

**Meeting of the Board of Directors
Held on 07 October 2021 at 9:00am
Microsoft Teams
Royal Papworth Hospital**

UNCONFIRMED

M I N U T E S – P a r t I

Present	Mr M Blastland	(MB)	Non-Executive Director (Chair)
	Dr J Ahluwalia	(JA)	Non-Executive Director
	Ms C Conquest	(CC)	Non-Executive Director
	Ms A Fadero	(AF)	Non-Executive Director
	Ms D Leacock	(DL)	Associate Non-Executive Director
	Mr T Glenn	(TG)	Chief Finance and Commercial Officer
	Mrs E Midlane	(EM)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mr S Posey	(SP)	Chief Executive
	Mr G Robert	(GR)	Non-Executive Director
	Mrs M Screaton	(MS)	Chief Nurse
	Dr I Smith	(IS)	Acting Medical Director
	Prof I Wilkinson	(IW)	Non-Executive Director
In Attendance	Mr T Bottiglieri	(TB)	Freedom To Speak Up Guardian
	Ms T Crabtree	(TC)	Head of Communications
	Mr E Gorman	(EG)	Deputy Chief Information Officer
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mr A Magpantay	(AM)	Deputy Occupational Therapy Team Lead
	Mr A Selby	(AS)	Associate Director of Estates and Facilities
Apologies	Dr R Hall	(RH)	Medical Director
	Mr A Raynes	(AR)	Chief Information Officer & SIRO
	Prof J Wallwork	(JW)	Chairman
Governor Observers	Stephen Brown, Susan Bullivant, Doug Burns, Trevor Collins, Julia Dunncliffe, John Fitchew, David Gibbs, Richard Hodder, Marlene Hotchkiss, Trevor McLeese, Harvey Perkins, Cllr Philippa Slatter		
Observers	G Hotine, R Plumb		

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1	WELCOME, APOLOGIES AND OPENING REMARKS		
	The Deputy Chairman welcomed everyone to the meeting as the Chairman was unable to join the Board today. Apologies were noted as above.		

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1.i	DECLARATIONS OF INTEREST		
	<p>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.</p> <p>A summary of standing declarations of interests is appended to these minutes.</p>		
1.ii	MINUTES OF THE PREVIOUS MEETING		
	<p>Board of Directors Part I: 02.09.2021</p> <p>Item 1.vi CEO's update: Revised to read: Reported iii: "We were continuing to manage competing priorities andThe Trust was working in line with national.."</p> <p>Item 1.vii Patient Story: Discussion iii: Revised to read: "However, it was noted that some patients found peer support through the service and continued to use the gym facilities beyond the rehab programme."</p> <p>Item 2.b Papworth Integrated Performance Report: Revised to read: "This report had been considered at the Performance Committee ..."</p> <p>Item 3.vii.c Audit Committee Minutes: 15.07.21: Revised to read: "The Board of Directors received and noted the minutes of the Performance Committee meeting held on 15 July 2021"</p> <p>Approved: With the above amendments the Board of Directors approved the Minutes of the Part I meeting held on 2 September 2021 as a true record.</p>		
1.iii	MATTERS ARISING AND ACTION CHECKLIST		
	Noted: The Board received and noted the updates on the action checklist.		
1.iv	Chairman's Report		
	The Deputy Chair asked the CEO to provide an overview of activities for this month's report.		
1.v	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 that:</p> <ol style="list-style-type: none"> i. That the Board that the Trust had eighteen open BAF risks and these reflect the ongoing clinical and operational pressures facing the Trust linked to COVID19, emergency demand and elective recovery. The golden thread running through these was sustainability and the need to maintain a grip financially. ii. We had new risks relating to supply chain and the HLRI clinical research funding and the ICS system risk was now captured and featured in Board and Committee reports. Risks relating to 		

