

Performance Committee
Part 1 meeting
Held on 27 April 2023
0900-1100hrs via MS Teams
 [Chair: Gavin Robert, Non-executive Director]

MINUTES

Present		
Mr G Robert (Chair)	GR	Non-executive Director
Ms C Conquest	CC	Non-executive Director
Ms D Leacock	DL	Associate Non-executive Director
Mr T Glenn	TG	Deputy Chief Executive & Chief Finance and Commercial Officer
Mr H McEnroe	HMc	Chief Operating Officer
Mrs E Midlane	EM	Chief Executive
Ms O Monkhouse	OM	Director of Workforce & Organisational Development
Mrs M Screaton	MS	Chief Nurse
Dr I Smith	IS	Medical Director
In Attendance		
Ms S Bullivant	SB	Public Governor, Observer
Mrs A Colling	AC	Executive Assistant (Minutes)
Mr E Gorman	EG	Deputy Director of Digital
Ms A Halstead	AH	Public Governor, Observer
Mrs S Harrison	SH	Deputy Chief Finance Officer
Apologies		
Mr A Raynes	AR	Director of Digital and Chief Information Officer
Mrs A Jarvis	AJ	Trust Secretary

[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		
23/99	The Chair welcomed all to the meeting.		
2	DECLARATIONS OF INTEREST		
23/100	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.		
3	MINUTES OF THE PREVIOUS MEETING – 30 March 2023		
23/101	Approved: The Performance Committee approved the minutes of 30 March 2023 meeting and authorised for signature by the Chair as a true record.	Chair	27.04.23

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> GR noted that main source of assurance on this is the quarterly Cyber Risk report which is due in May. CC referred to RRR 678 and asked to review with HMc when he joins the meeting. GR raised a query on risk appetite on Staff Risk 3261, which is shown as moderate/high and asked for further clarity on this. OM noted that this is split into two areas where one area is moderate and one is high, with explanation of why these ratings are applied. GR thanked her for the clarification. <p>Noted: The Performance Committee noted the review of BAF.</p>		
7	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
23/105	<p>Received: PIPR for M12 March 2023. Reported: TG</p> <p>Summarised the position as 'red, which comprised:</p> <ul style="list-style-type: none"> Four 'red' domains: Safe, Effective, Responsive and People Management & Culture. Two 'green' domains: Caring and Finance <p><u>Quick summary</u> The red sections represent continuing trends seen in prior months. Finance: turned green reflecting a Trust £1.2m surplus at end of year. Safe: specific issues in month re. high impact interventions, sepsis, fill rates etc. Effective and Responsive: reflect continuing issues on elective position. People Management and Culture: reflects vacancy levels.</p> <p>Discussion: each sector as noted below.</p>		
23/106	<p>Safe (Red)</p> <ul style="list-style-type: none"> MS referred to infection rates which is a moveable number, depending on when the data is collected. The report refers to SSI CABG at 7.1%, this is now 8.5% for the quarter and is reflected in the dashboard to Q&R. Referring to Bacteraemia in month, there were 4 cases which all related to MSSA bacteraemia (2 SSI and 2 relating to lines & devices). There is a specific root cause analysis (RCA) on each episode to see if there are any commonalities. The position is concerning, and we have invited in scrutiny from NHSI to do a peer review. As regards Fill rates, MS explained what has affected this. CC thanked MS for the assurance on Bacteraemia particularly with the peer review. CC noted last month, on KPIs for 23/24, where those at NIL would be taken off, but CC suggests these are kept on for monitoring purposes, as we have seen activity in March. MS would like to add MSSA as a specific KPI. DL asked if the peer review would cover C. diff too or just MSSA? MS advised that the MSSA is via an internal review; the peer review will look at all systems and processes across the board, more related to SSIs. On C/diff we have scrutiny at external panels, which is routine. DL thanked MS for the clarification. 		
23/107	<p>Caring (Green):</p> <ul style="list-style-type: none"> GR referred to complaints and queried when complaints are not upheld, 		

