

**Meeting of the Board of Directors
Held on 7 March 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
	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	Dr I Smith	(IS)	Deputy Medical Director
	Mrs A Jarvis	(AJ)	Trust Secretary
	S Reynolds	(SR)	Matron Cardiac Services
Apologies	Dr R Hall	(RH)	Medical Director
Observer	Dr R Hodder	(RH)	Public & Lead Governor
	M Blastland	(MB)	NED nominee

Agenda Item		Action by Whom	Date
1.i	WELCOME, APOLOGIES AND OPENING REMARKS		
	The Chairman welcomed everyone to the meeting and apologies were noted as above.		
1.ii	DECLARATIONS OF INTEREST		
	There is a requirement those attending Committees raise any specific declarations if these arise during discussions. The following declarations of interest were noted:		

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	<ul style="list-style-type: none"> i. John Wallwork, Stephen Posey and Nick Morrell as Directors of Cambridge University Health Partners (CUHP). ii. 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. 		
1.iii	MINUTES OF THE PREVIOUS MEETING		
	<p>Board of Directors Part I: 7 February 2019</p> <p>Amendments: Item 1.2 'RC was a member of Cambridge Global Health Partnerships Committee part of Addenbrooke's Charitable Trust.'</p> <p>Item 2.b.ii. point iv: 'a rich case mix'</p> <p>Approved: With the above amendments the Board of Directors approved the Minutes of the Part I meeting held on 7 February 2019 as a true record.</p>		
1.iv	MATTERS ARISING AND ACTION CHECKLIST		
	Noted: The Board noted the updates on the action checklist.		
1.v	Chairman's Report		
	<p>The Chairman provided an update on current activities to the Board.</p> <p>Noted: That JW and RH had visited Saudi Arabia as a part of the PWC review. They had met with the head of the Saudi Cardiac</p>		

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	<p>Organ Transplant Group (SCOTG). The project with PWC was intended to improve how SCOTG operates working with PWC and the Saudi ministry of health in a similar way to our STP processes. The Saudi team would be visiting Papworth.</p> <p>JW noted that as well as the announcements in the CEO report Dr Martin Goddard had become a Director and Board Member of the International Heart & Lung Transplant Society.</p>		
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:</p> <ul style="list-style-type: none"> i. That NHSE was out advert for Chairs of clinical reference groups which would advise commissioners and set the future direction of services. A range of staff would be expected to become involved with the reference groups across medical, nursing and AHP staff. ii. That the second strategy session would follow the Board meeting with input from leaders from across the Trust as a part of the roadmap approved by the Board in January 2019. iii. That feedback from the national staff survey had seen an increase in in engagement and responses and initial analysis identified some areas that would need to be considered around EDI and staff wellbeing. OM would provide a further report. iv. That approximately 80 staff per day were now undergoing familiarisation training at the new hospital. v. That all staff would be issued with a handbook to provide support and answer FAQs ahead of the anticipated CQC inspection processes. <p>Noted: The Board noted the CEO's update report.</p>		
1.vii	Patient Story		
	<p>The Board received a patient story from Sam Reynolds.</p> <p>The story related to an inpatient on Hemingford ward who had been transferred to the Trust following admission to a DGH.</p> <p>The patient had two concerns about his patient journey at the Trust. The patient was scheduled for a procedure on the day following admission (Tuesday) and was managed nil by mouth from 6am-6pm on that day. However their procedure was not undertaken until the Wednesday morning at 9:30am.</p> <p>The procedure was completed by 11am on the Wednesday but the patient was not given results until 10:30 on Thursday. The patient</p>		

