

**Meeting of the Board of Directors
Held on 2 May 2019 at 9:00am
Ground Floor Meeting Rooms 1&2
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
	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
	Prof N Morrell	(NM)	Non-Executive Director
	Mr S Posey	(SP)	Chief Executive
	Mr A Raynes	(AR)	Director of IM&T Chief Information Officer
In Attendance	Mr T Bottiglieri	(TB)	Freedom to Speak Up Guardian
	Mr I Graham	(IG)	Deputy Chief Nurse
	Mrs A Jarvis	(AJ)	Trust Secretary
Apologies	Mr D Dean	(DD)	Non-Executive Director
	Prof N Morrell	(NM)	Non-Executive Director
	Mrs J Rudman	(JR)	Chief Nurse
	Dr R Hodder	(RH)	Public and Lead Governor
Observer			

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. JW noted that this was the first Board meeting and the second day of patients being seen at the new hospital.		
1.ii	DECLARATIONS OF INTEREST		

Agenda Item		Action by Whom	Date
	<p>There is a requirement those attending Committees raise any specific declarations if these arise during discussions. The following declarations of interest were noted:</p> <p>It was noted that David Dean had updated his declaration relating to Essentia as the company were now providing advisory services to the Estates team at Cambridge University Hospitals NHS Foundation Trust on Project Management.</p>		
	<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. xvi. Cynthia Conquest as Deputy Director for Commercial Services and Business Intelligence at Norfolk Community Health and Care trust (Contractor) and lay member and Audit Chair of the City & Hackney GP Confederation. xvii. Michael Blastland as Board member of the Winton Centre for Risk and Evidence Communication, as advisor to the Behavioural Change by Design research project and as member of the oversight Panel for the Cholesterol Treatment Trialists' Collaboration. 		
1.iii	MINUTES OF THE PREVIOUS MEETING		
	<p>Board of Directors Part I: 28 March 2019</p> <p>Approved: The Board of Directors approved the Minutes of the Part I meeting held on 28 March 2019 as a true record.</p>		

Agenda Item		Action by Whom	Date
1.iv	MATTERS ARISING AND ACTION CHECKLIST		
	<p>Item 199 MB asked for clarification of the timescale for changes in representation at committees. It was noted that the changes were as of April 2019. JW also advised that discussions were continuing with the University about NM's Prof Morell's term.</p> <p>Noted: The Board noted the updates on the action checklist.</p>		
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 he had attended the Annual Meeting of the International Society for Heart and Lung Transplantation (ISHLT) and that Trust staff had presented many papers throughout the conference in areas including the DCD heart transplantation programme. ii. That congratulations were due to Dr Sarah Clarke and Felicity Parker-Seal who had completed the London Marathon. iii. That JW had visited the new headquarters of Cambridge Medical Robotics and they were keen to discuss future collaboration with the Trust. iv. That Lord Porter was due to visit the new hospital site. 		
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: By SP:</p> <ul style="list-style-type: none"> i. That JW had received the ISHLT Lifetime Achievement Award for 2019 at its Annual meeting, and this reflected the significant international recognition of his work in transplantation. ii. That he wished to recognise the significant effort and work of all staff throughout the move period. He was very proud of the work done and recognised the huge effort that the Executive and their teams had put in to support the move and the safe operation of the hospital across two sites, in addition to delivery of 'business as usual'. He commended the Executive team over the last months, weeks and days in leading the organisation through the move. iii. He noted that there could be a dip in staff morale post move and that it would be important for the Executive to support staff through this. <p>Discussion:</p> <ul style="list-style-type: none"> i. JW noted that the hospital commissioning team had been working flat out for some months and had delivered a 		

Agenda Item		Action by Whom	Date
	<p>successful move.</p> <p>ii. RH noted that the Trust had received six primary activations yesterday on its first day of operation at the new site, and that the most that had previously been received on a single day was seven cases and so the hospital was working well. In addition two critical care cases had been transferred earlier than originally planned following risk assessment. The operating theatres and cath labs were open and running and there had been very positive feedback from clinical staff.</p> <p>Noted: The Board noted the CEO's update report.</p>		
1.vii	Patient Story		
	<p>IG presented a summary of patient experiences from the first day of the move.</p> <p>Reported: By IG:</p> <p>i. The day ward and outpatient areas had opened and the patients attending were very impressed by the new facilities.</p> <p>ii. That patients had felt very well looked after on the day unit and given very positive feedback.</p> <p>iii. That he had opportunity to see how the new departments were working and to observe the fantastic care that that was being delivered by the hospital teams.</p> <p>iv. That he had visited Critical Care for the Matrons' sign off round and was hugely impressed by the work that had been done by the equipping team. The stores were immaculate and well laid out and this represented an enormous level of effort and attention to detail.</p> <p>Noted: The Board noted the report of patient experience through the move period.</p>		
1.viii	Command and Control Update		
	<p>Received: The Board received an update from Command and Control on the key issues:</p> <p>Noted:</p> <p>i. That the move was progressing well with cutover having taken place on the 1 May as planned.</p> <p>ii. That ward teams had worked well with issues being picked up and resolved and that the new hospital was felt to be even better with patients in it.</p> <p>iii. That patient food had caused some issues on the first night however the arrangements for this were initially based on out of hours contingency arrangements.</p> <p>iv. That the housekeeping team were taking a very detailed approach to standards and the team were working to capture/critique how food was to be presented to patients. There were five housekeepers per floor and the service was very good as a result.</p> <p>v. That OCS were doing a professional cleaning job.</p> <p>vi. That the Trust had received its first patient from CUH via the link corridor (and they had been very positive when</p>		

