

Meeting of the Board of Directors
Held on 07 November 2024 at 09:00 am
on Microsoft Teams
Royal Papworth Hospital

UNCONFIRMED

MINUTES – Part I

Present	Dr J Ahluwalia	(JA)	Chairman
	Mr M Blastland	(MB)	Non-Executive Director/Deputy Chairman
	Prof I Wilkinson	(IW)	Non-Executive Director
	Ms D Leacock	(DL)	Non-Executive Director
	Ms C Conquest	(CC)	Non-Executive Director/Senior Independent Director
	Mr G Robert	(GR)	Non-Executive Director
	Ms A Fadero	(AF)	Non-Executive Director
	Dr C Paddison	(CP)	Associate Non-Executive Director
	Mrs E Midlane	(EM)	Chief Executive Officer
	Dr I Smith	(IS)	Medical Director and Interim Deputy Chief Executive Officer
	Mr H McEnroe	(HMc)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mrs M Screaton	(MS)	Chief Nurse
	Mr A Raynes	(AR)	Chief Information Officer & SIRO
	Mr A Nyama	(AN)	Interim Deputy Chief Finance Officer (attended for S. Harrison)
In Attendance	Mr S Edwards	(SE)	Head of Communications
	Ms S Henman	(She)	Lead Nurse for Cystic Fibrosis (for the Patient Story)
	Dr S Preston	(SP)	Guardian of Safe Working (for item 2.ii)
	Mr R Chapple	(RC)	Homecare Service Manager / Trust Armed Forces Champion (for item 2.iii)
	Mr T Bottiglieri	(TB)	Freedom to Speak Up Guardian (for item 2.iv)
	Mr K Mensa-Bonsu	(KMB)	Associate Director of Corporate Governance (
Apologies	S Harrison	(SH)	Interim Chief Finance Officer
Observers	Ms A Halstead – Lead Governor and Public Governor		
	Cllr P Slatter – Public Governor		
	Mr B Davidson – Public Governor		
	Ms L Howe – Public Governor		
	Mr P Abraham – Senior EDI Compliance and Assurance Manager		

Agenda Item		Action by Whom	Date
1.	WELCOME, APOLOGIES AND OPENING REMARKS		
	JA welcomed everyone to the meeting and noted the apologies from SH.		

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1.i.	<p>Patient Story</p> <p>MS introduced SHe, the Lead Nurse for Cystic Fibrosis, who highlighted her 26 years' experience within Cystic Fibrosis at the RPH. The following story was shared with the Board.</p> <p>Patient Story: SHe shared a story about a patient's transition experience from paediatric to adult care, emphasising that consent was obtained from both the patient and their guardian to share their story. The patient was currently 17 years of age and had transitioned to the RPH in 2023 after completion of her GCSEs. The colleagues at RPH met the patient at Great Ormond Street, prior to her transition.</p> <p>The patient was noted to have received both Inpatient and Outpatient services. Regarding the Inpatient service at the RPH, the patient expressed that the team supported her independence and respected her choices. She was actively involved in the decision-making process related to her care. Her mother was allowed to stay with her for the first few days during her inpatient stay. The mother commented that she felt confident and reassured about leaving her daughter in RPH's care.</p> <p>One downside they highlighted was the referral process to specialist services outside RPH, where long waiting time was a common occurrence.</p> <p>In relation to Outpatients, the patient's mother stated that the team were highly accessible, in particular the specialist nurse team, ensuring prompt access to care. The hospital exceeded her expectations based on previous experiences. As the patient was now looking to go to work after her GCSEs, she expressed her enthusiasm about having more virtual clinics in the future. It was highlighted that the RPH offered hybrid clinics, providing patients the options to either attend virtual or face-to-face clinics.</p> <p>SHe stated that a Steering Group was recently introduced with the aim to bring together clinicians, nursing and social work representations within the Trust. The Group would provide a space to share knowledge and expertise, in addition to aligning with the updated NICE's guidelines on patient transition. The upcoming plans, in collaboration with the Communications team, were to introduce a 'Transition' section on the website and to add an option to virtually tour the hospital. The possibility of launching podcasts was also being explored.</p> <p>Discussion: OM queried the amount of time a patient could expect to spend in hospital, and SHe responded that this varied, depending on the condition of their health. Some patients did not require Inpatient care and some needed the Inpatient service every few weeks. The patient presented above was noted to have high requirements for both Inpatient and Outpatient care.</p> <p>AR expressed that he was pleased to see the virtual clinics being utilised and queried whether this could be extended to other areas within the Trust. SHe replied that the virtual clinics were MDT focused, and had been piloted prior to moving to this hospital as part of the service improvement initiative. The knowledge, expertise and the lessons learnt from the process could be shared with other services interested in implementing the same.</p> <p>Noting that the patients undergoing transition may have other non-clinical priorities, CP queried how their other needs and non-clinical priorities were balanced and accommodated. SHe confirmed that the focus was always on what was important to</p>		