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	<p>had not had a heart attack but they had spent the whole night thinking they had. During that period the patient could hear discussion with patients in neighbouring beds and felt they knew more about the other patients' diagnosis than his own.</p> <p>Discussion:</p> <ul style="list-style-type: none"> i. JW asked for clarification on the procedure and whether there was a need for the patient to be nil by mouth for such an extended period. JR advised that there were communications plans in place to ensure that patients understood advice about clear fluids and water sips and the restrictions prior to surgery. ii. That it was practice to leave decisions on cancellations until late in the day to allow for efficient use of surgical capacity but the communication around this had been highlight to the Board on previous occasions. <p>Noted: The Board noted the patient story highlighted the importance of effective communication to patients in ward areas.</p>		
2	PERFORMANCE		
2.a.i	<p>PERFORMANCE COMMITTEE CHAIR'S REPORT 28 February 2019</p> <p>Received: The Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By DH that the Committee had:</p> <ul style="list-style-type: none"> i. Welcomed the move of the Safe domain to a green rating. ii. Noted the sustained improvement in RTT performance. iii. Noted the quality improvement and future plan for IHU iv. Noted a lack of progress in activity delivery and concern around level of assurance offered and the need for delivery against this target in 2019/20. <p>Discussion:</p> <ul style="list-style-type: none"> i. SP advised that the Committee had considered the ambition of recovery plans and noted that the operating environment on the existing site had an adverse impact on delivery, with equipment breakdowns and the impact of the flu outbreak. ii. That the discussion around assurance reflected the Committees' concerns that whilst a plan was in place the focus in 2019/20 must be on improved delivery of activity. <p>Noted: The Board noted the Chair's report.</p>		
2.b	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
	<p>Received: The PIPR report for Month 10 from the Executive Directors (EDs).</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That the overall performance for the Trust for January was at 		

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	<p>an Amber rating</p> <ul style="list-style-type: none"> ii. That performance was rated as 'Red' in two domains: Responsiveness and Finance. iii. That performance was rated as Amber in four domains: Caring, Effective, Transformation and People Management & Culture iv. That the Safe domain was rated as Green. <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. Safe Staffing ii. Friends and Family Test – Outpatients iii. Same Day Admissions iv. IHU Service Improvement Project v. Unregistered Nursing Workforce vi. New Papworth ORAC progress report vii. Cost improvement programme 		
2.b.i	<p>Safe Reported by JR:</p> <ul style="list-style-type: none"> i. That 'Safe' performance was moving in the right direction. ii. That the escalation around VTE had seen performance move towards target and was currently at 92%. 		
2.b.ii	<p>Effective Reported by EM that:</p> <ul style="list-style-type: none"> i. The domain was at Amber but this was not expected to be sustained in February because of the impact of flu. ii. Activity in January was below target but had improved, and use of theatres had also improved. iii. Critical care beds were a constraint in month with 23 cancellations because of a lack of CC beds reflecting the acuity on the unit and the high number of ECMO cases. iv. There had been an improvement in the number of same day admissions against the 90% target. v. The flu outbreak would have an impact on performance in February. 		
2.b.iii	<p>Caring Reported by JR:</p> <ul style="list-style-type: none"> i. That there was an improvement in the Outpatients FFT Recommender score from December 2018 (92.5%) to January 2019 (96.3%). ii. That the moving average complaints figure reflected a variance of less than one complaint. 		
2.b.iv	<p>Responsive Reported by EM:</p> <ul style="list-style-type: none"> i. The domain was rated as Red. ii. That there was a continued improvement in RTT and it was expected to achieve 91% in February. iii. That the waiting list size had reduced ahead of trajectory and there were no 52 week breach risks. iv. That the 28 day rebooking figures for February would be 		

