

**Meeting of the Board of Directors
Held on 28 March 2019 at 1:30pm
in the Upper Lecture Theatre
Royal Papworth Hospital**

UNCONFIRMED

MINUTES – Part I

Present	Prof J Wallwork	(JW)	Chairman
	Mr M Blastland	(MB)	Non-Executive Director
	Mr R Clarke	(RC)	Chief Finance Officer
	Ms C Conquest	(CC)	Non-Executive Director
	Mr D Dean	(DD)	Non-Executive Director
	Dr R Hall	(RH)	Medical Director
	Mr D Hughes	(DEH)	Non-executive Director and Deputy Chairman
	Mrs E Midlane	(EM)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mr S Posey	(SP)	Chief Executive
	Mr A Raynes	(AR)	Director of IM&T Chief Information Officer
	Mrs J Rudman	(JR)	Chief Nurse
In Attendance	Mrs A Jarvis	(AJ)	Trust Secretary
	Mrs C Riotto	(CR)	Head of Nursing
Apologies	Dr S E Lintott	(SEL)	Non-executive Director and Senior Independent Director
	Prof N Morrell	(NM)	Non-Executive Director
Observer	Dr R Hodder	(RH)	Public & Lead Governor
	Mr G Edge	(GE)	Public Governor

Agenda Item		Action by Whom	Date
1.i	WELCOME, APOLOGIES AND OPENING REMARKS		
	The Chairman welcomed everyone to the meeting and apologies were noted as above. MB was welcomed to his first meeting as a Non-Executive Director.		
1.ii	DECLARATIONS OF INTEREST		
	There is a requirement those attending Committees raise any specific declarations if these arise during discussions. The following declarations of interest were noted:		

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	<ul style="list-style-type: none"> i. John Wallwork, Stephen Posey and Nick Morrell as Directors of Cambridge University Health Partners (CUHP). ii. Susan Lintott, positions held within the University of Cambridge, particularly in relation to fundraising, and membership of the Regent House of the University of Cambridge. iii. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. iv. John Wallwork as an Independent Medical Monitor for Transmedics clinical trials. v. Dave Hughes as a NED of Health Enterprise East (HEE); vi. Josie Rudman, Partner Organisation Governor at CUH. vii. Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH. viii. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board. ix. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews. x. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd xi. Nick Morell Acting CEO Morphogenics biotech company from 1 April 2018 xii. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT. xiii. Stephen Posey as Chair of the East of England Cardiac Network. xiv. Roy Clarke as a member Cambridge Global Health Partnerships Committee part of ACT. xv. Nick Morell as a member of the Regent House of the University of Cambridge. 		
1.iii	MINUTES OF THE PREVIOUS MEETING		
	<p>Board of Directors Part I: 7 March 2019</p> <p>Approved: The Board of Directors approved the Minutes of the Part I meeting held on 7 March 2019 as a true record.</p>		
1.iv	MATTERS ARISING AND ACTION CHECKLIST		
	Noted: The Board noted the updates on the action checklist.		
1.v	Chairman's Report		
	<p>The Chairman provided an update on current activities to the Board.</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That the work with PWC/Saudi Arabia was focusing on infrastructure for transplantation and donors programmes. ii. That Marius Berman had been appointed as lead for the Donor Organ Task Force. iii. That as noted in the CEO's report the DCD programme had achieved a record number of retrievals increasing the number of patients benefitting from transplant by 40%. iv. That the first official meeting at the new hospital had been held 		

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	<p>with the Council of Governors taking place on 20 March 2019.</p> <ul style="list-style-type: none"> v. That there was to be a preview evening at the new hospital for ex-staff and others associated with the hospital later today. vi. That Peter Whyman, the Chair of the CQC, had visited the new hospital, along with MB, our new NED and he had really appreciated the new facilities available for our patients. 		
1.vi	CEO's UPDATE		
	<p>Received: The Chief Executive's update setting out key issues for the Board across a number of areas reflecting the range and complexity of the challenges currently facing the Trust and the significant progress being made in delivery of the Trust's strategic objectives. The report was taken as read.</p> <p>Reported:</p> <ul style="list-style-type: none"> i. That principal issue for the Board was today's Go/No Go decision and this was a huge focus for the Executive team and the organisation. ii. That the approach to this had been very professional and was an impressive piece of work. iii. That the CQC registration visit details and update had been covered by JR through the Board learning together session. iv. That the PIPR report had demonstrated continued improvement in operational performance. v. That the Staff Awards had been held at the new hospital and that this had been fantastic evening which was appreciated by staff. It was planned that a series of staff events should be continued to support our staff. vi. The new hospital project team had deservedly won the Team of the Year award. <p>Noted: The Board noted the CEO's update report.</p>		
1.vii	Patient Story		
	<p>CR provided an update on the story presented at the March Board as this had raised concerns that a patient had been nil by mouth (NBM) from 6am-6pm waiting for surgery and had experienced poor communication of the results of his investigations. CR advised:</p> <ul style="list-style-type: none"> i. That the Trust had a NBM policy and that whilst the term was used the patient had been allowed sips of fluids in line with the policy. ii. That the cancellation was as a result of challenges with the ACS activity with lists interrupted and re-prioritise on multiple occasions. The patient had been advised that there were emergency cases but this did not lessen the impact of the delay for the patient. iii. That feedback had been given on how communication of results of investigations had been managed. This had been delegated by the consultant and there would be learning from this event. 		

