

**Meeting of the Board of Directors
Held on 7 November 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
	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	Mr T Bottiglieri	(TB)	Freedom to Speak Up Guardian
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mrs L Steadman	(LS)	Matron
Apologies			
Observer	Dr R Hodder	(RH)	Lead Governor
	Prof M Bennett		

Agenda Item		Action by Whom	Date
1.i	WELCOME, APOLOGIES AND OPENING REMARKS		
	The Chairman welcomed everyone to the meeting and apologies were noted as above.		
1.ii	DECLARATIONS OF INTEREST		
	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.		
	The following standing declarations of Interest were noted:		

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	<ul style="list-style-type: none"> i. John Wallwork, Stephen Posey and Nick Morrell as Directors of Cambridge University Health Partners (CUHP). ii. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. iii. John Wallwork as an Independent Medical Monitor for Transmedics clinical trials. iv. Josie Rudman, Partner Organisation Governor at CUH. v. Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH. vi. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board. vii. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews. viii. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd ix. Nick Morell Acting CEO Morphogenics biotech company from 1 April 2018 x. 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. xi. Stephen Posey as Chair of the East of England Cardiac Network. xii. Roy Clarke as a member Cambridge Global Health Partnerships Committee part of ACT. xiii. Nick Morell as a member of the Regent House of the University of Cambridge. xiv. Cynthia Conquest as Deputy Director of Finance and Performance at the Norfolk Community Health & Care NHS Trust and Lay member: Audit and Governance, City & Hackney GP Federation. xv. Stephen Posey as a member of the CQC's coproduction Group. xvi. Roy Clarke as a member of the Audit Committee for the RCOG. xvii. 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. 		
1.iii	MINUTES OF THE PREVIOUS MEETING		
	<p>Board of Directors Part I: 2019</p> <p>Amendments:</p> <p>2.b.i ..noted that the Trust did have had exacting standards set in PIPR were and that these were scrutinised at Committee.</p> <p>2.b.vi ..Cardiac surgery that had seen throughput in theatres reduce..</p> <p>2.b.v .. calling and offering support to successful applicants post interview..</p> <p>4.i ..A selection process was to be put in place to identify around 12 staff to undertake this role across the Trust as 30 was too large a</p>		

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	<p>number to manage and coordinate.</p> <p>5.i .. From RH a paper providing an overview..</p> <p>Approved: With the above amendments the Board of Directors approved the Minutes of the Part I meeting held on 3 October 2019 as a true record.</p>		
1.iv	<p>MATTERS ARISING AND ACTION CHECKLIST</p>		
	<p>Item 1.iii: JW asked for confirmation that the action on staff awards moving to recognition of 10 years length of service had been actioned. OM confirmed that this had been put in place.</p> <p>Noted: The Board noted the updates on the action checklist.</p>		
1.v	<p>Chairman's Report</p>		
	<p>The Chairman provided an update on current activities to the Board.</p> <p>Reported: By JW:</p> <ul style="list-style-type: none"> i. That since the last meeting the Trust had received its CQC inspection report. The outstanding rating had been an amazing achievement and he recorded his thanks for all of the efforts of the staff and Board over the year. ii. That the CQC report did not mean that the Trust was perfect but that it knew its problems and that it had plans to deal with them. iii. The report had been well received and well handled by our staff and the key challenge for the Board was around maintaining standards going forward. iv. That the CEO's report included a number of letters of congratulation that had been received following publication of the CQC inspection. This included letters from the Vice Chancellor of the University of Cambridge and Sally Davies, Chief Medical Officer of the NHS. 		
1.vi	<p>CEO's UPDATE</p>		
	<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> <ul style="list-style-type: none"> i. As noted by the Chairman the CQC rating had been published and that he wanted to thank staff for a remarkable 2019. ii. The Board were aware the Trust faced a range of challenges and was not perfect, but it had self-awareness and the capacity and capability to improve where there were problems. iii. The Trust had seen an increase in complaints and this was something that could be anticipated following a positive CQC report where patients felt that they were not receiving the sort of service that had been described. iv. The Trust had fully used its initial supplies of Flu vaccine and the third batch would be arriving in the Trust this week. We were likely to utilise all vaccines supplied and had placed orders for a further supply. v. The NHS National Staff Survey was live and we were at a 44% 		