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	<p>workforce retention and engagement remained a principle focus in the BAF and in the day-to-day activities of the Trust.</p> <p>iii. He thanked staff for their ongoing commitment. They continued to conduct themselves in a highly professional manner working to support recovery and preparing for winter, balancing pressures and working with system partners.</p> <p>iv. Our health and wellbeing support schemes continued. These recognised the contribution of staff and provided a range of support. The Charity had also contributed ice-creams and refreshments provided as a thank you for staff.</p> <p>v. The Trust held its long service awards for staff who have worked for the Trust for more than 20 years. Two staff members recognised had worked for the Trust for over 35 years. All were thanked and congratulated for their hard work and dedication.</p> <p>vi. Safer staffing levels were being maintained with 'green' ratings being achieved through the hard work of our staff.</p> <p>vii. The Trust had launched its Flu and COVID19 booster clinics for staff to ensure that as many staff as possible were protected.</p> <p>Discussion:</p> <p>i. MB advised that Committees had noted the hard work that was underway to deliver as much activity as possible at the Trust.</p> <p>ii. AF had recently spent a day at the Trust and spoken to many staff. She noted the energy, motivation, and commitment of staff but also how tired they were. She felt it was right and proper to thank staff for all they were doing for our patients and for what would be a hard winter ahead.</p> <p>Noted: The Board noted the CEO's update report. Board members noted their thanks and appreciation for all the work being done by Trust staff and hoped that all would stay safe this winter.</p>		
1.vi	Patient Story		
	<p>Reported: By MS that 14 October was national Allied Health Professionals (AHP) Day. The patient story today was from one of our AHP's, Amil Magpantay, who was a Team Leader in Occupational Therapy.</p> <p>AM told the Board that he was a Neuro OT and was the Deputy OT Team Leader at RPH.</p> <p>This story related to a patient who had been admitted to the RPH for weaning services. They had developed flu like symptoms when travelling in France and subsequently developed a wheeze. They had been admitted to another hospital and had been advised that their care might need to be stopped as there was nothing further that could be done for them. The patient was transferred to RPH for respiratory weaning.</p> <p>The patient felt good no longer having oxygen and to be able to breath on their own. They would retain a tracheostomy and a speaking valve. Their discharge was planned with their carers being trained to use a 'nippy' ventilator and how to do suction and they would return home with a live-in carer.</p> <p>The RPH team had supported them and they were particularly</p>		

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	<p>impressed by the humility and humanity of the medical team that were looking after them. The therapists had also been eager to support and to motivate the patient and get them stronger. The OT service had given them good advice and now everything was in place to support their discharge. They had also been seen by the Chaplaincy service whilst at RPH. They now cannot wait to go home after being in hospital for a very long time. Their dieticians were also very good and gave them options to eat as there were many things that they did not want to eat.</p> <p>Overall, they felt that the hospital was very clean, staff were very caring and respectful of them as a patient. There was one negative event where they had been on the commode and perhaps forgotten. They needed to call the nurse after some delay and another nurse came over to attend to her.</p> <p>They identified that taking patient feedback was very important and their always event was that staff should always be helpful even though this was very hard. They did this at RPH and so they had no problems with their care here.</p> <p>Discussion:</p> <ul style="list-style-type: none"> i. MB thanked Amil for the story and felt that it really had communicated the issues and the care experienced by this patient. ii. SP noted that the therapy teams were incredibly active and inspiring with the Olympic or mountain climb challenges that were set for staff and patients. Board members would see these in clinical areas when they were able to visit the Trust. This had a huge impact on recovery and that was reflected in feedback from patients and relatives. iii. CC noted the holistic approach that had been taken and particularly welcomed the dietetics input. She felt it important to share our stories with other hospitals and asked how that was undertaken. AM noted the huge challenges facing the system and acknowledged that District General Hospitals may not be in the same position as RPH as we were fortunate to be able to take the time to support our patients. MS felt that there may be an opportunity for us to share such experiences in our system leader roles. iv. AF noted that this story embodied the values and behaviours of the Trust and welcomed it. v. AM advised that he would take the feedback from the Board back to the staff involved. IS noted that this was his team, and that he was extremely proud of them, and he would ensure that they heard the feedback on the support that they had provided to this patient. <p>Noted: The Board noted the patient story and welcomed the plaudits for our medical staff and all the Trust teams. They thanked AM for his presentation to the Board.</p>		
2	PERFORMANCE		
2.a.i	<p>PERFORMANCE COMMITTEE CHAIR'S REPORT</p> <p>Received: The Chair's report setting out significant issues of interest</p>		

