

**Meeting of the Board of Directors
Held on 6 June 2019 at 9:00am
Education Centre
Arthur Rank Hospice**

UNCONFIRMED

MINUTES – Part I

Present	Prof J Wallwork	(JW)	Chairman
	Mr M Blastland	(MB)	Non-Executive Director
	Mr R Clarke	(RC)	Chief Finance Officer
	Ms C Conquest	(CC)	Non-Executive Director
	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
In Attendance	Mr T Bottiglieri	(TB)	Freedom to Speak Up Guardian
	Mrs A Jarvis	(AJ)	Trust Secretary
Apologies			
Observer	Dr R Hodder	(RH)	Public and Lead Governor

Agenda Item		Action by Whom	Date
1.i	WELCOME, APOLOGIES AND OPENING REMARKS		
	The Chairman welcomed everyone to the meeting. JW noted that this meeting marked a year since the announcement of the delay in the move the new hospital.		
1.ii	DECLARATIONS OF INTEREST		
	There is a requirement those attending Committees raise any specific declarations if these arise during discussions. The following		

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	declarations of interest were noted:		
	<ul style="list-style-type: none"> i. John Wallwork, Stephen Posey and Nick Morrell as Directors of Cambridge University Health Partners (CUHP). ii. Susan Lintott, positions held within the University of Cambridge, particularly in relation to fundraising, and membership of the Regent House of the University of Cambridge. iii. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. iv. John Wallwork as an Independent Medical Monitor for Transmedics clinical trials. v. Dave Hughes as a NED of Health Enterprise East (HEE); vi. Josie Rudman, Partner Organisation Governor at CUH. vii. Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH. viii. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board. ix. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews. x. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd xi. Nick Morell Acting CEO Morphogenics biotech company from 1 April 2018 xii. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT. xiii. Stephen Posey as Chair of the East of England Cardiac Network. xiv. Roy Clarke as a member Cambridge Global Health Partnerships Committee part of ACT. xv. Nick Morell as a member of the Regent House of the University of Cambridge. xvi. Cynthia Conquest as Deputy Director for Commercial Services and Business Intelligence at Norfolk Community Health and Care trust (Contractor) and lay member and Audit Chair of the City & Hackney GP Confederation. xvii. Michael Blastland as Board member of the Winton Centre for Risk and Evidence Communication, as advisor to the Behavioural Change by Design research project and as member of the oversight Panel for the Cholesterol Treatment Trialists' Collaboration. 		
1.iii	MINUTES OF THE PREVIOUS MEETING		
	<p>Board of Directors Part I: 2 May 2019 Noted: The following amendments to the minutes of the meeting on the 2 May: Item 1.v: That Lord Prior had visited with JW and not Lord Porter. Item 1.8v: That OCS were receiving support from the Trust Estates and facilities team to carry out a professional cleaning job. Item 3.vi: That the issues noted in discussion at point 3.vi had been raised in discussion by OM and were incorrectly attributed to CC.</p> <p>Board of Directors Part I: 23 May 2019 DD drew the Board's attention to the Minutes of the 23 May 2019 noting that the Annual Report and Accounts had received an unqualified report and unequivocal approval.</p>		

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	Approved: With the amendments noted above the Board of Directors approved the Minutes of the Part I meetings held on 2 and 23 May 2019 as a true record.		
1.iv	MATTERS ARISING AND ACTION CHECKLIST		
	<p>Item 2b.v That the date for the staff garden party had been moved to the 27 June 2019.</p> <p>Item 183 Reported by AR that this was to be brought to the July meeting.</p> <p>Item 150 Reported by RH that this review was planned to be undertaken some time post-surgery in order to understand the longer term impact for this patient. RH and JR would request feedback on the M&M review of this case.</p> <p>Noted: The Board noted the updates on the action checklist.</p>	JR/RH	TBC
1.v	Chairman's Report		
	<p>The Chairman provided an update on current activities to the Board.</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That this was the second meeting of the Board since the move to the new site. ii. That much of the reporting within the packs was somewhat historical relating to operation of the Trust on the old site in the period prior to the move and would therefore be of more limited use at this meeting. Items would be taken as read and issues raised by exception. 		
1.vi	CEO's UPDATE		
	<p>Received: The Chief Executive's update setting out key issues for the Board across a number of areas reflecting the range and complexity of the challenges currently facing the Trust and the significant progress being made in delivery of the Trust's strategic objectives. The report was taken as read.</p> <p>Reported: By SP:</p> <ul style="list-style-type: none"> i. That the last Board meeting had been held in the midst of the move to the new site. The key concern for the Trust was to ensure that the culture of Papworth was not lost and the indicators on this were positive. ii. That the Trust had announced its Nurse of the Year at our celebration of International Nurses day and awards had gone to Cheryl Riotto and Julie Bracken, who were two of over 100 nursing staff to be nominated. iii. That David Jenkins and Alain Vuylsteke had been successfully appointed to national clinical reference groups which would inform future service design and commissioning. iv. That JR had been appointed Vice Chair of the STP Clinical leads group. v. That the Board would be receiving paper on leadership later on the agenda, as well as the FTSU annual report, and the 		