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	<p>adversely affected by the flu outbreak.</p> <p>v. That the approach to IHU recovery would follow the same process as RTT with a focus on improving data quality and underlying process issues.</p> <p>Discussion: CC asked if the Trust was able to capture those actions that had resulted in improved performance in relation to RTT. It was noted that these were multifaceted but the focus on data, underlying process issues and quality was the right one.</p>		
2.b.v	<p>People Management & Culture Reported by OM:</p> <p>i. That the domain was at Amber.</p> <p>ii. That there had been a small decrease in nurse leavers in February (at 6.4) and this position was fairly static.</p> <p>iii. That the recruitment pipeline was starting to see the impact of registration of PRPs with 60% now registered and the remaining cohort either leaving or moving into unregistered posts. Six staff had been supported through the NMC registration process with support from their ward managers.</p> <p>iv. Familiarisation training was progressing well and uptake was being closely monitored.</p> <p>v. That digital familiarisation training had started with the first three sessions in clinical areas capturing over 130 staff and positive feedback being captured through staff surveys.</p> <p>vi. That recruitment had seen a positive upswing with 18 registered nurses attending the last recruitment event.</p> <p>vii. That the spotlight on HCSW highlighted the improvement in the latest recruitment days for staff in pay bands 2-4.</p> <p>Discussion: DH asked about the opportunity to work jointly with CUH around bank staff. OM noted that CUH had an excellent bank service but with the disparity in scale of the two services, and the work around the move, this was not currently being progressed but could be revisited post move.</p>		
2.b.vi	<p>Transformation Reported by RC:</p> <p>i. That the domain was at Amber and this was linked to the new hospital project and would be covered under that item.</p>		
2.b.vii	<p>Finance Reported by RC:</p> <p>i. That the Trust position was at Red with a £7.5m deficit YTD which was £1.2m favourable to plan and on trajectory for the forecast year-end position of £11.5m.</p> <p>ii. That the impact of flu was estimated to be a loss of c£1m in surgical activity.</p> <p>iii. That the adverse clinical income position was offset in part by the settlement and LADs.</p> <p>iv. That EBIDTA and CIP were behind plan, there was an adverse variance on pay and a positive variance on non-pay associated with delayed expenditure as a result of the move.</p> <p>v. That the cash position in year was strong and that there were</p>		

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	<p>plans in place to underpin the cash flow going into 2019/20.</p> <p>Discussion: JW queried the profiling of plans. RC advised that activity profiling was built into plan which mirrored seasonal variances and that overall the Trust activity was 10% below plan.</p>		
	<p>Noted: The Board noted the PIPR report for Month 10 (January 2019).</p>		
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 against strategic objectives ii. BAF risk above appetite and target risk rating iii. The Board BAF tracker. <p>Discussion:</p> <ul style="list-style-type: none"> i. That it would be helpful for the Board to receive an extended narrative from the Executive along with reference to the evidence around the principal risks to delivery. ii. That the BAF report presented an opportunity for the Board to consider whether there were issues that were not captured in the scope of the BAF and whether there were any BAF risks where their rating did not feel appropriate in relation to delivery of objectives. iii. That it would be helpful for future reports and discussion to focus on strategic risks rather than process. iv. DD noted that the staffing risks were not improving. OM advised that these remained a high risk and this would be reviewed following the conclusion of the gateway 2 process. v. DH noted that in some areas such as booking there was assurance and a clear rationale around the delivery of improved performance standards. vi. DD was concerned by the lack of movement in the BAF and how it could be used to help the Board to think more clearly about risk. SP advised that whilst the report did demonstrate movement, the BAF represented high level risks informed by a spread of organisational risks captured in the Corporate Risk Register. It was noted that there was more substantial and regular change in the CRR ratings but the BAF would not be expected to have the same month by month movement because of the aggregate nature of risks reported. <p>Noted: The Board noted the February BAF report.</p>		
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</p> <ul style="list-style-type: none"> i. That the impact of flu was exceptional with two wards closed and 405 bed days lost due to the outbreak and staff sickness. ii. That the Trust would be non-compliant against the NEWS2 standard for a period of one month prior to the move as the 		

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	<p>equipment on the current site was not configurable to the new standards.</p> <p>iii. That the Clinical Cardiac Network leads had been appointed and the Trust was leading the network in the first year.</p> <p>iv. That the RN fill rates had improved by 7/8% across the board. This was greater than the improvement in the nurse vacancy position reflecting an increase in bank shifts filled and reductions in maternity leave and sickness absence.</p> <p>Discussion:</p> <p>i. RC asked whether there was any risk to the NEWS2 May delivery date. JR advised that there was no risk to delivery. This was linked to the Mindray system at the new hospital and was an adaptation of the system currently used which staff were familiar with.</p> <p>ii. IS noted that the impact of flu at an individual patient and staff level had been severe and there was a need to ensure that positive messaging about the benefits of vaccination was disseminated. The Trust had some of the best rates of vaccination in the NHS and staff who had received the vaccination reported milder symptoms. It was noted the outbreak was being treated as an SI and outcomes and learning would be captured and disseminated.</p> <p>Noted: The Board noted the Combined Quality report.</p>		
3.iii	Q&R Committee Draft Minutes 22 January 2019		
	<p>Received and noted: The Board of Directors received and noted the Minutes of the Q&R Committee meeting held on 22 January 2019.</p> <p>Discussion: SL noted at 10.1.1 the reference to a case for the Charitable Funds Committee for access to electronic resources.</p>		
3.vi	Audit Committee – Minutes 23 January 2019		
	<p>Received and noted: The Board of Directors received and noted the Minutes of the Audit Committee meeting held on 23 January 2019</p>		
3.vii	Performance Committee – Minutes 31 January 2019		
	<p>Received and noted: The Board of Directors received and noted the Minutes of the Performance Committee meeting held on 31 January 2019.</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> <p>i. That the BAME network had met and had agreed actions to expand its membership exploring work on the cultural ambassadors’ programme and recruiting for difference.</p> <p>ii. That the EU staff event had been well received and it was humbling to note the range of pressures and issues faced by our staff in relation to EU exit.</p> <p>iii. That a process for Clinical Director appraisals had been</p>		