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	<p>response rate. This was above the NHS average but below the average for Specialised Trusts.</p> <p>vi. That the Trust had welcomed the news on the national agreement to fund CF drugs and this would extend the lives of our patients.</p> <p>Discussion:</p> <p>i. CC asked why the CQC had not given a rating for End of Life Care. JR advised that they had not had an EOL specialist adviser on the inspection team and as the report was good in all areas at the last inspection it was reviewed as a part of the medicine directorate.</p> <p>Noted: The Board noted the CEO's update report.</p>		
1.vii	Staff Story		
	<p>Tony Bottiglieri presented a staff story. This was from staff on Level 3 South and Level 5 representing a wider group of staff who had raised concerns about the impact of the increase in the bed numbers on the ward.</p> <p>Staff had raised a number of concerns including:</p> <p>i. That the number of ward beds had been increased from 41 to 50 and that this change was put in place on two weeks' notice.</p> <p>ii. That staff were concerned that the on a day to day basis the ward was regularly short staffed or had the wrong skill mix of staff.</p> <p>iii. That staff allocated to the fifth floor had reported some tensions in how far they were supported by the wider ward team in taking breaks and accessing stationery supplies on the ward.</p> <p>iv. That on the day TB visited staff on shift since 7am reported that they were unable to take a lunch break until 4:30pm.</p> <p>v. That staff they felt that their views on safer staffing didn't matter and that they had felt that raising concerns at the bed meetings was seen as inappropriate.</p> <p>vi. That ward leaders office days were cancelled regularly and this had an impact on time for 1:1s, IPRs and rota planning.</p> <p>vii. That some staff were working during their annual leave in order to support the ward.</p> <p>viii. That some staff had been left in tears and that the level of anxiety on the ward had increased.</p> <p>ix. That caring for patients was emotionally draining and that staff were concerned about compromising their professional codes of conduct.</p> <p>TB noted that a range of actions had been undertaken with senior leaders in order to respond to the issues raised. These had included three half day workshops held for staff focusing on resilience that also looked at learning lessons and how we support and manage change.</p> <p>Discussion:</p> <p>i. That some degree of pressure would be expected in any organisation during periods of change.</p> <p>ii. That it would be helpful to understand pressures in the</p>		

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	<p>context of current staffing levels. JR advised that 3S had an establishment 67 WTE and that it was currently over establishment by 0.29 WTE RN. However the ward was under a lot of pressure with patient turnover and the Trust wanted to respond to the issues raised. JR advised that she would review the issues raised around the staffing and the daily safety briefing with Heads of Nursing and the COO. She noted that the ward Care Hours Per Patient day had been reviewed and the ward was delivering level of 8 or 9 CHPPD which was good.</p> <p>iii. JR noted her concern to understand why issues had not been raised through Matrons meetings or at Chief Nurse coffee mornings that were held for staff. There needed to be learning shared around this as if staff did not know, or felt unable to raise concerns then they needed to understand and be assured that they were able to do this. This could be through a range of routes including the CN, DCN, HoN, Duty Matron and Executive colleagues all of whom regularly visited 3S.</p> <p>iv. JR noted that ward 3S was a very good ward with amazing staff and was able to respond well and manage its pressures. On the first day at the new hospital the team had responded to transfers ahead of the formal cutover and had accepted two patients who were on the way to the hospital ahead of the schedule. The staff on the ward needed to be assured that they were able to express concerns where these arose.</p> <p>v. CC noted that she had visited 5 South after the last Council of Governors meeting and that staff had spoken positively about the beds that had been opened as an extension to the level three beds. JR noted that she had seen the 5S staff caring and being supportive of the 3S group of staff on the ward but recognised that the ward had a highly acute group of patients that it cared for.</p> <p>vi. LS advised that on a day to day basis the patients allocated to the additional beds were those with the lowest acuity and felt that 5S had welcomed the 3S staff. She felt that there had been a good degree of joint working including planning breaks and cover.</p> <p>vii. OM advised that the reality was that the Trust would always be required to respond to pressures and that there would often be a need to move quickly. RH suggested there may be a need to ensure that medical staff were also supporting the team, offering assurance around individual patients and noted that there were agreed pathways in the case of any urgent need for escalation.</p> <p>viii. DD asked about whether there was any evidence that the pressures on staff was contributing to SIs. JR noted that staff were encouraged to report and there had been no increase seen in incidents or patient safety reports.</p> <p>ix. There was discussion around the need to assure staff about their role and their responsibilities in relation to the concern around professional standards. Staff needed to understand how decisions were made by the Trust. The Trust also operated a 'just culture' analysis tool when</p>		