Agenda Item		Action by Whom	Date
	<p>interviewed on the ward for BBC news).</p> <p>Noted: The Board noted the update on the hospital move.</p>		
2	PERFORMANCE		
2.a.i	<p>PERFORMANCE COMMITTEE CHAIR'S REPORT 25 April 2019</p> <p>Received: The Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By DH that the Committee had:</p> <ul style="list-style-type: none"> i. Been advised of the never event and noted that an investigation was underway on this. ii. Considered the spotlight on Direct Care Time and noted that this was to be reviewed following the move. iii. Noted that there would be an increase in vacancies as a result of the increase in establishment and the committee would keep this under review to ensure that there was oversight across all areas, and that safer staffing standards were maintained. <p>Noted: The Board noted the Chair's report.</p>		
2.b	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
	<p>Received: The PIPR report for Month 12 from the Executive Directors (EDs).</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That the overall performance for the Trust for March 2019 was at an Amber rating ii. That performance was rated as 'Red' in three domains: Responsive, People Management & Culture and Finance. iii. That performance was rated as Amber in three domains: Transformation, Safe and Effective iv. That the Caring domain was rated as Green. 		
2.b.i	<p>Safe</p> <p>Reported: By IG that the Never Event related to a misplaced nasogastric tube and that the event was still being investigated.</p>		
2.b.iii	Caring		
	<p>Reported: By IG that the spotlight on Direct Care Time had identified dips in some areas which was thought to be related to the completion of the activity follow.</p> <p>Discussion: MB asked for clarification on the use of the DCT tool as it was subject to a significant degree of variation in the collection of data. IG advised that the use of the DCT measure had been brought in following the implementation of Lorenzo to better understand the impact of the EPR on clinical time. The DCT tool was used alongside the other metrics such as the safer staffing reports and Care Hours</p>		

Agenda Item		Action by Whom	Date
	Per Patient Day figures to give an overview of performance. IG noted that there were other tools that may be considered in future such as 'safe care live' that was a part of Health Roster.		
2b.v	People Management & Culture		
	<p>Reported: By OM that:</p> <ul style="list-style-type: none"> i. There would be a spotlight on nurse recruitment at the June Board and that the May figures for starters and leavers looked to have improved. ii. That a recruitment event for nurses and AHPs was being held jointly with CUH on the 22 June using the ATC. There would be a lot of publicity put in place locally to promote this event. iii. That there was a significant amount of work underway that was focused on improvement in data quality and the recording of training (including mandatory training) and this would inform future reporting to the Board. <p>SP advised the Board that a thank-you event was planned for staff on the 4 June 2019. The Trust, supported by the Royal Papworth Charity, would be holding Garden Party to mark the move to the new hospital.</p> <p>Discussion:</p> <ul style="list-style-type: none"> i. CC asked about the performance in relation to mandatory training and whether this had resulted in any adverse effects in particular areas. OM advised that this was not thought to be the case and there was no correlation with incidents. It had been expected that there would be some drop off in compliance levels around the time of the move as staff had needed to be released for approximately four and a half hours for familiarisation training which was a significant challenge for clinical areas over a short period (and the total hours undertaken annually was usually only six and a half hours). ii. OM noted that some of the elements of non-compliance related to refresher training and whilst there was some overlap in aspects of the training for the move, this would not be compliant with the mandatory training requirements which would be the CQC focus. OM noted that work was progressing to streamline delivery of training and ensure this was relevant to the move; running the hospital; and delivery of safe patient care. iii. It was felt important to ensure that the message on the requirement to recover the position around compliance was properly communicated across staff groups and this would be cascaded through the Big Move briefing. iv. It was noted that the CQC had been interested in the staff training at the registration visit and it was important that they understood what had been delivered for our staff ahead of the move. 		
	Noted: The Board noted the PIPR report for Month 12 (March 2019).		
3	GOVERNANCE		
3.i	Board Assurance Framework		

