

**Meeting of the Board of Directors
Held on 3 October 2019 at 9am
in the Ground Rehab Floor Seminar Room
Royal Papworth Hospital**

UNCONFIRMED

MINUTES – Part I

Present	Prof J Wallwork	(JW)	Chairman
	Dr J Ahluwalia	(JA)	Non-Executive Director (Designate)
	Mr M Blastland	(MB)	Non-Executive Director
	Mr R Clarke	(RC)	Chief Finance Officer
	Ms C Conquest	(CC)	Non-Executive Director
	Mr D Dean	(DD)	Non-Executive Director
	Dr R Hall	(RH)	Medical Director
	Mr D Hughes	(DEH)	Non-executive Director and Deputy Chairman
	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
	Mr G Robert	(GR)	Non-Executive Director (Designate)
	Mrs J Rudman	(JR)	Chief Nurse
In Attendance	Mrs D Black	(DB)	Matron
	Mrs A Jarvis	(AJ)	Trust Secretary
Apologies	Prof N Morrell	(NM)	Non-Executive Director
Observer	Gemma Whysall		NHS Confederation

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
	<p>The Chairman welcomed everyone to the meeting and apologies were noted as above.</p> <p>The Chairman noted that this was the last Board meeting for Dave Hughes who had served the Trust since 2013 as Non-Executive Director and Deputy Chair, and for Dr Susan Lintott who had served the Trust as Non-Executive Director and Senior Independent Director since 2012. He recorded thanks on behalf of the Board for their excellent contributions to the Board.</p>		

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1.i	DECLARATIONS OF INTEREST		
	<p>There is a requirement those attending Committees raise any specific declarations if these arise during discussions.</p> <p>The following new declarations were noted:</p> <ul style="list-style-type: none"> i. That RC had been appointed to the Audit Committee of the RCOG ii. That SP had joined the CQC co-create group. iii. CC advised that the Director of Finance at NCHCT was off sick and that whilst she was acting as deputy she had taken steps to ensure that she was not required to undertake Board work in that role. 		
	<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. CC as Deputy Director of Finance and Performance at the Norfolk Community Health & Care NHS Trust. xvii. Stephen Posey as a member of the CQC's coproduction Group. xviii. RC as a member of the Audit Committee for the RCOG. xix. Jag Ahluwalia as: 1. CUH Employee, seconded to Eastern Academic Health Science Network as Chief Clinical Officer; 2. Programme Director for East of England Chief Resident Training programme, run through CUH; 3. Trustee at Macmillan Cancer Support; 4. Fellow at the Judge Business School - Honorary appointment and am not on the faculty; 5. Co-director and shareholder in Ahluwalia Education and Consulting Limited; 6. Associate at Deloitte; 7. Associate at the Moller Centre. 		

Agenda Item		Action by Whom	Date
1.ii	MINUTES OF THE PREVIOUS MEETING		
	<p>Board of Directors Part I: 5 September 2019</p> <p>Amendments: 3.iii: Reported: By JR that the report set out the Trust's response... 3.iv: ...revalidation system with appropriate measures in place... 4.ii: .. Where appropriate these concerns... Approved: With the above amendments the Board of Directors approved the Minutes of the Part I meeting held on 5 September 2019 as a true record.</p>		
1.iii	MATTERS ARISING AND ACTION CHECKLIST		
	<p>Item 217: Reported by RH that the surgical appointment was being progressed with advert for a locum position being finalised. Operational matters would need to be considered in addition to succession planning following the resignation of a long term locum. An internal contingency arrangement was in place.</p> <p>1.vii Staff Story: Reported by JW that following the staff story the request for Long Service Awards to be issued after 10 years was to be acted upon by the Trust.</p> <p>Noted: The Board noted the updates on the action checklist.</p>		
1.iv	Chairman's Report		
	<p>The Chairman provided an update on current activities to the Board.</p> <p>Noted: That he had been unable to attend the AGM or to Chair the Governors meeting in September but, that these had been well attended and there had been a number of excellent clinical presentations for Trust members.</p>		
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:</p> <ol style="list-style-type: none"> i. That his report included a Summary of the NHS's recommendations to Government and Parliament arising from the long term plan. These had been discussed at the SPC and would shift focus to system working and collaboration. There would need for Board and Committee discussion of the position of RPH within these plans. ii. That the work of Hospital Optimisation Group was continuing and that Theatre six had opened on the 1 October as planned. This was supported by the opening of additional beds on Level 5 which would support improved flow through the hospital. 		