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	<p>wider system engagement of our staff would contribute to that programme.</p> <p>vi. That the Trust was now only 12 days from its core CQC inspection and that a presentation on this would be delivered after the Part II Board.</p> <p>Discussion:</p> <p>i. DH requested further detail on the handover of the site to a future buyer noted in point 4.2. RC advised that an update would be provided in the Part II Board meeting.</p> <p>ii. JW asked for further information on the background of the newly appointed medical examiner. RH advised that she was an ex-Medical Director and had been part of the DH pilot programme over the last 7 years. She had set up the service at Great Yarmouth and was also working with the Norwich system.</p> <p>Noted: The Board noted the CEO's update report.</p>		
1.vii	Patient Story		
	<p>JR presented a patient story on behalf of Debbie Black.</p> <p>Reported: By JR that this story had been captured on the 2 June and related to a patient who had experienced our care on both hospital sites:</p> <p>i. The patient had been referred from Broomfield two years ago with recurrent lung infections that the referring Trust had struggled to get on top of. The patient had been referred to the Cambridge Centre for Lung Infection (CCLI) and valued their expertise. Since that time the patient reflected that they were more reassured about dealing with infections as they felt that they were known and managed as infections arose.</p> <p>vii. That the patient felt that single rooms were a very positive measure in the control of infection.</p> <p>viii. That the patient was frustrated by the problems with televisions in the rooms not working.</p> <p>ix. That he felt his health had improved under our care and that he saw the benefit of the strict but beneficial regime of care and exercise.</p> <p>x. Overall the patient felt that they were in the hands of people who knew what they were doing.</p> <p>Discussion:</p> <p>i. JW noted that we have a lot of regular attenders and that we should consider whether it would be useful to capture more of their feedback.</p> <p>ii. RH noted that the CCLI was an important service and that the team was relentless in its focus on this group of patients whose infections were hard to clear. The service also had a focus on ambulatory and home base care and patient education to improve how patients were able to self-manage. This was a service in which there was opportunity to work more closely with CUH as both Trusts currently provided some the same service in some areas.</p> <p>iii. RH noted that there may be a need for the STP to consider</p>		

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	<p>the approach to the delivery of home based services as there may be need to standardise pathways.</p> <p>iv. DH queried whether this was a part of the thoracic services. RH confirmed that this was, alongside services such as RSSC, PH, Oncology, Interstitial Lung disease and Cystic Fibrosis.</p> <p>Noted: The Board noted the report of patient experience through the move period.</p>		
2	PERFORMANCE		
2.a.i	<p>PERFORMANCE COMMITTEE CHAIR'S REPORT 30 May 2019</p> <p>Received: The Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By DH that:</p> <ul style="list-style-type: none"> i. The Committee had reviewed the M1 performance and that this was principally delivered on the old site. ii. The overall rating for the Trust was Amber. iii. That the financial segment of the report was now at Amber and this was a genuine achievement. iv. That the Committee had noted the 2 SIs reported under the Safe domain. v. That Caring had slipped from Green because of delays in responses to complaints during the move period. vi. That there had been a positive summary of the progress in the Rapid NSTEMI pathway and a discussion of how this approach could be implemented more broadly across service pathways. This service had been recognised as good practice in the STP programmes and by the national GIRFT team. <p>Discussion:</p> <ul style="list-style-type: none"> i. The Amber classification of Transformation post move was queried by the Board. This reflected requirement to deliver significant CIP through service improvement post move. <p>Noted: The Board noted the Chair's report.</p>		
2.b	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
	<p>Received: The PIPR report for Month 1 from the Executive Directors (EDs).</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That overall the Trust had maintained an Amber performance rating for April. ii. That performance was rated as 'Red' in three domains: Effective, Responsive and People Management & Culture. iii. That performance was rated as Amber in three domains: iv. Caring, Transformation and Finance v. That the Safe domain was rated as Green. 		