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	<p>reviewing issues and incidents and there had been a single occasion in the last five years where concerns were referred to the NMC.</p> <p>x. JW noted that there was clearly a need for staff to understand why decisions were made and that the briefings and communications needed to address new ways of working and to look at issues of tribalism within the organisation so that staff did not feel marginalised.</p> <p>xi. SP noted that the team on 3S were superb and that they were facing a massive change to amalgamate and extend the ward. It had been a good thing that they had reached out to TB to highlight the strength of feeling on the ward and the Trust was working with the team to respond to the concerns. He noted also that the Trust also works to serve the health system and to respond to the needs of sick patients across the region and so we cannot close beds lightly.</p> <p>Noted: The Board thanked TB and noted the staff story.</p>		
1.vii	Patient Story		
	<p>Lisa Steadman presented a patient story. This related to a patient who had undergone lung surgery on Ward 5 South. This patient had a complex medical history and was admitted to RPH following treatment at her DGH. The patient's daughter had wanted the story to be presented to Board and it was a part of a formal complaint.</p> <p>LS advised that:</p> <p>i. The patient had found the nursing staff to be wonderful and that they had gone out of their way to support her mother.</p> <p>ii. The surgical expertise was excellent and that the family were glad that their mother would be able to spend more time with loved ones.</p> <p>iii. Communications during her stay had raised concerns.</p> <p>iv. There had been no operation notes included in the patient's medical records and when asked about how the procedure had gone the junior staff were unable to reassure the patient. This position had extended from the thirteenth (the day of the operation) to the twenty-first of the month.</p> <p>v. The daughter had spoken to the surgeon's secretary who was helpful however when the surgeon came to see the patient they did not introduce themselves (and only one doctor had introduced themselves during her mother's stay). Also as staff were in scrubs there was a difficulty in identifying who they were.</p> <p>vi. There was confusion about family being allowed to be present when procedures were undertaken in the patient's room and the doctor was brusque in responding to other staff showing a complete lack of respect for them.</p> <p>vii. Prescribing of antibiotics was identified early in the day by junior staff but was not authorised until 6pm causing a delay in their start.</p> <p>viii. That the stitch removal post operatively was delayed and it</p>		

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	<p>took 24 hours for a doctor to attend to remove this.</p> <p>LS noted that a number of actions had been put in place to address the concerns raised. Name badges had been ordered that were clearer to read; the surgeon had been engaged in the response to the complaint (and LS noted that the consultant involved was generally reported as having excellent communications with patients). Ivan Graham was also doing further work on uniform and scrubs.</p> <p>Discussion</p> <ul style="list-style-type: none"> i. RH assured the Board that all Consultant job plans were structured to allow patients to be seen on a daily basis and that an admin allocation of 25% was built into job plans so a 10 hour day would include two and a half hours of admin time. ii. That the absence of operation notes was not a one off and that the issue had been highlighted at the surgical directorate meeting. This was an issue of patient safety and was being managed as such. Catherine Sudarshan would be taking this matter to the surgical safety group. iii. That the wider recording issue would be reviewed using the just culture tool to consider the reasons for lapses and whether there were factors in how the services were designed and organised that meant that recording was not complied with. iv. SP asked if compliance data could be produced for review through the surgical safety meeting and reported to the Q&R Committee. RH noted that this was being considered as a near miss and that the Serious Incident Executive Review Panel would consider this as a part of their weekly scrutiny process and report to Q&R. <p>Noted: The Board noted the patient story.</p>		
2	PERFORMANCE		
2.a.i	<p>PERFORMANCE COMMITTEE CHAIR'S REPORT 31.10.19</p> <p>Received: The Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By GR that the Committee had:</p> <ul style="list-style-type: none"> i. Considered the need for triangulation of staffing pressures in critical care including the pattern and impact of leavers and new starters. ii. That there had been a brief discussion about the change in Committee membership and the management of the agenda given there was no longer overlap between NEDs on the Performance Committee and SPC in relation to hospital optimisation. <p>Noted: The Board noted the Performance Committee Chair's report.</p>		
2.b	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
	Received: The PIPR report for Month 6 from the Executive Directors (EDs). This report had been considered at the Performance Committee.		

