

**Meeting of the Board of Directors  
Held on 5 September 2019 at 9.00am  
Rehabilitation Seminar Room**

**UNCONFIRMED**

**MINUTES – Part I**

|                      |                  |       |  |
|----------------------|------------------|-------|--|
| <b>Present</b>       | Prof J Wallwork  | (JW)  | Chairman   |
|                      | Mr M Blastland   | (MB)  | 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             |
|                      | Mrs J Rudman     | (JR)  | Chief Nurse  |
|                      |                  |       |  |
| <b>In Attendance</b> | Mrs A Jarvis     | (AJ)  | Trust Secretary  |
|                      | Mr J Hollidge    | (JH)  | Deputy CFO   |
|                      | Mrs V Carr       | (VC)  | Matron Critical Care                                   |
|                      | Mr P Asis        | (PA)  | Alert Team   |
|                      | Mr T Bottiglieri | (TB)  | FTSU Guardian  |
|                      |                  |       |  |
| <b>Apologies</b>     | Ms C Conquest    | (CC)  | Non-Executive Director                                 |
|                      | Mr R Clarke      | (RC)  | Chief Finance Officer                                  |
|                      |                  |       |  |
| <b>Observer</b>      |                  |       |  |

| Agenda Item |   | Action by Whom | Date |
|-------------|---|----------------|------|
| <b>1.i</b>  | <b>WELCOME, APOLOGIES AND OPENING REMARKS</b>   |                |      |
|             | The Chairman welcomed everyone to the meeting and apologies were noted as above.  |                |      |
| <b>1.ii</b> | <b>DECLARATIONS OF INTEREST</b>   |                |      |
|             | There is a requirement those attending Committees raise any specific declarations if these arise during discussions. The following declarations of interest were noted: |                |      |
|             | i. John Wallwork, Stephen Posey and Nick Morrell as Directors of Cambridge University Health Partners (CUHP).   |                |      |

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|              | <ul style="list-style-type: none"> <li>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.</li> <li>iii. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities.</li> <li>iv. John Wallwork as an Independent Medical Monitor for Transmedics clinical trials.</li> <li>v. Dave Hughes as a NED of Health Enterprise East (HEE);</li> <li>vi. Josie Rudman, Partner Organisation Governor at CUH.</li> <li>vii. Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH.</li> <li>viii. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board.</li> <li>ix. Stephen Posey as Trustee of the Intensive Care Society.</li> <li>x. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews.</li> <li>xi. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd</li> <li>xii. Nick Morell Acting CEO Morphogenics a biotech company.</li> <li>xiii. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT. Essentia are currently providing advisory services to the Estates team at Cambridge University Hospitals NHS Foundation Trust on Project Management.</li> <li>xiv. Stephen Posey as Chair of the East of England Cardiac Network.</li> <li>xv. Roy Clarke as a member Cambridge Global Health Partnerships Committee part of ACT.</li> <li>xvi. Nick Morell as a member of the Regent House of the University of Cambridge.</li> <li>xvii. 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 &amp; Hackney GP Confederation.</li> <li>xviii. 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.</li> <li>xix. Jag Ahluwalia: CUH Employee, seconded to Eastern Academic Health Science Network as Chief Clinical Officer. Programme Director for East of England Chief Resident Training programme, run through CUH. Trustee at Macmillan Cancer Support. Fellow at the Judge Business School - Honorary appointment. Co-director and shareholder in Ahluwalia Education and Consulting Limited. Associate at Deloitte. Associate at the Moller Centre</li> </ul> |                |      |
| <b>1.iii</b> | <b>MINUTES OF THE PREVIOUS MEETING</b>   |                |      |
|              | <p><b>Board of Directors Part I: 1 August 2019</b></p> <p><b>Amendments:</b><br/>Page 5: Item 1.vii Discussion: Revised to attribute the comment at point ii to DD and not DH.</p>   |                |      |

