

**Meeting of the Performance Committee
Held on 25 November 2021
0900-1100hrs via MS Teams**

[Chair: Gavin Robert, Non-executive Director]

CONFIRMED **Part 1**
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 S Posey	SP	Chief Executive
Mr A Raynes	AR	Director of Digital (& Chief Information Officer)
Mrs M Screaton	MS	Chief Nurse
Mr A Selby	AS	Director of Estates & Facilities
In Attendance		
Ms E-T Aherne	ETA	Director of Operations, Cardiology <i>(for Item 5)</i>
Dr D Begley	DB	Clinical Director, Cardiology <i>(for Item 5)</i>
Mrs A Colling	AC	Executive Assistant (Minutes)
Dr R Hodder	RH	Lead Governor, Observer
Mrs A Jarvis	AJ	Trust Secretary
Mr C Panes	CP	Deputy Chief Finance Officer
Ms A Yardley	AY	Head of Service, Physiology <i>(for Item 5)</i>
Ms L Shillito	LS	Matron, Cardiology <i>(for Item 5)</i>
Apologies		
Ms A Halstead	AH	Public Governor, Observer
Dr R Hall	RH	Medical Director
Ms S Bullivant	SB	Public Governor, Observer
Dr I Smith	IS	Acting Medical Director
Dr S Webb	SW	Deputy Medical Director

NEDs attendance for Divisional Presentation	Yes	Apols
Dr J Ahluwalia		x
Mr M Blastland	x	
Ms A Fadero	x	
Prof I Wilkinson		x

[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		
21/221	The Chair welcomed all to the meeting. Apologies were noted as above.		
2	DECLARATIONS OF INTEREST		

Agenda Item		Action by Whom	Date
21/222	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.		
5	DIVISIONAL PRESENTATION - Cardiology		
21/226	The Committee welcomed, E-TA, DB, AY and LS from the Cardiology Division. The Committee received an excellent presentation from the Cardiology Division demonstrating how they are ahead of their CIP targets (although need to do more to increase recurrent savings); maintained RTT levels at 86.35%, are carefully prioritising patients in view of both clinical priority and waiting time; have managed a higher volume of acute/emergency activity (both in terms of number of patients and acuity); are working hard to improve staff training and engagement notwithstanding the enormous pressures on an exhausted workforce; whilst at the same time continuing to innovate in clinical practice and collaborate with system partners. The Committee thanked them for their excellent presentation and requested that their thanks be passed on to the division's staff for their enormous efforts. Aligned strategy on trust values excellence, collaboration and compassion with finance, workforce and quality. [0929hrs E-TA, DB, AY, MB and AF left 929]		
3	MINUTES OF THE PREVIOUS MEETING – 28 October 2021		
21/223	There were some minor amendments noted by CC and DL which were approved by the Chair. Approved: The Performance Committee approved the Minutes of the meeting held on 28 October 2021 and authorised these for signature by Diane Leacock, who chaired that meeting, as a true record.	Chair	25.11.21
4.1	TIME PLAN OF TODAY'S AGENDA ITEMS		
21/224	The Chair acknowledged the busy Agenda and the plan to keep to time.		
4.2	ACTION CHECKLIST / MATTERS ARISING		
21/225	The Committee reviewed the Action Checklist and updates were noted.		
IN YEAR PERFORMANCE & PROJECTIONS			
6.1	REVIEW OF THE BAF		
21/227	This report was introduced by AJ and taken as read. The Committee discussed the new risk 3074 NHS Reforms & ICS Strategic Risk and concluded that it is best scrutinised by one committee and that this is more appropriate for Performance rather than SPC. It was also agreed that this risk should be maintained separately to risk 2854 ICS Engagement (scrutinised by SPC) so as to ensure appropriate focus,		

