

**Meeting of the Board of Directors
Held on 7 February 2019 at 9.00am
in the Upper Lecture Theatre
Royal Papworth Hospital**

UNCONFIRMED

MINUTES – Part I

Present	Prof J Wallwork	(JW)	Chairman
	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
	Dr R Zimmern	(RZ)	Non-executive Director
In Attendance	Mrs A Jarvis	(AJ)	Trust Secretary
	Nicola Moule	(NMo)	Matron Ambulatory Care
Apologies			
Observer	Dr R Hodder	(RH)	Public & Lead Governor
	Mr K Jackson	(KJ)	Public Governor

Agenda Item		Action by Whom	Date
1.i	WELCOME, APOLOGIES AND OPENING REMARKS		
	The Chairman welcomed everyone to the meeting.		
1.ii	DECLARATIONS OF INTEREST		
	There is a requirement those attending Committees raise any specific declarations if these arise during discussions. SP reported that he had been appointed as Chair of the East of England Cardiac Network and RC advised that he had become a member of the Cambridge Global Health Partners Board.		

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	The following 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 in regard to positions held within the University of Cambridge, particularly in relation to fundraising. iii. Dr Zimmern as Chairman of the Foundation for Genomics and Population Health (the "PHG Foundation"). A fully owned subsidiary and linked exempt charity of the University of Cambridge. iv. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities. v. John Wallwork as an Independent Medical Monitor for Transmedics clinical trials. vi. Dave Hughes as a NED of Health Enterprise East (HEE); vii. Josie Rudman, Partner Organisation Governor at CUH. viii. Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH. ix. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board. x. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews. xi. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd xii. Nick Morell Acting CEO Morphogenics biotech company from 1 April 2018 xiii. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT. 		
1.iii	MINUTES OF THE PREVIOUS MEETING		
	<p>Board of Directors Part I: 3 January 2019</p> <p>Amendments: Page 1: Tony Bottiglieri to be added to those in attendance at the meeting. Page 3: Yvonne Inglis had retired 65 years after starting work for the Trust and Hazel Farren had retired after 36 years of service at the Trust. Page 10: Item 3.ii Discussion: corner should be amended to Coroner</p> <p>Approved: With the above amendment the Board of Directors approved the Minutes of the Part I meeting held on 3 January 2019 as a true record.</p>		
1.iv	MATTERS ARISING AND ACTION CHECKLIST		
	<p>Reported: Action Ref 168: This item would be covered within the Board Learning Together programme. Action Ref 179: EM advised that a review of the 10 patients who were unfit found: one patient was pregnant on admission; two patients had temperature spikes; one patient had D&V the night before; one had a urine infection detected the day before; two patients had developed other conditions close to the operation,</p>		

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	<p>(ischaemic bowel and a stroke) and three patients had changes to their condition which might have been identified at pre-op assessment if they had been offered this.</p> <p>Action Ref 184: The Chair of the Performance Committee had agreed that this would be moved to the February meeting.</p> <p>Noted: The Board of Directors noted the updates on the action checklist.</p>		
1.v	Chairman's Report		
	<p>Received and noted: The Chairman's report to the Board.</p> <p>Reported: By JW:</p> <ul style="list-style-type: none"> i. That the Consultant Radiologist recruitment had been a successful and Alana Barker would be re-joining the Trust. ii. That the Trust had successfully completed its 2000th PTE operation. iii. That the Trust had been hit by a flu outbreak and the Executive would be providing an update to the Board. iv. That he would like the meeting to consider papers as read, with key matters highlighted to the Board by exception and these would be the focus for Board discussions. 		
1.vi	CEO's UPDATE		
	<p>Received: The CEO's update setting out key issues for the Board across a number of areas reflecting the range and complexity of the challenges currently facing the Trust and the significant progress being made in delivery of the Trust's strategic objectives.</p> <p>Reported: by SP:</p> <ul style="list-style-type: none"> i. That construction on the new hospital was completed and that the focus now was on familiarisation and preparation for the move. ii. That there had been positive media coverage and the position on recruitment was encouraging. iii. That the Trust had achieved the best Cardiac and Thoracic Surgery outcomes in the UK. iv. That the Trust had secured £3.4m in research grants and our clinicians were to be congratulated on this achievement. v. That the Trust had a flu outbreak which had started in Cardiology and had resulted in closed beds on Hugh Fleming and Mallard Wards. JR and EM were asked to provide an overview of the current position. <p>Reported: by JR and EM:</p> <ul style="list-style-type: none"> i. Steps were being taken to manage the outbreak with reverse barrier nursing in place to allow for continued admissions from DGHs. ii. Staff had been reminded about the use of PPE and the importance of flu vaccination. vi. That between up to 35 beds were affected by the outbreak and all elective cardiology had been reviewed. 		