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|             | <b>Approved:</b> With the above amendment the Board of Directors approved the Minutes of the Part I meeting held on 1 August 2019 as a true record.   |                |      |
| 1.iv        | <b>MATTERS ARISING AND ACTION CHECKLIST</b>   |                |      |
|             | <b>Noted:</b> The Board of Directors noted the updates on the action checklist.   |                |      |
| 1.v         | <b>Chairman's Report</b>  |                |      |
|             | <p><b>Reported:</b> By JW</p> <ul style="list-style-type: none"> <li>i. That the two new designate Non-Executive Directors had joined the Trust and he welcomed Gavin Robert to his first Board Meeting. Dr Jag Ahluwalia would also be joining the meeting.</li> <li>ii. That August had been a relatively quiet period and that the key issues for the Board were broadly as set out within the CEO's report.</li> <li>iii. That he would like the Board to note and to congratulate the success of the Trust Team in the Transplant Games.</li> <li>iv. He noted also the world first Heart and Lung Transplant using a DCD sourced organ block. RH advised that this had been achieved using a lung rig not used before in heart and lung transplant and that as there were only 60 such procedures done each year this development improved the prospect of transplant for a vulnerable group of patients providing long term benefits for this group.</li> </ul>  |                |      |
| 1.vi        | <b>CEO's UPDATE</b>   |                |      |
|             | <p><b>Received:</b> The CEO's update setting out key issues for the Board across a number of areas reflecting the range and complexity of the challenges currently facing the Trust and the significant progress being made in delivery of the Trust's strategic objectives.</p> <p><b>Reported:</b></p> <ul style="list-style-type: none"> <li>i. That the Board Committee focus had been on activity flow and the M4 position was showing some signs of a recovery but it was too early to see if this had been sustained through M5.</li> <li>ii. That additional critical care beds had been opened in month as planned.</li> <li>iii. That PIPR set our progress on plans to open Theatre 6 and the L5 surgical beds. Critical Care capacity that was on track for October 2019.</li> <li>iv. That the Executive had focused on recruitment and rosters and that the safe care live would be operational in four weeks' time.</li> <li>v. That the whole organisation was focused on hospital optimisation.</li> <li>vi. That recruitment and retention was very positive and that the today's induction had seen 60 new starters which was the largest group in over two years.</li> <li>vii. There were also 260 staff in the recruitment pipeline with over 100 applicants for RN and HCSW posts and this would support the planned expansion in capacity.</li> </ul> |                |      |

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|              | <p>viii. The STP and Regional focus was to improve pathways and reduce variation and the Trust was seen to have a pivotal role in this.</p> <p><b>Noted:</b> The Board noted the CEO's update report.</p>   |                |      |
| <b>1.vii</b> | <b>Patient Story</b>  |                |      |
|              | <p>The Board received a patient story from Vicky Carr, Matron Critical Care.</p> <p>This story related to a 48 year old patient who had a Pulmonary Embolism in May 2018. He had suffered increased shortness of breath and marked limitations in his daily activity. The patient was admitted to the critical care unit in August and had a perfusion injury. The patient had difficulties weaning with increased inflammatory markers. The team were unable to extubate the patient for a further week. The patient suffered delirium because of the length of time on ventilation.</p> <p>The patient was transferred to Level 5 on the 30 August.</p> <p>The patient reported that his stay was restful and that he understood information on his management. He had felt safe and had been treated with dignity and respect by staff that were knowledgeable. His care required him to be disturbed at night and he understood the reasons for this. He was happy with the meals.</p> <p>He felt that the major difficulty was not being able to have been brought round sooner. This had an impact in managing his long term condition and on his family who had to travel from Portsmouth to see him.</p> <p>His key suggestion for the Trust was about raising charitable funds.</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>i. DH asked about accommodation for relatives in this position. JR advised that there were rooms available on site and that the Trust used its accommodation at Waterbeach but this had not been helpful in this particular case.</li> <li>ii. It was noted that there were sometimes difficulties in accessing on site rooms at short notice and the Charitable funds committee had agreed to support block booking of rooms to ensure that access could be provided. The Trust also used a network of B&amp;B accommodation.</li> </ul> <p><b>Noted:</b> The Board noted the patient story.</p> |                |      |
| <b>1.vii</b> | <b>Staff Story</b>  |                |      |
|              | <p>Patrick Asis presented his own staff story to the Board.</p> <p>PA reported that he was an Alert Nurse and a part of the BAME network. He had started work in critical care in 2007 and came to us from Bedford Hospital having always wanted to work at Papworth. He started as a Band 5 ITU nurse and had worked his way up. He</p>  |                |      |