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	subject to ensuring that the distinction between them is clear. Noted: The Performance Committee noted the review of BAF.	AJ	16.12.21
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
21/228	<p>The Committee received PIPR for M07 2021/22. TG summarised the position as ‘amber’, which comprised:</p> <ul style="list-style-type: none"> • three ‘red’ domains (Effective, Responsive and People Management & Culture). • Two ‘amber’ domains (Safe and Finance). • One ‘green’ domain (Caring) • One new domain (Integrated Care Service – ICS); not currently rated. <p>This status is consistent with the prior month with the same themes running through the domains, being associated with COVID-19 pandemic and staff sickness absence related to this.</p>		
21/229	<p><u>Safe (Amber):</u> Following a query from CC last month on VTE compliance, MS advised that this is now included as a metric and explained the improved auditing process. MS assured the Committee that incidents have been investigated with no patient harm found.</p> <p>CC queried the audit criteria of random sampling and whether sampling should be done in other areas. During this discussion AJ referred to VTE and sampling methodology where this has been discussed at Q&R over the last two years; both JA and MB were aware that this was methodology being used. CC suggested that for clarity, it could be noted as a random sample.</p> <p>GR noted the decision in October/November to reduce activity in order to maintain safer staffing and asked if this is something that Q&R are reviewing.</p> <p>SP advised that this is a regular conversation at Board meetings; there is no formulaic response due to the quick changing circumstances involving many factors, which are considered by the Clinical Decision Cell; decisions are based on experience and include feedback from relevant clinical areas to real time issues.</p> <p>Within the VTE action plan, DL referred to the flagging of non-compliance on clinical indicators and requested assurance that important patient care was not being missed or that instances do not recur? MS was keen to note that there had been no patient harm. She advised that the process of flagging is an early indicator that staffing needs quick review and gave examples of the types of issue. Raising a red flag means that someone is acting on that in ‘real time’ and staffing is adjusted accordingly. Assurance is gained by close monitoring of red flags or those that could not be closed at that time, which is done on a daily and weekly basis. MS suggesting an update in a future PIPR to give better context to this.</p>	MS	Tbc
21/230	<u>Caring (Green):</u>		
	<p>There were no queries on the ‘caring’ metrics which rated green.</p> <p>GR queried the informal complaint (enquiry) from an MP on behalf of a</p>		

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	constituent. SP noted that it is not unusual to receive enquiries of this type. MS explained what the complaint related to and the response which was accepted by the complainant. GR thanked SP and MS for the assurances given.		
21/231	<u>Effective (Red):</u>		
	<p>EM noted the same themes impacting this area, (staff sickness and self-isolating). Reduced effectiveness is closely linked to long stay CCA occupancy by ECMO patients, which has had a knock-on effect of cancelled activity and surgical bed base. There is a huge effort of staff redeployment almost on an hour-by-hour basis to mitigate staffing issues and maximise availability.</p> <p>The P coding diagram gave a good illustration of prioritisation in cardiology as discussed earlier in the presentation; this a constantly moving position.</p> <p>GR referred to the CCA bed occupancy figure and asked what this is based on. Is occupancy based on the number of beds available? EM advised that this is based on beds funded to have open which is 36. EM explained how this works in practice with emergencies coming in and step down on activity and occupancy of CCA. SP highlighted that is it not appropriate to standdown ECMO or transplant patients who have clinical priority, but that these patients also have long lengths of stay in CCA beds.</p> <p>GR asked if are we confident that rostering is as good as it can be? EM explained that currently we do not have this reassurance on rosters. In addressing this, MS has commissioned an external piece of work on rostering and suggested a future spotlight within the relevant PIPR section. In addition, OM and MS are working on roster reviews across the organisation with the focus on CCA due to its complexity. There are already a number of recommendations to help with staff engagement and staff retention.</p>	MS/ OM	tbc
21/232	<u>Responsive (Red):</u>		
	<p>EM highlighted the improving diagnostic performance against standard along with mutual aid to CUH and productivity work on Echo.</p> <p>The reduction in elective work has impacted on RTT mostly in surgery. There is active discussion to reprioritise and escalate patients on the waiting list as needed.</p> <p>A deep dive into the two patients lost on tracking list has shown that the error happened prior to migration from the old PAS system. This practice has now changed as the Trust now uses the Lorenzo system</p> <p>GR referred to the deep dive and asked how do we know that no other similar patients have been affected? EM explained how a sampling of closed pathways over that period has taken place to identify any themes. It is clear from the deep dive that these two examples were human error, and after thorough investigation the Trust is not expecting to find others. AR gave assurance on how the system works better through Lorenzo.</p>		
21/233	<u>People Management and Culture (Red):</u>		
	OM noted that the turnover figure was incorrect at 16.3% and should be 19%. This will be rectified in the report to Board next week. The sickness	OM	25.11.21


