

**Meeting of the Board of Directors
Held on 2 August 2018 at 9.00am
in the Upper Lecture Theatre
Royal Papworth Hospital**

UNCONFIRMED

MINUTES – Part I

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| Present | Prof J Wallwork | (JW) | Chairman |
| | Mrs K Caddick | (KC) | Non-executive Director |
| | Mr R Clarke | (RC) | Director of Finance |
| | 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 |
| | Mr M Millar | (MM) | Non-executive Director |
| | Prof N Morrell | (NM) | Non-executive Director |
| | Mr A Raynes | (AR) | Director of IM&T Chief Information Officer |
| | Mrs J Rudman | (JR) | Director of Nursing |
| | Dr R Zimmern | (RZ) | Non-executive Director |
| In Attendance | Mrs A Jarvis | (AJ) | Trust Secretary |
| | Mr J Syson | (JS) | Deputy Director of Workforce and OD |
| | Mrs A White | (AW) | Head of Nursing |
| Apologies | Ms O Monkhouse | (OM) | Director of Workforce and OD |
| | Prof N Morrell | (NM) | Non-executive Director |
| | Mr S Posey | (SP) | Chief Executive |
| Observers | Richard Hodder | | Lead Governor |

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- 1.i WELCOME, APOLOGIES AND OPENING REMARKS**
The Chairman welcomed everyone to the meeting. He advised that David Dean had started his appointment as NED and Audit Chair (Designate). David had held previous NED positions at Guy's and St Thomas' NHS FT and the QEH in Kings Lynn and also brought experience from Monitor.
- 1.ii DECLARATIONS OF INTEREST**
There is a requirement that Board members raise any specific declarations if these arise during discussions.
- RH advised of an update to his declarations in relation to Health

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Education England and advised that this was relevant to the discussion under Item 4.vi The GMC Survey Results.

The following standing Declarations of Interest were noted:

1. John Wallwork, Stephen Posey and Nick Morrell as Directors of Cambridge University Health Partners (CUHP).
2. Susan Lintott in regard to positions held within the University of Cambridge, particularly in relation to fundraising.
3. Dr Zimmern reported a change relating to his role as Chairman of the Foundation for Genomics and Population Health (the "PHG Foundation"). The Foundation continues as a separate legal entity with its own Board of Trustee but as such became a fully owned subsidiary and linked exempt charity of the University of Cambridge on 1 April 2018.
4. Karen Caddick as an employee of SAGA, particularly in relation to the health care business.
5. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities and as Chair of the Health Education England Oversight Group for Allocation of Junior Trainees for the East of England.
6. John Wallwork as an Independent Medical Monitor for Transmedics clinical trials.
7. Dave Hughes as a NED of Health Enterprise East (HEE);
8. Josie Rudman, Partner Organisation Governor at CUH.
9. Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH.
10. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board.
11. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd
12. Nick Morell Acting CEO Morphogenics biotech company from 1st April 2018

1.iii MINUTES OF PREVIOUS MEETINGS
1.iii Board of Directors Part I: 02 August 2018

Approved: The Board of Directors approved the Minutes of the Part I meeting held on 2 August 2018 as a true and accurate record.

1.iv UPDATE ON ACTIONS AND MATTERS ARISING
Item 167

Received: A copy of the presentation from the BAME Windrush Celebration Event.

Noted: The Board of Directors noted the updates provided on the action checklist.

1.v CEO's UPDATE

Received: The CEO's update setting out key issues for the Board across a number of areas reflecting the range and complexity of

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challenges currently facing the Trust and the progress being made in delivery of the Trust's strategic objectives. RC reported on behalf of the CEO:

- i. That the Results and Reporting Order Comms system was live and in its third week of operation and that the bi-directional link to Epic would be the next phase of development of the system.
- ii. That RTT performance was disappointing and the Trust had not delivered the required level of improvement. Executive led escalation meetings were held three times per week and training had been put in place to support changes in booking processes. Daily review of TCI allocations was in place for patients waiting over 18 weeks.
- iii. That there was a recognised need to strengthen management actions below Board level and support had been brought in from NHSI and an experienced IMAS Director.
- iv. That Business continuity plans had been developed to provide assurance on the extended use of the current site
- v. That the Waterbeach accommodation had opened providing accommodation for up to 230 staff.
- vi. That funding had been committed to support staff adversely affected by the delay in the move to the new hospital as a part of our overall plans to support staff.
- vii. That preparation was continuing in relation to the Well Led review with external support and work across the organisation building on the themes of leadership, strategy and values.