Agenda Item		Action by Whom	Date
	<p>particularly if there had been a miscommunication by the Trust. Should these be partially upheld, in fairness to the complainant?</p> <ul style="list-style-type: none"> MS explained that there is much that goes on behind the scenes in collating responses, which is not possible to show fully in this summary report. MS is happy to go back and look at the specific one GR mentioned. IS also confirmed that whatever the final status of a complaint, there is sensitivity and full acknowledgement in responses. Under learnings, the Trust will always look at where internal processes can be improved. EM added that all responses receive final sign off by EM or IS. GR thanked both for these assurances and encouraged Execs to ensure that all communication with patients, perhaps especially where complaints are not upheld, demonstrate humility and empathy. CC noted that PIPR is a public document and suggested that the wording in PIPR is revised, where appropriate, to reflect the assurances given above. MS agreed and will review this ahead of PIPR going to the next Board meeting. 	MS	27.4.23
23/108	<p>People Management & Culture (Red)</p> <ul style="list-style-type: none"> OM advised that staff turnover is below KPI for a 5th month. Our Resourcing & Retention Group is working on these areas. Vacancy rates are slowly coming down. IPRs compliance has increased. Time to hire has seen improvement in moving to 48 days – this is a key area of work with the team. The quarterly report of staff from different ethnic backgrounds in Band 5 roles and above ties in with the report to Board last month – OM explained the detail behind this. Values and behaviours update – STA division is the most concerning area. We are looking at developing new training material to help with this. DL thanked OM for this summary but was concerned about the take up from STA colleagues on values and behaviours training commenting that we needed more engagement if we were to enable culture change. She was pleased to see alternative methods of delivery are being explored and added that incorporating some type of face-to-face interaction/training would give more assurance that the training is being attended. OM noted specific sessions for CCA staff and STA on values and behaviour training. EM asked if there is a method we could use to ensure bespoke training is included in the numbers so that it is sighted? CC referred to the bespoke CCA training and asked if we have seen any outcome on changes in behaviour? OM noted that this has been raised at the Critical Care Transformation programme where the nurse leads felt that it had had a positive impact. There will be some mini surveys going out to staff in-between the staff pulse survey to try and capture this feeling. MS added that the staff are being proactive on 'civility saves lives' programme and are asking for help if issues arise. OM gave an example where she had seen a positive change in a management response to a staff behaviour, which might not have been seen prior to the training. CC was grateful for this assurance. 		
23/109	<p>Effective (Red):</p> <ul style="list-style-type: none"> HMc explained key issues outlined in PIPR: bed occupancy/increase in CCA bed availability, improved theatre utilisation, cath lab utilisation, increase in outpatient activity – this all despite industrial action within nursing and junior doctor staff groups. 		