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	<p>absence at 5.27% is high for this Trust but resonates with themes in other domains. Short notice absence puts pressure on rosters and Wards.</p> <p>OM highlighted that within the Admin & Clerical staff group, stress anxiety depression is the highest sickness reason covering one third of absence and this needs further review. EM added that COVID-19 and its challenges has seen patient frustrations coming out in telephone calls with A&C staff which adds a different dynamic.</p> <p>DL referred to the % of bank and agency spend as % of salary cost which is noted as Nil%. OM will look at this to update for Board.</p> <p>DL also asked what can be done to support staff, especially A&C and Estates staff, to help get sickness rates down?</p> <p>OM explained the work around staff support and well-being but acknowledged that key issues are workload, job design, flexible working, line management support and development. OM explained how the Well Being Manager is supporting this work.</p>	OM	25.11.21
21/234	<u>Finance (Amber):</u>		
	<p>TG noted that the year-to-date financial position is ahead of plan. CIPs are ahead of plan year-to-date and work is underway to look at recurrent and non-recurrent CIPs.</p> <p>The position on BPPC has declined this month which is frustrating. TG explained how this related to five specific invoices. Work is in hand to ensure this problem does not recur. TG explained that the five invoices were inter-NHS therefore not impacting on cash flow in the local economy.</p> <p>CC queried why there was only two payment runs per month to NHS Shared Business Services. TG explained that this is a historic part of the contract which is being investigated.</p>		
21/235	<p><u>Integrated Care System (ICS)</u> This is Included for information purposes and to understand how the system is looking.</p>		
	Noted: The Performance Committee noted the PIPR update for M07 2021/22.		
8	ACTIVITY RESTORATION		
21/236	<p>This item was covered during discussions in PIPR.</p> <p>Noted: The Performance Committee noted the update on Activity Restoration.</p>		
9.1	FINANCIAL REPORT – Month 07 2021/22		
21/237	<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 		

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	<ul style="list-style-type: none"> • Statement of Financial Position • Statement of Cash Flow • Cash position and forecast • Cash Management • Capital • Spotlight on Homecare Pharmacy • Spotlight on BPPC <p>This item was covered during discussions in PIPR.</p> <p>Noted: The Committee noted the financial update.</p>		
9.2	CIP REPORT- Month 07 2021/22		
21/238	<p>The Committee received the report which summarised the Trust's progress with the CIP plan to M07 2021/22, CIP achievement to date and the ongoing steps to ensure the CIP target is met.</p> <p>This item was covered during discussions in PIPR.</p> <p>Noted: The Performance Committee noted the approach to CIP and the progress to date.</p>		
10	ACCESS & DATA QUALITY		
21/239	This bi-monthly report is next due at the 16 December 2021 meeting.		
FUTURE PLANNING			
11	PERFUSION SERVICES CONTRACT UPDATE		
21/240	<p>TG gave a verbal update to the Committee.</p> <p>A copy of the contract wording is with GR for review; work is progressing with the Solicitors and all is on track.</p> <p>Noted: The Performance Committee noted the update on Perfusion Services Contract.</p>		
12	EPR CONTRACT: Lorenzo CareSuite (Dedalus)		
21/241	Due to commercial sensitivity, this item is noted in a confidential Part 2 minute.		
13	INTEGRATED CARE SERVICES (ICS) – MEDIUM TERM FINANCIAL PLANNING UPDATE		
21/242	<p>TG provided this update to the committee which included the slide-set from Cambs & Peterborough (C&P) ICS presented to the recent Julian Kelly meeting. TG highlighted slide 9 which showed how the C&P deficit has deteriorated in last two years of pandemic; with definition against COVID and non-COVID related deteriorations.</p> <p>In brief, JK's message was that there needs to be efficiencies and savings</p>		