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	<p>iii. The Culture and Leadership Programme was progressing with good conversations taking place and over 40 staff involved in interviews with a focus on how we make our services better for patients.</p> <p>iv. The Flu vaccination programme would start this month but the Trust had only one third of its full supply of vaccines with more scheduled to arrive in later batches. The Trust had asked for more vaccines to be made available to the Trust because of its role in ECMO delivery but had not yet secured further supplies.</p> <p>v. The National Cancer Patient Experience Survey had been published. The Trust had a relatively small service but it had achieved a score of 9.3 out of 10 which was the best in the country and was the third year of improvement from the team.</p> <p>Discussion: JW noted the difficulties in delivery of new build projects across the country and that there was a learning exercise being pulled together by the CEO of PAH around clinical design, construction and mobilisation of new builds. The Trust teams should contribute learning from the move in the same way as Bart's and Peterborough had shared their learning with RPH.</p> <p>Noted: The Board noted the CEO's update report.</p>		
1.vi	Patient Story		
	<p>Debbie Black presented a patient story. Patient H was a young CF patient who was unwell and receiving specialist respiratory care. The patient had sepsis diagnosed and had been referred to the Alert team. The Alert team had attended to assess and three attempts had been made to take samples. The samples had failed as they had clotted before they could be assessed.</p> <p>The patient had found this a very unpleasant experience and the ward were concerned that the issue of location and access to equipment might have contributed to this. The patient had asked why their experience was like this in a new facility and whether this should have happened.</p> <p>DB advised that there were some concerns about the rationalisation of equipment on the new site and that staff wanted to ensure that they were able to access equipment in order to meet patients' needs.</p> <p>Discussion:</p> <p>i. The Board asked for information on other factors that might contribute to this issue such as lack of expertise in collection of the samples. DB advised that there were practical problems in not having equipment on the ward with one of the two nursing staff having to leave the floor to locate a machine and the procedure itself needing two nurses to extract the sample. It was also difficult to manage samples because infection prevention measures in place on the ward required staff to be gloved.</p> <p>ii. The Board asked where this matter had been raised. The patient was on the respiratory ward and the issue had been</p>		

Agenda Item		Action by Whom	Date
	<p>taken to the Point of Care testing group for review.</p> <p>iii. EM noted that if collected correctly then the sort of time interval that was described would not in itself result in a samples clotting. It was very unfortunate that there was a poor patient experience in this case. There was some correlation with chronic illness and patients with the same indications were more likely to require more frequent tests.</p> <p>iv. There was discussion of the other key indicators around non-invasive ventilation and a discussion about the benefit of working with the NIV team on level three who had developed novel measures for estimating blood gases.</p> <p>Noted: The Board noted the patient story.</p>		
2	PERFORMANCE		
2.a.i	<p>PERFORMANCE COMMITTEE CHAIR'S REPORT 2019</p> <p>Received: The Chair gave a verbal report setting out significant issues of interest for the Board.</p> <p>Reported: By DH that the Committee had:</p> <ul style="list-style-type: none"> i. Received the BAF and were pleased that this had resulted in the escalation of the issue of job planning through the committee. ii. That complaints had increased slightly and that Ivan Graham had advised that there had been twelve complaints in September. iii. That the Committee had received the national cancer survey data and this was very welcome, but that the issue of access to PET CT continued to have an adverse effect on our performance. iv. That the Committee had received and recommended the Financial Recovery Plan to the Board and this would be discussed on the Part II agenda today. This would require a challenging but achievable level of CIP and growth in order to be delivered. <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 5 from the Executive Directors (EDs). This report had been fully reviewed at the Performance Committee.</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That the overall performance for the Trust for August was at an Amber rating ii. That performance was rated as 'Red' in three domains: People Management & Culture, Responsive and Effective, iii. That performance was rated as Amber in three domains: Transformation, Finance and Safe. iv. That the Caring domain was rated as Green. 		