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	<p>CR then presented a patient story from the Cardiac Rehab service delivered at Cambourne. This story had been collected as a part of observations for a Masters in Leadership that CR was undertaking.</p> <p>The Cardiac Rehab service was delivered in the community and Dr Hodder (Lead Governor) had accompanied CR to observe. CR advised the Board that she was very impressed by the service that was delivered by the team. This was a multidisciplinary service and supported patients who were unable to access services elsewhere. The service provided seated programmes for cardiac rehabilitation.</p> <p>As a part of her observations CR had spoken to a patient who had joined the class and who in the first instance had to be helped into the room to attend. The patient was unable to do toe taps and had found the first class very challenging. The patient reported that by week six she was able to come in to the class unassisted and she felt that the programme had changed her life.</p> <p>CR felt that the story demonstrated what a team approach could achieve in terms of benefits to the lives of our patients.</p> <p>Discussion:</p> <ol style="list-style-type: none"> i. The Board considered whether there were broader issues around management of HF in the community and whether there was a greater role for the Trust in the delivery or the leadership of pathway developments as this was an example of what could be achieved in a community setting. ii. That this issue was one in which the STP would have an interest as there were increasing numbers of patients being managed at home under primary care with complex multiple comorbidities who were being declined access to other services. iii. It was noted that this initiative and similar approaches had been identified by Trust teams in strategy discussions. iv. DH noted that his experience of community services suggested that there was an absence of specialised HF nursing services, unlike other areas such as Cancer, where there were well established models such as Macmillan. v. That the cost of management of these patients could be expensive if unsupported and this sort of service, with delivery established through trained fitness instructors and nurses, could provide a cost effective model. <p>Noted: The Board noted the patient story.</p>		
2	PERFORMANCE		
2.a.i	<p>PERFORMANCE COMMITTEE CHAIR'S REPORT 28 March 2019</p> <p>Received: The Chair gave a verbal report setting out significant issues of interest for the Board.</p> <p>Reported: By DH that the Committee had:</p> <ol style="list-style-type: none"> i. Received a very informative presentation from Jane Speed on the work to improve and unify the operation of the booking 		

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	<p>function and teams at Royal Papworth House. This was a significant piece of work which looked at cultural change and a movement towards a responsive and professional business support function.</p> <ul style="list-style-type: none"> ii. That performance in month had continued to be adversely effected by the flu outbreak. iii. That the committee had recommended the Operational Plan for approval and felt this was a very high quality and robust plan for 2019/20. The plan reflected a reduced cash risk in 2019/20. iv. That we were the only organisation in the local system that had reached agreement with NHSE/CCG and that we would be in a position to accept the proposed control total which would provide access to £15.5m in STF support. <p>Noted: The Board noted the Chair’s report.</p>		
2.b	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
	<p>Received: The PIPR report for Month 10 from the Executive Directors (EDs). This report had been considered in full through the extended Board attendance at the Performance Committee.</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That the overall performance for the Trust for February was at an Amber rating ii. That performance was rated as ‘Red’ in three domains: Effective, Responsive and Finance. iii. That performance was rated as Amber in two domains: Transformation and People Management & Culture iv. That the Safe and Caring domains were rated as Green. 		
2.b.i	<p>Safe</p> <p>JR advised the Board that a never event had occurred which was not in the PIPR report. This related to a misplaced naso-gastric tube and the incident was being investigated. This related to a private patient and had been reported to NHSE and the CQC.</p>		
	<p>Noted: The Board noted the PIPR report for Month 11 (February 2019).</p>		
3	GOVERNANCE		
3.i	<p>Board Assurance Framework</p> <p>Received: From the Trust Secretary the BAF report setting out:</p> <ul style="list-style-type: none"> i. BAF risks against strategic objectives ii. BAF risks above appetite and target risk rating iii. The Board BAF tracker. <p>Noted:</p> <ul style="list-style-type: none"> i. That the BAF report included an executive summary setting out key movements in individual BAF risks. ii. That in March there had been improvement in the average risk rating against three strategic objectives: delivery of continuous 		