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	<p>for the Board.</p> <p>Reported: By GR that the Committee:</p> <ul style="list-style-type: none"> i. Had received a presentation from Pippa Hales, Acting Chief Allied Health Professional setting out the important work of the AHP team which included the OT service. ii. Had discussed the question of supplier risk and had agreed that two new BAF risks should be established that relating to key supplier issues and a second relating to supply chain risk. iii. Had noted that performance reported in PIPR was characterised by the high demand arising from COVID19, emergency cases and the recovery of elective performance, at the same time as supporting staff in taking annual leave and managing COVID related absence. iv. Noted there was some indication of increased activity in September but were conscious of the potential impact of winter preparations. v. Noted that turnover had increased in August. There were no common factors identified but this raised the issue of retention of staff which played into the Compassionate and Collective Leadership programme. The committee had highlighted the importance of reporting around this and had referred this to the Quality and Risk committee to consider how this was reported and managed within the workforce agenda. vi. Noted that the financial position was generally good and that gains arising from the ERF in H1 would be reversed in the second half of the year. vii. Noted the progress on the Cost Improvement Programme. A significant proportion of the CIP was nonrecurrent and there was a need to achieve recurrent savings. The committee were confident that teams were focused on that task. viii. Noted capital expenditure below plan and this would be addressed in the second half of the year. <p>Noted: The Board noted the Performance Committee Chair's report.</p>		
2.b	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
	<p>Received: The PIPR report for Month 05 (August 2021) from the Executive Directors (EDs). This report had been considered in at the Performance Committee and was provided to the Board for information.</p> <p>Reported: TG thanked GR for his comprehensive overview of the report and invited Executive Directors to set out key issues for the Board.</p> <p>Finance: TG advised that:</p> <ul style="list-style-type: none"> i. The Trust had a surplus of £4.3m YTD which was £2m better than plan. The impact of the change in profile in the ERF funds meant the Trust would move to a surplus of £2.5m at the end of September. ii. The better payment practice code was reported in PIPR and that showed that we had paid 94% of invoices by volume and 70% of invoices by value within the national time frames. The target for this was 95% paid within 30 days and further work 		

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	<p>was in place address performance. The Trust had a role as an anchor organisation in the local economy and it was important for the board to maintain oversight of the standard. GRR noted this had been discussed at committee at the behest of CC and that the matter was to be reviewed by the Audit Committee following a letter from Julian Kelly, NHS Finance Director.</p> <p>Effective and Responsive: EM advised that:</p> <ul style="list-style-type: none"> iii. Activity was affected by the planned step-down capacity in August to allow for restorative breaks for staff. We had also seen an increase in COVID related absences and non-COVID sickness at this time. However, we had managed to deliver the activity plan which was set at 95% of the 2019/20 baseline levels, although our capacity was not fully used. iv. Outpatients had seen better performance over the summer holidays and that had been down to the use of virtual outpatient appointments. v. RTT performance had stabilised rather than deteriorated and we expected to see some improvement in September. We continued to use the clinical priority 'P' scoring system, which was now in use nationally, and had implemented the 'D' scoring system for diagnostic waits. vi. An area of concern was our 62 day cancer pathway, where we were seeing late referrals and delays in diagnostic services. We maintained regular dialogue with the Cancer network, providers, and the national contractor for PET CT scanning services to address delays. <p>People Management and Culture: advised that:</p> <ul style="list-style-type: none"> vii. The narrative update on the turnover figures identified themes related to staff returning to education and some overseas staff returning home as they were now able to travel with the lifting of COVID restrictions. viii. Turnover would run at the same level in September and the higher level of leavers and starters was spread across all departments. Many leavers were moving for a good reason such as promotion and that was part of the function of RPH as a specialist provider. A spotlight report would be provided in on leavers who had left within two years of joining the Trust. ix. The reciprocal mentoring scheme was well underway, and the Trust now had 15 or 16 pairs who were interested in participating. The programme would be launched through a series of meetings over the next two weeks with support from programme board members. <p>Safe and Caring: MS advised that:</p> <ul style="list-style-type: none"> x. The safe and caring sections were rated at green and amber. xi. Safer staffing work continued to allow change in rosters and establishments. This would redesign the target figures for care hours per patient day (CHPPD) with new targets being set for this year. Staffing was safe and this was demonstrated by CHPPD, patient outcomes and nurse sensitive indicators. These were monitored daily, and redeployment undertaken to ensure standards were maintained. There would be a focus on this area going forward looking at how we supported patients 	OM	Dec 21