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|             | <p>undertook a career review every three years to assess whether he could progress. This saw him move into a Band 6 post and then a Junior Charge Nurse position within 10 years. He then applied successfully to become an Alert Nurse.</p> <p>PA felt that there were issues for staff from a BAME background and he felt his limitation was his own perception of 'not feeling good enough'. He felt that his treatment at the Trust had always been as an equal and based on merit and that at times other staff had encouraged him to apply for promotion where they saw he was ready for this. He in turn saw the BAME network as a way to encourage and support staff to be the best that they could be.</p> <p><b>Discussion</b></p> <ol style="list-style-type: none"> <li>i. DD asked whether he had ever felt a sense of his ethnicity being an issue. PA felt that this had never been a hindrance and that he was seen as one of the people but noted that if you don't push forward then you would not get opportunities.</li> <li>ii. NM asked about the use of mentors. PA had sought feedback from colleagues and had received encouragement in applying for posts but this was not a formal mentoring approach.</li> <li>iii. SL noted that the University were promoting reverse mentoring with senior staff being mentored by BAME staff.</li> <li>iv. OM advised that the Culture and Leadership programme would support managers' leadership capabilities so that they could be more confident in identifying and encouraging those staff that were ready to progress. There were also other initiatives that had been considered by the BAME network including how we support all new starters (not just those arriving through our overseas recruitment programmes). The Trust was also looking at career coaching and had a model to support this which needed some further work ahead of roll out.</li> <li>v. OM advised the Board that the celebration of the first year of the BAME network was to be held on the 18 October 2019 and there would be national speakers attending including Yvonne Coghill, Director WRES Implementation NHSE, and Dr Habib Naqvi, Policy Lead for WRES implementation, NHSE. CUH staff were being invited to join this celebration.</li> <li>vi. SP noted the success and the importance of our network and the links that were being built across the campus including Arthur Rank Hospice.</li> </ol> <p><b>Noted:</b> The Board noted and thanked PA for his staff story.</p> |                |      |
| <b>2</b>    | <b>PERFORMANCE</b>  |                |      |
| 2.a.i       | <p><b>PERFORMANCE COMMITTEE CHAIR'S REPORT 29 August 2019</b></p> <p><b>Received:</b> The Chair's report setting out significant issues of interest for the Board.</p> <p><b>Reported:</b> By DH that</p> <ol style="list-style-type: none"> <li>i. He had been pleased to see the improvements in month and in particular the activity increase above two thousand cases in month.</li> <li>ii. RTT was showing slow improvement and there were concerns</li> </ol>  |                |      |

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|              | <p>around the cancer target where delays in the CUH PET CT service were having an adverse impact.</p> <ul style="list-style-type: none"> <li>iii. He had requested that the committee receive a further report on time to hire as there was concern that this may slow because of the volumes in the recruitment pipeline.</li> <li>iv. He noted the precarious financial position that the Trust would face if the CIP and activity recovery plan were not delivered.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>i. MB sought clarification on the rate of increase in cardiac surgery. JH advised that the absolute increase in numbers was affected by the working days in the month and that the position against plan was the key indication. SP suggested that this might be considered in the summary table.</li> <li>ii. JW asked about the thread of staffing and capacity to support the ramp up in activity. EM advised that the Trust had employed Meridian to undertake a productivity review and they had identified areas where there could be significant gains. These were multifactorial and included issues in the booking system.</li> </ul> <p><b>Noted:</b> The Board noted the Performance Committee Chair's report.</p> |                |      |
| <b>2.b</b>   | <b>PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)</b>   |                |      |
|              | <p><b>Received:</b> The PIPR report for Month 4 (July 2019) from the Executive Directors (EDs).</p> <p><b>Noted:</b></p> <ul style="list-style-type: none"> <li>i. That the overall performance for the Trust for July had improved and was at an Amber rating</li> <li>ii. That performance was rated as 'Red' in three domains: Effective, Responsiveness, and People Management &amp; Culture Finance.</li> <li>iii. That performance was rated as Amber in two domains: Transformation and Safe.</li> <li>iv. That the Finance and Caring domains were rated as Green.</li> </ul> <p><b>Reported:</b> EDs outlined key performance issues for the Board and provided detail on the spotlight reports covering:</p> <ul style="list-style-type: none"> <li>i. Safer Staffing</li> <li>ii. Friends and Family Test</li> <li>iii. Activity Recovery</li> <li>iv. Cancer Performance</li> <li>v. Mandatory Training Compliance</li> <li>vi. New Papworth ORAC progress report</li> <li>vii. Directorate Financial Performance</li> </ul>   |                |      |
| <b>2.b.i</b> | <p><b>Safe</b></p> <p>Reported by JR:</p> <ul style="list-style-type: none"> <li>i. That the safer staffing metric reporting at Red reflected the unmitigated position and that the Care Hours Per Patient Day reflected the safe staffing level that was achieved.</li> </ul> <p><b>Discussion:</b></p>   |                |      |