Agenda Item		Action by Whom	Date
	<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 focus of reporting was around high level changes to BAF risks. ii. That the Board would use the BAF reporting to manage and seek assurance around risk mitigations. iii. That the BAF risks were each reviewed at Board Sub Committees. iv. That following agreement of the 2019/20 Operational Plan the Performance Committee had reviewed the consolidation and mapping of financial risks (as previously seen by the Board) and this would be reflected in future reports. <p>Noted: The Board noted the BAF report.</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 report included the safer staffing figures at a ward level. ii. That Hugh Fleming had the lowest registered nurse fill rate due to vacancies and that workload was being balanced in order to maintain safe staffing levels. iii. That there was joint working in place across wards ahead of the move. iv. That future the reporting would transition to capture the new ward areas following the move. <p>Discussion:</p> <ul style="list-style-type: none"> i. Board members were keen to understand how safer staffing would be captured and reported on the new site. IG advised that the new E-Roster would capture the staffing and closed beds, and would support the safe care live project. It was requested that the Board should receive a presentation on the R-Roster/safe care live system and reporting. ii. The Board asked how safer staffing would be managed across the ward areas at the new site. IG advised that the process would remain the same with staffing levels reviewed each day and the decision taken to close beds on a temporary basis to maintain safe staffing levels. It was also noted that the Trust Operational Plan for 2019/20 did not include fully staffing all beds at the new site and this was reflected in rosters. <p>Noted: The Board noted the Combined Quality Report.</p>	IG	July 19
3.iii	<p>Quality & Risk Committee Chair's Report</p> <p>Received: The Board of Directors received the Q&R Committee</p>		

Agenda Item		Action by Whom	Date
	<p>Chair's report of the meeting of the 23 April 2019.</p> <p>Reported: by SL that:</p> <ul style="list-style-type: none"> i. That the Committee was moving to a monthly schedule for meetings and that the Committee work plan would be set out through the forward planner. ii. That a monthly schedule would allow for close review of areas in which pressures had been identified such as booking, the impact of Lorenzo and VTE risk assessment. iii. The Committee planned to review how it used the BAF reporting structure to ensure that its duties were understood. iv. The Chief Nurse had reported to the Committee that she was happy that there was a robust process and measures in place to manage the move to the new hospital. <p>Noted: The Board noted the Q&R Committee Chair's report</p>		
3.iv	Audit Committee Draft Minutes 14 March 2019		
	<p>Received and noted: The Board of Directors received and noted the minutes of the Audit Committee meeting held on 14 March 2019.</p> <p>Reported: That the Board should note that the NED Committee members met with the external auditors in private after the meeting on the 14 March 2019. There were no issues arising from this meeting.</p>		
3.v	Performance Committee Minutes 28 March 2019		
	<p>Received and noted: The Board of Directors received and noted the minutes of the Performance Committee meeting held on 28 March 2019.</p>		
3.vi	Freedom to Speak Up Guardian's Report		
	<p>Received: From the Freedom to Speak Up Guardian, DW&OD, and NED responsible for FTSU the output of the FTSU self-assessment and Speaking Up Vision and Strategy 2019-2021.</p> <p>Reported:</p> <p>By TB:</p> <ul style="list-style-type: none"> i. That the self-assessment had been completed with the DWOD and lead NED. ii. That as Guardian he receives reports from staff, undertakes investigation and supports resolution of the matters raised, and that he was now making regular submissions on behalf of the Trust. iii. That implementation of the strategy would help to remove barriers and support the culture of speaking up. iv. That he has attended national conferences and these have been useful in providing cases studies and the opportunity to see how this role works at other Trusts. <p>By CC:</p> <ul style="list-style-type: none"> i. That she would have regular meetings with TB as lead NED . ii. That the role had promoted a positive increase in reports but there was a need have ambassadors for FTSU across the organisation. This would support the guardian role and this should be a part of the wider culture and leadership 		