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	<p>within the staffing resources.</p> <p>xii. The friends and family test results were good, and we were looking to benchmark these results to make sure we were addressing all opportunities.</p> <p>Discussion:</p> <p>i. MB asked if demand had returned back to more normal levels. EM advised that consultant to consultant referrals were higher and in-house urgent referrals were higher in some areas. This was being seen as capacity was constrained in other hospitals. GP referrals had seen a slow increase over time but referral routes had been changed as pre-COVID we could not receive consultant to consultant referrals and that pathway had now been reinstated.</p> <p>ii. IW asked if we planned to retain telephone clinics or were to change their use. EM advised that we had committed to retain these where appropriate. During COVID we had invested in providing patients with remote monitoring and as many patients had long journeys to the hospital being able to deliver services remotely was a positive move. We would increase these services where we could and commit to securing feedback on how these clinics were operating.</p> <p>iii. SP noted that the Trust had retained the baseline measures in PIPR and looked at how much could be delivered by the Trust and how much could be delivered with partners in the wider system. Services were changing profoundly, and more thought was required to allow benchmarking to take place. What we were doing was exceptional because of the impact of the CDC, MDT working and leadership across the Trust.</p> <p>iv. GR noted the concern that some patients may not be getting referred because of the changes in pattern of referrals. EM advised that the Trust was very conscious of the health inequalities agenda and how we understood and measured this and was looking to define the metrics to inform the Board and committees going forward.</p> <p>v. GR told Board members that he was a respiratory patient and had attended the hospital for diagnostic tests. He had then had a virtual appointment with his consultant and felt this arrangement worked well. He had also been invited to provide feedback on occasion through the virtual clinic route.</p> <p>vi. MB asked about the difficulty in getting information from patients who might be dissatisfied with a virtual attendance and asked if we gathered information on inability to access services and digital exclusion. EM advised that we were aware of this with virtual outpatients and with the 'DrDoctor' service. Each patient receives a telephone call from the outpatient team before they are booked into a virtual clinic and that allows the Trust to identify those who are not digitally enabled, and these patients are offered a face to face appointment. Some patients were also put off attending the Trust because of the travel costs and we had applied for charitable funding to support travel costs in this case to ensure that patients could attend.</p> <p>Noted: The Board noted the PIPR report for Month 05 (August 2021).</p>	EDs	Nov 21