Agenda Item		Action by Whom	Date
	<p>EDs outlined key performance issues for the Board and provided detail on the spotlight reports covering:</p> <ul style="list-style-type: none"> i. Safer Staffing ii. National Cancer Patient Experience Survey iii. Length of stay iv. Surgical RTT recovery v. Time to hire vi. CTP Cardiology vii. Directorate Financial Performance 		
2.b.i	<p>Safe Reported: By JR</p> <ul style="list-style-type: none"> i. That the Q&R committee had discussed the PIPR report which was at amber. This rating reflected the unmitigated staffing position and challenging Trust targets where our performance would benchmark well across the wider NHS. <p>Discussion:</p> <ul style="list-style-type: none"> i. SP noted that the Trust did have exacting standards set in PIPR were and that these were scrutinised at Committee. An example of this was that whilst the Trust had seen an increase in complaints the Trust had some of the lowest figures for complaints across the NHS. ii. DD asked about the variation in safer staffing fill rates across wards and whether there were staff that could be transferred across areas. It was noted that whilst there was a variation in fill rate between 51 and 103% the reality was that staff moved between areas in response to pressures. This safer staffing figure was pre-mitigation and did not reflect the steps taken on daily basis to ensure safe staffing across wards which included a safety briefing every morning. The CHPPD provides an overview of the mitigated position. iii. MB noted that the discussion at Q&R had included a request for a fill rate chart that identified those areas that were adverse outliers and the reporting of this would be reviewed through the Safe Care Live project. iv. JA requested further information on the source of the 12 complaints received in September. JR advised there was not any pattern or correlation to areas with staffing pressures. v. CC requested advice on the detail of the PPCI SUI. RH that this was a misdiagnosis of a Stemi infarct (a very significant heart attack). The SUI concerned a disagreement between the referring and receiving clinician at RPH. This had been dealt with and issues had been highlighted for staff new to this pathway. 		
2.b.ii	<p>Effective Reported: By EM:</p> <ul style="list-style-type: none"> i. That the domain was rated as Red with activity continuing below planned levels but with an increase in Admitted patient Care being seen as a result of the ongoing work through the Hospital Optimisation Group. ii. That delivery of activity was linked to the available bed 		

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	<p>capacity and staffing. The Trust was running with nine beds closed on level five through August and September, and there were also beds closed on level four and in critical care. There had been better use of theatres and improved cath lab utilisation and there were continued challenges in outpatients.</p> <p>iii. Meridian had started their two week assessment of throughput in the OP department. There had been some key themes identified around working with new technology which was not currently delivering as planned, and this would form part of a thirteen week programme to recover levels of performance and improve the flow of work through the organisation. The level of engagement with this work was universally high across clinical, nursing and operational teams and this would help to fast track the process.</p> <p>Discussion:</p> <p>i. JW asked about resolution of the concerns raised around patient's names appearing on the booking screens. JR advised that this was compliant and was not considered to be worse than having a patients' name called in an outpatient clinic.</p> <p>ii. JA wanted to know if the Trust had the expertise in-house to have identified and taken forward the programme of improvements identified by Meridian. EM advised that Trust was aware of areas of focus and had some expertise in-house, but the Meridian programme would enable changes to be driven through in a shorter time period covering in 13 weeks what might otherwise take a year to deliver. The programme would be supported by dashboard measures and staff were to be trained as experts in order to embed the improvement into the organisation.</p> <p>iii. DD noted concern around having empty clinic rooms asked whether there was over capacity at the new site. EM advised that this was probably overstated. There were gaps during which patients were having diagnostics as a part of their pathway and a range of other opportunities for improvement. There were also issues with DNA rates and which were higher in respiratory services. It was noted that the Trust was involved in projects looking at DNA rates and that Dr Amy Nelson was undertaking work on DNA rates at UCLH and this was producing interesting observations. It was agreed that there would be a spotlight on DNA rates in the next PIPR.</p> <p>iv. JA noted that appointments must be reviewed to ensure that they added value and that the Trust should be reviewing how many patients it should be bringing back to outpatients where virtual consultations could be put in place. SP noted that this this was in line with the aspirations of the NHS long term plan which anticipated a reduction of 30%. This would see increased use of SOS clinics and allow patients a route directly back to the hospital or specialist nurses and so avoid the routine practice of bringing patient back for review at particular intervals.</p>	EM	Nov 19