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	<p>vii. That a TAVI had been cancelled and planned cardiology procedures had been switched to day cases.</p> <p>viii. That there were 4 ACS patients who had breached their waiting time and potential for further breaches.</p> <p>ix. Two theatres were running and emergency cases had started.</p> <p>x. Some cardiac surgery elective activity had been cancelled and the focus was on delivery of IHU activity.</p> <p>xi. There was a constraint on moving patients out of critical care and there were patients with flu on the critical care unit.</p> <p>xii. There were flu like symptoms reported amongst staff as well as patient cases.</p> <p>Discussion:</p> <p>i. The Board considered the vaccination uptake rate and noted that the Trust performance was good with a level of 79% of clinical staff vaccinated and that the strains included in the vaccination included those being experience in the outbreak. It was noted that the vaccination programme helped to protect and to reduce severity of symptoms but did not offer an absolute level of protection.</p> <p>ii. That the outbreak reflected the increase in cases reported across the region with cases in neighbouring Trusts.</p> <p>iii. The time to reopen beds would be at least four days because of the cycle of infection.</p> <p>iv. That whilst there had been a lower uptake of vaccination amongst medical staff RH had received assurances from clinical directors that that they had personally spoken to colleagues about this matter.</p> <p>In response to a query about the Lorenzo Digital Exemplar status AR advised that the bi-directional interface with EPIC was relevant to the national discussion and reflected the NHS ambition of interoperability It was noted that Will Smart the NHS's Chief Information Officer would be visiting the new hospital.</p> <p>Noted: The Board noted the CEO's update report.</p>		
1.vii	Patient Story		
	<p>The Board received a patient story from Nicola Moule.</p> <p>The story concerned a 60 year old woman with heart failure who had attended the outreach cardiac rehab service provided at the Camborne Leisure Centre. The patient was elderly and frail with significant comorbidities. She had been trying to access cardiac rehab in Bedfordshire but no service was available to her. She had approached Royal Papworth who had assessed her level of risk and offered access to twelve week programme of cardiac rehabilitation.</p> <p>Prior to joining the class the patient was unable to walk or independently undertake other activities of daily living. She reported that she was apprehensive about the programme but excited to have the opportunity to take part in it.</p>		

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	<p>The patient was anxious at class (and was tearful within a short time of the start of the session) but with the support of the team she completed a 50 minute chair based exercise programme, has attended two further sessions subsequently and is undertaking exercise at home.</p> <p>NM observed that even a patient with a very significant level of frailty could gain benefit from participation in rehabilitation programmes. It was planned to review the patient again at the end of the twelve week programme.</p> <p>The patient had provided very positive feedback against all aspects of the service including the environment and facilities.</p> <p>Discussion:</p> <ul style="list-style-type: none"> i. RH noted that this was a good example of where the Trust would need to take a lead responsibility within cardiac services guiding how services are developed in the wider system. <p>Noted: The Board noted the patient story.</p>		
1.viii	NHS Long Term Plan		
	<p>Received: A report from the CEO setting out an overview of the implications of the NHS Long term plan.</p> <p>Reported: By SP</p> <ul style="list-style-type: none"> i. That the plan would require the development of network solutions and integrated care provision for the Cambridge and Peterborough STP. ii. That the Trust would have a role in leading delivery of 24/7 cardiac services in the local STP. iii. That the Trust's role in the regional cardiac network would promote working across STPs and engage clinicians in primary care to much greater extent. This would mean the Trust would have a wider influence across the entire patient pathway from health promotion and prevention to rehabilitation. <p>Discussion:</p> <ul style="list-style-type: none"> i. RZ advised that the role of the Trust in the prevention agenda for cardio vascular disease was important and would contribute to the management of familial risk. ii. It was noted that planned developments around research and Trust relationships with partners through the University and and the biomedical campus would mean it was well placed to promote innovation in practice and services at a regional, national and international level. iii. RH noted that there would be challenges arising out of the plan such as how local systems address issues of social deprivation and neglected communities and how the Trust supports the system response to these matters. These may be supported by innovation in roles and new ways of working. 		