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|               | <ul style="list-style-type: none"> <li>i. SP asked for JR's view on the timescale for improvements in the staffing position. JR advised that the Trust would achieve an Amber position in September or October and was heading to a green rating beyond that.</li> </ul>  |                |      |
| <b>2.b.ii</b> | <p><b>Effective</b><br/>Reported by EM:</p> <ul style="list-style-type: none"> <li>i. That the domain was rated Red but there were positive movements in leading indicators. Activity was not yet at planned levels but this was the best performance since January 2019 and reflected better utilisation of theatres and cath labs.</li> <li>ii. Bed occupancy reflected the 9 beds that were closed on the 5<sup>th</sup> Floor and a further 5 beds that were intermittently closed.</li> <li>iii. Critical care occupancy was rated green but the 85% occupancy level was based on bed capacity and not staffed and open beds, and so the feel of the unit was significantly hotter.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>i. JW noted the discussion on length of stay (LOS) at Performance committee. EM advised that the effect of cancellations could increase the proportion of sicker patients treated and this would have an impact on LOS and Euroscore. In addition there were some changes in ward environment and ward rounds that could have an impact on LOS. It was noted that cardiology were undertaking two ward rounds per day and using the discharge lounge effectively and this would have lessons for other areas.</li> <li>ii. RH noted that LOS was also affected by small numbers as there were only 200 surgical episodes per month and so a view of the mean or interquartile range might provide a better view of the data.</li> <li>iii. MB questioned whether the Euroscore was normalised for complexity. RH advised that it was a predictive tool and RPH achievement was consistently at around one third of the predicted rate and so although the rate had increased from 1.9 to 2.2 this reflected the population having a higher Euroscore risk normalised in a particular month.</li> <li>iv. JA asked about what was in place to 'prehab' patients ahead of surgery. RH advised that the Trust had a focus on frailty and there were examples (such as patients with anaemia where there were good results from giving IV iron) that would have an impact on LOS. The frailty network was starting with review of the TAVI pathway and looking at this as part of the management of the continuum of patients with aortic valve disease. This looked at the proper assessment of how mobile a patient was and for the very frail patient the offer of non-surgical intervention. The Trust had also looked at the options for a hospitalist post but had been unable to recruit and so would look at network options on the campus.</li> <li>v. JR noted that preadmission was being undertaken on a risk stratified basis and that had good effect and was to be developed across services. This was undertaken with GP input where known.</li> </ul> |                |      |

