

**Meeting of the Board of Directors
Held on 3 January 2019 at 9.00am
in the Upper Lecture Theatre
Royal Papworth Hospital**

UNCONFIRMED

MINUTES – Part I

Present	Prof J Wallwork	(JW)	Chairman
	Mr R Clarke	(RC)	Chief Finance Officer
	Mrs 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
	Dr S E Lintott	(SEL)	Non-executive Director and Senior Independent Director
	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
	Dr R Zimmern	(RZ)	Non-executive Director
In Attendance	Mr I Graham	(IG)	Deputy Chief Nurse
	Mrs A Jarvis	(AJ)	Trust Secretary
	Ms Steadman	(LS)	Matron Cardiac Surgery
Apologies	Prof N Morrell	(NM)	Non-Executive Director
	Mrs J Rudman	(JR)	Chief Nurse
Observer	Dr R Hodder	(RH)	Public & Lead Governor

Agenda Item		Action by Whom	Date
1.i	WELCOME, APOLOGIES AND OPENING REMARKS		
	The Chairman welcomed everyone to the meeting wished everyone a Happy New Year. He introduced Cynthia Conquest as this was her first meeting as a Non-Executive Director of the Trust. Apologies were noted as above.		
1.ii	DECLARATIONS OF INTEREST		
	There is a requirement those attending Committees raise any specific declarations if these arise during discussions. The following		

Agenda Item		Action by Whom	Date
	declarations of interest were noted:		
	<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 in regard to positions held within the University of Cambridge, particularly in relation to fundraising. iii. Dr Zimmern as Chairman of the Foundation for Genomics and Population Health (the "PHG Foundation"). A fully owned subsidiary and linked exempt charity of the University of Cambridge. iv. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. v. John Wallwork as an Independent Medical Monitor for Transmedics clinical trials. vi. Dave Hughes as a NED of Health Enterprise East (HEE); vii. Josie Rudman, Partner Organisation Governor at CUH. viii. Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH. ix. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board. x. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews. xi. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd xii. Nick Morell Acting CEO Morphogenics biotech company from 1 April 2018 xiii. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT. 		
1.iii	MINUTES OF THE PREVIOUS MEETING		
	<p>Board of Directors Part I: 6 December 2018</p> <p>Approved: The Board of Directors approved the Minutes of the Part I meeting held on 6 December 2018 as a true record.</p>		
1.iv	MATTERS ARISING AND ACTION CHECKLIST		
	Noted: The Board of Directors noted the updates on the action checklist.		
1.v	CHAIRMAN'S REPORT		
	<p>Received: The Chairman's report to the Board.</p> <p>Reported: By JW:</p> <ul style="list-style-type: none"> i. That he and the Medical Director had travelled to Dubai to meet the Minister of Finance and Industry to discuss future joint working with the Trust. This proposal would be taken forward in the New Year. ii. That he and many staff would have taken time to reflect on the anniversary of the death of Claire Tripp, the former Deputy CEO, just before Christmas in 2018. <p>Noted: The Board noted the Chairman's report.</p>		

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1.vi	CEO's UPDATE		
	<p>Received: The CEO'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.</p> <p>Reported: By SP that:</p> <ol style="list-style-type: none"> i. He wished to thank all staff who had worked over the Christmas and New Year period and noted that over 200 Trust staff had worked on Christmas day. ii. There had been a number of important strategic events in December including a national meeting on the NHS Plan, NHSE/NHSI system briefings on financial and operational planning and a strategic planning workshop with the executive of the CCG. iii. Two teams, the Project team and Medical Engineering, had moved into the new hospital before Christmas as planned, and this was an important milestone for the Trust. iv. The rapid NSTEMI pathway had accepted 70 patients in its first three months of operation and that this would be reported in the media with an interview scheduled with the regional BBC and this was good news for the local STP. v. The staff awards were being held on the 14 March and there had been over 200 nominations for awards. vi. He had joined an EU Exit meeting for Chief Executives and that NHSE would be stepping up preparation and planning activities with 300 staff being assigned to regional and national coordination teams. SP would be the named Board level SRO and had established an EU Exit Board which would provide oversight of the Trust plans across procurement, medicines, workforce, data sharing and impact assessment. This would be an executive project board and would meet fortnightly and would report to the SPC. <p>Discussion: DD expressed concern that the Trust was operating 10% below planned activity levels and asked for clarification of the view of NHSE and the CCG Commissioners. SP advised that there was some understanding of the challenges that faced the Trust and there had been positive discussions around the 2019/20 run rate. NHSE had agreed the Trust activity recovery plan and this must be delivered through the year end of 2018/19 and into 2019/20. The plan when delivered would realise £2.6m in additional workload.</p> <p>Noted: The Board noted the CEO's update report and noted their particular thanks to Yvonne Inglis and Hazel Farren who had retired after 65 and 36 years of service at the Trust.</p>		
1.vii	Patient Story		
	<p>The Board received a patient story from Lisa Steadman, Matron Cardiac Surgery.</p> <p>LS advised that this patient story had been taken in December and related to a 50 year old patient who had been admitted following</p>		