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2.b.i	Safe		
	Reported: By JR that the improvement seen in safer staffing reflected the move period at which time there was an annual leave ban and so this was not likely to be sustained at this level.		
2.b.ii	Effective		
	<p>Reported: By EM:</p> <ul style="list-style-type: none"> i. That activity had been reduced during the ramp down period and so the report showed a lower level of occupancy and throughput. ii. That there had been less elective work undertaken than plan and this was related to the high level of emergency workload that had been seen and this had been noted to have eased this week. iii. That there was pressure on Thoracic services because of the number of emergency cases displacing elective same day admissions and that following the move a session had been transferred from cardiac to thoracic surgery to support capacity in the service. iv. That the spotlight was on NSTEMI. v. That the cutover process had been well delivered and that the Trust was now in the recovery phase which included daily planning meetings. vi. That the Executive led hospital optimisation project had been launched and the initial focus for this work would be surgery. This project saw new ways of working led by the directorate triumvirate leads. <p>Discussion:</p> <ul style="list-style-type: none"> i. SP noted that discussion was ongoing about the staffing requirement of services in the new hospital. This was a particular concern in critical care and in the surgical wards on level 5 where staffing levels were being kept under review to ensure that safe staffing levels were maintained and this would have an impact on planned levels of activity. ii. JR noted that although vacancy figures were better for critical care the position in surgery was slower to recover. iii. DH asked if this would mean that we would need more staff in the new hospital. EM noted that it was still very early to assess this as staff were becoming familiar with new equipment and the new clinical areas. There would be a need to support staff and to respond to issues raised and consider staffing requirements going forward. iv. SL asked about the issue of isolation and the psychological impact on nursing staff when they have 12 hour shifts with one patient. JR advised that the infection control and microbiology leads had reduced the need for doors to be closed and that had improved visibility and reduced concerns around isolation but the unit design was different and it was important to consider and respond to concerns raised. There had been some low level harm incidents reported and whilst clinical staff had been fully involved in the design of the new department there was a need to understand the issues raised through and post mobilisation. 		

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2.b.iii	Caring		
	Reported: By JR that the complaints responses had dipped during the move period but performance in this area was expected to recover rapidly and to recover in May.		
2.b.1v	Responsive		
	<p>Reported: By EM that:</p> <ul style="list-style-type: none"> i. The overall the domain was Red. ii. Cardiology had met the RTT target for the third month and the restriction on private activity had been lifted because of the sustained improvement in performance. iii. That Cath Lab 6 was being well managed by the in house team and that there was a good level of productivity in the lab and on the ward. iv. Cardiac surgery was ahead of trajectory for RTT and was managing high volumes of IHU cases. v. Respiratory had not recovered to 97% but was still exceeding target at 94%. This performance included community sleep study patients which were recorded through our waiting list and were included in our RTT performance. In total 29 breaches were community sleep study patients. <p>Discussion:</p> <ul style="list-style-type: none"> i. RC noted that we were working with commissioners to get sleep study pathway and breaches reallocated. The community service was poorly commissioned and notice has been issued. From September patients would be referred directly to the Royal Papworth Hospital service. EM advised that the service shift would present a challenge but was not expected to have any adverse effect on our performance overall. ii. SP reported that he had had a good discussion with the Cardiac Surgery business unit around our approach to the IHU pathway and in particular whether we were too risk averse in consideration of treatment following anti-platelet drugs. David Jenkins, who had been appointed to the National Clinical Reference Group, had advised that the discussion of the pathway identified that there were a substantial proportion of patients who would be medically fit at 48 hours rather than the 5-7 days previously considered. RH confirmed that there was a need to treat as soon as a patient was medically fit and the prospect of a 'rapid' pathway was now more promising as the cardiologists and surgeons were focusing on pathways and talking about risks. iii. RH noted that the IHU pathway should move from a surgical pathway to a referral for treatment which could include cardiac surgery, PCI, or other interventions. iv. NM noted that there was scope to measure antiplatelet load at 48 hours which could allow the pathway to develop a personalised care approach for patients. v. DH asked if a target trajectory that moved the pathway down in stages would help to deliver the improvement in performance and whether the Trust had the capacity to deliver this standard. RH felt that we would have the capacity and be able to meet the standards if the pathway was delivered in the right way. He felt that the system was calibrated to additional 		