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|             | <p>vi. JW sought assurance that there were sufficient surgeons to support the 6<sup>th</sup> theatre. EM advised that rosters were in place and RH noted that this did not require a change to current job plans.</p> <p>vii. DH asked about other staff availability for theatre 6. EM advised that there were national shortages in some areas such as ODP/SDP. However the Trust had identified some efficiency in use of ODPs across the first floor and had agency identified; it also had mitigating plans for SDPs. The pipeline for critical care was very strong and they were confident of achieving staffing to move to 33 and 36 critical care beds. Closed surgical beds would also open in September and October and she was therefore confident that Theatre 6 was ready for a 1<sup>st</sup> October start.</p> <p>viii. GR sought clarification on capacity beyond theatre 6. EM advised that the move into theatre 6 would reduce some of the out of hours working across the other theatres and with the positive movement in recruitment there would be opportunity to extend theatre hours and fully utilise the bed base.</p> <p>ix. JA sought clarity on whether the Trust was working at the optimum level in the other five theatres. EM advised that whilst the throughput of cases had reduced since the move work. There were changes such as the removal of anaesthetic rooms that had an impact on efficiency and required staff to work in new ways and this was now being seen to have effect. Theatre start times were being monitored and the Trust had achieved a three pump day. JA asked about how theatre utilisation benchmarked nationally. RH advised that the Trust achieves around 540 CABG per Theatre per annum. Nationally the figure is at around 300 (but RH has worked in systems achieving 600 and this can be delivered with a team working well together and minimising waste).</p> <p><b>Agreed:</b> It was agreed that the surgical appointment would go out to national advert in September.</p> | RH/OM          | Sep 19 |
| 2.b.iii     | <p><b>Caring</b><br/>Reported by JR:</p> <p>i. That a large amount of work had been done in outpatients to address the care environment. This had included intentional rounding in OPD and there was work underway to improve patient letters. The Trust was also lobbying the Highways agency to improve signposting.</p> <p><b>Discussion:</b></p> <p>i. SP noted that he sees all complaints and these had remained low given the context of the move and the degree of change that was being faced by patients. He felt this was due to the efforts of staff to resolve issues for their patients.</p> <p>ii. MB advised that the work on intentional rounding had been discussed at the PPI committee and asked whether this would be sustained in the longer term. JR advised that the outpatient team would continue to provide this and that in future this might be picked up by the clinic admin team or by our volunteers.</p>   |                |        |

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| <b>2.b.iv</b> | <p><b>Responsive</b><br/>Reported by EM:</p> <ul style="list-style-type: none"> <li>i. That there was difficulty in delivery of the overall target for RTT and that surgery expected to see recovery following the opening of the sixth theatre. Respiratory had also seen a deterioration which was being adversely effected by the management of community sleep studies. There was growth in the waiting list which was associated with the overall under delivery of activity. Work was continuing to validate the PTL and respiratory medicine was expected to recover its 92% target next month.</li> <li>ii. The Cancer targets were showing increased breaches under old and new rules and reflected genuine delays in pathways. The issues relating to the interim histology pathway were now being resolved but the delays in the CUH PET CT pathway continued where they had problems with radiographer cover and administrative support to the service. CUH were working to get these resolved and there were fortnightly meetings to manage the position (although this related to a very small number of patients). The impact of the delay had been assessed for patient harm and none was identified.</li> </ul>  |                |      |
| <b>2.b.v</b>  | <p><b>People Management &amp; Culture</b><br/>Reported by OM:</p> <ul style="list-style-type: none"> <li>i. That the recruitment pipeline was as discussed. There were areas that continued to experience challenges and the recruitment team was working with Radiology and Cardiac Physiology and had seen some improvement.</li> <li>ii. The focus was now shifting to time to hire as the management of large volumes of applicants was labour intensive.</li> <li>iii. OM advised that a new recruitment platform was being considered instead of NHS jobs. This was in use in other local providers and might provide enhanced technical solutions to the management of the recruitment pipeline. This was being reviewed to ensure that a safe recruitment process could be delivered.</li> <li>iv. The department were also working on plans to grow the use of bank and temporary staffing and reduce reliance on agency. This would need an increase in the workforce team managing bank and agency. This was being supported by a shift of resource from the leadership and development team (and the impact of this would need to be reviewed in two months' time.) The ambition was to remove the requirement for enhanced overtime and agency use moving to use of standard overtime rates by the year-end.</li> <li>v. That there had been a theme around turnover reported through datix and that this was to be reviewed.</li> <li>vi. That the Culture and Leadership programme was progressing with invitations out for interviews and focus groups across September and October. The team running the programme were excited and taking ownership and were looking at how the Trust could use the information that was being brought together. The output of the work would be brought to the Board in December or January and a Leadership Conference</li> </ul> |                |      |