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3	GOVERNANCE		
3.i	<p data-bbox="347 235 762 268">Q&R Committee Chair's Report</p> <p data-bbox="347 302 1241 369">Received: The Q&R Committee Chair's report setting out significant issues of interest for the Board.</p> <p data-bbox="347 403 593 436">Reported: By MB:</p> <ul style="list-style-type: none"> <li data-bbox="375 439 1268 638">i. That the health inequalities agenda was a key focus for the ICS and that it was beginning to grapple with the concept of equality of outcomes. The risk to achieving this would need to be considered in the board assurance framework. The committee had heard about the work being undertaken by IS that looked at research models that could be used across different services. <li data-bbox="375 640 1268 873">ii. The committee had received the establishment review which looked to secure the maximum output from the Trust resources without 'breaking' services or staffing. Further assurance on benchmarking had been requested as some area that had been rated green for staffing would see increases and other areas would see reductions and it was felt there needed to be a solid benchmark for safe staffing. <li data-bbox="375 875 1268 974">iii. The staffing figures reported for critical care were higher in the establishment review than in PIPR and this variation was to be validated as a part of this work. <p data-bbox="347 1008 518 1041">Discussion:</p> <ul style="list-style-type: none"> <li data-bbox="375 1043 1268 1310">i. MS acknowledged that the paper needed to refer to establishment setting in line with safe staffing and national policy, and that it was evidence based. The prior use of a standard 7.8 care hours per patient day did not reflect the differences in dependency across the hospital. This would take some time to address and would need training and education to allow implementation. The nurse-to-patient ratio would be monitored on a daily basis. <li data-bbox="375 1312 1268 1478">ii. SP noted that the guidance around health inequalities was not yet clear. The Trust would look to add narrative and focus on health inequalities building on the work undertaken by RSSC and would ensure that what we reported was useful to the system and more broadly. <li data-bbox="375 1480 1268 1814">iii. DL asked whether the time identified for a protected workforce section on the quality and risk agenda would be adequate to deal with the whole of the workforce issues and whether a separate committee had been considered. MB advised that it was planned to ensure that the committee time was managed in the most effective way and that the executive had committed to review how the agenda could function most effectively. CC noted that a separate committee had been considered for workforce, but we were to focus on getting the right information to the right committee. <li data-bbox="375 1816 1268 2045">iv. JA felt it important that we did not equate time to seriousness of consideration. Other committees would continue to have oversight of some workforce issues as this was a golden thread that ran through all of our business and the dedicated time on the quality and risk agenda was additional rather than substituted time. We were also looking at how committees gained assurance on methodologies to ensure that the signal to 		

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	<p>noise ratio was managed at Committee.</p> <p>v. SP noted that whilst we were not sure that the balance would be quite right at committee it was felt that this could be managed with the right input from board members and would be reviewed in two months' time.</p> <p>Noted: The Board noted the Q&R Committee Chair's 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 MS and IS that:</p> <ul style="list-style-type: none"> i. The Combined Quality Report was attached for information. ii. The UK Health Security Agency (UKHSA) had published new guidance on social distancing. iii. The Trust was very mindful of its nosocomial infection rates and whilst changes in pathways may have a benefit on elective activity the Trust would continue to emphasise the importance of infection prevention and control measures and focus on risk assessment of patients and not pathways. iv. That the Trust looked regularly at whether we had the balance right between increased risk and the impact on activity. Our patients were vulnerable patients, and the Trust were fortunate to have some headroom in current performance. <p>Noted: The Board noted the Combined Quality Report.</p>		
3.iii	<p>Assessment of EPRR Core Standards Received: From the Chief Operating Officer the Trust's self-assessment against EPRR Core Standards.</p> <p>Reported: By EM that:</p> <ul style="list-style-type: none"> i. The report provided the self-assessment against EPRR core standards and that the Trust process had been effective and had assembled evidence to underpin our responses to the assessment. ii. This this work had previously reported to the Quality and Risk committee and EM asked for agreement on the future reporting route. <p>Discussion:</p> <ul style="list-style-type: none"> i. JA asked about the assessment process as he had some concerns about any self-assessment returning 100% compliance level. EM advised that the Trust had two trained assessors and that the CCG led Local Health Resilience Forum had reviewed our presentation and were happy that we were compliant. They had also undertaken a deep dive on one of the standards where we had not yet delivered the training and had felt assured by our assessment. ii. The Trust was felt to have benefited from both the hospital move and the response to the pandemic as this had built the understanding of the requirements of EPRR and that knowledge had permeated across the organisation through the bronze silver and gold commands. 		