Discussion:

JW asked for an update on the speed of internet connection at Royal Papworth House. AR advised that the bandwidth had been increased at RPH and it was not yet being used at full capacity, however there were issues with particular systems (Lorenzo and TomCat) which were still to be resolved.

AR advised that calls to the service desk had reduced and there was a continuing programme of Digital staff visits to RPH to identify issues for resolution and these were well received.

Noted: The Board noted the CEO's update report.

1.vi PATIENT STORY

The Board received a patient story from the Head Of Nursing.

The patient had been admitted to a local DGH following chest pain. They spent three days as an inpatient at the DGH and were then transferred to Papworth for an angiogram. The patient was advised that they required triple bypass surgery and they were very upset by this news. They were listed for surgery six days later and this date was subsequently cancelled. They were listed again two days later and were placed third on the operating list. The patient's operation

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was cancelled for a second time. Their surgery took place 15 days after their initial admission and the patient spent 10 days in the hospital post operatively.

The patient provided positive feedback in the following areas:

- Very complimentary about all staff across the three wards.
- They felt well supported by the member of nursing staff who provided reassurance following their initial diagnosis.

The patient identified a number of concerns

- The ward was noisy at night.
- They felt they had wasted NHS time because of their length of stay prior to surgery.

AW advised on work underway to improve the issue of noise overnight. Patients were offered eye masks and earplugs and bins had been replaced to reduce the noise levels on wards.

Discussion:

Board members sought assurance on the scheduling and queuing systems and the prioritisation of patients who had prior cancellations.

RH advised that there were challenges in the surgical pathway which needed to be addressed in order to eliminate waste in the system. It was noted that the ACS pathway had been revised and that average stays of 4/5 days had now been brought down to 24 hours and a similar approach was required in the surgical pathway. It was noted that there were pressures arising from increased numbers of IHU cases and the limitations of the current site. There was a recognised need for a 6th theatre through the PFI case and this would be delivered in the move to the new hospital. There were also organisational challenges to scheduling to ensure that patients were matched to the appropriate surgeon.

The Board requested scrutiny of the cases listed prior to the patient on the second listing. RH advised that the clinical urgency and previous cancellation history would be taken into account in scheduling. He advised that a patient who was third on the list could have a 30-50% chance of cancellation.

RH advised that the IHU pathway had been worked up significantly and that further pathway work was underway on revascularisation and cath lab options.

It was noted that collaborations with Philips and SBS would support standardisation of processes, training and assessment and there may be scope for innovative use of Artificial Intelligence.

DH asked for information on the oversight of scheduling. RH outlined the approach taken and identified concerns that some surgeons were too optimistic about what could be achieved on a list. RH noted that

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the system is not micromanaged and that surgeons and cardiologists were in charge of their own lists however there was a need for Clinical Directors to ensure that the planning fits with the needs of the Trust as well as individual clinicians' requirements.

The Board thanked AW for the presentation.

2a PERFORMANCE COMMITTEE CHAIR'S REPORT 28 June 2018

Received: The Chair's report setting out significant issues of interest for the Board.

Reported: By MM that he had been the only NED to attend the June meeting. JW advised that he should be contacted to attend in future if this occurs.

Noted: The Board noted the Performance Committee Chair's Report.

2b ROYAL PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)

Received: The PIPR report for June 2018 from the Executive Directors (EDs).

Noted:

- i. That the overall performance rating for the Trust for June 2018 had remained at Amber.
- ii. That the performance rating remained at Red in two domains: Responsiveness and Finance.
- iii. That the performance rating continued at Amber in four domains: Safe, Effective, Caring, People Management & Culture, and Transformation.