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	<p>from within existing cost base. The Trust is reviewing this with income streams and financial planning. Further national planning guidance is due in a couple of weeks' time.</p> <p>TG added that it is important to see the context of the ICS in which we operate which highlights the challenges which we will be facing.</p> <p>GR flagged that RPH is the only provider contributing a net positive position to ICS and what risk is this to RPH. TG explained the theory of how this might work.</p> <p>SP noted the link to the earlier ICS risks discussed in the BAF review and the importance to keep a focus on each ICS risk. Discussions are in hand with the ICS Chair on governance and approach to ensure these areas are considered.</p> <p>GR thanked TG for the informative update alongside sight of the presentation.</p> <p>Noted: The Performance Committee noted the update.</p>		
14	INVESTMENT GROUP – Chair’s Report		
21/243	<p>The report was taken as read.</p> <p>GR was concerned to see indications that PACS is not on track as expected, when the contract was signed off some time ago; should this come back to the committee as a specific agenda item? EM confirmed that this is under the remit of SPC who have it on their radar. GR was pleased to see it hadn't been missed and agreed to leave it with SPC.</p> <p>TG confirmed that work is in hand to ensure capital expenditure is progressed on plan to year end.</p> <p>Noted: The Performance Committee noted the update from the Investment Group.</p>		
15	QUARTERLY REPORTS		
15.1 21/244	Cyber Risk		
	<p>The report was taken as read; the Chair invited questions from the Committee.</p> <p>CC was concerned regarding passwords and the suggestion to make these more complex. Could this backfire, in that if more complex, then staff maybe more likely to write passwords down and then this may become a security risk – how can this be balanced?</p> <p>AR advised that the digital team is trying to educate users to have pass phrases – which are more easily memorable and not to write these down.</p> <p>AR acknowledged the concern and added that the digital team is working with staff to assist on this. This is a balance versus the costs of enabling software. The team is also working with our internal auditor partners, BDO, on cyber security awareness.</p> <p>GR asked if there were any barriers to implementing the seven proposed</p>		

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	<ul style="list-style-type: none"> Strategic Projects Committee – PACS contract 		
19	ANY OTHER BUSINESS		
	Abi Halstead had emailed that she'd had difficulty with the MS Teams link and could not join the meeting today because of this. AC will investigate and refer to Abi.	AC	25.11.21
	FUTURE MEETING DATES		
2021 Date	Time	Venue	Apols rec'd
16 December	9am-11am	MS Teams	
2022	Time	Venue	Apols rec'd
27 January	0900-1100hrs	MS Teams	
24 February	0900-1100hrs	MS Teams	
31 March	0900-1100hrs	MS Teams	
28 April	0900-1100hrs	MS Teams	
26 May	0900-1100hrs	MS Teams	
30 June	0900-1100hrs	MS Teams	
28 July	0900-1100hrs	MS Teams	
25 August	0900-1100hrs	MS Teams	
29 September	0900-1100hrs	MS Teams	
27 October	0900-1100hrs	MS Teams	
24 November	0900-1100hrs	MS Teams	
15 December	0900-1100hrs	MS Teams	

The meeting finished at 1104hrs



 Signed
 27 January 2022

 Date

Royal Papworth Hospital NHS Foundation Trust
Performance Committee
 Meeting held on 25 November 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 Trialists' 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