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|             | <p>was planned to present this work to the organisation.</p> <p>vii. That the mandatory training requirements were being reviewed nationally and this might see positive movements in performance. Steady progress was continuing to be made in improving the level of compliance.</p> <p><b>Discussion:</b></p> <p>i. DH asked whether the issue of delay in appointment had been identified as a reason in candidates not taking up offers. OM advised that this was not a theme in feedback.</p> <p>ii. SL asked about vacancies in the booking team that had been reported at Q&amp;R as there was concern that staff did not want to work at Royal Papworth House. OM and EM advised that the position on recruitment to administrative and booking teams had improved and that the team were now seeing a good field of candidates for recent appointments with the booking team now fully established and the secretarial team having only four vacancies.</p> |                |        |
| 2.b.vi      | <p><b>Transformation</b></p> <p>Reported by JH:</p> <p>i. That the suite of performance metrics would be revised to reflect the agreed remit of the SPC.</p>  | JH/RC          | Nov 19 |
| 2.b.vii     | <p><b>Finance</b></p> <p>Reported by JH:</p> <p>i. That the rating had moved to Green and this was driven by the increase in clinical income, however this remained below plan and a concern.</p> <p>ii. The current deficit was £5m with a forecast year end position of £17.9m and this could increase to £25m if planned activity levels and CIP were not achieved.</p> <p><b>Discussion:</b></p> <p>i. JW noted that the Board was fully aware of the scale of the problem and the work that was underway to address this.</p> <p>ii. JA asked for confirmation of the level of contingency in Trust plans. JH advised that the Trust had a £3m contingency against the non-delivery of the CIP; however that would be a non-recurrent benefit.</p> <p><b>Noted:</b> The Board noted the M4 PIPR report.</p>  |                |        |
| 2.b.ii      | <p><b>Development of RAPIDs</b></p>   |                |        |
|             | <p><b>Received:</b> from the Chief Operating Officer a paper setting out the output of the review of Cardiology services that was looking to roll out the benefits of a 'rapid' approach to pathways. This had identified the potential to establish this approach across the organisation looking to eliminate delays and to bring patients through the system more quickly. This would require a focus on access to information and diagnostic. There would be benefits to patient and to the system with:</p> <ul style="list-style-type: none"> <li>• Patients treated more quickly</li> <li>• Improved recovery</li> <li>• Reduced length of stay &amp; patients not being kept in a hospital bed unnecessarily.</li> </ul>  |                |        |

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|             | <ul style="list-style-type: none"> <li>• Better utilisation of equipment and facilities.</li> <li>• Reduced waiting times for patients in DGH beds.</li> <li>• Reduction in adverse outcomes</li> </ul> <p>The direct financial benefits would arise across the system rather than as a direct benefit to the Trust.</p> <p><b>Discussion:</b><br/>RH noted that the key issue was to get the waiting time reduced as far as possible but there were other factors such as the costs of surgical intervention and the impact on social care. The overall numbers likely to benefit would be relatively small but a change to a rapid pathway would unblock bed days for patients currently waiting across the region.</p> <p><b>Noted:</b> The Board noted the update on development of Rapid pathways.</p>  |                |      |
| <b>3</b>    | <b>GOVERNANCE</b>  |                |      |
| <b>3.i</b>  | <p><b>Board Assurance Framework</b></p> <p><b>Received:</b> From the Trust Secretary the BAF report setting out:</p> <ul style="list-style-type: none"> <li>i. BAF risks above appetite and target risk rating</li> <li>ii. The draft BAF Committee report framework</li> <li>iii. The Board BAF tracker.</li> </ul> <p><b>Reported:</b> By AJ:</p> <ul style="list-style-type: none"> <li>i. That the key changes in the BAF report were the identification of two new BAF risks relation to the delivery of the STP plans through its MOU and the risk to delivery of services relating to EU Exit.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>i. DD asked for clarification of the tracker movements relating to recruitment and the site sale. AJ advised that the increased ratings in the August BAF tracker had been included in the July BAF report. These reflected the reassessment of the impact of a failure in recruitment which the Board and Executive had considered in July and the impact of the expected delay in the site sale. OM advised that the rating of the recruitment risk would be re-assessed in the context of the improving recruitment position that had been reported to the Board.</li> </ul> <p>Noted: The Board noted the August BAF report.</p> |                |      |
| <b>3.ii</b> | <b>Quality and Risk Committee Chair's report August 2019.</b>  |                |      |
|             | <p><b>Reported:</b> By SL</p> <ul style="list-style-type: none"> <li>i. That the work on the development of the Q&amp;R agenda was progressing.</li> <li>ii. That the Committee had considered the SI and noted the multifactorial issues relating to incomplete information being provided by a referring hospital and failure to call an MDT review. RH advised that he felt that the staff response was to</li> </ul>   |                |      |