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	<p>Noted:</p> <ul style="list-style-type: none"> i. That the overall performance for the Trust for September was at a Red rating. ii. That performance was rated as 'Red' in four domains: Effective, Responsive, Finance and People, Management & Culture. iii. That performance was rated as Amber in three domains: iv. Safe, Caring and Transformation. <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. Friends and Family Test iii. Cardiology Emergency and Urgent Pathways iv. Thoracic RTT recovery v. Nurse Recruitment and Vacancies vi. Hospital Optimisation Project vii. Directorate Financial Performance 		
2.b.i	<p>Safe Reported: By JR:</p> <ul style="list-style-type: none"> i. That the Amber rating reflected the measure of staff fill rates but as previously reported these did not reflect the Care Hours Per Patient Day that were being delivered ii. The key performance challenge included a report on VTE risk assessment which was a significant issue. There was now an improvement in performance and this was being scrutinised at the Q&R Committee. <p>Discussion:</p> <ul style="list-style-type: none"> i. It was noted that the KPI around safer staffing was a national indicator and that the Trust plans and manages its staffing around the required CHPPD. There would be a review of the 2020/21 KPI for this section in Q4 and any recommendations would be considered through the Q&R and Performance Committees. It was noted that there was a need to have challenging indicators to maintain grip and to continue to drive performance standards. 		
2.b.ii	<p>Effective Reported: By EM that:</p> <ul style="list-style-type: none"> i. There had been improvements in activity throughout the hospital but 2019/20 planned levels were still not being met. ii. Bed occupancy reflected beds closed relating to safer staffing. iii. That there had been increases in utilisation in theatres and in cath labs. iv. The shortage of beds was contributing to an improvement in the rate of same day admissions but this increased pressures on day ward and the pre-operative assessment teams. v. The spotlight was on Cardiology and demonstrated the year on year growth in emergency pathways. There was expected to be further growth in this year associated with geography and proximity increasing accessibility. 		

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	<p>Discussion:</p> <ul style="list-style-type: none"> i. Rapid NSTEMI: That there had been some reduction in numbers from CUH following an earlier increase in referrals that had not met the criteria for the pathway. This may reflect pressures on A&E with staff looking for options to transfer patients out of the department. In general there had been fewer than expected referrals from the ambulance service and more from A&E departments which meant a secondary level of transfer work being undertaken by the ambulance service. This was thought to be in part due to staff turnover in the ambulance service leading to lower use of the pathway. ii. It was noted that there had been a step change in the day case rate and this was welcomed. 		
2.b.iii	<p>Caring Reported: By JR:</p> <ul style="list-style-type: none"> i. That there had been a dip below 95% in the Friends and Family test for outpatients in September. A comparison to peers had been included in the spotlight report. 		
2.b.iv	<p>Responsive: Reported: by EM:</p> <ul style="list-style-type: none"> i. That at an aggregate level the Trust was above 90% for RTT. This was being supported by performance of 96% in Cardiology and this service had been asked to manage performance as there was concern that maintaining this level might have an adverse impact on staff. Surgery had come back on target but it was noted that October had been challenging. Respiratory had a recovery plan in place to bring performance back above the 92% target. ii. There had been one 52 week breach in September. The patient was not visible to the waiting list or to the PTL. The patient had now been seen and treated and a harm review had been undertaken. iii. Performance against the IHU target was improving with more than 60% of patients receiving interventions within 7 days and more than 80% of patients receiving interventions within the 10 day target. Theatre six was contributing to the step change with greater confidence from the team in the patient numbers and processes. iv. That there was an action plan to address the DNA rates in RSSC and this was being reviewed as a part of the Meridian productivity programme. This would look at behavioural prompts in texts and letters. <p>Discussion:</p> <ul style="list-style-type: none"> i. MB asked whether the change in performance in IHU had any adverse effect on other services. EM advised that it had not and had been supported by the increase in bed capacity. ii. The Board noted that there were risks to delivery of the IHU pathway relating to critical care and that the improvements seen were a testament to the QI programme that was being led by Julie Quigley. 		
2.b.v	People, Management and Culture		