Agenda Item		Action by Whom	Date
	<p>programme.</p> <p>iii. That there had been issues raised through this route about incivility as well as leadership and culture in particular areas, and the Trust needed to address these concerns as a part of the wider actions around culture and leadership.</p> <p>Discussion:</p> <p>i. JW asked about the impact that the role has had since it was established. TB advised that he felt that the role was providing the right sort of support for staff and that this was evidenced by the increase in the number of reports received. OM noted that the FTSU concerns submitted by staff were considered alongside matters raised through other management routes.</p> <p>ii. MB asked how the role was communicated to staff and whether a question about the role was included in our staff survey. SP noted that this role was promoted at induction and TB had presented at the Big Move briefing. He noted that the use of the role was a marker of a healthy culture. OM advised that the staff survey was being revised and was moving to a quarterly report, and that there would be an opportunity to include a question on whether staff understood the role, or had raised issues through that route.</p> <p>iii. SP noted that the organisation had seen a flurry of whistleblowing reports being raised externally via the CQC, which was not unusual prior to visits, and that the promotion of the Guardian role might give staff another route to bring matters forward within the organisation.</p> <p>iv. IG noted that having Champions across the organisation would be welcomed and if they could be identified, perhaps with lapel badges, this would help to promote the role.</p> <p>Agreed: The Board:</p> <p>i. Noted the comprehensive work that had been undertaken and thanked TB for the feedback on his role.</p> <p>ii. Approved the Freedom to Speak Up Vision and Strategy.</p> <p>iii. Agreed to implement a quarterly staff story at Board with an invitation to be sent to the BAME network and Trade Union staff side to present on behalf of staff.</p>	OM	Aug 19
4	WORKFORCE		
4.i	<p>Gender Pay Audit</p> <p>Received: From the Director of Workforce and OD a paper setting out key workforce issues.</p> <p>Reported by OM:</p> <p>i. That the report had identified an increase in the Gender Pay Gap since the first report.</p> <p>ii. The EDI group were to review the report and an action plan would be developed to address issues identified.</p> <p>iii. There was a need to undertake further evaluation to understand the impact of the make-up of the workforce which was 75% female across the three lower quartiles but this was then reversed in the upper quartile (which reflected the make-up of our consultant body).</p> <p>Discussion:</p>		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> i. It was noted that some of the variation arose from the element of clinical excellence awards for consultant staff. RH noted that these schemes had a national and local element and that whilst overall the Trust performed well, women were under represented in the awards system. ii. OM noted that consideration of clinical excellence awards had been established on a gender blind basis in this year but this had no significant impact on the outcome and Dr Webb was looking at whether this process could be improved through workshops to support applicants. iii. Concern was noted that more generally this could mean that the Trust was at risk of systematically overlooking talented individuals (whether on the basis of race or gender) and that this matter needed further consideration. iv. SP noted that the Trust needed to ensure that as an organisation it identified talent and was in a position to coach and support applications from a broad spectrum of staff and that there was value in feeding back on positive performance irrespective of the outcome of wider national systems. v. CC and DH asked for further analysis of how our workforce was made up and benchmarking of the audit data. OM advised that the data would be reviewed through the EDI steering group and a further report will be brought back to the Board. vi. OM also noted that the Trust was working with Simon Fanshawe to present to the Trust his work on the national agenda of Diversity by Design. <p>Noted: The Board noted the Workforce report.</p>	OM	(TBC)
5	Research & Education – no report due		
	i.		
6	Digital		
6.i	<p>Data Security and Protection Toolkit 2019/20 Received: From the Director of Digital and CIO a copy of the annual Data Security and Protection (DS&P) toolkit for the Trust.</p> <p>Reported By AR:</p> <ul style="list-style-type: none"> i. That the Trust had met all of the standards required and an IG action plan was in place. ii. That the toolkit had a stronger focus on system security and this mirrored the Trust approach as highlighted in our Cyber BAF risk. iii. That IG training compliance was good. iv. That all mandatory questions had been answered and the scope of mandatory questions was expected to be extended in 2019/20. <p>Discussion:</p> <ul style="list-style-type: none"> i. SL had asked whether the department had used partners to undertake ethical hacking. AR advised that pen testing was undertaken with suppliers which tested system resilience. There would be consideration of working with peers to extend testing but the most significant issue was training staff to 		

Agenda Item		Action by Whom	Date
	<p>recognise cyber risk. Cyber training was already planned for the Board and cyber risk formed a part of the IG training for staff.</p> <p>Reported: By AR that he wanted the Board to note the scale of the digital programme that had supported the move to the new hospital. This had included the migration of over 250 clinical systems across the sites. This programme had been delivered through the most significant team effort and was a major achievement for his department. It was recognised that there were ongoing issues but these were being managed and resolved effectively.</p> <p>Noted: The Board noted the DSP toolkit submitted to NHSD.</p>		
7	BOARD FORWARD AGENDA		
7.i	<p>Board Forward Planner</p> <p>Noted: The Board noted the Board Forward Planner</p>		
7.ii	Items for escalation or referral to Committee		

.....
Signed

.....
Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors
Meeting held on 2 May 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 MI
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