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	<p>identification of a murmur during a medical check with his GP. The patient had a significant pathology with a Type A Aortic Dissection.</p> <p>The patient had been admitted for surgery but had his surgery cancelled because of transplant work. He had an extended stay in critical care because of upper limb weakness (and ward bed availability). He was admitted to Mallard ward and had found this distressing as a new monitoring system had been introduced that day and there were a lot of alerts triggering in the overnight period and he had not been able to sleep well. The following morning a nurse attended him to remove his catheter and take bloods and he reported concerns as he felt that he had not given consent for this and felt that the nurse was more concerned about the need for this to be undertaken ahead of the consultant ward round. This matter had been discussed with the Surgeon and the department Sister and it was agreed that the nurse would not look after this patient during the remainder of his stay. The patient had discussed a lot of stresses that he was managing during his stay and was put in touch with services to provide further support.</p> <p>The patient spoke very highly of the nursing and medical staff during his stay and identified that the worst element of his stay was the incident and being on a 6 bedded bay with depressing décor where he felt there was a lack of privacy. He was also concerned for a transplant patient who was waiting for news of organ matching on the same bay.</p> <p>The Housekeeping service had identified that he had not been eating his food and so had acted quickly to address his dietary needs as a coeliac patient.</p> <p>The patient reported that communications on critical care were good and he had been warned on his last night on the unit that he was the most well patient and may need to be moved if a bed was required for a sicker patient. On the ward his Consultant visited each day and he felt that the medical and ward team worked well together.</p> <p>Discussion: DD asked about how patients were selected to give patient stories. LS advised that wards try to undertake interviews with patients who were being discharged and on this occasion the patient was seen by LS after the initial concern and a further four or five times during his 2½ week stay. His overall experience was very positive.</p> <p>It was noted that there had been immediate additional teaching on setting of safe parameters for alerts at night and that this learning would be fed into learning around the introduction of new technology in move to the new hospital. The move to single rooms would create different issues and there may be some lack of familiarisation with equipment that could cause similar problems. RC advised that the rapid deployment of the Mindray system was to address clinical risk with the existing equipment and that the deployment had included an overnight presence from the supplier to help with transition. The programme for the move to the new hospital had a much greater transition and familiarisation programme built into plans and the</p>		

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	<p>learning from this incident would be fed into that process.</p> <p>Noted: The Board noted the patient story.</p>		
2	PERFORMANCE		
2.a.i	<p>PERFORMANCE COMMITTEE CHAIR’S REPORT 20 DECEMBER 2018</p> <p>Received: The Chair’s report setting out significant issues of interest for the Board.</p> <p>Reported: By DH:</p> <ul style="list-style-type: none"> i. That the Committee had focussed review on those areas rated as Red and the PIPR spotlight reports that provided updates on agreed action points. ii. That the Q&R Committee were to review the recording of VTE performance to establish whether there was a data quality or a performance issue. iii. That the committee had received a spotlight on diagnostic procedures and had requested that local performance indicators for pathology and radiology reporting were brought to the committee on a quarterly basis. iv. That the Committee wanted to consider issues around the investment in radiology and pathology services, as well as the impact of declining GP referrals, as a part of the overarching Board strategy discussion. <p>Noted: The Board noted the Performance Committee’s Chairs report.</p>		
2.b	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
	<p>Received: The PIPR report for Month 7 (November 2018) from the Executive Directors (EDs).</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That the overall performance for the Trust for November had remained at Amber. ii. That performance was rated as ‘Red’ in two domains: Responsiveness and Finance. iii. That performance was rated as Amber in four domains: Caring, Effective, Transformation, People Management & Culture iv. That the Safe domain was rated as Green. v. <p>Reported: EDs outlined key performance issues for the Board and provided detail on the spotlight reports covering:</p> <ul style="list-style-type: none"> i. Safe Staffing ii. NHS Return to Practice (nursing) programme iii. The Perfect Week iv. Diagnostic Procedures v. Non-nursing vacancies 		