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	<p>the individual patient. Pre-transition clinics were carried out with the paediatric centres before the patients transitioned to adult care, to discuss the patients' needs and non-clinical priorities with them and their families. SHE advised that the service within Cystic Fibrosis was robust and able to address different needs.</p> <p>PS questioned how the service would work with the development and potential opening of a Children's Hospital on site on the campus. SHE confirmed that the Regional Paediatric Centre for Cystic Fibrosis was situated at Cambridge University Hospitals (CUH), and plans were underway as to how that would fit with the new hospital, which it was felt would only improve the service.</p> <p>AH referred to her personal experience of CF, and highlighted that at that time, no transitioning had been possible. AH therefore considered the current service to be extremely positive to note.</p> <p>JA thanked SHE for presenting such an interesting patient story.</p> <p>Noted: The Board NOTED the Patient Story.</p>		
1.ii.	Declarations of Interest		
	JA stated that he had stepped away, as an Associate, from Deloitte. This had been updated on the Interests Register on ESR.		
1.iii.	Minutes of Previous Meetings		
	Approved: The Board of Directors APPROVED the minutes of the Part I meetings held on 05 September 2024 and 03 October 2024 respectively, as true and accurate records of the meetings.		
1.iv.	Matters Arising from the Minutes/Action Checklist		
	<p>a. 10/24 – 03/10/24 – 2.ii.b.f – <i>Medical Revalidation Annual Report 2023/24 IS to provide clarification on the total number of unapproved missed appraisals by doctors.</i></p> <p>The Total number of unapproved missed appraisals was 0 and this had been amended in the report submitted to NHSE. Item to be CLOSED.</p> <p>b. 09/24 – 03/10/24 – 2.ii.b.h – <i>GMC Trainee Survey 2023/24 To provide a more detailed version of the GMC Trainee Survey to the November 2024 Workforce Committee to include a junior/resident doctor perspective, such as Guardian issues.</i></p> <p>This item was on the agenda for today's meeting. Item to be CLOSED.</p> <p>c. 08/24 – 06/06/24 – 1iii – <i>Matters Arising and Action List To update the Board on DrDoctor and how it was helping the Trust's operational processes.</i></p> <p>In light of the update below, action to be CLOSED.</p> <p>HMc provided the Board with a verbal update that, since commencement of the work to support digital letters, which was one of the two aspects for which DrDoctor provided RPH with support, 47% of the letters uploaded into this system had avoided print costs of around £33,738 cost to the Trust. This was an increase</p>		

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	<p>on last year's output by around £12,850, which was positive.</p> <p>DrDoctor had also supported around 1230 virtual appointments or digital interactions with patients instead of face-to-face on site, which constituted an increase of around 430 from the previous year. The objective over the next year was to increase that again by double in virtual capacity, and to continue to maintain the level of letter uploads to avoid print out to the same level.</p> <p>Noted: The Board NOTED the Matters Arising and Action List.</p>		
1.v.	Chair's Report		
	<p>Received: The Chairman's Report.</p> <p>Reported: By JA that:</p> <ol style="list-style-type: none"> a. Thanks were extended to those who had supported and contributed to the Trust leadership event held in September 2024 at the Møller Institute in Cambridge. The event was part of the steps being implemented to build 'an inclusive culture' at RPH and was well attended. The feedback so far was also very positive. b. Long Service Awards had been given to staff members, including some staff who had worked at RPH for 40 years. c. Black History Month had heard powerful stories from four panellists on black people owning the narrative about their personal challenges. d. The Digital team had been part of Diwali celebrations, with Raj Vaithamanithi, (Deputy Director of Digital) involved in cooking much of the food, which had been excellent. e. Mechanical circulatory support was highlighted, which was the bridging that the Cardiothoracic Service's cardiologists provided to patients in heart failure, and those awaiting transplantation. This had been running for a number of years and the Annual Report had noted RPH's performance had reflected as a positive outlier, with no deaths of any of the patients involved. In addition, RPH was transplanting twice the rate of any other centre in the country. Thanks, and congratulations, were extended to the Cardiothoracic Service by the Trust Board. f. JA advised that he had met with the Chair of the ICB, to gain some understanding of their focus, as well as that of the Healthwatch team, who would be involved closely with those plans, going forward. g. JA had attended the October 2024 meeting of the Joint Cambridgeshire and Peterborough Health and Wellbeing Board/Integrated Care Partnership. The meeting had proved instructive in helping to understand how the various stakeholders in social care, local authority, education and others engaged in conversation around the provision of health. <p>Noted: The Board NOTED the Chair's Report.</p>		
1.vi.	Board Assurance Framework (BAF)		
	<p>Received: The BAF report, for October 2024, which was taken as read.</p> <p>Reported: By KMB that:</p> <ol style="list-style-type: none"> a. BAF 1854: Unable to recruit number of staff with the required skills/experience: The risk rating was, after a review by the Executive Team, decreased from 16 to 12 in October 2024. The Executive Directors' (EDs) Committee agreed to the reduction in the light of sustained reduction in vacancy rates across a number of departments/staff groups and healthy recruitment pipelines. This would be 		