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	Noted: The Board noted the report on the NHS Long Term Plan.		
2	PERFORMANCE		
2.a.i	<p>PERFORMANCE COMMITTEE CHAIR'S REPORT 31 JANUARY 2019</p> <p>Received: The Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By DH</p> <ul style="list-style-type: none"> i. That the impact of the flu outbreak had been discussed by the Committee. ii. That the key item was the review of the Operational Plan for 2019/20 which was commended to the Board. iii. That the Committee had undertaken its self-assessment and considered its performance as adequate and very close to strong performance and step would be taken to secure this improvement. <p>Noted: The Board noted the Performance Committee's Chairs report.</p>		
2.b	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
	<p>Received: The PIPR report for Month 8 December 2018 from the Executive Directors (EDs).</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That the overall performance for the Trust for December was at a Red rating ii. That performance was rated as 'Red' in four domains: Caring Responsiveness, People Management & Culture, and Finance. iii. That performance was rated as Amber in 2 domains: Effective and Transformation iv. That the Safe domain was rated as Green. v. That the KPIs were being updated for 2019/20 and that the requirements of the new NHS Long Term Plan would be brought into the review process. <p>Reported: EDs outlined key performance issues for the Board and provided detail on the spotlight reports covering:</p> <ul style="list-style-type: none"> i. High Impact Interventions ii. Direct Care Time iii. Bed Occupancy iv. Diagnostic Reporting v. Statutory and Mandatory Training vi. New Papworth ORAC progress report vii. Cost improvement programme 		
2.b.i	<p>Safe</p> <p>Reported by JR</p> <ul style="list-style-type: none"> i. That performance against KPIs had been reviewed at both 		

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	Performance and Q&R and there were no further matter to bring to the attention of the Board.		
2.b.ii	<p>Effective Reported by EM:</p> <ul style="list-style-type: none"> i. That the key issue was activity and the impact of planned closures over the Christmas period. ii. That there was significant underachievement in RSSC and linked to issues in booking processes which had now been resolved but would impact January performance. iii. That Cath labs activity was low and had been affected by the reduced consultant availability related to management of exposure levels. iv. That there had been a rich case mix of activity which may have a financial benefit offsetting some of the activity reduction. v. That the Trust had been in ECMO surge since 19 December. vi. That work was underway on the reporting of the Cath lab cancellations as a part of KPIs review for 2019/20 with a separation of reporting of on the day and other cancellations. 		
2.b.iii	<p>Caring Reported by JR:</p> <ul style="list-style-type: none"> i. That the overall Red rating reflected the impact of a small number of changes in performance which had been reviewed in detail at the Performance and Q&R. ii. The spotlight on Direct Care Time (DCT) set out variations in DCT at a ward level. There had been a dip in this measure after the introduction of Lorenzo but more were areas now reporting increases in DCT achieved against target. 		
2.b.iv	<p>Responsive Reported by EM:</p> <ul style="list-style-type: none"> i. That RTT performance continued ahead of trajectory for both cardiology and surgery. ii. That the challenge would be to maintain this performance through the winter months. iii. That the team now had a better grip of the process and the knowledge to deliver the service standards. iv. There were two 52 week breaches, one patient was postponed as they were unwell and a second related to a commissioner query, both patients had now been treated. v. The 28 day readmissions target had been adversely affected by the high cancellations in November and patients choosing not to accept rebooking ahead of the Christmas period. <p>Discussion:</p> <ul style="list-style-type: none"> i. CC asked for clarification on the latest cancer waiting time figure which were greyed out in the report. EM advised that these figures were still subject to validation because of the process of allocation of breaches after month end. The figures related to very small patient volumes and the Trust consistently delivered at a level of around 85% against the historic cancer standard. ii. DD requested detail on referral rates and EM advised that 		