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	<p>days in hospital and that a proper network solution was needed. JW was pleased that this was being addressed as it dealt with inappropriate delays in pathways.</p> <p>vi. MB asked if this could be extended to other areas. RH advised that this approach could be extended to ACS and pacing pathways and was not just for high risk patients. It was agreed that an update would be brought to Q&R in two months.</p> <p>vii. It was noted that the OP DNA rate had reduced in the last four months and queried whether this was as a result of a specific intervention. EM advised that this reflected the improvements in the booking process previously discussed at Board with short notice bookings being reduced and patients being booked further out. The intention was for outcomes to be captured in real time in clinics to inform what happens next. This would take time out of the patient pathway and provide better quality of data. In addition the plans for managing our long standing patients (such as transplant) would allow for booking appointments 12 months in advance.</p>		
2.b.v	People Management & Culture		
	<p>Reported: By OM that:</p> <p>i. There was an increase in turnover in April, and May was expected to remain at the same level.</p> <p>ii. Nursing was net gainer of staff in month but the overall Trust position was a net loss because of the end of a number of fixed term contracts.</p> <p>iii. There were ongoing concerns around retention as the new environment and new journeys to work may have a continuing impact on the figures.</p> <p>iv. The recruitment pipeline was starting to see increases in applications in June, and at the recruitment event next week there were 25 RNs booked to attend and over 40 attendees booked in total.</p> <p>v. That there continued to be concerns in Respiratory services as only 1 in 25 applicants were interested in the service.</p> <p>vi. That there was a further recruitment event planned on the 22 June for nursing staff and AHPs and that analysis would be undertaken of those who attend to see what might help to market the services.</p> <p>vii. The significant decrease in compliance with mandatory training was driven by change in the mandatory training framework to comply with national standards. Much of the change related to the Level 3 safeguarding requirements and the safeguarding team were working to support delivery and compliance across teams. There had been discussion of the issue at the staff briefing and there was an increase in uptake of training.</p> <p>viii. This would be a particular area of focus for the CQC and compliance data was being made available to all staff.</p>		
2.b.vi	Transformation		
	Reported: By RC that:		

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	<p>i. The rating of the domain was held at amber.</p> <p>Discussion:</p> <p>i. DD queried the domain rating given the single red RAG rating on the dashboard. RC advised that the CIP gap was large and that this represented a significant challenge in terms of delivery of transformational change to close the gap.</p> <p>ii. JW asked how the CIP shortfall was being managed. RC advised that this was on the agenda of SPC and that this would cover areas in Digital, CTP and transfer of cardiology services from CUH. DH noted that the SPC had six programmes in place</p> <p>iii. EM advised that there were significant corporate workstreams underway with initiatives in diagnostics and in medicines management.</p>		
2.b.vii	Finance		
	<p>Reported: By RC that:</p> <p>i. Cash was off plan because of the late payment of transitional funding of £4.1m.</p> <p>ii. Capital expenditure was amber and this related to drawing delivery forward for capital items and it was not off budget.</p> <p>iii. The £800k deficit was £500k favourable to plan.</p> <p>iv. Activity was below plan and that we were gaining £500k of benefit from the GIC but this reflected a negative position on workload and throughput.</p> <p>v. Expenditure was adverse to plan on pay and favourable on non-pay vacancies which included lower use of contingency and the timing of decommissioning costs.</p> <p>vi. The CIP gap was back-loaded in the 2019/20 operational plan to ensure that the FRF/PSF funding requirements were met but it was important for the Board to see build of the underspend in case we were not able to close the CIP gap.</p> <p>vii. The use of resources was at level 3 as per plan.</p> <p>viii. Overall whilst there was concern about underlying financial position the Trust were able to hold the forecast outturn and would be in receipt of support for Q1.</p> <p>Discussion:</p> <p>i. JW noted that it was good that the year-end position could be held.</p> <p>ii. MB asked for clarification of the consequences of underperforming against the GIC agreement. SP advised that as we were underperforming we were not getting through activity and that had a negative impact on our patients and a negative consequence on the quality and effectiveness of our services. In addition the outturn would weaken contract negotiations for 2020/2021.</p> <p>iii. RC noted that there was a fundamental financial problem if activity was not recovered as the Trust had an underlying deficit position and if activity were not recovered then this would have the effect of reducing income by £10/15m in 2020/2021 doubling the deficit and the impact of that would be profound.</p>		
	Noted: The Board noted the PIPR report for Month 1 (April 2019).		