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	<p>reviewed at the November 2024 Workforce Committee meeting.</p> <p>b. BAF 742: Failure to meet safer staffing (NICE guidance and NQB): In October 2024, the Quality and Risk Committee agreed to the transfer of the risk entry to the Workforce Committee. The Board was requested to review and approve the transfer of BAF 742 from the Quality and Risk Committee to the Workforce Committee.</p> <p>Discussion:</p> <p>c. The Board reviewed the transfer of BAF 742 to the Workforce Committee and was assured that as the recruitment pipeline had significantly improved and staffing pressures had declined, the risk profile had shifted from patient safety to staff retention. It was noted the Quality and Risk Committee would retain an interest while the Executive Directors Committee (EDs) could at any time recommend the reversal of the transfer if this was deemed appropriate.</p> <p>d. CC flagged that the cyber security risk (1021) was under intense review and was being taken very seriously.</p> <p>The Board REVIEWED and APPROVED the transfer of BAF 742 from the Quality and Risk Committee to the Workforce Committee and NOTED the other updates.</p>		
1.vii.	CEO Update		
	<p>Received: EM presented the CEO's update, which was taken as read.</p> <p>Reported: By EM that:</p> <p>a. Black History month had been truly inspiring, and thanks were extended to the organisers and participants.</p> <p>b. The Annual NHS Staff Survey was currently open. As of Thursday 31 October, RPH response rate was 36.26% (806 respondents from an eligible sample of 2,223 staff). This was broadly in line with the average response so far from acute specialist Trusts (37.57%).</p> <p>c. Since the last public Board meeting in September 2024, RPH had opened and closed the nomination period for its annual Staff Awards. There had been 730 nominations; a 50% increase on 2023. That longlist had now been reduced to a shortlist of 45 finalists, in 15 categories.</p> <p>d. On 14 October 2024, national Allied Health Professionals Day had been celebrated. The day began with presentations of awards to AHPs who were nominated for providing exceptional care and leadership.</p> <p>e. As part of the patient safety incident response framework (PSIRF) three patient safety partners had been recruited to support the Trust's patient safety programme.</p> <p>f. There had been seven winning applicants from the most recent round of innovation fund requests, which was an in-house fund, and with 22 applications this year everyone who was awarded funds had done an exceptional job. The successful projects ranged from sleep apnoea research, to home monitoring in patients with adult congenital heart disease (ACHD).</p> <p>g. On Monday 28 October 2024, after months of careful planning, the first patient on a new pathway for patients with acute coronary syndrome (ACS) had been treated in collaboration with CUH. Under the auspices of this collaboration, CUH patients who matched certain specific criteria were transferred for treatment at RPH, and then transferred back to CUH. As well as establishing positive working partnerships between the two Trusts, this would benefit both sites by aiming to release bed pressures to cardiology wards and ensure patients were treated as efficiently as possible. A review of the first patient has already been undertaken.</p>		

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	<p>Discussion:</p> <ul style="list-style-type: none"> h. GR queried the low staff flu vaccination rates, and it was confirmed that the team had delivered 1,024 flu vaccinations and 877 Covid vaccinations, equating to 41% and 35% of staff respectively. MS confirmed that the lower level of uptake was evident across all of the other NHS provided and advised that RPH had voluntarily decided to offer the Covid vaccine to staff. OM added that there had been less managerial encouragement to take up the vaccinations this year. i. With respect to surgical site infections (SSIs), CC questioned whether there should be further triangulation in the CEO report, as on reading the Quality and Risk Chair's report, this had been less optimistic around the management of SSIs. EM conveyed that the narrative within the CEO report had tried to manage expectations with the data and the associated narrative, but EM would take CC's comments into consideration, going forward. JA added that there had been no intention to describe the issue of SSIs as resolved at the current time, and there was still much work to be done to resolve the issue. CC concluded that the narrative within the CEO's report should reflect the appropriate level of concern. j. JA highlighted the 'visibility rounds' which were being undertaken and encouraged all Board members to join when possible. <p>Noted: The Board NOTED the CEO Update.</p>		
1.viii.	NEDs Update		
	There was no update to deliver.		
2.	PEOPLE		
2.i.	Update on General Medical Council Survey 2024		
	<p>Received: Update on General Medical Council (GMC) Survey 2024, which was the largest annual survey of trainee doctors in the UK and their named clinical and/or educational supervisors. The trainees were surveyed about the quality of their training and the environment where they work, and trainers about their experiences as supervisors.</p> <p>Reported: By IS that:</p> <ul style="list-style-type: none"> a. Results had been generally disappointing. b. Areas of positivity included the fact that 95% of all trainees were satisfied with the quality of their clinical supervision, and 97% were satisfied with the quality of the teaching. c. Significant efforts had been made to improve the induction process. Survey responses demonstrated that 89% of trainees were satisfied (very good, good, neither good nor poor) with the process, and the proportion considering the induction to be poor, or very poor, had decreased from 18% in 2023, to 9% this year. d. In respect of discrimination, 45% of trainees said they had experienced micro-aggressions, negative comments, or oppressive body language from colleagues, which was an increase on 2023 (33%), and higher than the national average (29%). 22% said that they had been intentionally humiliated in front of others, which was higher than the national average (13%). e. There were 7 negative outliers (this compares to 11 in 2023, 8 in 2022) across a range of indicators in FY2 Medicine, Intensive Care Medicine and Cardiothoracic Surgery. Factors considered as contributing to these included induction, adequacy of experience, workload, access to study leave and lack of facilities. 		