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<p>[0959 MS and IS left]</p>	<ul style="list-style-type: none"> • CC noted the improving report. She referred to cardiac surgery mortality rate which is increasing month on month. Should we be worried about this? • HMc offered to take away to review. IS added that this is a concern and the need to consider patient risks vs outcomes. It may be related to switching to more IHUs and reducing elective cases. He acknowledged that these numbers are small but it does warrant review – and report back to the Committee in May. GR noted that this should be communicated to Q&R. • GR referred to CCA bed occupancy which is noted as high at 92% - how many beds open does this correlate to? Have we demonstrated, now that surgery activity has increased, that we are able to open 36 beds on a sustainable basis? • HMc – the operating target is 36 beds and through March the CCA achieved this standard, apart from nursing strike days linked to ratios and some night shifts. This is working in April currently apart from 4 days, due to acuity of patients. HMc can give GR exact numbers for March. • GR queried where surgery cancellations were due to no CCA beds. MS advised the majority of time 36 CCA beds were occupied so no availability and could not admit beyond this. There are odd occasions where CCA bed capacity is reduced at short notice due to staff sickness etc and a judgement on safety is taken – but this relates to 1 or 2 beds and is not an everyday occurrence. • GR noted that the percentage theatre utilisation seems to have dropped for March. EM explained that utilisation is based on usage and staffing now at 5.5 theatres open. • GR – how did we manage to sustain Outpatient (OP) attendances notwithstanding junior doctor industrial action and is that sustainable going forward on future industrial actions? • HMc explained how we were able to use AHP colleagues and nursing support teams to manage OP activity. Consultant colleagues also supported. The activity reflects a mixture of all these and some rescheduling of appointments. • HMc linked this to work being undertaken on productivity, CCA capacity and internal flow; there will be some new workshops with divisions on flow utilisation scheduling and how we manage the day. This will happen over the next 3-4 weeks. It is going back to some of the basics but useful to review for day-to-day planning. It is a tightening up of processes and giving clinical teams support to plan tomorrow's activity today along with safe and early discharges. Staff are engaged with this. HMc will bring an update on this to the next meeting. • CC welcomed this work, noting it ties into the Risk 678 on BAF on what will be done differently. With Risk 678 now at 20 and RA8, CC had earlier queried what are the controls in place and will this be able to move to RA8 and how will this be done. The forthcoming workshop information mentioned may provide some further assurance, but CC said that it would still be useful to see this in the risk actions to show the actions in place to move this to RA8. HMc explained how this would work and be fed into the BAF and will add this into the text. CC referred to gaps in assurance where it would be useful for HMc to clarify these. HMc will work with AJ on this aspect. • GR referred to increases in LoS – what does this relate to? HMc confirmed that this refers to pre-hospital (not post operative) stays which 	IS Q&R	25.5.23
		HMc	25.5.23

Agenda Item		Action by Whom	Date
	<p>Discussion: CC enquired of the risk to the Trust on the upside on national position. TG explained that this is not a balanced plan, it is an upside plan; TG explained how this works in reality and the risk to RPH. GR referred to the £1.2m surplus and asked how this is managed. TG advised that this moves into our cash position and explained the benefits to posting a surplus. This will be beneficial in the next few years as the capital replacement programme for hospital equipment starts.</p> <p>Noted: The Performance Committee noted the financial position.</p>		
8.2.1	CIP REPORT – Month 13 22/23		
8.2	CIP FORECAST 2023/24		
23/113	<p>Received: An update of 2023/24 Divisional Savings Reported: TG In-year CIP performance was delivered. In looking ahead to next year's CIP plans, there has been good focus from divisions in last four weeks, which moves us closer to targets for next year. We are still looking at working to achieve more recurrent CIP, which has seen some improvement. Discussion: No items were raised.</p> <p>Noted: The Committee noted the 2022/23 CIP position and 2023/24 forecast.</p>		
9.1	ACTIVITY RESTORATION		
23/114	<p>Received: Update report to Month 12, March 2023 Reported: HMc</p> <ul style="list-style-type: none"> • Much of this was covered in discussions under PIPR 'Effective'. • Headlines for M12: non-admitted activity and first follow ups in line with target and radiology activity on track. • Challenges: MR-CT activity and elective inpatient activity. • Working with all divisions to get back to 2020 activity (especially STAR division). • Outpatient recovery work has been sustained and continues to be a core focus. • CT and radiology were behind plan for M12, due to CT scanners being offline for 8 days due to complex breakdown, which issue has been resolved. • Improvement in theatres working to 5.5 theatre model. <p>Discussion:</p> <ul style="list-style-type: none"> • GR noted that there are some early signs of improvement. • EM agreed and noted that as we use the 2019/20 baseline, where in April 2019 this baseline decreased due to the hospital move; as a forward warning this will not be a fair comparison for next month. • HMc referred to the operational challenges in STA division; there is work to do and the Trust continues to push ahead on recovery objectives alongside supporting the teams in theatres and CCA. • CC noted that although green shoots are appearing, there are still underlying issues, noting Level 5 nursing staff within this. <p>Noted: The Performance Committee noted the update on Activity Restoration.</p>		