Reported: EDs outlined key performance issues for the Board and provided detail on the spotlight reports covering:

- i. Safety Incidents
- ii. Direct Care Time
- iii. Red2Green
- iv. IHU Recovery Plan
- v. Registered Nurse and HCSW Recruitment
- vi. New Papworth ORAC progress
- vii. Cost Improvement Programme

Reported:

By RC that the re-casting of the Operational Plan was a significant piece of work and focus would need to be maintained across all areas to ensure that the delay in the hospital move is not used as an excuse for non-delivery of the Operational Plan.

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| <p>By JR that:</p> <ul style="list-style-type: none"> i. Safer staffing levels continued to be a concern and were being managed. ii. There was an increase in the number of pressure ulcers and a change in reporting in July would see an increase in the figures reported on an ongoing basis. This would be included in the PIPR spotlight report in September. iii. The spotlight on Safety Incidents presented the data on harm free care and nurse sensitive indicators that are reviewed through the Quality and Risk Committee. These demonstrate that the registered nurse vacancy rate was not having an adverse impact on the quality of care delivered. iv. That two complaints had been received in July and this would have a positive impact on the rolling average figure. v. That the Direct Care time figure was beginning to improve. | <p>JR</p> <p>Sept 18</p> |
| <p>By EM:</p> <ul style="list-style-type: none"> i. That the Trust was not getting through activity at planned levels. There had been issues relating to bed capacity and power outages that restricted Cath Lab 6 activity into June and this had affected the volume of work undertaken. ii. That the 'Red2Green' (R2G) project was live and was used to identify days that added value and non-productive days in a patient's stay. This information was captured at the daily Board Rounds and recorded in Lorenzo. Key issues identified included delays in waiting for procedures. An escalation process runs alongside R2G reporting. iii. That the IHU actions were in place and activity had continued at increased levels. This increase was driven by internal referrals from the ACS pathway as well as increasing external referrals and there were opportunities to look at revascularisation as an alternative pathway for this patient group. | |
| <p>By OM:</p> <ul style="list-style-type: none"> i. That the Trust continued its successful nurse recruitment programme and had been a net recruiter for nursing for eleven months. ii. That the pre-registration training requirements for overseas staff generated a lead time for Band 5 appointments of 6-8 months and measures had been put in place to support staff during this period. iii. That the Trust was looking at recruitment of administrative staff using block adverts and a 'recruitment fair' approach that had been successful for other staff groups. The first of these events would be held at the Huntingdon office. | |
| <p>By RC that:</p> <ul style="list-style-type: none"> i. The year to date deficit was £1.5M which was £48k favourable to plan. ii. Activity was below plan by 555 cases and total clinical income | |

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- iii. was £737k below plan.
- iii. CIP achievement was £619k adverse to plan and schemes were being identified to close the CIP gap.
- iv. Income shortfalls were being offset by lower depreciation and PFI charges as a result of the delay.

Discussion:

- i. KC asked if the Trust had provided enough support in Cardiology. JR advised that there reviews in place each week that looked prospectively at staffing requirements and that she was assured that this provided adequate support. JR noted that the Trust vacancy position was within the national context of 43k nurse vacancies. The Trust was compliant with the 1:8 nurse staffing ratio and any breach of this level would be reported to the Board.
- ii. MM requested a timescale for recover of RTT performance. He noted that Trust activity was below plan by 8.4% and that the activity plan was set at a level that was lower than activity delivered in prior years. EM and RC set out the management actions in place to deliver the required activity levels. RC advised that there was capacity in operational plans to deliver an additional 200 cases per month but recovery plans were being scrutinised before full assurance could be provided to the Board.
- iii. RC advised that the updated operational plans would be reviewed through EDs and the Performance Committee and the trajectory for recovery would be brought to the next Board.
- iv. KC asked how staff were included in finding solutions and whether the Trust adopted a rapid response approach. JR advised that the Trust used Task & Finish Groups and these drew on the skills of frontline staff but there was work to be done to empower others to lead and drive change at pace across the organisation.
- v. The Board noted concern that the Trust was delivering only 16.32% against a target of 95% of urgent surgical cases to be operated on within 7 days on the IHU pathway. RH advised that this was linked to significantly increased levels of IHU activity and would need pathway review to address this matter.