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	<p>f. The facilities offered to resident doctors had improved, but remained an outlier, and this required further work.</p> <p>g. Only 47% of trainees agreed or strongly agreed that their post gave them opportunities to develop their leadership skills, relevant to their stage of training, which compared to 61% nationally.</p> <p>h. The results had been disseminated amongst educational leads and supervisors and would be discussed at the RPH Medical Education and Training Committee.</p> <p>i. Departmental educational leads and specialty tutors had identified areas for improvement and formulated action plans specifically for red outlier areas; this was required to be submitted to NHSE, who would continue to monitor RPH performance in education and training through the Annual Trust Development Plan.</p> <p>j. The priority areas had been identified as:</p> <ul style="list-style-type: none"> • Quality of Training • Supportive Environment and Discrimination • Wellbeing • Workload • Rota Design • Leadership Opportunities • Trainer Survey <p>Discussion:</p> <p>k. GR questioned the governance in place for monitoring progress of the action plan, and it was confirmed that the Annual Survey was indicative of key progress. In terms of individual points, these would go through the education directorate and their meetings, with necessary oversight, and reports to Workforce. JA considered it would be helpful for Workforce to provide an interim position of progress rather than just an annual update. AF advised that Workforce had requested a report to come back to the Committee, but this would observe progression, not monitoring of the action plan.</p> <p>l. DL expressed concern about discrimination figures, requesting to know steps to be taken to rectify the situation. IS stressed the need for a whole-hospital approach to the matter, and the solution was wrapped up in the piece as a whole. DL sought assurance that this would be looked at individually, in case it should be lost amongst the entirety of the subject, after which OM agreed to give the matter further consideration.</p> <p>m. CP questioned practical experience, noting quality of supervision and teaching was rated highly, but hands-on experience appeared to be lacking, wishing to know how this might be addressed. IS did not have an answer immediately available, but would seek a response for CP.</p> <p>n. CP further queried workload, with 79% working beyond rostered hours, and 15%, daily, wishing to know what was driving this position and any plan for remediation. IS advised that trainees were a cohort of people who were determined to gain more practical experience and to always be present. IS stated that, among the trainees, working beyond their rostered hours often a badge of honour and part of what they deem to be the norm.</p> <p>o. IS advised that whether the practice of working long hours was healthy or not was a separate issue that was being addressed. IS highlighted Surgery as an area where working very long hours was the norm, and trainees usually only gain a lot of the relevant hands-on surgical experience after hours. As part of a bigger project, the Trust was in the process of addressing job planning in Surgery, and the hope was that a change in the work culture in Surgery would positively impact on other clinical teams. IS cautioned that resolving the tension between gaining enough trainee experience during work hours and out of hours would be difficult.</p>	IS	01/25