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9.2	THEATRE IMPROVEMENT PROGRAMME		
23/115	<p>Received: Update report covering the period 8.03.23 to 17.04.23 Reported: TG</p> <ul style="list-style-type: none"> • Last month saw achievement of some targets and improvements. The divisional report to the Theatre Escalation Steering Group is included in the pack and referred to page 104 and the key monitoring tool, giving assurance on the improving position. It has been possible to open additional theatre capacity. There is still room for improvement. Aside from IA, underlying performance in theatres is on an upward trajectory. The cultural issues still remain which is a concern and actions are ongoing to improve this aspect which is strongly linked to staff retention. The Committee acknowledged that much of the improvement is due to success in filling vacancies and that sustainable improvement in productivity is only achievable if the cultural issues are addressed. • On quality and safety metrics, the Business Intelligence team have created a live theatre dashboard. TG has seen a live demo of the dashboard which will help the patient flow programme – this is a positive improvement. <p>Discussion:</p> <ul style="list-style-type: none"> • GR asked if the quality and safety dashboard will go to Q&R? MS advised that it does, but in a different format. • TG added that the June milestone of working to 5 theatres has been reached early. Since escalation to CEO, the plan has seen improvement. • Cultural work is the main risk and concern. • OM added that the concern also links to values & behaviour workshops, adding that this is complex and multi-factorial and does not relate just to specific individual behaviours. • HMc supported OM's assessment and added that he has seen in other organisations, that cultural issues are apparent in this area of the workforce. GR felt it was useful to hear this context. • MS added that when looking at this closely (re. infection rates) we are looking at whole team dynamics and human factors in triangulation. <p>Noted: The Committee noted the update.</p>		
9.3	OTHER ELECTIVE ACTIVITY IMPROVEMENT		
23/116	<p>Received: A verbal update on activity restoration, 23/24 operational planning progress and the operational improvement plan for 23/24.</p> <p>Reported: HM This will be covered in a separate report to the next meeting. Some aspects had been covered earlier in PIPR and Activity Recovery update.</p> <p>Noted: The Committee noted the update.</p>		
10	ACCESS & DATA QUALITY REPORT (bi-monthly)		
23/117	<p>Received: An oversight of the Trust's performance against a selected group of data quality key performance indicators and highlight areas for improvement.</p>		

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	Reported: TG. Discussion: The report was taken as read with no queries. Noted: The Performance Company noted the update.		
FUTURE PLANNING			
11	INVESTMENT GROUP – Chair’s Report		
23/118	Received: A summarised update from the Investment Group Chair following its meeting on 12 April 2023 Reported: TG. Discussion: No items were raised. Noted: The Committee noted the update from the Investment Group.		
12	QUARTERLY REPORTS		
12.1	Corporate Risk Register		
23/119	Received: An overview of those risk graded 12 and above that are included on the Corporate Risk Register (CRR). Reported: MS Discussion: The Chair asked for this to be deferred for discussion at next month’s meeting.	MS	25.5.23
12.2	Integrated Care Board update		
23/120	Received: A verbal update on the ICB. Reported: EM/TG Discussion: It was agreed to take this verbal update to the next Board meeting on 4 May.	Board	4.5.23
13	RE-PROCUREMENT OF THE TRUST’S FINANCE AND PROCUREMENT CONTRACT		
13/121	Due to contract sensitivities, it was agreed to note this as a Part 2 confidential minute.		
14	ANNUAL REPORTS		
	No annual reports due this month.		
15	ISSUES FOR ESCALATION TO OTHER COMMITTEES		
23/122	Quality & Risk Committee: <ul style="list-style-type: none"> Cardiac surgery mortality rate which is increasing month on month. 	Q&R	25.5.23
16.1	COMMITTEE FORWARD PLANNER		
23/123	Received: The updated Forward Planner. Reported: by AJ. Noted: The Performance Committee noted the Committee Forward Planner.		
16.2	REVIEW OF MEETING AGENDA & OBJECTIVES		
23/124	Verbal: Committee agreed that the agenda and objectives had been met. Good papers and helped discussion on activity recovery.		