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	<p>these were tracked in snapshot at RTT meetings and there was continued strong performance in cardiac surgery and an improving position in interventional cardiology.</p> <p>iii. The Board noted that IHU surgery remained below target with achievement of 20%. It was agreed that the Board would receive a further report on IHU at the March meeting.</p>	EM	Mar 19
2.b.v	<p>People Management & Culture Reported by OM:</p> <ul style="list-style-type: none"> i. That domain had move to a red rating as turnover had increased in December but this was expected to fall back in January. ii. That there had been a reduction in the number of new starters but this was expected for this period. iii. That the pipeline for January and February was low but we were now seeing an upturn in interest for A&C/Nursing and HCSW posts ahead of the move. iv. The spotlight report on mandatory training sets out the improvement work going on in this area and whilst we are achieving around the 90% level we are not meeting national standards in all areas. v. Three e-learning packages have been launched with positive feedback from managers and staff. 		
2.b.vi	<p>Transformation Reported by RC that this domain would be discussed through the separate reports to the Board.</p>		
2.b.vii	<p>Finance Reported by RC:</p> <ul style="list-style-type: none"> i. December had been difficult with a £1.5m deficit in month. ii. The year to date deficit of £7m was favourable to plan by £670k. iii. That there was a continued shortfall in clinical income which was mitigated by a more complex case mix and the position achieved on the guaranteed income contract (GIC) and LADs. iv. That the year-end forecast deficit of £11.5m was still achievable but mitigating actions may be required to secure this position through January and February. v. That the Trust's cash position presented increasing concern and this may have adverse effects in Q1 of 2019/20. vi. That EBITDA position was £1m behind the operational plan. 		
	<p>Noted: The Board noted the month 8 PIPR.</p>		
3	<p>GOVERNANCE</p>		
3.i	<p>Board Assurance Framework</p> <p>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 draft BAF Committee report framework iii. The Board BAF tracker. <p>Discussion:</p> <ul style="list-style-type: none"> i. That there was a need to set out key issues identified through the BAF reporting within the executive summary to support 		

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	<p>Board in their consideration of the BAF.</p> <p>ii. That BAF reporting would be brought EDs prior to Board allow appropriate review and input to the report.</p>	AJ/EDs	Mar 19
<p>3.ii</p>	<p>Combined Quality Report</p> <p>Received: A report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR.</p> <p>Reported: By JR</p> <p>i. That the Q+R had considered the Quality Account Priorities for 2019/20 and recommended the following four priorities for approval by the Board:</p> <ul style="list-style-type: none"> • Quality Improvement - including Staff training and projects • A safe Hospital Move • Optimise Lorenzo • Leadership and Culture - including Recruitment and retention <p>ii. That the report included a update on LAUDIX which put in place a mechanism for the Trust to capture and celebrate exceptional care on a day to day basis.</p> <p>Agreed: The Board noted the report from the Chief Nurse and Medical Director and approved the Quality Account Priorities.</p>		
<p>3.iii</p>	<p>Q&R Committee Chair's report 22 January 2019</p>		
	<p>Received: The Board of Directors received Q&R Committee Chair's report of the meeting of the 22 January.</p> <p>Reported: by RZ</p> <p>i. That the Committee had undertaken its self-review and had recommended an increase in the quorum to two Non-executive Directors.</p> <p>ii. That the Committee had considered changes proposed in KPIs.</p> <p>iii. That the committee had approved the Clinical School proposal to provide Y6 medical student placements in Acute and Emergency Care, Surgery and Medicine.</p> <p>Noted: The Board noted the Q&R Committee Chair's report and thanked RZ for his contribution to the Committee and the wider Board during his time as NED and Chair of the Committee.</p>		
<p>3.iv</p>	<p>Audit Committee Chair's Report 23 January 2019</p>		
	<p>Received: The Board of Directors received Audit Committee Chair's report of the meeting of the 23 January.</p> <p>Reported:</p> <p>i. By DD that the Committee had received the internal audit report on compliance with the Performance Management and Escalation Policy which identified concerns around non-compliance with business processes in Cardiology.</p> <p>ii. EM advised that concerns had already been identified around this area by the Executive and the audit report had captured</p>		