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	<p>p. IW concurred that results had been disappointing and queried the timeline on the works to improve mess facilities. EM confirmed that the aim was to have the works completed by the end of the financial year.</p> <p>q. JA noted the need for focus on the low (10%) of all RPH trainers, compared to trainees, who had responded to the Trainer Survey, which was less than the national response rate (32%).</p> <p>Noted: The Board NOTED the update on the 2024 General Medical Council Survey.</p>		
2.ii.	Guardian of Safe Working Report Quarterly Report – June to September 2024		
	<p>Received: Guardian of Safe Working Report Quarterly Report – June to September 2024.</p> <p>Reported: By SP that:</p> <p>a. There appeared to be a mismatch between data observed by SP in exception reports, and the number of excess hours worked, reported through the GMC survey. SP attended inductions and encouraged residents to exception report, as required.</p> <p>Discussion:</p> <p>b. DL referred to the section in the report, which referred to locally employed doctors (LEDs) not currently being given logins for the exception reporting system and whether this had resulted in an under-reporting of exceptions. SP explained the different time periods within the table and agreed that there was potentially a lack of awareness of what locally employed doctors were doing. SP stated that some may however, have logins but would still not be able to report if they came from other rotational posts where their contracts excluded the exception reporting elements.</p> <p>c. JA queried whether there was a piece of work to be conducted around the LEDs' experience, their environment and how supported they felt.</p> <p>d. OM suggested that the matter of tracking of experience should be brought to the Workforce Committee, for further discussion.</p> <p>e. CP sought clarity on reporting structure in relation to doctors in training who were working beyond scope. SP advised that there was no specific exception reporting system for these circumstances. IS considered the question to be pertinent, and advised that others could be questioned about it, but was not aware of this as an issue, rather, a sense of over-management and lack of opportunity tended to be evident. It was acknowledged that this issue could form part of the next GMC survey.</p> <p>f. MB enquired if, in cases where exception reports related to patient safety issues, this was fed into normal investigation of safety incidents. SP advised that these were received both by him and the Educational Supervisor and depending on the situation, further investigations were undertaken. MS expressed confidence that such patient safety issues were not being missed, but would pursue the matter further, in conjunction with IS.</p> <p>g. It was questioned whether the 206 unresolved exception reports, a legacy from previous periods, should be a cause for concern. SP confirmed these were resolved, but not recorded; there was concern, but not a cause for worry.</p> <p>ACTION: MS/IS to liaise further regarding exception reports related to patient safety, to ensure these are being captured and fed through normal investigative channels.</p>	MS/IS	03/25

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	Noted: The Board NOTED the Guardian of Safe Working Report Quarterly Report – June to September 2024.		
2.iii.	2023/24 Annual Report from the Trust Armed Forces Champion		
	<p>Received: 2023/24 Annual Report from the Trust Armed Forces Champion.</p> <p>Reported: By RC that:</p> <p>a. Expansion of knowledge was highlighted as significant, with a significant increment of patient awareness that they could reach out for assistance and direction to external military charities.</p> <p>Discussion:</p> <p>b. JA thanked RC for the report, finding the patient stories to be particularly helpful. It was questioned whether there was a way of effectively and efficiently identifying patients from armed forces backgrounds. RC advised of the relaunch of the Armed Forces Community Network and an advertising campaign within the Trust had helped in raising awareness of the support available. It was noted that when patients identified themselves as armed forces veterans, this information was recorded on Lorenzo, and extra assistance was offered as appropriate. .</p> <p>Noted: The Board NOTED the 2023/24 Annual Report from the Trust Armed Forces Champion.</p>		
2.iv.	Freedom to Speak Up Guardian’s Quarters 1 & 2 Report		
	<p>Received: Freedom to Speak Up (FTSU) Guardian’s Quarters 1 & 2 Report.</p> <p>Reported: By TB that:</p> <p>a. Interest in becoming a FTSU champion was increasing. The current position was 36 FTSU champions, with 4 awaiting training.</p> <p>b. A system had been explored where individuals could be assured of remaining anonymous to all when choosing to speak up (including to the FTSUG). The system platform offered security and was provided by the company Working in Confidence; it was hoped that this would be piloted this year.</p> <p>Discussion:</p> <p>c. MB questioned whether a resident doctor had ever made an approach, and TB confirmed this to be the case.</p> <p>d. CC queried whether establishment of the process for anonymous reporting could be increased in pace, and advised this should either be implemented quickly or a decision made not to go ahead with it. TB stated that the procurement process for the anonymous reporting system was almost concluded and added that the funding for it been secured from the RPH Charity.OM flagged the set of issues to be resolved around anonymous reporting and stated that relevant discussions were being undertaken.</p> <p>e. JA raised the link between Datix and anonymous reporting, where the report noted increasing frequency of inappropriate behaviours (incivilities/bullying/harassment) between staff being reported through Datix as incidents, with disclosure of staff identities often being made, and allegations remaining untested. The need to ensure that should such reports be made, necessary investigations were undertaken, promptly, was highlighted. MB questioned the level of access to Datix reports. MS confirmed that this would vary from 5-15 individuals, once allocated to the relevant department. AR stated that how a matter was reported, and how public this was, required further consideration,</p>		

