taken as read. Capital expenditure had been discussed under the Financial Report section.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
12	BAF: END OF MEETING WRAP-UP		
21/183	The Committee agreed that all risk items had been covered within the agenda adequately.		
13	EPR CONTRACT		
21/184	<p>AR presented this report for information purposes and advised that it will come back to the Committee in November for approval of the contract.</p> <p>Comments noted during discussion:</p> <ul style="list-style-type: none"> • Staffing issue • Offset costs • Partnership Board <p>Noted: The Performance Committee noted the contents of the report.</p>		

Agenda Item		Action by Whom	Date
14.1	COMMITTEE FORWARD PLANNER		
21/185	<ul style="list-style-type: none"> The Committee agreed for divisional presentations to switch to bi-monthly. Q&R Committee would also like to see divisional presentations, therefore, to avoid duplication and ease divisional workload, it was agreed to open the Performance Committee presentation slot to other NEDs. AJ will look at logistics of inviting other NEDs for this part on the Agenda. The Forward Planner will be amended to show that the Access & Data Quality report is now being tabled bi-monthly. <p>AC will amend the forward planner accordingly for both items.</p> <p>Noted: The Committee noted the Committee Forward Planner.</p>	AJ AC	28.10.21 28.10.21
14.2	REVIEW OF MEETING AGENDA AND OBJECTIVES		
21/186	The Chair felt all items had been covered with good discussion and thanked Executive Directors and teams for their reports.		
14.3 21/187	EMERGING RISK		
	Reference was made to the two supply risks discussed under the BAF section. DL also supported splitting this as two risks. TG will ensure this is actioned.	TG	28.10.21
	OM highlighted a potential risk on recruitment and retention, with the next 6-12 months looking challenging on pay issues. OM suggested this is looked at as a longer term risk, particularly where factors are outside of our control. The Committee underlined the continuing importance of Collective & Compassionate Leadership, Well-being and EDI. GR asked where can we add any control to this and agreed it should be an area of sustained focus; some areas should be escalated to Q&R.	OM	28.10.21
15	ISSUES FOR ESCALATION		
21/188	<ul style="list-style-type: none"> Audit Committee – No items flagged. Board of Directors – No items flagged. Quality & Risk Committee – Recruitment & Retention risk. Strategic Projects Committee – No items flagged. 		
16	ANY OTHER BUSINESS		
	No further items were raised		
	FUTURE MEETING DATES		
Date	Time	Venue	Apols rec'd
28 October	9am-11am	MS Teams	
25 November	9am-11am	MS Teams	
16 December	9am-11am	MS Teams	

The meeting finished at 1102hrs


Signed
(Chair authorised electronic signature to be added)

Date: 28 October 2021

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
Meeting held on 30 September 2021

Appendix 1

DOI July 2021

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	Col Date From
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre, Cambridge.	01/10/2018
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Financial interests	Outside employment	Employee at CUH since 1996, seconded to Eastern Academic Health Science Network as Chief Clinical Officer since April 2019.	21/04/2019
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Financial interests	Outside employment	Fellow at the Cambridge Judge Business School. This is an honorary position, I am not on faculty and not paid for this role. However I do deliver occasional lectures for CJBS, some of which are remunerated.	01/01/2018
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Financial interests	Outside employment	Programme Co-Director for East of England Chief Resident Training programme, run through the postgraduate medical education department at CUH. This is a paid role.	01/09/2010
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Financial interests	Shareholdings and other ownership interests	Co-director and shareholder in Ahluwalia Education and Consulting Limited. I undertake private work in the field of healthcare management, reviews and healthcare related education and training through this company for a range of clients including but not limited to the NHS, pharmaceuticals and charities.	01/10/2018
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member C & P Clinical Ethics Committee. Not remunerated so not employed.	01/05/2020
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member Eastern Region Clinical Senate (since March 2020 - this is within my role at Eastern AHSN. Not remunerated for this role specifically.	01/03/2020
Ahluwalia, Dr Jagjit Singh	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Trustee on the main board of Macmillan Cancer Support	01/02/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	Board member of the Winton Centre for Risk and Evidence Communication	01/04/2016
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	freelance writer and broadcaster	01/02/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Indirect interests	Outside employment	My partner is an adviser to Thrive, a games-based mental health app and support service.	11/05/2021
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Advisor to the Behavioural Change by Design research project	01/08/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member of advisory group for Bristol University's Centre for Academic Research Quality and Improvement.	01/08/2020
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Member of the oversight Panel for the Cholesterol Treatment Trialist's Collaboration	01/08/2020
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group - Network for BAME NEDs in the NHS	25/02/2021
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Loyalty interests	Trustee of Nelson Trust Charity	01/10/2013
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Sponsored research	My brother Matthew Wakefield has recently been appointed as the Chairman of Oxford BioDynamics PLC- a biotechnology company developing personalised medicine tests based on 3D genomic biomarkers	14/12/2020
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	I am an Associate Non Executive Director at East Sussex Healthcare NHS Trust	01/07/2020
Glenn, Mr. Timothy John	Chief Finance Officer	Y	Non-financial professional interest	Loyalty interests	My wife is ICS development lead for the East of England.	31/03/2020
Hall, Dr Roger Michael Owen	Medical Director	Y	Financial interests	Shareholdings and other ownership interests	Director of a medical services company Cluroe & Hall Ltd	01/09/2016
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Financial interests	Outside employment	Director, ADO Consulting Ltd	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee, Benham-Seaman Trust	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee. Firstsite	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group, a network for BAME NEDs in the NHS	01/12/2020
Midlane, Mrs. Eilish Elizabeth Ann	Chief Operating Officer	Y	Indirect interests	Loyalty interests	Holds an unpaid Executive Reviewer role with CQC	03/08/2020
Monkhouse, Ms. Oonagh Jane	Director of Workforce and Organisational Development	N	I have no interests to declare			23/12/2020

Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is CEO of the Royal College of Obstetrics and Gynaecologists	01/03/2019
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Loyalty interests	Partner is a Trustee of Magpas, Registered Charity	25/02/2021
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial personal interests	Outside employment	Director of Cambridge University Health Partners (CUHP) an Academic Health Science Centre	15/11/2016
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Chair EOE Cardiac Network	01/10/2018
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Chair NHSE East Operational Delivery Network Board	01/05/2017
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Co-Chair EOE Strategic Programme Board - Critical Care	01/07/2020
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Executive Reviewer for the Care Quality Commission (CQC)	01/06/2018
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Hold an Honorary Contract with Cambridge University Hospitals NHSFT	01/02/2017
Posey, Mr. Stephen James	Chief Executive	Y	Non-financial professional interest	Outside employment	Trustee of the Intensive Care Society - Registered Charity	25/02/2021
Raynes, Mr. Andrew Duncan	Chief Information Officer	Y	Financial interests	Patents	CIS UCQ is a Trademark for health and care IT courses established under my consultancy ADR Health Care Consultancy Solutions Ltd	05/04/2021
Raynes, Mr. Andrew Duncan	Chief Information Officer	Y	Financial interests	Shareholdings and other ownership interests	Owner of ADR Health Care Consultancy Solutions Ltd	02/05/2017
Raynes, Mr. Andrew Duncan	Chief Information Officer	Y	Non-financial professional interest	Loyalty interests	Spouse works for Royal College of Nursing (I cant see a situation from the drop down pertinent to this declaration so have selected the most likely reflecting the circumstances)	01/06/2017
Robert, Mr. Gavin	Non-Executive Director	Y	Financial interests	Outside employment	Affiliated lecturer, Faculty of Law, University of Cambridge	30/09/2013
Robert, Mr. Gavin	Non-Executive Director	Y	Financial interests	Outside employment	Senior Consultant, Euclid Law (a specialist competition law firm)	01/07/2016
Robert, Mr. Gavin	Non-Executive Director	Y	Indirect interests	Loyalty interests	My spouse is Senior Bursar at St Catherine's College, University of Cambridge	01/06/2019
Robert, Mr. Gavin	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Trustee and Vice Chair, REAch2 Multi-Academy Trust	01/09/2018
Rudman, Mrs. Josie	Chief Nurse	Y	Non-financial professional interest	Outside employment	CQC specialist advisor	29/04/2017
Rudman, Mrs. Josie	Chief Nurse	Y	Non-financial professional interest	Outside employment	Director of operations in contain, test and trace (secondment)	28/09/2020
Rudman, Mrs. Josie	Chief Nurse	Y	Non-financial professional interest	Outside employment	Director on National New Hospitals Program (secondment)	29/04/2021
Wallwork, Mr. John	Chairman	Y	Financial interests	Outside employment	Independent Medical Monitor for Transmedics clinical trials	21/04/2021
Wallwork, Mr. John	Chairman	Y	Non-financial professional interest	Shareholdings and other ownership interests	Director Cambridge university health partners CUHP	21/04/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Indirect interests	Clinical private practice	Private health care at the University of Cambridge;	01/03/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Indirect interests	Loyalty interests	Director of Cambridge Clinical Trials Unit; Member of Addenbrooke's Charitable Trust Scientific Advisory Board; Senior academic for University of Cambridge Sunway Collaboration; University of Cambridge Member of Project Atria Board (HLRI).	01/03/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Non-financial personal interests	Sponsored research	Grant support for research from Wellcome Trust, BHF, MRC, AZ, GSK, Addenbrooke's charitable Trust, Evelyn Trust	01/03/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Hon Consultant CUHFT and employee of the University of Cambridge	01/03/2021