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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 above appetite and target risk rating. ii. The Board BAF tracker. iii. A summary of the new consolidated BAF risks. <p>Noted:</p> <ul style="list-style-type: none"> i. That NED focus was on the reporting of key risks and that these should have sufficient detail so that issues were clearly set out and communicated in the summary report. ii. That the summary heading for BAF 1162 was still unclear and the exact risk that was asked to be reviewed. <p>Noted: The Board noted the BAF report.</p>	EM	Jul 19
3.ii	<p>Combined Quality Report Received: A report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR.</p> <p>Reported: By JR that the report included:</p> <ul style="list-style-type: none"> i. The 2018/19 annual reports covering Infection Prevention and Control, Learning from Deaths and the Annual Quality and Risk Report. ii. An update on the 2019/20 quality priorities which were agreed as planned, and updates on two priorities: the Safe Hospital Move and the Focus on Falls Quality Improvement. iii. An update on the assurance from the CQC mock inspection. iv. An update on coroner's inquests and investigations. <p>Discussion: Patient D</p> <ul style="list-style-type: none"> i. RH noted that a key issue in relation to Patient D was the similarity between the one-way and two-way valves used in the nebuliser circuit as the valves looked identical and this had contributed to the incident. There had been a lack of positive response from the manufacturer on this matter. ii. JR advised that as a Trust we had escalated the issue and had completely separated the pieces of kit. We had reviewed the option of moving to a different manufacturer and the issue had been reported to the MHRA and notified through our clinical networks. iii. JW noted the key issue that communications play in dealing with patient's families. This was a case (Patient D) in which there was human error and the family had welcomed the transparency demonstrated by the Trust. iv. RH advised that in the 'just culture' analysis this incident was at the end of the spectrum relating to poor systems, as the valve manufacturers could have made sure that this error was designed out in the manufacturing process. This was a terrible error but this was because it was hard to distinguish between the two valves. v. DD asked how the remedial process worked with manufacturers. RH advised that this was not straight forward 		