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	<p>noting that there needed to be a balance of the good and the harm that could be caused by such a level of publicity.</p> <p>Noted: The Board NOTED the Freedom to Speak Up Guardian's Quarters 1 & 2 Report.</p>		
3.	QUALITY		
3.i.	Quality and Risk Committee (Q&R) Chair's Reports – September 2024 and October 2024		
	<p>Received: Q&R Committee Chair's Reports – September 2024 and October 2024, which were taken as read and questions invited.</p> <p>Discussion:</p> <ol style="list-style-type: none"> a. CP expressed concern over SSIs, and questioned plans to address the same. MB responded that there had been a couple of months where numbers had notably reduced, particularly during the outbreak of Carbapenemase-producing Enterobacteriales (CPE) infections in July 2024. Although 5.6% was the latest quarterly report figure, this had been lower during the outbreak when infection control measures had been optimal to contain and stop the CPE outbreak. b. MB stated that was debatable whether this was a sustainable position as numbers had started to rise since the CPE outbreak. It was still thought there were particular areas where a difference could be made with footfall in theatre being one example. MS added that an update report, following the SSI Summit, would be submitted for review at the December 2024 Q&R meeting. JA requested that the relevant deliberations be shared in the next Q&R Chair's report, for information purposes. c. JA questioned what was being done differently, or had ceased, after the CPE outbreak. MS replied that the infection control measures were standard and were in place all the time, but the diligence around environmental cleaning, strict contact precautions and the intense monitoring had made a difference. <p>Noted: The Board NOTED the Quality and Risk Committee Chair's Reports – September 2024 and October 2024.</p>		
3.ii.	Combined Quality Report		
	<p>Received: Combined Quality Report, which was taken as read, and questions invited.</p> <p>Reported: By MS.</p> <ol style="list-style-type: none"> a. JA referred to the story of Patient A, noted within the report, and questioned whether there was a known false/negative rate from the screening involved. IS advised that this had been vexing to all; coronary angiography had been undertaken and the review did not detect a problem. However, at post-mortem, significant coronary artery disease had been identified; it was confirmed that there had been no error in respect of imaging and patient identification. <p>Noted: The Board NOTED the Combined Quality Report.</p>		

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3.iii.	Infection Prevention & Control Annual Report 2023/24		
	<p>Received: Infection Prevention & Control Annual Report 2023/24</p> <p>Reported: By MS that:</p> <ol style="list-style-type: none"> a. The report had been scrutinised at Q&R and focussed on infection prevention and control activities within RPH from April 2023 to March 2024. b. Two MRSA bacteraemia for 2023/24 had been reported, which was one more than the previous year. c. There had been a reduction in reported MSSA acquisitions (n=8) from the previous year, which was 19. d. C.difficile reporting was above the threshold for 2023/24 at 17 cases, (threshold of 12). It was acknowledged that there has been a rise in C.difficile cases nationally, and this was also reflected in the increased number of cases reported within the ICB, and regionally. e. The Trust reported a total of 11 cases of E.Coli bacteraemia for 2023/24, which was an increase compared to last year, which was 9. f. In 2023/24 the rate of surgical site infection (for patients who underwent coronary artery bypass grafts) was 8.3% (69 infections out of 831 surgeries) and for valve surgery 3% (16 infections out of 534 operations). This remained above the UKHSA average of 2.7%. g. Review and gap analysis against the Hygiene Code (Health and Social Care Act 2008) and Board Assurance Framework document (NHSE) highlighted areas of improvement to gain assurance, particularly in the areas of soft services, with embedding the National Cleaning Standards 2021 and Health Technical Memorandum Ventilation Standards. A ventilation committee had been established which was providing assurance reporting to the ICPPC Committee. h. In 2023/24 there were two positive M. abscessus samples which were related to the RPH identified outbreak strain, however, further review had shown that there may have been a laboratory error. Neither patient had displayed signs of infection. This was also being discussed through Committees. i. There was one instance where contact tracing and screening was required for tuberculosis. There were no positive cases identified on screening. j. RPH had a number of IPC external peer reviews which were welcomed in 2023/24. In June 2023 RPH had welcomed NHSE, ICB and the regional IPC lead, to support a peer review of the surgical patient pathway. This was to support the internal review of surgical site infections. k. Two risks were on the BAF in relation to infection prevention and control, of which the first related to prevention of hospital acquired associated infections and the second to M.abscessus. <p>Discussion:</p> <ol style="list-style-type: none"> l. MB explained that the report had been discussed at length at Q&R Committee and had been recommended to the Board. m. JA queried next year's programme and requested, going forward, to be able to gain a sense of what had not been delivered, compared to what had been planned. In addition, a typographical error was noted within the contents page, where reference had been made to '2022/23', rather than '2023/24'. n. PS queried the balance between accessibility and welcome, with infection control. MS responded that visitors were provided with the essentials required, in terms of screens displaying adherence to hand-washing, not attending if feeling unwell and, once on the ward, there were clear instructions in terms of what was expected, particularly if the person being visited was being isolated. 		