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| EM | Sept 2018 |

Noted: The Board of Directors noted the contents of the Royal Papworth Integrated Performance Report (PIPR).

3 RAPID NSTEMI PATHWAY UPDATE

3.i Rapid NSTEMI Pathway Update

Received: A presentation from Dr Will Davies, Consultant Cardiologist and Laura Cook Programme Manager.

Noted:

- i. That the Rapid NSTEMI pathway was due to be launched on

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summarising the Trust the concerns.

Noted: That two SI reports had been reviewed by the Q&R Committee and RZ felt that the two reports exemplified the candour and sensitive treatment shown to patients and relatives during such investigations.

Noted: That the Committee were concerned that a subset of items on the corporate risk register were identified as having a direct impact on patient care. This included the current inability to store rhythm disturbances on the cardiac monitoring system. The Board were advised that this risk was being addressed in the pull forward of equipment from the new hospital equipping programme.

Noted: The Board noted the Committee Chair's Report.

4.ii Combined Quality Report

Received: A report from the Director of Nursing and Medical Director which highlighted information in addition to the PIPR.

Reported: By JR:

- i. That the Trust had responded to the NHSI survey issued following publication of the Report of the Gosport Independent Panel and that the Trust had eliminated the use of continuous infusion pumps many years ago.
- ii. That the Trust had considered the NHSI recommendations in response to the Kirkup report and assured the Board that a Quality Impact Assurance process was in place, and the Q&R Committee received QIA reports for all cost improvement programmes. There were further recommendations that would be considered in the workforce report in September.

Noted: The Board of Directors noted the contents of the Combined Quality Report.

4.iii.a Audit Committee – Draft Minutes 11 July 2018

Received and noted: The Board of Directors received and noted the Minutes of the Audit Committee meeting held on 11 July 2018.

4.iii.b Audit Committee – Chair's Report 11 July 2018

Received and noted: The Board of Directors received and noted the Audit Committee Chair's report.

4.iv Performance Committee – Minutes 31 May 2018

Received and noted: The Board of Directors received and noted the Minutes of the Performance Committee meeting held on 28 June 2018.

4.v Board Committee Terms of Reference

Received: From the Trust Secretary updated Terms of Reference for

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the following Board Committees:

- TOR 001 Audit Committee
- TOR 002 Quality and Risk Committee
- TOR 003 Charitable Funds Committee
- TOR 007 Performance Committee
- TOR 018 Strategic Projects Committee

Approved: The Board approved the updated committee Terms of Reference.

4.vi GMC Annual Survey

Received: From the Director of Medical Education and the Director of Nursing a summary of the GMC survey results.

RH reminded the Board of his interest in this matter as a member of the HEE Oversight Group for Allocation of Junior Trainees for the East of England.

Noted:

- i. That Trust performance was not as good as in previous years and there were issues to be considered to provide improved support for general surgical training and education.
- ii. That clinical directorates had been asked to review their own data and identify areas for improvement and this would be reported through the Postgraduate Medical Education and Training Committee and by exception at the Q&R Committee.

Reported: by RH that

- i. The Trust was not doing as well as it could be and needed to ensure that programmes offered real training content and that trainees were not used to covers gaps in services.
- ii. That HEE had identified endemic problems with delivery of core training in the East of England.
- iii. That there would be a risk to trainee placements numbers if the Trust could not support core medical and surgical training requirements.
- iv. That an action plan would be submitted to HEE in line with the required deadlines.

Noted: The Board noted the GMC survey results and the proposed actions to address the matters identified.

5 WORKFORCE

5.i Workforce Report June 2018

Received: From the Director of Workforce and OD paper setting out key workforce issues.

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Noted:

- i. That the Trust had developed a range of support for staff adversely affected by the delay in the move to the new hospital.
- ii. That the hospital consultation process had been extended to 21 August to allow for review of implementation plans for new working practices as a result of the delay in the move.

Noted: The Board of Directors noted the contents of the Report.

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust Board of Directors
Meeting held on 8 August 2018

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Glossary of terms

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| 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/NSTE-ACS | Non-ST elevation MIs (or Acute Coronary Syndromes) |
| PPCI | Primary Percutaneous Coronary Intervention |
| 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 |