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	<p>these issues. There had been problems identified in the summer with changes in clinical leadership and reduced attendance at Business Unit meetings. The matter was being addressed with review of the operational systems and introduction of KPIs and additional training around minutes and record keeping for secretarial staff.</p> <p>iii. By DD that the Committee had reviewed the registers of interest of Trust staff and had agreed to extend the definition of 'decision making staff' to cover all consultant staff.</p> <p>Discussion:</p> <p>i. The Board considered the issue of leadership and the role of Clinical Directors. It was felt that there was a significant difference in the standard of reporting and assurance achieved across directorates and that this was significantly influenced by the Clinical Director.</p> <p>ii. It was noted that the Clinical Director role was not currently subject to any separate appraisal and this was felt to be a gap as this needed to address the CD role in delivery of Board objectives. It was agreed that EDs would consider how this was best achieved and would bring a proposal back to the Board in March.</p> <p>Noted: The Board noted the Audit Committee Chair's report</p>	RH/OM	Mar 19
3.v	Performance Committee – Minutes 20 December 2018		
	Received and noted: The Board of Directors received and noted the Minutes of the Performance Committee meeting held on 20 December 2018.		
3.vi	Seven Day Services - Board Assurance		
	<p>Received: From the Medical Director a paper setting out the requirements for Board Assurance for seven day services.</p> <p>Reported: By RH</p> <p>i. That the paper outlined the new system of assurance based around the four priority standards:</p> <p>Standard 2: Time to initial consultant review Standard 5: Access to diagnostics Standard 6: Access to consultant-led interventions Standard 8: Ongoing daily consultant-directed review</p> <p>ii. The new system of reporting is to provide assurance to the Board and the live reporting is required from June 2019.</p> <p>iii. The trial run of data highlighted a shortfall against consultant assessment but this was felt to be a documentation issue and this would be captured going forward.</p> <p>iv. The Board could determine the frequency of reporting but and this should be at least on an annual basis and assurance should be recorded in the minutes of the Board.</p> <p>Noted: The Board noted the report on seven day services and agreed that they should receive a further paper at the July Board.</p>	RH	Jul 19

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3.vii	Mortality Case Record Reviews		
	<p>Received: From the Chief Nurse and Medical Director the Mortality Case Review update for Q3.</p> <p>Reported:</p> <ul style="list-style-type: none"> i. That the number of cases going through the rapid retrospective case record review process (RCR) had increased. ii. That there was one category 2 death that could possibly have been avoided and one case that was still in the SI review process. <p>Noted: It was noted that the reference to case SUI-WEB29215 needed to be amended to read 'lack of follow up of abnormal ECG'.</p> <p>Noted: The Board noted the Mortality Case Review update for Q3.</p>		
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 familiarisation and training programme was due to start on the 17 February and bookings are progressing well. Band 5 and below staff have met the go/no go threshold and Band 6 and above staff are at 76% against a KPI of 90% and this is being followed up with clinical directors and leadership teams. ii. Digital familiarisation training has been launched and starts on the 6 February with a range of drop in sessions and reference guides available. iii. That a leadership and management development programme has been set up to support broad skills development for our staff. This will see the equality, diversity and inclusivity agenda incorporated into core training for our managers. iv. The report included a summary of the activities of the EDI steering group. They had received a request for a NED sponsor to become involved with the BAME Network. <p>Noted: The Board noted the report from the Director of Workforce and OD and agreed that CC would take on the role of NED sponsor to the BAME network.</p>		
5	RESEARCH & EDUCATION		
	Noted: That the outcome of the RPIF bid was expected in March 2019.		
6	ANY OTHER BUSINESS		
7	BOARD FORWARD AGENDA		
7.i	<p>Board Forward Planner</p> <p>Noted: The Board noted the Board Forward Planner</p>		

Agenda Item		Action by Whom	Date
7.ii	Items for escalation or referral to Committee IHU report to be brought to the March Board.		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors
 Meeting held on 7 February 2019

DRAFT

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