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	<p>iii. CC asked about the process of peer review and whether that would be helpful. EM advised that further work was planned with the Local Health Resilience Forum and that would include sharing lessons from the desktop exercise undertaken with CUH, the CCG, and the local authority where partner organisations had had reflected on best practice.</p> <p>Noted: The Board noted the EPRR self-assessment against core standards and agreed that this would be reported in future through the Performance Committee.</p>	EM/AJ	Nov 21
3.iv	<p>Board Assurance Framework 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>The BAF report was taken as read.</p> <p>Discussion:</p> <ul style="list-style-type: none"> i. MB noted that the Board had discussed the new risks in the context of the performance report and that matters had been comprehensively covered. ii. JA welcomed the inclusion of the BAF in the scene setting for the CEO's report at the start of the board agenda. He felt this was very helpful in setting context for the Board. <p>Noted: The Board noted the BAF report for September 2021.</p>		
3.v	Board Sub Committee Minutes:		
3.v.a	<p>Quality and Risk Committee Minutes: 26.08.21</p> <p>Received and noted: The Board of Directors received and noted the minutes of the Quality and Risk Committee meetings held on 26 August 2021.</p>		
3.v.b	<p>Performance Committee Minutes: 26.08.21</p> <p>Received and noted: The Board of Directors received and noted the minutes of the Performance Committee meeting held on 26 August 2021.</p>		
4	WORKFORCE		
4.i	<p>Workforce Report Received: The Director of Workforce and OD a verbal update on key workforce issues.</p> <p>Reported: By OM that:</p> <ul style="list-style-type: none"> i. The Trust had recruited to all the posts associated with the Compassionate and Collective Leadership programme (CCL) and these had been supported by the charity. ii. Good progress had been made with the Values and Behaviours Framework programme and we were aiming to start bookings in December. 		

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	<p>iii. The line managers development programme was now shaped, and this would cover management of budgets, quality and risk, management of staff absence, and personal development. The focus now was on how we developed and delivered this programme over the next six months. There had been good engagement in the programme from Executive Directors and from Divisions and we had a willing audience for this.</p> <p>iv. The national staff survey had been launched and the Trust had a completion rate of 13% and this was presently the best performing specialist acute Trust.</p> <p>v. The vaccine programme had started and the bulk of COVID booster vaccinations were happening now as staff were now able to take up their third dose.</p> <p>vi. The East of England Fair Recruitment Report had been circulated with the workforce paper and was a very important piece of work for the organisation and we would need to work through the implications of it. OM chaired the regional EDI group and each system would be looking at a particular aspect of the report to come up with good practice recommendations and to develop and share learning. This work would provide a focus for the Cambridgeshire and Peterborough ICS system. The report would be brought back to the Quality and Risk committee following discussion with staff networks, colleagues and the wider system.</p> <p>Discussion:</p> <p>i. AF welcomed the summary and asked if we could consider the risks to rollout of the leadership programmes. OM advised that the principal risk was time as our staff needed time for discussion, and these were longer-term projects. The Values and Behaviours sessions referred to would not be delivered in full until Q3 next year and the line managers programme needed to be set up in a sustainable way and that would take time to be developed.</p> <p>ii. SP noted that the messages from the CCL programme messages were resonating well with staff and this was an agenda that mattered. The support from the executive that OM had cited was key to its success and their commitment was reflected in everything that we did in outcomes, in staff satisfaction and survey feedbacks. He felt the Board should take some confidence that we were prioritising well and were not putting at risk the quality agenda, we needed time to improve but that message had been heard.</p> <p>iii. CC asked about progress against the annual leave target that had been set. OM advised that a deadline had been set for staff to confirm whether they wished to sell or carry forward leave and that 25% of staff had not yet made plans to fully utilise their leave. This may be related to concerns about whether leave might be affected by COVID restrictions, but the new deadline would support compliance.</p> <p>iv. CC asked about likely impact of flu and COVID absence and whether this could mean that planning for winter was at risk. OM noted that absences were tracked each day and that the Trust looked at statistical process control charts and trends where absence rates were higher. We were entering into the</p>	OM	TBC