Agenda Item		Action by Whom	Date
2.b.iii	<p>Caring Noted:</p> <ul style="list-style-type: none"> i. That the Caring domain was rated as green. ii. That some of the complaints received in August would have related to issues on the old site. 		
2.b.iv	<p>Responsive: Reported by EM:</p> <ul style="list-style-type: none"> i. That the domain was at a Red rating and this was driven by performance in RTT and Cancer waiting times. ii. That for RTT cardiology and cardiac surgery had continued to have fewer open pathways and had seen a reduction in breaches ahead of plan. Cardiac surgery that seen throughput in theatres reduce and there had been more breaches in September. The sixth theatre would deliver improvement in the RTT position. iii. Respiratory had seen an increase in all cohorts and this was related to the changes in the delivery of the GP sleep services which had been decommissioned in the community and the patients moved into the Trust service. iv. The cancer 62 day wait was challenged by the restrictions on access to PET CT and the Trust was working with CUH and the Alliance Medical who provide the service. <p>Discussion:</p> <ul style="list-style-type: none"> i. DD noted a concern that the trajectory for RTT improvement did not appear to be a realistic forecast over the remaining period of the year. EM agreed that this would be addressed in future reports. 		
2.b.v	<p>People Management and Culture Reported: By OM</p> <ul style="list-style-type: none"> i. That turnover was just above the KPI and had decreased on a year to date basis. It was at 16.4% for registered nurses and this was lower than in the previous year. There remained concerns that this could worsen over the winter period with the additional impact of adverse weather on journey times. ii. The Trust had been a net gainer of staff in August and September and the induction this week had 62 staff including 25 qualified nurses and 17 healthcare support workers. iii. The nursing vacancy rate including pre-registration nurses (PRN) would fall below 5% by November and would be below 5% by February 2020 excluding PRN. iv. The recruitment trajectories had been included as a spotlight report and reviewed at Performance Committee. v. As the staffing position improved there would be a reduction in the use of agency and overtime and this would be managed at a service level with 'hot spots' being subject to review, this included respiratory medicine and radiographers which was a national shortage occupation. vi. The long term workforce plan identified £150m for CPD (of which providers were to contribute £100m). There were also discussions nationally about reintroduction of the nursing bursary which would cost £60m. This would be likely to be a more targeted approach with a focus on supporting entrants to Mental Health, Learning disability and Therapeutic/Diagnostic 		

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	<p>services.</p> <p>vii. Appraisal remained stubbornly below the KPI and a key factor in this was the in the reporting of appraisals and in their being undertaken just beyond the required 12 month period. OM noted that the low level of recording for AHP was not indicative of lack of compliance. This was an area that had a high level of compliance and in which was noted for the quality of appraisals undertaken.</p> <p>viii. The review of time to hire also formed a part of the collaborative with being undertaken with the STP. Improvements had been made to the capacity of the team in order to be able to support the volume of applications currently being processed by the Trust.</p> <p>Discussion:</p> <p>i. GR advised that he had attended the induction and there were a number of points that he would feedback around the size of the induction group and the large room.</p> <p>ii. It was suggested that Cardiac Physiology should be proposed for inclusion in the support to smaller occupations that were struggling to address service needs at a collaborative level.</p> <p>iii. The Board considered what ambition should be set for the ideal time to hire. OM noted that the Trust was working with partner organisations and that changes would be applied once the recruitment pipeline was back to a more standard size. There was also a direct approach being taken by calling and support successful applicants post interview to ensure that they are supported through the appointments process.</p>		
2.b.vi	<p>Transformation</p> <p>Noted: That this was the final report in the old format and that a new report would be included in the PIPR report next month.</p> <p>Discussion:</p> <p>i. DD noted that the spotlight on Cardiology transfer was very helpful. EM noted that the work was continuing and that RPH was ready to progress with option one on the 1 December, but that this was subject to final agreement by the CTP joint Boards.</p>		
2.b.vii	<p>Finance</p> <p>Reported: by RC that:</p> <p>i. That the YTD financial position was a £2.8m deficit.</p> <p>ii. There was a £9.7m adverse variance on a net basis which reflected the £10.5m adverse movement arising from the delay in the land sale.</p> <p>iii. The Trust was ahead of its planned control total with a favourable variance against plan of £800k.</p> <p>iv. There was an 8% adverse variance on inpatient and outpatient activity.</p> <p>v. Pay costs had an adverse variance of £200k with costs of temporary staffing exceeding vacancy costs.</p> <p>vi. Non-pay, contingency, consumables and PFI costs were generating favourable variances and there were some green shoots in month relating to recovery of the activity position.</p>		