Employee Name	Position Title	Interest Declared	Interest Category	Interest Situation	Interest Description	Col Date From
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at Deloitte	01/10/2018
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	Associate at the Moller Centre, Cambridge.	01/10/2018
Ahluwalia, Dr Jagjit Singh (Jagjit)	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 CJB5, some of which are remunerated.	01/01/2018
Ahluwalia, Dr Jagjit Singh (Jagjit)	Non-Executive Director	Y	Financial interests	Outside employment	With effect from 16.02.2022 I became an employee of the Eastern Academic Health Science Network as their Chief Clinical Officer. This is the same role as I held since April 2019 until 15.02.2022 but during these dates it was as a secondee from CUH Foundation Trust.	16/02/2022
Ahluwalia, Dr Jagjit Singh (Jagjit)	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 (Jagjit)	Non-Executive Director	Y	Financial interests	Shareholdings and other ownership interests	I have been appointed as a director of Hazelwick Management Company Limited. This is a small private company that oversees a block of property in which my wider family and I have an interest. There are no NHS connections.	06/04/2022
Ahluwalia, Dr Jagjit Singh (Jagjit)	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 (Jagjit)	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 (Jagjit)	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Trustee on the main board of Macmillan Cancer Support	01/02/2017
Baldwin, Mr Alex	Interim Chief Operating Officer	Y	Indirect interests	Loyalty interests	My wife is a trustee of the Motor Neurone Disease Association	01/09/2022
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	Board member of the Winton Centre for Risk and Evidence Communication	01/04/2016
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	Co-chair of a review of the impartiality of BBC coverage of taxation and public spending	03/03/2022
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Financial interests	Outside employment	freelance writer and broadcaster	01/02/2017
Blastland, Mr. Michael Iain	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Advisor to the 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 the oversight Panel for the Cholesterol Treatment Trialist's Collaboration	01/08/2020
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group - Network for BAME NEDs in the NHS	25/02/2021
Conquest, Mrs. Cynthia Bernice	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Contract work with Great Ormond Street Hospital Private Patient Units	05/01/2022
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Loyalty interests	Trustee of Nelson Trust Charity	01/10/2013
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Outside employment	Consilium Partners is a specialist health consultancy working with health and care organisations to help them plan, improve and deliver successful and sustainable futures	11/10/2021
Fadero, Mrs. Amanda Therese	Non-Executive Director	Y	Indirect interests	Outside employment	Fixed term contract at St Barnabas and Chestnut Tree Hospices as the CEO until May 2023	06/08/2022

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 personal interests	Loyalty interests	I am a governor at William Westley Primary School	05/10/2022
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. Currently on secondment to Cambridge University Hospitals, working on their OBC/FBC for the Cambridge Cancer Hospital	31/03/2020
Glenn, Mr. Timothy John	Chief Finance Officer	Y	Non-financial professional interest	Outside employment	I am a Director of Cambridge Biomedical Campus Ltd. I act on behalf of Royal Papworth Hospital NHS Foundation Trust on the Board.	22/06/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Financial interests	Loyalty interests	Portfolio Finance Director working on behalf of the CFO Centre through my limited company, ADO Consulting Ltd	26/09/2022
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	Indirect interests	Loyalty interests	Daughter works as a trainee chartered accountant with KPMG London	04/10/2021
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee, Benham-Seaman Trust	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial personal interests	Loyalty interests	Trustee. Firstsite	01/12/2020
Leacock, Ms. Diane Eleanor	Non-Executive Director	Y	Non-financial professional interest	Loyalty interests	Member of the Seacole Group, a network for BAME NEDs in the NHS	01/12/2020
Midlane, Mrs. Elish Elizabeth Ann	Chief Executive	Y	Financial interests	Donations	Funding for staff awards from Philips	19/12/2022
Midlane, Mrs. Elish Elizabeth Ann	Chief Executive	Y	Indirect interests	Hospitality	Attendance at Cambridge University Vice-Chancellor's New Year Reception at the Museum of Zoology.	17/01/2023
Midlane, Mrs. Elish Elizabeth Ann	Chief Executive	Y	Indirect interests	Loyalty interests	Chair of the C&P Diagnostic Board	29/03/2022
Midlane, Mrs. Elish Elizabeth Ann	Chief Executive	Y	Indirect interests	Loyalty interests	Holds an unpaid Executive Reviewer role with CQC	03/06/2020
Midlane, Mrs. Elish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Outside employment	I am a voting member, representing NHS providers and Trusts, on the Cambridge and Peterborough Integrated Trust Board. This includes attendance at the Board, and a number of Board sub-committees.	01/09/2022
Midlane, Mrs. Elish Elizabeth Ann	Chief Executive	Y	Non-financial professional interest	Outside employment	I am an unpaid Director of CUHP	01/09/2022
Monkhouse, Ms. Oonagh Jane	Director of Workforce and Organisation	N	I have no interests to declare			23/12/2020
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	Indirect interests	Sponsored events	Fysicon provide technology in Cardiology services and have agreed to sponsor the 2022 RPH Staff awards to the value of £1000.	08/09/2022
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	Y	Financial interests	Outside employment	Affiliated lecturer, Faculty of Law, University of Cambridge	30/09/2013
Robert, Mr. Gavin	Non-Executive Director	Y	Financial interests	Outside employment	Senior Consultant, Euclid Law (a specialist competition law firm)	01/07/2016
Robert, Mr. Gavin	Non-Executive Director	Y	Indirect interests	Loyalty interests	My spouse is Senior Bursar at St Catherine's College, University of Cambridge	01/06/2019