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	<p>winter at a higher level than previous years which was common across providers, but we did have a relatively low rate of absence when compared to the rest of the region.</p> <p>v. GR noted that he was genuinely impressed and in all of all of the activity that was underway relating to CCL and EDI programs. He asked how as a Board we would monitor the impact of this to ensure we had traction and that it was having impact. OM advised that we had regular reporting on key workforce metrics including sickness, turnover and the output from staff surveys. These were how we tracked changes over time. She felt unsure as to whether there were better indicators and agreed to discuss this with the CCL steering group.</p> <p>vi. DL thanked OM for the informative paper noting it was important to cascade learning and ensure that this was reflected in the modules on the leadership development and the Values and Behaviour Framework sessions. OM noted that these were reflected in the development of these programs.</p> <p>Agreed: The Board noted the update from the DWOD.</p>	OM	Nov 21
4.ii	<p>Freedom To Speak Up Guardian’s Annual Report 2020/21 Received: From the FTSU Guardian the FTSU Annual Report for 2020/21.</p> <p>Reported: By TB that:</p> <ul style="list-style-type: none"> i. The 2021 report had been submitted for the full year. ii. The FTSU Guardian was now an established service supporting staff to speak up through a range of ways and we expected to have 34 champions in place by Christmas. iii. The service continues to reach out to operational areas and the Guardian roll had increased from four hours per week to 0.6WTE. This allowed for involvement across our networks including BAME and the Disability and Difference networks. iv. We had increased our national index score to 82.1% and were outperforming regional Trusts. This tells us that our staff feel more confident and supported to speak up. v. We had seen a year-on-year increase in incident sand 50% had included an element of bullying and harassment. This reflected the position across the NHS. vi. There were some departments where concerns were still felt an interference in their day-to-day business, and we were working to address this. vii. The issues of Misogyny and sexism were a growing concern and TB was due to discuss this with some of our medical staff. <p>Discussion:</p> <ul style="list-style-type: none"> i. CC raised a question on the elements relating to patient safety and quality and the in-depth reporting to the board CC wanted assurance that matters were being addressed. TB noted that on the safeguarding story there was no further request for information on the incident from the National office and they would need to be assured about how this was being dealt with. SP advised that such concerns would be reported through DATIX and through the SIERP processes and assurance would be provided that all concerns had been managed within existing 		

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	<p>processes. MS noted that she was very reassured that if there were quality or safety issues raised then TB would contact the appropriate department to ensure that issues were investigated and taken seriously. TB noted that in all instances a check was undertaken to establish whether a Serious Untoward Incident investigation was in place and in all cases, matters were not unknown to the organisation. If concerns included conduct or performance, or a patient safety incident these were being appropriately managed.</p> <ul style="list-style-type: none"> ii. GR asked how feedback was reflected from different programmes. TB noted that the feedback received through the guardian's role correlated positively with that from other programmes of work. iii. DL asked about the areas where the management had not been responsive and how that was being addressed. TB advised that to break down barriers we needed evidence the importance of the role and the lessons learned. The role was there to help and to deliver messages sensitively. This may at times get some level of rebuttal, but a dignified tone and delivery was always maintained as well as a compassionate response. There would always be some difficulties in this area, and this would be supported by training and development and the Values and Behaviours that we operate within. iv. SP thanked Tony and noted that he always enjoyed their one-to-one meetings and whilst these were not always comfortable given the concerns being shared the feedback from our frontline staff was valuable and the Guardian and Champions and undertook their roles in an exemplary fashion. This service was promoted and supported by the executive and this helped patient care. It was important that we always respond in the right way and he asked TB to pass on a huge thank you to the team. v. JA endorsed the respectful response to colleagues displaying behaviours that might be challenging. Also, that it was important to articulate the need for this, not because those staff were 'untouchable' but because this was the right way to deliver these messages, however this approach may be difficult for those staff who raise concerns. TB noted responses must always be open and transparent as it was not always an issue of right and wrong. The team worked closely with workforce to ensure the alignment of policy and actions, and it was very important to feed that back to the individuals concerned. Staff needed to be supported and told in a sensitive and confidential way the rules that apply. vi. OM advised these were some of the more difficult issues to approach and that she and TB and others had difficult conversations with staff. In these instances, there were two parties feeling very hurt and bruised and sometimes we had a bias and we needed to recognise that so that we did not value one person's hurt more than another. OM noted that she really valued TB's involvement in these matters. <p>Noted: The Trust Board thanked TB for his presentation and noted the FTSU Guardian's Annual Report for 2020/21.</p>		