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	<p>and as an example it had taken 14 years and multiple deaths before a similar issue was resolved in relation to delivery of intrathecal chemotherapy.</p> <p>IPC Annual Report</p> <p>vi. JW noted that the reduction in infections over the last 10 years was incredibly important. Wound infections had decreased dramatically and this improved patient care and led to a reduction in bed days in hospital which was a huge success.</p> <p>vii. JR noted that the Trust had IPC issues two years ago and these had been resolved. The move to single rooms would have a positive effect on IPC but there would need to be vigilance as there was evidence that staff were more likely to forget to wash their hands in single room settings.</p> <p>viii. JR advised that MRSA cases had been zero for a couple of years with 2 cases last year. She explained that cases on trajectory were those allocated under the rules to the Trust. There had been 5 cases in the prior year (but a significant number of referring organisations had MRSA and there may have been a failure to document cases at admission). The Trust was aware of one case this year, which may not have been a Trust case. The target for 2019/20 is zero.</p> <p>ix. DH queried the 10% increase in antibiotic use and noted the discussion at Q&R about the target for a reduction in prescribing of 15% by 2025.</p> <p>x. RH advised that there were a particular group of lung infection patients who were referred for treatment with antibiotics, and that the reduction was targeted at ad hoc use across primary and secondary care. The Trust was trying to reduce use but they would be used where our patients need them.</p> <p>xi. MB asked if the Trust understood and could explain the increase in use that was indicated. JR advised that the Trust had good antimicrobial stewardship with challenge reports on stop dates and RH felt that in many circumstances use was inevitable.</p> <p>xii. MB asked if it would be possible to see a report that set out use against patient throughput so that a normalised rate could be reviewed. It was agreed that the antimicrobial stewardship group would be asked to produce a report for the Q&R Committee.</p> <p>Agenda</p> <p>xiii. That it would be appropriate for the Chair's report to be taken ahead of combined quality report at future meetings.</p> <p>Noted: The Board noted the Combined Quality Report.</p>	<p>JR</p> <p>AJ</p>	<p>TBC</p> <p>Jul 19</p>
3.iii	<p>Quality & Risk Committee Chair's Report</p> <p>Received: The Board of Directors received the Q&R Committee Chair's report of the meeting of the 28 May 2019.</p> <p>Reported: by SL that:</p> <p>i. The committee were getting to grips with new schedule of monthly meetings giving time to subjects and being limited to a two hour meeting.</p> <p>ii. As RH had noted there had been a discussion of the just</p>		

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	<p>culture analysis tool at Q+R. This supported investigations of deaths and how these were accounted for as the identification of 'known complications' was no longer accepted as a cause of death and there was a greater degree of scrutiny and identification of lessons learnt</p> <p>iii. The committee had looked at an SI raised around persistent problem with bookings and switchboard issues associated with the move. SL noted that the Trust should be proud of the work undertaken around lessons learnt around the move and this would add to that body of work.</p> <p>iv. Workforce was to be regularly considered at Q&R and whilst it was welcome that the Trust was a net recruiter of nurses, at current rate it could take 4 years to fill vacancies and this indicated a need to do something differently.</p> <p>v. That the Committee had considered hospital optimisation and this would be an area of focus going forward.</p> <p>Discussion:</p> <p>i. DH asked if it would be helpful to set a target monthly recruitment figure such as NET20 or NET30. OM referred the Board to page 51 of the Board pack, the spotlight on nurse recruitment. This summary included the supply and demand for nursing staff and modelled the numbers needed to recruit. The future plans for improvement in supply and demand were set out as a part of the culture and leadership programme in the workforce paper.</p> <p>ii. SP noted that recruitment was a key challenge and that the Trust was using all approaches to this but if turnover increased then the number needed to recruit could be completely eroded in a period of weeks, and so the challenge would be to recruit in significant numbers and to retain our staff. The reality was that we were in a similar position to other organisations across the system and were working in a market place that was saturated. Our vacancy rate was still lower than CUHFT and NWAFT but the impact of vacancies on small teams was significant.</p> <p>Noted: The Board noted the Q&R Committee Chair's report</p>		
3.iv	Audit Committee Chair's Report 23 May 2019		
	<p>Received and noted: The Audit Committee Chair's Report for the meeting 23 May 2019.</p> <p>Reported: By DD that the External Auditors had commended the Trust on the very efficient process in preparation of the annual accounts and thanked the finance team for their work around this.</p>		
3.v	Performance Committee Minutes 25 April 2019		
	<p>Received and noted: The Board of Directors received and noted the minutes of the Performance Committee meeting held on 25 April 2019.</p>		
3.vi	Yearly Report on Safe Working Hours: Doctors and Dentists in Training (August 2016 – July 2017)		
	Received: From the Guardian of Safe Working on behalf of the		