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	<p>quality improvement (SO 1.1); delivery of activity plans and meeting patient targets (SO 1.2) and delivering a safe and effective move (SO 3.1). These three strategic objectives continued to have the highest levels of residual risks reported in the BAF.</p> <p>Noted: The Board noted the March BAF report.</p>		
3.ii	<p>Combined Quality Report Received: A report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR.</p> <p>Reported: By JR</p> <ol style="list-style-type: none"> i. That the Trust was not meeting the 90% safer staffing target across all areas and the report set out the detailed position and mitigations at ward level. The report also set out the ward establishment reviews for the new hospital. ii. That the Trust hand hygiene and PPE policies had been amended to reflect the requirements of the new NHSE/NHSI policy. iii. That there had been changes in the sanction and allocation of C diff cases for NHS organisations and this would have an impact on the Trust trajectory which would increase from five to eleven. This would also generate additional RCA and scrutiny panel reviews for cases detected in the community where the patient had previously been an inpatient at the Trust. iv. The IPC guidelines around uniform and dress code had been updated with support from Matrons/IPC and CD's and changes had been updated in relevant procedures ahead of the move to the new hospital. v. The report included detail of the outcome of one inquest. vi. The Medicines Optimisation Strategy had been refreshed and was brought to the Board for approval. <p>Discussion:</p> <ol style="list-style-type: none"> i. That the RSSC staffing fill rate had improved with some PRP staff coming through to the RN rosters. ii. That operationally the new hospital would have a bare below the elbow policy for all except ground floor admin areas and clear guidance was being issued for all staff. This would include guidance on wearing scrubs and the requirements for staff who needed to move out of the hot floor/clinical areas. <p>Noted: The Board noted the Combined Quality report and approved the Medicines Optimisation Strategy 2019-22.</p>		
3.iii	<p>Audit Committee Chair's Report Received: The Board of Directors received the Audit Committee Chair's report of the meeting of the 14 March 2019.</p> <p>Reported: by DD that in addition to his written report the committee had noted the site continuity assurances provided for the existing site.</p>		

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	Noted: The Board noted the Audit Committee Chair's report		
3.v	Performance Committee Minutes 28 February 2019		
	Received and noted: The Board of Directors received and noted the minutes of the Performance Committee meeting held on 28 February 2019.		
3.vi	<p>Board Committee Self-Assessment</p> <p>Received: From the Trust Secretary a paper setting out the feedback from the Committee self-assessment process.</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That the Board sub committees had undertaken their annual self-assessments and review of Terms of Reference. ii. That additional feedback for the Board had been received through Council of Governors Sub Committee reviews, the Governors survey and individually through the NED 360 review process. iii. That the Q&R and Performance Committees had proposed that NED membership should be increased to 3 and that their quorum should require 2 NEDs to be present. iv. That it had been proposed that the Q&R Committee meetings should move to a monthly schedule for 2019/20. <p>Reported: by JW:</p> <ul style="list-style-type: none"> i. That the paper included at Appendix 3 the draft NED responsibilities and membership of Board sub committees. NEDs were invited to review these and discuss with JW. These reflected the interim and longer term plans to support committees and allow effective succession planning. ii. That discussions with Governors had identified a desire to increase visibility and build relationships with NEDs. <p>Discussion:</p> <ul style="list-style-type: none"> i. That there was a need to provide a NED link for our Freedom to Speak Up Guardian and it had been agreed that CC would take on that role. ii. That it would be helpful for MB to join the PPI Committee as the NED lead. iii. That Gavin Robert would be invited to join, and subsequently to Chair, the Performance Committee. iv. That the proposal to increase quorum would require additional input to committees but was considered appropriate. <p>Noted: The Board noted the results of the Committee self-assessments.</p> <p>Approved: The Board approved:</p> <ul style="list-style-type: none"> i. The increase in the frequency of meetings for the Q&R Committee ii. The increase in NED membership and quorum for the Performance Committee and Q&R with effect from April 2019. iii. That NEDs should review the proposed representation and discuss any changes with JW. 	NEDs	May 19