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	Approved: The Board APPROVED the Infection Prevention & Control Annual Report 2023/24.		
3.iv.	2023/24 Annual Health and Safety Report		
	<p>Received: 2023/24 Annual Health and Safety Report, which was taken as read.</p> <p>Reported: By MS that:</p> <ol style="list-style-type: none"> a. The report provided the Trust Board with a summary of principal activity and outcomes relating to the management of health and safety at work within RPH during the financial year 2023/24. b. During the financial year there had been 888 incidents relating to Health and Safety. This represented an 11% increase when compared to the year 2022/23 in which 793 incidents were reported. Over half of 2023/24 incidents were graded as near miss, no/low harm (52%) with low harm incidents representing 47%. The remaining 1% related to ten moderate harms incidents (9 relating to Staff RIDDORS and 1 patient incident from a fall resulting in fracture). c. Nine RIDDOR incidents were reported in 2023/24 compared to 10 in the previous financial year (2022/23). d. The number of total reported Moving and Handling Incidents had increased by 13% this year to a total of 33 incidents. Last year, 2022/23, there were 29 incidents. e. There was 1 Ionising Radiation (Medical Exposure) Regulations (IRMER) incident reported to the CQC in 2023/24. In the previous year, for 2022/23, there were 2 requiring reporting to CQC. f. Compliance with face fit testing had improved, with 78.35% of staff fit tested to one mask and 73.99% to 2 masks, as required by legislation. The Trust target currently sat at 80%. g. There were 45 staff referred to Occupational Health for reported sharp injuries in 2023/24 This remained stable with the number reported in 2022/23 also being 45. Of the 33 incidents captured on Datix in 2023/24, the main reported type related to contact with dirty needles (27) and of these there were 26 low harms and 1 near miss incident. It was acknowledged that such incidents were unacceptable. <p>Discussion:</p> <ol style="list-style-type: none"> h. JA questioned whether the charts might lend themselves to an SPC type approach; MS confirmed that this was in development. <p>Approved: The Board APPROVED the 2023/24 Annual Health and Safety Report.</p>		
4.	PERFORMANCE		
4.i.	Performance Committee Chair's Reports – September 2024 and October 2024		
	<p>Received: Performance Committee Chair's Reports – September 2024 and October 2024.</p> <p>Reported: By GR that:</p> <ol style="list-style-type: none"> a. Responsive - a concerning position had been noted regarding long-waiters, which had increased to 70. Although late referrals accounted for a significant number, 41 out of the 70 were due to delays once patients had been referred to RPH. This was largely due to failings in basic PTL management of each patient and not capacity. There was one patient this month exceeding 65 weeks. Assurance was described as "limited pending delivery". b. Oncology Deep Dive - the Committee had received an impressive report which 		

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	<p>provided an honest assessment of the drivers which provided assurance that RPH's Cancer Transformation Board was starting in the right place. Assurance was described as "limited pending delivery".</p> <p>Discussion:</p> <ul style="list-style-type: none"> c. JA expressed appreciation for the categorisation of levels of assurance, which it was considered was a pragmatic approach and aided focus. GR highlighted that these did not map across to the BAF, being the main document for risk assurance. d. JA questioned the extent of the tolerance of a Committee when there was a series of limited assurances around a particular issue. It was felt that tolerance should be lower when issues were within the Trust's internal control. e. HMc added that the internal performance oversight structure stated that three months of continuous underperformance against standards or objectives, would trigger executive attention, which had occurred in this instance. f. There was confidence around processes and the governance of tackling the issues. <p>Noted: The Board NOTED the Performance Committee Chair's Reports – September 2024 and October 2024.</p>		
4.ii.	Papworth Integrated Performance Report (PIPR) Month 06 – September 2024		
	<p>Received: Papworth Integrated Performance Report (PIPR) Month 06 – September 2024.</p> <p>Reported: By AN that:</p> <ul style="list-style-type: none"> a. The overall rating in September 2024 was noted to be amber, driven by three reds, two ambers and one green, within 'Caring'. b. Context was provided around finance that the Trust was favourable to its revenue plan by £1.1m, which was acknowledged to be a very healthy cash balance, and the only adverse variance within the finance position was the capital spend being slightly behind, for reasons which were known. There was, therefore, confidence of a position to spend. <p>Discussion:</p> <ul style="list-style-type: none"> c. JA queried what would happen if there was no capital spend, AN advised that there were schemes within the pipeline which could be brought forward if there was a risk of an underspend. <p>Noted: The Board NOTED the Papworth Integrated Performance Report (PIPR) Month 06 – September 2024.</p>		
5.	AUDIT		
5.i.	Audit Committee Chair's Report – October		
	<p>Received: Audit Committee Chair's Report - October</p> <p>Reported: By CC that:</p> <ul style="list-style-type: none"> a. The Committee had been given a verbal update on the outcome of discussions about putting information on the NHS Counter Fraud Authority (NHSCFA) system of unfounded claims against individuals. At a meeting held on 02 October 2024 between BDO and NHSCFA, BDO raised the issue of how to protect the data rights of staff whose details were entered into the NHSCFA's case management database ('CLUE') and for how long this data was retained, in the event that a 		