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|              | be commended and that the staff involved would take part in a de-brief later in the month.   |                |      |
| <b>3.iib</b> | <b>Q&amp;R Committee Minutes 23 July 2019</b>  |                |      |
|              | <b>Received and noted:</b> The Board of Directors received and noted the Minutes of the Q&R Committee meeting held on 23 July 2019.  |                |      |
| <b>3.iii</b> | <p><b>Combined Quality Report</b></p> <p><b>Received:</b> A report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR.</p> <p><b>Reported:</b> By JR that report set out the Trust response to recent patient safety alerts and the continuing work around monitoring use of opioids following the Gosport Report.</p> <p><b>Reported:</b> By RH that the report included the outcome of the inquest into Patient A. This case had been previously reported to the Board as an SI. The patient had died following use of a one-way valve to administer nebulised medication on the critical care unit. RH noted that this incident was subject to a just culture analysis. The matter had also been raised with the MHRA and the outcome of that was disappointing.</p> <p><b>Noted:</b> The Board noted the Combined Quality Report.</p> |                |      |
| <b>3.iv</b>  | <b>Performance Committee – Minutes 25 July 2019</b>  |                |      |
|              | <b>Received and noted:</b> The Board of Directors received and noted the Minutes of the Performance Committee meeting held on 25 July 2019.  |                |      |
| <b>3.v</b>   | <b>7 Day Services Board Assurance Framework Update</b>   |                |      |
|              | <p><b>Received:</b> From the Medical Director a paper providing the Board with an update on compliance with 7 day services provision.</p> <p><b>Reported:</b> By RH that NHSE looked at four standards covering access to:</p> <ul style="list-style-type: none"> <li>• Time to initial consultant review</li> <li>• Access to diagnostics</li> <li>• Access to consultant-led interventions</li> <li>• Ongoing daily consultant-directed review</li> </ul> <p>The audit demonstrated that it has complied with all the required standards.</p> <p><b>Noted:</b> The Board noted the outcome of the audit of 7 day services.</p>   |                |      |
| <b>3.vi</b>  | <b>Annual Medical Revalidation Report</b>  |                |      |
|              | <p><b>Received:</b> From the Medical Director the annual revalidation report providing assurance to the Board that patient care was being supported and statutory obligations were being met.</p> <p><b>Reported:</b> By RH that there was a revised format for submission including the statement of compliance and that he believed that we had a robust revalidation system with appropriate in place to manage</p>   |                |      |

| Agenda Item |   | Action by Whom | Date   |
|-------------|---|----------------|--------|
|             | <p>risk and undertake medical appraisal as required.</p> <p><b>Agreed:</b> The Board approved the Annual Medical Revalidation report and the compliance statement was signed by the Chairman.</p>   |                |        |
| <b>4</b>    | <b>WORKFORCE</b>  |                |        |
| <b>4.i</b>  | <p><b>Workforce Report</b></p> <p><b>Received:</b> From the Director of Workforce and OD a paper setting out key workforce issues.</p> <p><b>Reported by OM:</b></p> <ol style="list-style-type: none"> <li>i. That the key issues within the report related to WDES reporting which had been submitted at the 30 July</li> <li>ii. That WRES submission was due today. There were a number of areas for improvement and actions around these would be reviewed through the BAME network. The submission would be circulated to the Board.</li> <li>iii. That the data sets for WDES and WRES would also be reviewed through the EDI steering group.</li> <li>iv. That a number of areas had been identified including the ability of line managers to support staff with a disability where there were some positive reports as well as concerns flagged.</li> <li>v. That the MH training for staff had been well received and was supporting improved staff support and self-management.</li> <li>vi. That following the previous report to the Board on the use of NHS Rainbow badges (LGBTQ) we had seen a number of staff express an interest and these staff were being approached to consider the establishment of a LGBTQ network.</li> <li>vii. That the flu plan was in place and that the focus for this year would be in the immunisation of our clinical frontline staff in areas of high risk the first instance. There are national discussions in place around availability and uptake of vaccinations and the Board would be kept informed of the regional and national position.</li> <li>viii. The approach this year would again use peer vaccinators across the Trust to support delivery of vaccines.</li> </ol> | OM             | Sep 19 |
| <b>4.ii</b> | <b>Freedom To Speak Up Guardian's Report</b>  |                |        |
|             | <p><b>Received:</b> From the FTSU Guardian the update report for Q1 2019/20.</p> <p><b>Reported:</b> By TB that the report summarised the case numbers and FTSU activities in Q1. The key issues were:</p> <ol style="list-style-type: none"> <li>i. Prioritisation of workload and pressures on the role that was being delivered within the time allocation of one day per week.</li> <li>ii. Fifteen issues had been raised relation to management style, frustration and lack of confidence in HR outcomes and solutions, issues around the level of tasks/demands from managers and a lack of recognition of support and workload pressures. This had included issues raised by medical staff around management and performance. Were appropriate these concerns were shared with the employee relations team.</li> </ol>  |                |        |