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	vii. The key risks were the £3.2m CIP gap (which the Trust had hedged), the underperformance on income and the control of pay costs.		
	Noted: The Board noted the PIPR report for Month 5 (August 2019).		
3	GOVERNANCE		
3.i	<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>Noted:</p> <ul style="list-style-type: none"> i. That the BAF report included an executive summary setting out key movements in individual BAF risks. ii. That the job planning risk had been escalated and discussed at the Performance Committee. <p>Discussion</p> <ul style="list-style-type: none"> i. That there had been progress on consultant job planning and that around 85% of consultants had job plans in place. RH was reviewing each job plan and there were a number of challenges identified with a level of variation and a likely future requirement for a deep dive into particular areas. ii. That the variation in number of PAs would result in an increase of around 30 PAs and that these would be funded from research or SIFT funding. There would be further scrutiny of job plans over the next month and there was a robust process in place that would provide a strong baseline for future years. iii. It was noted that job plans should be reviewed to ensure there was correlation between the needs of the Trust and the way plans were constructed. iv. JW noted that plans in excess of 16 PAs represented scheduled working hours over 64 per week and these were not healthy or sustainable and that this position needed to be resolved. v. That a balanced approach was needed that delivered effective planning but avoiding micromanagement as that could lead to loss of good will and increased inflexibility. The process also needed to ensure that teams were content with the output of the job planning process. <p>Noted: The Board noted the BAF report.</p>		
3.ii.a	<p>Q&R Committee Chair's Report Received: A verbal update from the Chair of Q&R:</p> <p>Reported: by MB that the Committee had:</p> <ul style="list-style-type: none"> i. Supported the recommendation for inclusion of a mandatory VTE risk assessment field on Lorenzo. The Committee were advised that there had been a recent SI relating to VTE risk assessment and that Trust VTE assessment numbers were very low. This was previously undertaken as a part of 		

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	<p>mandatory checks and actions were being taken to re-instate the process.</p> <ol style="list-style-type: none"> ii. Requested that potential adverse effects or risks around hospital optimisation were captured in optimisation reporting, so that when we make improvements in one area we are alert to possible costs or consequences elsewhere in the system. iii. Discussed whether it was possible to get clearer sight of various indicators post-mitigation, such as the staff fill-rate. iv. Agreed a reduction in the frequency of executive-led patient environment rounds from weekly to monthly to reflect current practice. v. Agreed that it should escalate Cancer performance to the Board. Trust performance in the national cancer patient experience survey was superb but we expected to see deterioration in performance. <p>RH outlined various future difficulties for this service including:</p> <ul style="list-style-type: none"> • Change in calculation of the targets • Elongation of some parts of the diagnostic pathway for lung cancer patients with particular backlogs in PET CT • Change in practice relating to brain metastases with the gold standard now moving from CT to Brain MRI (and the Trust does not have neuro-radiology within its services) • Changes in the urgent histology pathway with further tests being undertaken to sub-classify specimens to identify advanced lung cancer patients who would be non-surgical. There was good effect of immunotherapy testing but this delayed results reporting from 2 to 4 weeks. <p>There had been two complaints from Clinical Oncologists at CUH and there was concern that the CUH and RPH pathways were diverging and the RPH pathway was worsening. There were steps being taken to manage this with an SI review panel established and correspondence with Dr Hugo Ford (Director of Cancer Services at CUH) to jointly commission a review.</p> <p>Noted: The Board noted the Q&R Committee Chair's report.</p> <p>Agreed: The Q&R Committee should receive the output of the cancer pathway review and the proposed actions and recommendations.</p>		
3.ii.b	<p>Quality & Risk Committee Minutes 28 august 2019 Received and noted: The Board of Directors received and noted the minutes of the Quality & Risk Committee meeting held on 28 August 2019</p>		
3.iii	<p>Combined Quality Report Received: A report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR.</p> <p>Reported: By JR</p> <ol style="list-style-type: none"> i. That the M.abscessus (Mycobacteria abscessus) had been detected in three post lung transplant patients and work was underway with the Transplant team to understand if we had 		