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	<ul style="list-style-type: none"> vi. New Papworth ORAC progress report vii. Cost improvement programme 		
2.b.i	<p>Safe: Reported by IG:</p> <ul style="list-style-type: none"> i. That the domain was rated Green. ii. That benchmarking had been undertaken against the falls KPI and this reflected the revised standard of 4 falls/1000 bed days. iii. That there had been one MRSA bacteraemia and this was still under investigation and so may not be attributable to the Trust. iv. That the report provided an update on the water safety issues. The legionella issue had been resolved and the pseudomonas issue was being monitored in two outlets but had no impact on patient care. v. That the safer staffing figures were included as the spotlight report and the measure of Care Hours Per Patient Day (CHPPD) was encouraging. <p>Discussion:</p> <p>SP and RZ asked about the measures and targets for High Impact Interventions (HII). IG advised that this was a national metric based on sampling of use of 'care bundles' which had been developed around best practice interventions. RZ suggested that the Trust's measure of catheter and central line infections might give a better indication of performance over time. IG advised that these figures were reported to the Q&R Committee in the Infection Control report and that he would include a spotlight on HII in the next PIPR report.</p>	IG	Feb 19
2.b.ii	<p>Effective: Reported by EM:</p> <ul style="list-style-type: none"> i. That the domain was at an Amber rating. ii. There had been an increase in acutely unwell patients over a two week period and this had an adverse impact on flow. iii. Bed occupancy figures had moved to a more sustainable position and were expected to move to a Green rating. iv. Critical care had seen a continuing high level of occupancy and whilst they were fully recruited this included a number of new and inexperienced staff in the team. v. Same day admission figures were below plan and actions were being taken to improve performance. These included pathway review, use of pre-operative assessment, optimisation of meds and use of hotel beds for patients travelling from greater distances. This was expected to deliver benefits from February 2019. <p>Discussion:</p> <p>DD asked about the drivers for same day admissions. EM reported that the release of beds in the night time period improved efficiency and contributed to safer staffing as wards were established as day wards and this reduced the need for staffing overnight. RH advised that patients were at risk of deconditioning on admission to hospital resulting in loss of muscle mass. It was better for patients to walk into the hospital (and into theatre) as there was harm in leaving them in a bed. It was noted that CUH achieved a rate of over 90% (of eligible patients) being admitted on the same day. There were indications where patients would require earlier admission but it was noted that the Trust had a static level of performance and this needed to be</p>		

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	addressed. EM advised that she expected to see the position improve but current plans would not deliver the target.		
2.b.iii	<p>Caring: Reported by IG:</p> <ul style="list-style-type: none"> i. That the domain had moved to an Amber rating as a result of an increase in complaints in November. There had been three inpatient and four outpatient complaints. These had been reviewed in detail and had related to cancellations, procedures and communications. ii. The spotlight on return to practice was a very welcome initiative which had received support from the University and the clinical education team. One Trust returner had recommended the programme to colleagues which had brought another applicant into the scheme. <p>Discussion: OM asked about whether this could be a route in relation to medical revalidation. It was noted that scheme was not in place within medicine but there were schemes for other professionals and the Trust had therapists re-joining the profession through this route.</p>		
2.b.iv	<p>Responsive: Reported by EM:</p> <ul style="list-style-type: none"> i. That the improvement in RTT performance had continued and that both the number of breaches and the overall waiting list size had been reduced. ii. The booking teams were working closely with RSSC and Thoracic services to optimise use of capacity. iii. Two patients had breached the 28 day re-booking rule and the issue on flow of patients had caused this. EM confirmed that the figure for theatre cancellations for November was 67. iv. That Southampton University were providing a programme for clinical physiologists. <p>Discussion:</p> <ul style="list-style-type: none"> i. The Board asked for information on the IHU performance which remained significantly below the 95% target. EM advised that Julie Quigley was leading a Quality Improvement project similar to the work undertaken around the ACS pathway. It was noted that the Board did not have assurance on this matter and that the project would be reviewed at the January Performance Committee. ii. RZ noted that the provision of local performance indicators for pathology and radiology reporting would be valuable as the PIPR report covered the national waiting time targets but not the reporting times. EM advised that this information was reported across modalities on a weekly basis. RZ asked how waiting times compared to other Trusts. It was noted that neighbouring Trusts reported five weeks after MRI and reports were completed within one week at RPH. iii. RH noted that the strategy discussion would include consideration of moves to competency based rather than status based reporting with radiographers undertaking first line reporting as well as supporting changes in the technology and roles. 		