Agenda Item		Action by Whom	Date
5	Strategic		
5.i	<p>Digital Strategy 2021-2025 Received: From the SIRO the Digital Strategy 2021-2025.</p> <p>Reported: By EG</p> <ul style="list-style-type: none"> i. That most of the board had already had the opportunity to read the Digital Strategy and the questions raised had been addressed in the final version of the report. <p>Discussion:</p> <ul style="list-style-type: none"> i. JA thanked EG for adding in the information on sustainability that had been requested at the SPC meeting. He noted that a number of slides were very good at summarising what our staff had said what good looks like. He noted that the strategies should generally set out strategic interventions alongside constraints and identify which of those would and would not be prioritised. ii. MB agreed that strategy should imply choice as well as giving an understanding of what else had been considered and what had not made it to the final shortlist. iii. GR noted that the introduction from could be adapted further to reflect the digital strategy as this was not specific. He noted also that this was a very ambitious programme and commended its ambition as it was difficult to keep on top of these programmes. iv. GR asked about the basis of approval of the digital strategy and whether this was being approved without costs being set out within the paper. TG advised that the paper set the strategic direction for our services and was predicated on remaining cost neutral with any additional items identified being funded by regional or national applications for funding. JA noted that there was an element of generating income from partnership included within the digital strategy and that there was an ambition that the service would be self-sufficient in terms of funding and he supported the position set out by TG and EG. <p>Agreed: The Trust Board thanked EG for his presentation and approved the Trust's Digital Strategy 2021-2025.</p>	AR	Nov 21
6	Research & Development		
	<p>Received: The Director of Research and Development a verbal update on key R&D issues.</p> <p>Reported: By IS:</p> <ul style="list-style-type: none"> i. That we had three professorial appointments in Respiratory medicine Robert Rintoul had been made a Professor, also Charlotte Summers at CUH and James Nathan who we had supported early in his career. Also that Mark Toshner had been made an Associate Professor and appointed as Clinical Director of the Clinical Research Facility in the HLRI. This would help in preparations for the HLRI opening. The HLRI manager appointments were also to be made this week. 		

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	ii. The R& D team had been low on numbers of staff as a number had changed roles and returned to clinical practice, but we have seen good recruitment recently and were now back to full strength. iii. The location of the tissue bank was an ongoing issue. Agreed: The Board noted the update from the Director of Research and Development		
	BOARD FORWARD AGENDA		
5.i	Board Forward Planner Received and Noted: The Board Forward Planner.		
5.ii	Committee Cycle & Meeting Dates 2022 Received: From the Trust Secretary the Committee Cycle & Meeting Dates 2022.		
5.iii	Items for escalation or referral to Committee None		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors
 Meeting held on 07 October 2021

Glossary of terms

BAF	Board Assurance Framework
CIP	Cost Improvement Programme
CRR	Corporate Risk Register
CUFHT	Cambridge University Hospitals NHS Foundation Trust
DGH	District General Hospital
GIRFT	'Getting It Right First Time'
ICB	
ICS	Integrated Care System
IHU	In House Urgent
IPPC	Infection Protection, Prevention and Control Committee
IPR	Individual Performance Review
KPIs	Key Performance Indicators
LDE	Lorenzo Digital Exemplar
NED	Non-Executive Director
NHSI	NHS Improvement
NSTEMI	Non-ST elevation MIs
PET CT	Positron emission tomography–computed tomography - a type of scanning of organs and tissue
PIPR	Papworth Integrated Performance Report
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
SIP	Service Improvement Programme
STP	Cambridgeshire and Peterborough Sustainability & Transformation Partnership
VTE	Venous thromboembolism
Wards	Level Three: L3S (South) and L3N (North) Level Four: L4S and L4N Level Five: L5S and L5N CCU Critical Care Unit
WTE	Whole Time Equivalent