Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Board of Directors
Held on 9 June 2022 at 9:00am
Microsoft Teams
Royal Papworth Hospital

UNCONFIRMED M I N U T E S – Part I

Present	Prof J Wallwork	(JW)	Chairman
	Dr J Ahluwalia	(JA)	Non-Executive Director
	Mr M Blastland	(MB)	Non-Executive Director
	Ms C Conquest	(CC)	Non-Executive Director
	Ms A Fadero	(AF)	Non-Executive Director
	Mr T Glenn	(TG)	Chief Finance and Commercial Officer
	Ms D Leacock	(DL)	Associate Non-Executive Director
	Mrs E Midlane	(EM)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mr S Posey	(SP)	Chief Executive
	Mr A Raynes	(AR)	Chief Information Officer and SIRO
	Mr G Robert	(GR)	Non-Executive Director
	Mrs M Screaton	(MS)	Chief Nurse
	Dr I Smith	(IS)	Deputy Medical Director
	Prof I Wilkinson	(IW)	Non-Executive Director
In Attendance	Mr T Bottiglieri	(TB)	Freedom to Speak Up Guardian
	Ms T Crabtree	(TC)	Head of Communications
	Dr M Goddard	(MG)	Guardian of Safe Working
	Mrs A Jarvis	(AJ)	Trust Secretary
	Dr C Mitrofan	(CM)	Graduate Doctor in Training Anaesthetics/Junior Doctor's Forum Representative
	Mrs L Perumal	(LP)	Sister 5 South
	Mr A Selby	(AS)	Director of Estates and Facilities
Apologies	Dr J Ahluwalia	(JA)	Non-Executive Director
	Ms D Leacock	(DL)	Associate Non-Executive Director
Observers	Michelle Barfoot, Susan Bullivant, Trevor Collins, Abi Halstead, Richard Hodder, Marlene Hotchkiss, Christopher McCorquodale, Trevor McLeese, Harvey Perkins,		

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1	**WELCOME, APOLOGIES AND OPENING REMARKS**		
	The Chairman welcomed everyone to the meeting and apologies were noted as above.		

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1.i	**DECLARATIONS OF INTEREST**		
	There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts were identified in relation to matters on the agenda. A summary of standing declarations of interests is appended to these minutes.		
1.ii	**MINUTES OF THE PREVIOUS MEETING**		
	Board of Directors Part I: 5 May 2022 **Item 1.vi: Patient Story:** Discussion iv. Revised to read 'how it had affected his care.' **Item 2b. PIPR: Discussion ii.** Revised to read: '...areas had a staffing ratio of 1:5 and..." **Approved**: With the above amendments the Board of Directors approved the Minutes of the Part I meeting held on 5 May 2022.		
1.iii	**MATTERS ARISING AND ACTION CHECKLIST**		
	Noted: The Board received and noted the updates on the action checklist.		
1.iv	**Chairman's Report**		
	The Chairman noted that this was the first time that the Board had met in person in two years. He advised that we were using new technology to support the meeting and asked those joining remotely to advise if there were any problems.		
1.v	**CEO's UPDATE**		
	Received: The Chief Executive's update setting out key issues for the Board, the principal risks to delivery as articulated in the Board Assurance Framework (BAF) and the progress being made in delivery of the Trusts strategic objectives. The report was taken as read. **Reported:** By SP that: i. Board colleagues would be familiar with the Board assurance framework which allows us to monitor and oversee the keys risks and mitigations to the delivery of our strategy. ii. We had seen an increase in the risk associated with surgical site infections and a further report would be provided to the Board in the Part II meeting. We had also seen an increase in the risk relating to supply of consumables. There had been a reduction in the risk relating to COVID19 and that was because of the reduction in community prevalence and the reduced impact in terms of sickness absence. iii. The Trust was making progress against the 104% target and were content with the financial position which would be supported by the Meridian work and the critical care recovery programme. iv. Key elements in staffing this month reflected the launch of the Laudit app, and the wellbeing initiatives that had been developed. Also, the Compassionate and Collective Leadership programme had started and would equip our staff to become		