Agenda Item		Action by Whom	Date
	<p>referral turned out to be incorrect or vexatious, as had occurred at RPH. The NHSCFA confirmed that such data would be retained for six years, in accordance with their current policy. BDO challenged this and requested that the retention period be reviewed in light of GDPR and data rights concerns raised by a number of clients, including RPH. The NHSCFA confirmed that they would do this, as part of an ongoing wider review of their Information Governance, but could not give a timeframe for a decision. As a result, BDO was recommending that the Local Counter Fraud Specialist and CFO at RPH discussed and agreed when, if at all, it would be appropriate to record personal data on CLUE in response to a referral, and that an email audit trail was kept of the decision. This could mean that the Trust may be at odds with NHSCFA guidance but it was felt that the protection of individual's reputation and data was of paramount importance, especially when it could affect their future.</p> <p>b. The Committee was given an update from KPMG that the audit of the RPH Charity's Annual Accounts and Reports was substantially complete. There was no reason at this point not to expect an unmodified Auditor's Report on the financial statements. The accounts and report would be discussed again at the Charitable Funds Committee on 14 November 2024 and then go to an extraordinary Audit Committee meeting to be held on 26 November 2024, for presentation to the Trustee Board on 05 December 2024. The deadline for submission to the Charity's Commission was 31 January 2025.</p> <p>c. Pharmacy write-off - the Committee had been requested to approve the write-off of obsolete pharmacy stock of circa. £40,000 but in the schedule of decisions, there had been no clear area of who had authority to write this off. To be sure, the Board was requested to ratify this decision.</p> <p>Discussion:</p> <p>d. AN advised that the above related to one drug, which had been purchased based on NICE guidance, but which had expired prior to use. It was felt that this exposed an opportunity to be explicit, within the schedule of delegation, to call out stock expiration. In addition, a decision had been taken not to re-stock this particular drug. IS advised that the need for the drug had never arisen.</p> <p>e. JA questioned whether there were shared arrangements with other hospitals, to enable a smaller quantity to be shared. MS agreed to pick up the point with the Chief Pharmacist.</p> <p>f. AF requested to know the consequences of not entering staff details into the NHSCFA's case management database. CC advised that the consequence would mean that within reporting, there would be a red mark, but it was felt this would be justified, due to the associated implications. JA concurred with CC's view.</p> <p>ACTION: MS to address the issue of the sharing of smaller quantities of particular medications, across Trusts, with the Chief Pharmacist.</p> <p>Approved: The Board RATIFIED and APPROVED the write-off of obsolete pharmacy stock.</p>	MS	03/25
6.	Governance & Assurance		
6.i.	Strategic Projects Committee Terms of Reference		
	<p>Received: Strategic Projects Committee Terms of Reference.</p> <p>Reported: By DL that:</p> <p>a. There had been a change in title from 'Trust Secretary' to 'Associate Director of</p>		

Agenda Item		Action by Whom	Date
	<p>Corporate Governance.</p> <p>b. Version control and review dates had been updated.</p> <p>c. There had been revision of the duties to reflect the role of the Committee in monitoring the progress of the EPR Replacement Project.</p> <p>d. Revisions to the Purpose/Objectives had been made.</p> <p>Approved: The Board APPROVED the Strategic Projects Committee Terms of Reference.</p>		
6.ii.	Board Committee Approval Part 1 Minutes		
	<p>a. Quality & Risk: 29.08.24; 26.09.24</p> <p>b. Performance: 29.08.24; 26.09.24</p> <p>c. Workforce: 25.07.24</p> <p>d. Audit: 18.07.24</p> <p>Noted: The Board NOTED the Board Committee Approval Part 1 minutes.</p>		
6.iii.	Revalidation Annual Report April 2023 – March 2024		
	Noted: It was noted that the Revalidation Annual Report (April 2023-March 2024) had been reviewed and approved at the private (Part 2) Board meeting in October 2024.		
7.	BOARD FORWARD PLAN		
7.i.	Board Forward Plan		
	Noted: The Board NOTED the Forward Plan.		
7.ii.	Review of Actions and Items Identified for Referral to Committee/Escalation		
	There were no items for escalation.		
8	ANY OTHER BUSINESS		
	As there was no other business to discuss, the JA closed the meeting at 11:00.		

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Signed

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Date

**Royal Papworth Hospital NHS Foundation Trust
Board of Directors**

Meeting held on _____