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2.b.v	<p>People Management & Culture: Reported by OM:</p> <ul style="list-style-type: none"> i. That there had been a further reduction in the overall vacancy rate and whilst we were a marginal net loser of staff for the nursing workforce (-1.6WTE) the registered nurse vacancy rate had reduced to 8.5% excluding PRP staff. The Trust continued to get its overseas staff through their language exams at a rate above the national level (50% versus a 20% national pass rate). ii. The position for PRP staff was being managed with one termination notice issued and other supported applications for registration with the NMC where appropriate. A target of 15 overseas recruits had been set for 2019/20 with a greater focus on UK recruitment following the move as this was expected to have a positive impact on applications. iii. The HCSW position was static between starters and leavers and the recruitment group were looking at a 'grow your own' model post move as CUH had advised that there were challenges in recruitment for this cohort of staff in Cambridge. iv. Absence rates were above target but in line with trends for this part of the year. v. Agency use had reduced in nursing but this had been offset by increases in HCSW and Estates which was to support the move and RTT recovery. vi. The spotlight report focused on the non-nursing vacancies where there had been good progress on A&C recruitment and an expectation that the position on AHPs would improve post move. The vision for Health Care Scientists was being developed and the echo service was a particular concern with ongoing employee relations issues. <p>Discussion:</p> <ul style="list-style-type: none"> i. DH queried the HCSW staffing gap. OM advised that the HCSW gap did need to be addressed but it was currently being covered through the 51 PRP nursing staff. These staff may get NMC PIN and move into nursing posts or some may move into Band 4 Assistant Practitioner posts working as unregistered staff. ii. DD asked for clarification of the requirements for reporting staffing against the safer staffing targets as these did not include HCSW. IG advised that the Trust was mandated to report the registered nurse staffing but not HCSW staffing levels. The assessment of whether staffing levels were safe was based on Care Hours Per Patient Day and RSSC, which had a lowest fill rate, had a level of 10 hours per patient day which was above the Trust threshold of 7.8 hours. The Trust assesses the nurse staffing requirement by area and this is reviewed on a daily basis with multiple measures of utilisation, activity and dependency of the patients on the wards. RZ noted that this is reviewed in detail at the Q&R Committee and this approach means that the nursing management can look to flex staffing staff and deploy resources as needed on a daily basis. 		
2.b.vi	<p>Transformation: Reported by RC:</p> <ul style="list-style-type: none"> i. That the domain was rated at Amber but this would move to a 		

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	<p>Green rating following conclusion of practical completion 2.</p> <p>ii. That the CIP focus was on identification of projects to close the shortfall in 2019/20 and this was built into planning assumptions.</p>		
2.b.vii	<p>Finance: Reported by RC:</p> <p>i. That the YTD deficit was £5.5m of which £2.75m related to activity not delivered. This was partially offset by changes in complexity and case mix that which had a favourable variance of £1.6m.</p> <p>ii. Consumables were below planned levels related to the lower volume of work delivered.</p> <p>iii. EBITDA was behind plan by £1.2m as a result of the changed phasing of the costs of remaining on the existing site.</p> <p>iv. That the CIP financial focus was on delivery of identified plans.</p> <p>v. That the M8 position was poor with a deficit of £1.4m however, the forecast year end deficit of £11.5m was deliverable but the Trust could not sustain lower activity levels the last quarter of the year.</p> <p>vi. The Trust's cash position was strong and we may avoid the requirement for any distress funding in 2018/19.</p>		
	<p>Noted: The Board noted the month 7 PIPR.</p>		
3	GOVERNANCE		
3.i	<p>Board Assurance Framework</p> <p>Received: From the Trust Secretary the BAF report setting out:</p> <p>i. BAF risks above appetite and target risk rating</p> <p>ii. The draft BAF Committee report framework</p> <p>iii. The Board BAF tracker.</p> <p>Discussion:</p> <p>i. The Board questioned whether the BAF report indicated an imbalance in the recording of risks with 29 risks mapped to SO 3.2 (Our Resources: Delivery of financial plan and recovery programme) and only two risks mapped to SO 2.1 (Our staff: Support and engage our staff during this period of change). OM advised that further staffing risks were mapped to other strategic outcomes SO 2.2 (Our Staff: Continue to enhance our reputation as an employer) and SO 1.1 (Our Patients: Delivering quality improvement, excellent care and outcomes).</p> <p>ii. SP noted that the report was to provide assurance and to ensure that Board agenda was focused on the right areas of risk to the organisation. It was agreed more detail could be included in the executive summary to ensure this was clear.</p> <p>iii. DD asked about the rating of the two risks relating to the identification and delivery of the CIP programme (both rated at a residual risk rating of 20). It was noted these were being reviewed through the Executive Committee.</p>	AJ	Feb 19