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	<p>Medical Director.</p> <p>Reported:</p> <ul style="list-style-type: none"> i. By RH that review of this report was a statutory requirement. That the Trust had a small number of exceptions reported and measures had been put in place to address these. There were pressures identified in surgery and RH had asked for evidence around this which was from feedback from a very small number of junior staff. This was to be considered in the context of exemplary feedback from the national surgical trainee programme. ii. By JR that the Junior staff had attended two CQC listening events and no issues were raised. iii. BY OM that the Junior doctor forum had been held this week and some issues were flagged in transplant and these would be followed up. iv. By RH that three recommendations had been actioned with additional desk space and computers being made available and agreement on areas for rest space during and after night shifts. A sum of £62k was available to support this work and would be used to purchase reclining chairs for the area. <p>Noted: The Board noted the report of the Guardian of Safe Working</p>		
3.vii	Annual Board Self-Certifications		
	<p>Received and approved:</p> <ul style="list-style-type: none"> i. Annual self-certification on the Corporate Governance Statement for publication by the 30 June 2019; ii. Annual self-certification on Governor training due for publication by the 30 June 2019. 		
4	WORKFORCE		
4.i	<p>Freedom to Speak Up Guardian Annual Report 2018-2019</p> <p>Reported: By TB that:</p> <ul style="list-style-type: none"> i. That this was the first annual report covering the period from 31 August 2018 to 29 March 2019. The report was intended to inform the board of progress and highlight to the Board the key issues reported to the FTSU guardian. ii. That he had been working to establish his role with individuals and committees across the Trust. This was a busy role and he felt that the time scheduled was not yet sufficient and that it would be helped if there were scope to increase this. iii. The FTSU self-evaluation tool had been completed and a key actions list had been developed. iv. That he had undertaken planned walkabouts in Critical Care and at Royal Papworth House, he had held 1:1 meetings with staff, attended staff workshops as well as networking regionally and nationally. He had also reported to staff through the briefing. v. That in this first year the role had been promoted and links established to the BAME network who were interested in identifying champions to support the FTSU role. <p>Discussion:</p>		

Agenda Item		Action by Whom	Date
	<ul style="list-style-type: none"> i. The Board discussed the individual cases identified in the report. ii. There were some instances around how we said sorry to staff where were problems were identified. OM noted that these were often issues around culture and leadership skills, and arose where managers were not confident, and were worried that they may appear weak. iii. There were some instances where concerns were captured where there was no record of the issues raised in formal reporting and this was felt to provide valuable insight for the Board. iv. CC noted that the FTSU guardian may not have links through to all networks and so there may be concerns going unreported. The suggestion to set up champions, especially to support our BAME and overseas staff was therefore key. v. The national staff survey feedback had identified that these staff groups felt side-lined for promotion and this may reflect unconscious bias across the organisation. vi. JW noted that this programme of work was now underway and needed the time and support to progress. vii. SL asked if there was a wider view of issues arising across the NHS since the establishment of these roles. TB advised that the RCN had noted in a recent article that nationally there were reports of an escalation of bullying culture and an increase in staff feeling that they were not being listened to. viii. OM noted a concern that the categories of cases reported did not mirror the information from the national staff survey and this would be reviewed as a part of the overall work in this area. <p>Noted: SP thanked TB for the energy and pace that had been applied in the role. This was an important issue for all our staff and TB and SP both talked to new staff about the importance of a culture where you could speak up. Staff needed to know about this role and to see the opportunity to use it and the work on culture and leadership work was fundamental to this.</p>		
4.i	<p>Workforce 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 the paper set out the plan for implementation of the Culture and Leadership programme and the programme would commence this week. ii. That the first phase would be diagnostic and would involve Board interviews in the process. iii. That a change team was being established and the goal was to have team that could lead the programme with multi-department and multi-professional input from across organisation. iv. The programme was well laid out and we expected to get a great response through use of the culture and leadership tools. v. The programme would identify issues at a level below the staff 		

Agenda Item		Action by Whom	Date
	<p>survey feedback and we would bring in information from patient surveys and complaints and look at areas of strength and weaknesses</p> <p>vi. That the BAME network had met and CC was present at that meeting. There had been a lot of energy at the meeting and some decisions such as acting on feedback on the annual leave policy where changes had been agreed.</p> <p>vii. That the new HR Director for NHS was setting pace on number of area including review of the number of staff entering disciplinary processes from a BAME background, as there was evidence that this was disproportionately high within NHS (as well as other employers).</p> <p>viii. That the bimonthly staff stories were being established and the format for Board reporting was being developed.</p> <p>Noted: The Board noted the Workforce report.</p>		
5	Research & Education – no report due		
6	Digital – no report due		
7	BOARD FORWARD AGENDA		
7.i	Board Forward Planner Noted: The Board noted the Board Forward Planner		
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 6 June 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