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	<p>Reported: By OM that:</p> <ul style="list-style-type: none"> i. Turnover had reduced and was green but rates were expected to increase in November and December as a result of pressures on travelling. Ward managers had been asked to review and give early notification of resignations so that this could be monitored and managed. There were also high levels of internal moves and so staff were not necessarily lost to the organisation. ii. Recruitment was strong particularly in relation to HCSW and there was confidence that the KPIs for vacancy rates would be achieved early in 2020. A good recruitment event had been held on 2 November which had resulted in the recruitment of 5 nurses and 5 HCSW and had provided a number of good contacts including student nurses and some nurses who were revisiting the Trust. A further 26 RNs were expected to attend a forthcoming recruitment event. iii. The vacancy rate would increase in October as a result of the increase in establishment in critical care and the increase in beds and ward staffing to support the cardiology transfer. iv. Recruitment to the respiratory service remained difficult and was an area of focus. v. Mandatory training figures had improved and the compliance in medical appraisals was improving. <p>Discussion:</p> <ul style="list-style-type: none"> i. MB noted that reviewing the recruitment pipeline forecasts over time suggested that there may be a degree of optimism in the reporting. OM advised that the issue that was being reflected was the impact of increases in establishment on the reported vacancy rates and that the forecasts themselves were fairly cautious. ii. JA asked whether we aimed to recruit to establishment or to over recruit? It was noted that some areas such as critical care and Cardiology were over establishment and so had reduced recruitment and attempted to run waiting lists. These had limited success and attempts to place staff elsewhere in the Trust on an interim basis also had limited impact. A balanced approach was required in which background attrition rates and offsets against agency costs were considered. iii. JW noted that he would like to invite Clinical Directors to attend the Board twice per year to build their understanding of how the Board works. 	JW/AJ	Dec 19
2.b.vi	<p>Transformation</p> <p>Reported: By RC:</p> <ul style="list-style-type: none"> i. That this was the first of the new format reports and that it provided a qualitative overview of live projects. Projects were all supported by Project Initiation Documents which included KPIs and allowed review at a granular level. ii. That CIP delivery remained at a red rating and would be covered under the finance report. iii. The first phase of the CTP transfer of Cardiology from CUH was planned for December with the full transfer from April 2020. iv. That the delivery of the R&D strategy was included on the Performance Summary tracker. 		