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	<p>iv. DD asked about the poor rating of BAF 1929 relating to staff engagement as he felt there the Board had heard about many initiatives that were in place and saw a process of regular communication with staff. OM advised that this rating was informed by Trust performance in staff recommender scores as a place to work (through the monthly staff survey). These had remained consistently below the national average (with Trust scores in the high 40's compared to a national average of 63%). There was evidence that the concerns identified related to the move and that there had been some improvements in performance but the position remained below the national level and remained a significant risk.</p> <p>v. RZ raised a question about the assessment of the risk relating to R&D strategic recognition as this had now been addressed through the Board. RH advised that the strategy for research and development was on the Board's agenda but there remained work around how far this was embedded in the organisation.</p> <p>Noted: The Board noted the BAF report for January 2019.</p>		
3.ii	<p>Combined Quality Report</p> <p>Received: A report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR.</p> <p>Reported: By IG</p> <ul style="list-style-type: none"> i. That the safer staffing information provided a drill down to ward level data and by exception measures being taken to fill vacant posts. ii. That the DIPC report set out the monitoring of the MRSA bacteraemia which was pending panel review and the measures being taken to address the adverse results relating to pseudomonas and legionella. iii. The report included the inquest information relating to Patient A who had end stage respiratory failure. The patient's family had met with the Consultant. <p>Discussion:</p> <ul style="list-style-type: none"> i. RH outlined the narrative summary provided by the corner which advised that that the high level of oxygen given, the lack of monitoring overnight and the medication administered contributed to the timing of death. ii. RZ suggested that it would be helpful to understand the age of patients referred to in reports. RH advised that this could be included but age was not in itself an indicator in relation to particular treatments. <p>Noted: The Board noted the Combined Quality report.</p>		
3.iii	<p>Q&R Committee Draft Minutes 20 November 2018</p> <p>Received: The Board of Directors received and noted the Minutes of the Q&R Committee meeting held on 20 November 2018.</p>		

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	<p>Reported: By AJ that the minutes incorrectly stated at point 1 that the meeting was not quorate. This matter had been reviewed at the meeting and it was confirmed in the meeting that it was quorate.</p>		
3.vi	<p>Performance Committee – Minutes 29 November 2018 Received and noted: The Board of Directors received and noted the Minutes of the Performance Committee meeting held on 29 November 2018.</p>		
4	WORKFORCE		
4.i	<p>Workforce Report</p> <p>Received: From the Director of Workforce and OD a paper setting out key workforce issues.</p> <p>Reported by OM:</p> <ul style="list-style-type: none"> i. That the training and familiarisation programme was underway. ii. That the report provided an update on the second meeting of the BAME network and this had focused on: <ul style="list-style-type: none"> a. Career development and progression in the Trust b. A presentation from the community Trust on their Cultural Ambassador Programme c. Introduction of Career Coaching following funding by the Charitable Funds Committee. <p>Discussion:</p> <ul style="list-style-type: none"> i. The Board suggested that training for the new hospital should include guidance for staff on how they submit suggestions for efficiency improvements. OM advised that this was picked up within the team preparations for the new site. <p>Noted: The Board noted the Workforce report.</p>		
4.ii	<p>Freedom To Speak Up Guardian’s update</p> <p>Received: From Tony Bottiglieri a report setting out his activities as FTSU Guardian.</p> <p>Reported by TB:</p> <ul style="list-style-type: none"> i. That this role was recommended by the Francis Report and that the FTSU Guardian was required to provide regular reports to the Board and to NHSI. ii. That since his appointment he had been taking steps to increase his profile through the development of information for staff and communication through committees and consultative forums as well as articles in Trust publications. iii. A key requirement of the role was to ensure that staff felt supported and able to raise concerns. iv. Since taking on the role in August 2018 nine staff had contacted TB to raise concerns that were reported in quarter two. Themes identified included bullying and harassment with a sub themes of: <ul style="list-style-type: none"> a. Expectations to work beyond job description. b. Time taken to implement ‘reasonable adjustments’. 		