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	<p>agreed following the Board discussion in February.</p> <p>Actions:</p> <ul style="list-style-type: none"> i. OM to circulate EU Exit session notes to the Board. <p>Noted: The Board noted the Workforce report.</p>	OM	Mar 19
4.ii	Implementation of Apprenticeships across the Trust		
	<p>Received: From the Director of Workforce and OD a paper setting out the implementation plans for apprenticeships.</p> <p>Reported by OM that the key issues for the Trust were:</p> <ul style="list-style-type: none"> i. The ability to spend the apprenticeship levy. ii. The impact of time out of role for staff on apprenticeship programmes which was between 20-50% and created an unfunded backfill requirement. This was being supported in the short through charitable funds and would require long term plans to manage this pressure. iii. That the profile of apprentices had changed with older workers seeking to access career development. iv. That the CUH had appointed apprentice roles on apprentice pay scales but this approach had raised concerns from staff side and was not attractive for existing employees. <p>Discussion: JW noted the role of CUHP in leading work around this area involving CUH, the University Technical College and the wider system. There had been discussions at an STP system level looking at collaborations and an academy approach that could bring in expertise and leadership from government and education as well as economic analysts and health partners. OM and JW would discuss the role of CUHP/STP to identify the opportunities to collaborate in this area.</p> <p>Action: The Board noted the report on implementation plans for apprenticeships.</p>		
4.iii	2018 Staff Survey Report		
	<p>Received: From the Director of Workforce and OD a paper setting out the results of the 2018 Staff Survey.</p> <p>Reported by OM:</p> <ul style="list-style-type: none"> i. That the survey provided results across the ten themes set out in the paper and provided trend analysis against these. ii. That there was a statistically significant reduction in our scores from last year in 2 themes: <ul style="list-style-type: none"> a. Equality, diversity and inclusivity b. Health and well-being iii. That compared to our peer benchmark group we were below average in 7 theme areas. iv. That compared to the national results our scores were the same or above the average. v. That the context for this survey was a period of significant change and pressure on our staff with the hospital move and delivery of business as usual. vi. That further analysis and feedback for staff was planned as 		

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	<p>outlined.</p> <p>Noted: The Board noted the staff survey results for 2018 and the plans to analyse and communicate the results across the Trust.</p>		
5	Research & Education – no report due		
6	Digital		
	<p>Reported: by AR that Will Smart the Chief Information Officer for the NHS in England had visited the new hospital along with colleagues from Cambridge and Peterborough. There had been very positive discussions around:</p> <ul style="list-style-type: none"> i. The need to use the campus as a hub for learning for the whole system. ii. The national ambitions around interoperability. iii. The communications between EPIC and Lorenzo. iv. The work around establishment of the local healthcare record through the ambulance service which has funding of £35m to launch across Cambridgeshire & Peterborough. 		
7	BOARD FORWARD AGENDA		
7.i	<p>Board Forward Planner</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That the FTSU Guardian’s report would be delayed by one month to allow for review of the NHSI self-assessment. ii. That a change in frequency had been proposed for the Q&R Committee to take place on a monthly basis. 		
7.ii	Items for escalation or referral to Committee		

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Signed

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Date

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