Robert, Mr. Gavin	Non-Executive Director	Y	Non-financial professional interest	Outside employment	Chair and member of Board of Trustees, REAch2 Multi-Academy Trust	01/10/2018
Screaton, Mrs. Maura Bernadette (Ma	Chief Nurse	Y	Financial interests	Loyalty interests	My husband has set up a limited company, Cambridge Clinical Imaging Ltd., which provides professional imaging services. This is outside the scope of his Royal Papworth employment. I am a named Director and shareholder in Cambridge Clinical Imaging.	02/08/2021
Screaton, Mrs. Maura Bernadette (Ma	Chief Nurse	Y	Financial interests	Shareholdings and other ownership interests	Shareholdings in bio - technology/pharmaceutical companies	02/08/2021
Screaton, Mrs. Maura Bernadette (Ma	Chief Nurse	Y	Indirect interests	Loyalty interests	My husband is a Consultant Radiologist at Royal Papworth Hospital.	02/08/2021
Smith, Dr Ian Edward (Ian)	Consultant	Y	Financial interests	Sponsored research	I am the PI for the Track and Know project at RPH. This is funded by an EU2020 grant	14/09/2020
Smith, Dr Ian Edward (Ian)	Consultant	Y	Financial interests	Sponsored research	I am the PI for the study Voteco2als which is in part supported by the MND association	14/09/2020
Smith, Dr Ian Edward (Ian)	Consultant	Y	Non-financial professional interest	Clinical private practice	I undertake private clinical practice in the hospital. All appointments are booked through Lorenzo and appropriate fees paid for the use of Trust resources.	14/09/2020
Smith, Dr Ian Edward (Ian)	Consultant	Y	Non-financial professional interest	Loyalty interests	Vice chair of the Sleep Division of the Association of Respiratory Technicians and Physiologists	05/01/2020
Wallwork, Mr. John (John)	Chairman	Y	Financial interests	Outside employment	Independent Medical Monitor for Transmedics clinical trials	21/04/2021
Wallwork, Mr. John (John)	Chairman	Y	Non-financial professional interest	Shareholdings and other ownership interests	Director Cambridge university health partners CUHP	21/04/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Indirect interests	Clinical private practice	Private health care at the University of Cambridge;	01/03/2021
Wilkinson, Dr Ian Boden	Non-Executive Director	Y	Indirect interests	Loyalty interests	Director of Cambridge Clinical Trials Unit; Member of 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	Loyalty interests	Vice President of the British and Irish Hypertension Society	31/10/2021
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