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	<p>c. Equality and diversity - promotion and racial issues. d. Management style - autocratic</p> <p>v. Twenty three staff had made contact with TB to date and this reflected the raised profile of the role.</p> <p>Discussion:</p> <p>i. Board members sought clarification on how TB was able to address issues raised. TB advised that in some instances reassurance was required and on other occasions Trust processes were available for staff to pursue matters raised. Staff were supported to consider future action that could be taken or directed to access to support.</p> <p>ii. RZ asked how reporting was accountable to the organisation to ensure that the processes were correct and fair. TB advised that his role was independent and reported direct to Board bypassing the Trust management hierarchy. In addition he met with OM on a monthly basis and had access to Executive team members.</p> <p>iii. SP advised that the role had been welcomed by staff and that he had received positive feedback around engagement.</p> <p>iv. DH asked for trends to be identified within the report to allow the Board to understand any areas of pressure. TB confirmed that this would be included in future reports and that he expected that there would be an increase in the number of reports as staff became more aware of the role. OM advised that a question on awareness of the role could be included in the staff survey.</p> <p>v. CC asked about the BAME network which had been recently established. OM advised that this had been a gap in the governance structure of the organisation and the Trust had put in place the network to address this. SP noted that this followed adverse outcomes reported in our WRES survey which was the first report since 2016. It was felt that the data reported in the survey correlated to feedback received from staff.</p> <p>vi. OM advised that work on this agenda was developing with the establishment of the National Guardians' Office and work being undertaken at other Trusts focused on transformation from highly suspicious cultures to open, honest working environments. RH noted this linked with the 'just culture' work undertaken since 2013 which incorporated the human factors training in evaluation of adverse outcomes. This delivered investigations focused on 'what' and not 'who' and whilst it was not a never blame culture it was one in which blame was attributed only where appropriate.</p> <p>Noted: The Board noted the FTSU Guardian's report.</p>		
5	RESEARCH & EDUCATION		
	No report due this month.		
6	DIGITAL		
6.i	<p>Digital Strategy Update</p> <p>Received: From the Director of Digital and SIRO a paper setting out</p>		

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	<p>an update on key digital projects.</p> <p>Reported: By AR</p> <ul style="list-style-type: none"> i. That the Digital Strategy had been running for six months and in that time the Digital team had delivered a range of achievements and operational service standards including the digitisation of 1.2m documents; network uptime of 98%; the go live of interoperability with EPIC for results and reporting; 559 subject access requests and 400 FoI responses. In addition the team had received awards and nominations externally and had received 13 Laudix nominations from within the Trust. ii. That the training strategy would be taken to the next SPC. iii. That a number of digital team members were now based at the new hospital and supporting the move. iv. That work on Lorenzo optimisation continued and our Clinical Lead had taken on the Chair of the National Lorenzo user forum. v. That there was continued vigilance and focus on Cyber Security with ongoing threats managed and staff being reminded of their responsibilities through the roll out of the new Acceptable Use policy. vi. That there would be a further drive to reduce the use of paper across the Trust. <p>Discussion:</p> <ul style="list-style-type: none"> i. RZ asked about the plan for KPIs for the structure, process and outcomes of the Digital strategy. AR confirmed that the Digital Strategy included KPIs and performance against these would be reported to the Board. ii. SP noted that the Trust was undertaking a significant and high profile move in 2019 and this may make it more vulnerable to cyber threats. The Board noted that the risk from Cyber had been reviewed and escalated through the BAF. iii. The Board recommended that steps should be taken to publicise the achievements of interoperability between Lorenzo and EPIC. SP noted that this fitted with the ambitions of the national digital agenda. iv. JW noted that the Lorenzo Clinical Lead Dr Chris Johnson was to be invited to present at the March meeting of the Council of Governors. <p>Noted: The Board noted the update on Digital Strategy</p>		
7	ANY OTHER BUSINESS		
	None		
8	BOARD FORWARD AGENDA		
8.i	<p>Board Forward Planner</p> <p>Noted: The Board noted the Board Forward Planner</p>		
8.ii	<p>Items escalated or referred to Committee</p> <ul style="list-style-type: none"> i. High Impact Interventions - detail to be provided in PIPR ii. In House Urgent pathway – QI project to be reviewed at PC 		

The meeting finished at 11.10am

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors
Meeting held on 3 January 2019

DRAFT

Glossary of terms

CUFHT	Cambridge University Hospitals NHS Foundation Trust
DGH	District General Hospital
EBITDA	Earnings Before Interest, Taxes, Depreciation, and Amortization
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