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	<p>Discussion:</p> <ul style="list-style-type: none"> i. SP noted that the transfer of cardiology was the first scheme of a material nature that had been delivered in the STP and had been subject of STP discussions with Anne Radmore, the new Regional Director. ii. It was noted that there was no transfer of staff at this point (as TUPE did not apply) but that the CTP had agreed that there would be early release of staff who had identified that they wished to move to RPH. iii. That the Cambridgeshire Cardiorespiratory Strategy was not yet signed off. The work programme for this was chaired by Ron Zimmern and a report was expected to be completed in January 2020. RH noted that internally the Trust would be developing its own strategy as a component part of the wider Cambridgeshire strategy. iv. AR noted that the Trust was 22% complete against the LDE programme and that a report would be brought to the Board from the NHSD external review that had been undertaken. 		
2.b.vii	<p>Finance</p> <p>Reported: by RC that:</p> <ul style="list-style-type: none"> i. The Trust had a £2.5m deficit against control total excluding land sale and this was favourable to plan by £0.8m (including land sale the deficit was £9.6m). The underlying financial position remained strong. ii. There was an adverse variance of £1.6m on clinical income (rising to £3.2m excluding GIC). iii. Activity increases had been seen in September and October following the work on hospital optimisation and the opening of theatre six. The Trust needed to see an increased run rate across the second six months of the year in order to recover its financial position. iv. CIP was underachieving against plan. v. Pay expenditure was £1.3m ahead of plan YTD and there was concern this was not tracking activity delivery. Staffing costs had been supported in year at the expense of the bottom line position of the Trust. vi. The year-end forecast remained robust but there was a downside risk of £19.8m (mitigated to a £15m risk on a non-recurrent basis). A recovery plan was in place which included measures on agency and temporary staffing costs. Current performance presented a challenging position to manage to year-end. <p>Discussion:</p> <ul style="list-style-type: none"> i. JW noted the need to manage the balance between financial and staffing pressures at the Trust. ii. CC asked for information on the Current Trading Risks (BAF 2145/2146). It was noted that BAF 2145 (generation of planned activity and prices) was rated at a 5x5 risk and this might reduce if there was a continued improvement in activity levels. For BAF 2146 (Consultant Job Planning) the risk was fully mitigated. iii. JA noted the CIP delivery gap of 63% and asked how long the Trust would wait for recovery to be achieved. RC advised that the Trust would not recover the £3m in this year and that the 		

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	<p>contingency reserve was created because of the risk to delivery in year. The focus would now be on plans for future year and these were being reviewed aggressively. All schemes that could be drawn forward would contribute to the delivery of the £1m to achieve the 2019/20 outturn position.</p> <p>iv. EM noted that CIP planning for schemes for 2020/21 would start in November.</p>		
	<p>Noted: The Board noted the PIPR report for Month six (September 2019).</p>		
<p>3</p>	<p>GOVERNANCE</p>		
<p>3.i</p>	<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>Reported: By AJ:</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 principal risks were set out in the report. These were: workforce including recruitment and retention; failure to optimise the hospital to deliver activity and meet demand and to achieve a sustainable financial position. <p>Discussion:</p> <ul style="list-style-type: none"> i. JW asked whether concerns around the pathology service delivery were reflected in the BAF. These were included and within appetite for IM&T systems, but wider service issues were not specifically included within the BAF. <p>Noted: The Board noted the BAF report.</p>		
<p>3.ii.a</p>	<p>Q&R Committee Chair's Report</p> <p>Received: The Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By MB that:</p> <ul style="list-style-type: none"> i. The issue of readmissions to ICU had been raised following receipt of ICNARC data that showed we were an outlier in this area. The Committee had been assured that all readmissions were reviewed each week. The Committee had asked for further benchmarking information to understand the reasons for the variation between institutions. ii. The QRMG had escalated a concern about availability of rooms for some core governance meetings. <p>Discussion:</p> <ul style="list-style-type: none"> i. AJ advised that the issues around access to rooms had been resolved by the Trust operational teams. <p>Noted: The Board noted the Q&R Committee Chair's report.</p>		

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3.iib	<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 that:</p> <ul style="list-style-type: none"> i. Performance on the Lung Cancer pathway was highlighted as there were concerns around accessing PET CT and the poor histopathology turnaround times. ii. The report included the ICNARC potential outlier notification relating to readmissions that had been discussed at Q&R. iii. The report included a link to the full CQC inspection report and included the actions being taken to address areas of concern. iv. The DIPC report covered the detail of the M.abscessus outbreak which was being reviewed on a weekly basis through the SIERP. Typing of samples would take some time and mitigating steps were being put in place including point of use filters in some areas whilst the source of the outbreak was unknown. Three strains had been identified that were closely linked and were organisms that had been subject to antibiotics. Testing had been undertaken on water supplies and scopes and steps were being taken to minimise risks. v. The flu vaccination programme was underway and that non-patient facing staff were now being offered the vaccination and that included all Board members. <p>Discussion:</p> <ul style="list-style-type: none"> i. That there was a need to drill into the ICNARC data and that would be brought back through QRMG to the Q&R Committee. CC requested that any report should be made fit for the lay person to understand. ii. RH noted that the patients on Critical Care were a very different mix to other centres with 70% of admissions being on an elective basis and so the reasons for variation in readmissions needed to be tested. iii. That the vaccination rate for medical staff was lower than other staff groups. It was noted that there had not been quite the same focus on progress because of the availability of vaccines but the third and final delivery was expected on the 9 November. <p>Noted: The Board noted the Combined Quality Report.</p>		
3.iii	<p>Audit Committee Chair's Report Received: The Board of Directors received the Audit Committee Chair's report of the meeting on the 10 October 2019.</p> <p>Reported: by DD that the Audit Committee had:</p> <ul style="list-style-type: none"> i. Received and approved the Charity Accounts for 2018/19 and these were to be presented to the Board of Trustees meeting today ii. Noted the new IFRS standard on the treatment of leases. iii. Noted the timetable for the Governor review of the external auditor contract. 		