| Agenda Item |   | Action by Whom | Date   |
|-------------|---|----------------|--------|
|             | <p>iii. That the national plan was for all staff to receive training on the role. There was some concern about the time and resource that might be required to deliver this.</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>i. There were concerns raised about the consistency of interpretation of cases, whether these were known to the organisation.</li> <li>ii. That it would be helpful for cases that had been successfully resolved through this route to be publicised to encourage staff to consider using this option and to provide assurance that concerns were able to be resolved through this route but noted also that this was not always straight forward.</li> <li>iii. OM advised that this approach would be supported by the Culture and Leadership programme and linked also to the work on just culture. There were recent examples raised through the pre-hearing route for BAME staff that had highlighted tensions for managers in achieving an approach that allowed issues to be resolved outside the formal disciplinary framework.</li> <li>iv. SP noted that whilst the FSTU message was delivered to all staff through induction there was further work to ensure that staff felt able to raise issues through this route and that the Culture and Leadership programme was very important to the success of this role and that would be supported by examples of successful resolution of issues through this route.</li> <li>v. It was noted that the increase in cases might be evidence of increased reporting rather than any increase in bullying and harassment and that there was also a need to distinguish between what was robust management and what was bullying. TB reminded the Board that his role was to capture the concerns and that his report reflected issues as they were reported to him. He was open with staff that his was a Trust role and sought to offer support without bias or prejudice.</li> <li>vi. The Board asked about the recruitment of FTSU Champions. It was noted that this had been very successful with over thirty staff recruited to this role.</li> </ul> <p><b>Noted:</b> The Board Noted the report of the FTSU Guardian and it was agreed that SP, OM and TB would meet to consider the issues around time allocated for the role.</p> | OM             | Oct 19 |
| <b>5</b>    | <b>RESEARCH &amp; EDUCATION – no report due</b>   |                |        |
| <b>6</b>    | <b>Digital – no report due</b>  |                |        |
| <b>7</b>    | <b>BOARD FORWARD AGENDA</b>   |                |        |
| <b>7.i</b>  | <p><b>Board Forward Planner</b></p> <p><b>Noted:</b> The Board noted the Board Forward Planner</p>  |                |        |
| <b>7.ii</b> | <p><b>Committee Cycle and dates for 2020</b></p> <p><b>Noted:</b> That the draft Committee dates had been circulated for review. The Chairman noted that unless there was an extraordinary</p>  |                |        |

| Agenda Item |   | Action by Whom | Date |
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|             | requirement the Board would not meet on 2 January 2020. |                |      |
| <b>7.ii</b> | <b>Items for escalation or referral to Committee</b>    |                |      |

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Signed

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Date

**Royal Papworth Hospital NHS Foundation Trust**  
**Board of Directors**  
Meeting held on 5 September 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   |
| PH     | Pulmonary Hypertension   |
| PCI    | Percutaneous Coronary Intervention   |
| PPCI   | Primary Percutaneous Coronary Intervention   |
| PROM   | <b>Patient Reported Outcome Measure:</b> assesses the quality of care delivered to NHS patients from the patient perspective.  |
| RCA    | <b>Root Cause Analysis</b> 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. |
| RSSC   | Respiratory Support and Sleep Centre   |
| RTT    | Referral to Treatment Target   |
| SIs    | Serious Incidents  |
| WTE    | Whole Time Equivalent  |