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	<p>done anything to contribute to this. M.abscessus bacteria is life limiting and results in chronic infection. In CF patients this results in ineligibility for transplant. RH noted that it was unclear as to whether there was a problem within the Trust as the cases were of different subtypes, which might steer away from a common source and M.abscessus was present in the community.</p> <ul style="list-style-type: none"> ii. That Laudix had now been running for a year and the Trust was looking at a tool to share this across the NHS and had received many enquiries about the scheme. iii. That the Trust was not able to be fully compliant against the emergency planning core standards because of the system working requirements which were not yet in place. This would be addressed with system partners. <p>Noted: The Board noted the Combined Quality Report.</p>		
3.iv	Performance Committee Minutes 29 August 2019		
	Received and noted: The Board of Directors received and noted the minutes of the Performance Committee meeting held on 29 August 2019.		
4	WORKFORCE		
4.i & 4.ii	<p>Workforce & Organisation Development Report 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 guidance had been issued about FTSU training for staff and this had been reviewed with Tony Bottiglieri. The FTSU role was being promoted to staff at induction and through e-learning and 30 staff had expressed an interest in becoming FTSU Champions. A selection process was to be put in place to identify around 12 staff to undertake this role across the Trust. ii. That the report included the Healthcare worker flu vaccination best practice checklist and this was provided to assure the Board that there was a robust staff vaccination programme in place. Any staff (including Board members) who had received flu jabs outside of the Trust programme had been asked to notify the Trust so that this could be captured in the compliance figures. iii. The target for compliance was set at an 80% level of flu vaccination amongst frontline clinical staff and last year the Trust had achieved a level of 84%. <p>Discussion:</p> <ul style="list-style-type: none"> i. That there was a need to ensure effective flu cover this year and any opportunity to improve coverage and supply should be explored. OM confirmed that NHSI had advised that providers could work with other suppliers if there were vaccines available and this was being pursued. <p>Noted: The Board noted the Workforce and Organisation Development Report.</p>		

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5	Research & Education		
5.i	<p>Research & Development Update Received: From RH a paper providing and overview of Research and Development activities for the Board. Reported:</p> <ul style="list-style-type: none"> i. The Trust has a draft research strategy, and this is to be reviewed in light of the emerging Trust Strategy and the Cambridge-wide Cardiorespiratory Research Strategy. ii. That there had been internal discussion around the ownership of the Cambridge-wide strategy and the role of CUHP and RPH in promoting a campus approach. Ron Zimmern had proposed that work on the final draft would start in January and clarity on the commissioning of this programme would be considered in discussion with CUHP. 		
6	Digital – no report due		
	<p>Reported: By AR:</p> <ul style="list-style-type: none"> i. That the GCHQ cyber security briefing was scheduled for the next Board. ii. That Will Smart (CIO NHSE) would now be taking on the role of Global Director at Lorenzo DXC. The Trust is a Lorenzo Digital Exemplar site and this programme was attracting interest nationally and internationally. 		
7	BOARD FORWARD AGENDA		
7.i	<p>Board Forward Planner</p> <p>Received and Noted: The Board Forward Planner</p>		
7.ii	<p>Items for escalation or referral to Committee</p> <p>Noted: Item 3.ii.a That the Q&R Committee would receive and review the outcome and actions proposed to address concerns raised in the lung cancer pathway.</p>		

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Signed

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Date

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

Glossary of terms

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