Agenda Item		Action by Whom	Date
	<p>DD also advised that he had attended the NHSI/E National Audit Chairs forum and that Chairs had been grouped by STP. A report on integrated care had been shared. The STP Audit Chairs had expressed a willingness to meet again as a system group.</p> <p>Discussion:</p> <ul style="list-style-type: none"> i. MB asked if it would be useful for the Board to receive a partner story to improve the understanding of how the Trust was seen within the region. SP advised that Cambridge and Peterborough would meet as a system with the regional teams and that their focus would be on collaboration and system working. Feedback would be provided through Board and Committee reports. <p>Noted: The Board noted the Audit Committee Chair's report</p>		
3.iv	Audit Committee Draft Minutes 10 October 2019		
	Received and noted: The Board of Directors received and noted the draft minutes of the Audit Committee meeting held on 10 October 2019.		
3.v	Performance Committee Minutes 2 October 2019		
	Received and noted: The Board of Directors received and noted the minutes of the Performance Committee meeting held on 2 October 2019.		
3.vi	7 Day Services Board Assurance Framework Update		
	Received and noted: The Board of Directors received and noted the 7 Day Services Board Assurance Framework update.		
4	WORKFORCE		
4.i	<p>Workforce Report</p> <p>Received: From the Director of Workforce and OD a paper setting out key workforce issues.</p> <p>Reported by OM:</p> <ul style="list-style-type: none"> i. That the BAME celebration event had been held in the Atrium on the 18 October and that this had been open to staff and the public and had been attended by CC/JW and MB. The national speakers were challenging and had provided food for thought for the Trust. A further eight staff had asked to participate in the network following the event. ii. The national WRES team had reviewed staffing data from all NHS Trusts and had set aspirational goals for the Trust to achieve that the Board was asked to endorse. iii. That the WRES Action Plan was to be reviewed and updated at the EDI Steering group and the BAME network and a number of wider recommendations were set out that required Board support. <p>Discussion:</p> <ul style="list-style-type: none"> i. CC noted that the workforce goals were set over a 10 year period but that the Board should be reviewing progress against them on an annual basis. ii. There was discussion about the nature of this commitment and individual and board experience of barriers to recruitment. iii. It was agreed that whilst the goals were aspirational they were recognised as neither targets nor ceilings for appointments. Appointments would be made on merit but there was 		

Agenda Item		Action by Whom	Date
	<p>consensus that the Trust would look to achieve this level of representation more quickly than the 10 year timescale envisaged.</p> <p>Agreed: The Board noted the Workforce report, approved the aspirational goals for BAME representation and the wider WRES recommendations:</p> <ul style="list-style-type: none"> i. To demonstrate a commitment to becoming an inclusive and representative employer. ii. To introduce mentoring/reverse mentoring as a part of the senior leader's performance objectives across the Trust. iii. To ensure that senior leaders and board members to had performance objectives on workforce race equality. 		
5	Research & Education - no report due		
6	Digital – no report due		
7	BOARD FORWARD AGENDA		
7.i	<p>Board Forward Planner</p> <p>Received and Noted: The Board Forward Planner.</p>		
7.ii	Items for escalation or referral to Committee		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors
Meeting held on 7 November 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