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3.vii	Committee Terms of Reference		
	<p>Received: From the Trust Secretary the updated Terms of Reference for the following Board Committees:</p> <p>TOR 001 Audit Committee TOR 002 Quality and Risk Committee TOR 003 Charitable Funds Committee TOR 007 Performance Committee TOR 018 Strategic Projects Committee</p> <p>Approved: The Board approved the updated ToR and confirmed agreement to the changes in frequency and quorum as set out under item 3.vi.</p>		
3.viii	Annual Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation		
	<p>Received: From the Chief Finance Officer and Trust Secretary the updated documents for approval on the recommendation of the Audit Committee:</p> <ul style="list-style-type: none"> i. Standing Orders of the Board of Directors (DN142) ii. Standing Financial Instructions (DN140) iii. Schedule of Decisions Reserved for the Board of Directors and Scheme of Delegation (DN137) <p>Discussion:</p> <p>DN140: A query was raised about the use of the term a ‘good discharge’ in the SFIs at section 16.2.6 with a request that this was explained or rephrased to improve clarity. The Board proposed that any revision would be delegated to CC for final approval.</p> <p>DN137: A clarification was requested around the wording of the Board Approval for requisitions over £750k (which was approved to increase to £1m). The Board wanted to understand how the Board Approval and delegated authority included in the document would work in practice and how this fitted within the overall approval structures. It was agreed that RC would update and any revision would be delegated to CC for final approval.</p> <p>Approved: The Board of Directors approved the updated Trust documents, subject to the clarifications as set out.</p>	<p>AJ/CC</p> <p>RC/CC</p>	<p>Jun 19</p> <p>Jun 19</p>
3.ix	Constitution Update		
	Received and Approved: The Board of Directors received and approved the change to the Trust constitution to amend the Trust’s head office address.		
4	WORKFORCE		
4.i	Workforce Report		
	<p>Received: From the Director of Workforce and OD a paper setting out key workforce issues.</p> <p>Reported by OM:</p>		

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	<ul style="list-style-type: none"> i. That the National Interim Workforce Plan was expected to be published in early April. ii. That NHSI had published details of their emerging vision and actions and were using this document as a checkpoint to seek feedback on plans. iii. That the themes identified had been discussed at regional workforce meetings and there would be issues for discussion at Board level. Discussion points included restoration of CPD and bursary funding which whilst welcomed was being considered in the context of increasing regulation, reporting and monitoring requirements. <p>Discussion:</p> <ul style="list-style-type: none"> i. That the recent Dean's visit had indicated that the Trust was set to receive more than double the number of medical students and this increase reflected the positive feedback, Trust capacity, and the draw of the local system. This could result in the Trust being a beacon site over the next five years and was a very welcome development. ii. That the new hospital should provide opportunities for the Trust to pilot new initiatives to establish learning opportunities and remain ahead of the curve. iii. OM noted that there was a significant opportunity to raise our profile in the press and that the Chief Executive of NHS Employers had been invited to visit the new hospital. iv. JW noted that this approach fitted with the CUHP workstreams around workforce and education. The first meeting of the CUHP group had been held and the focus had been on apprenticeships and work experience. <p>Noted: The Board noted the Workforce report.</p>		
5	Research & Education		
	<p>Reported: By RH:</p> <ul style="list-style-type: none"> i. That the outcome of the RPIF bid was awaited. ii. That the resolution on the HLRI land issue was on the agenda for the Part II Board. iii. That the Cardiorespiratory Research Strategy work was underway and a report would be brought to the Board in the autumn of 2019. 		
6	Digital – no report due		
7	BOARD FORWARD AGENDA		
7.i	<p>Board Forward Planner</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That the review of Board Sub Committees and membership would require some review and restructuring of the committee schedule. There may therefore be a need to review the timing and days for particular meetings but the current rhythm of meetings was felt to work well and so changes would be kept to a minimum with the SPC/PC slot being maintained in the 		

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	<p>week prior to Board.</p> <p>ii. That the Performance Committee and SPC would meet on the 25 April which was within the move sequence but would need to be maintained. It was agreed that this meeting would be held on the Papworth Everard site rather than at RP House.</p> <p>iii. That the next Board meeting would be on Thursday 2 May in the in the week of the move and would be held at the new hospital site.</p>		
7.ii	Items for escalation or referral to Committee		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors
Meeting held on 28 March 2019

Glossary of terms

CUFHT	Cambridge University Hospitals NHS Foundation Trust
DGH	District General Hospital
GIRFT	'Getting It Right First Time'
IHU	In House Urgent
IPPC	Infection Protection, Prevention and Control Committee
IPR	Individual Performance Review
KPIs	Key Performance Indicators
NED	Non-Executive Director
NHSI	NHS Improvement
NSTEMI	Non-ST elevation MIs
PPCI	Primary Percutaneous Coronary Intervention
PROM	Patient Reported Outcome Measure: assesses the quality of care delivered to NHS patients from the patient perspective.
RCA	Root Cause Analysis is a structured approach to identify the factors that have resulted in an accident, incident or near-miss in order to examine what behaviours, actions, inactions, or conditions need to change, if any, to prevent a recurrence of a similar outcome. Action plans following RCAs are disseminated to the relevant managers.
RTT	Referral to Treatment Target
SIs	Serious Incidents
WTE	Whole Time Equivalent