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	compassionate leaders reflecting the Trust values and behaviours. We had also seen the start of the reciprocal mentoring programme which involved 30 staff members and had started with some powerful interventions and was expected to deliver meaningful results. He wanted to thank those directors who were taking part in the reciprocal mentoring programme, especially CC Conquest and the Executive Directors. v. The issue of surgical site infections was a very important area of focus for the leadership team, and he noted the considerable efforts being made to support recovery in this area. vi. The Trust had moved into the HLRI building and that the University of Cambridge had now started to move their staff into the building alongside Trust staff. **Noted:** The Board noted the CEO's update report.		
1.vi	**Patient Story**		
	MS introduced the patient story. Latha presented a story from 5 S which related to a cardiac surgery patient. The patient was aware that his story was to be shared with the Board. This was a 76-year-old man who had an angiogram in February and whose symptoms had worsened resulting in breathlessness and pain whilst resting, and who had been referred for a coronary angiogram. He had come to the hospital for an outpatient investigation and had not expected to be staying as an inpatient. He was extremely disappointed when he was advised that he needed admission for a coronary artery bypass graft. He realised the importance of the surgery and advised his family and prepared himself for the admission. He had an excellent experience in theatre and on the critical care ward and on the ward itself. He felt the treatment was impressive and that he was treated with dignity and respect. He also appreciated the environment and noted that his room and the ensuite provision was very nice. He was impressed with the housekeeping service and later in his stay he was able to enjoy the meals that were on offer and felt these were better than he had experienced elsewhere. He wished that he had not had to stay in hospital for two weeks as this had come as a surprise, he also wished that the level of observations overnight could be reduced. He had discussed this with the consultant team who seemed supportive, but the nursing staff on the ward had explained that these were important and that any delay in observations could result in deteriorations being missed. He was also anxious about potential delays and his medication, LP had spoken to the nurse in charge about his medications, and they had been dispatched at 3:00pm and the patient was able to leave the hospital at 3:30pm. **Discussion** i. Board members thanked Latha for the story noting it was good to see her even though she was clearly very busy. ii. JW felt it was good to have a range of experiences reported to the Board, and noted the issues raised relating to the patient		

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	concerns around discharge medication. iii. GR asked if the Board could have a simple explanation of the surgery that the patient was having. JW advised that the patient was suffering from chest pain because of blocked arteries and therefore that needed a coronary bypass graft operation. iv. CC noted the comments about the observations at night and asked whether given all the technology that we had would it be possible to had a less disruptive monitoring regime. MS noted the discussions that had taken place with nursing staff and advised that the frequency of monitoring was driven by protocol which would see the frequency of intervention reduce over time, but this needed to be appropriate, as patients did deteriorate. IS noted also that it wasn't possible to take clinical grade observations such as blood pressure without such interventions resulting in some disturbance to patients. v. SP thought it would be useful to look at our scores in the national inpatient survey which would be shared in confidence in the Part II meeting so that we could see how we compared with other Trusts and understand our relative position in relation to this measure. **Noted:** The Board thanked Latha for the patient story.		
2	**PERFORMANCE**		
2.a.i	**PERFORMANCE COMMITTEE CHAIR'S REPORT** **Received:** The Chair's report setting out significant issues of interest for the Board. **Reported:** By GR that the Committee had considered the following key issues: i. A very good presentation from the radiology team, who had been suffering from some long-term vacancies and were looking at non-traditional routes to try and improve these. ii. A focus on financial recovery, as Trust plans were based on a deficit position, and this required a financial recovery plan to be put in place with sufficient scrutiny. The Committee were pleased to see everything that was being done to reduce the deficit and to provide assurance at Board level where we could influence the recovery and focus on those areas that would have the most material impact. iii. We had also seen the CIP programme had increased with £4m of savings identified of which £3.9m were recurrent. **Discussion:** i. MB was struck by the discussions around radiology noting that quality improvement strategy had seen the least progress in terms of Trust programmes over the last two years and whilst that was for understandable reasons, he felt we needed to make quality improvement a part of our business-as-usual activities and he was concerned that this was not embedded in our core functions. This had not been set as a quality accounts priority specifically for the coming year, but he felt that we could not let this lapse. This would need sustained effort to achieve more with our limited resources, and we needed to		

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	think about our capacity for quality improvement in order to address problems over the rest of the year. ii. AF echoed these comments, noting that quality improvement was the driver of cost improvement and when she had visited the Trust, she had seen how the clinical leadership had a positive impact on productivity by using a systematic approach which brought benefits clinically as well as in terms of cost improvement. MS advised that she and IS were working on a plan for quality improvement with Dr Webb and Louise Palmer. We needed to be realistic and set goals that were achievable, as it was not clear that this had been the approach taken previously. This work would be brought together over the next four to six weeks and would result in a framework for improvement. IS advised that much good quality improvement was underway across the Trust, but we needed to look for this agenda everywhere. iii. GR asked whether we had the bandwidth to prioritise the QI work as this seemed to be aligned to cost improvement. SP advised that it was similar in that it had a structured and systematic approach, but key to this was the organisational approach to identification of interventions. We were seeing the consequence of the pressures of the last two years and pre move we had adopted a focus on fundamentals of care that was systematic in terms of its approach to quality improvement, there was clearly a history of our doing this well and we needed to revisit this in terms of the current priorities and constraints. **Noted:** The Board noted the Performance Committee Chair's report.		
2.b	**PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)**		
	Received: The PIPR report for Month 1(April 2022) from the Executive Directors (EDs). This report had been considered at the Performance Committee and the Safe and Caring domains were discussed at Q&R Committee and was provided to the Board for information. **Reported:** By TG that overall, Trust performance was at a Red rating. this report related to April 2022 and the Trust was still feeling the impact of COVID19 in that month especially in relation to effective and responsiveness. **Safe:** Reported by MS that: i. Safe staffing had a green rating for April which followed an earlier dip in performance. ii. Her principal concern was surgical site infection, as we had seen an increase in deep wound infections including coronary artery bypass grafts (CABG). A lot of work was being undertaken and the pace of this had increased with meetings three times a week relating to SSI management. There was not one single cause, and the Trust was working on the essentials of practice, asepsis, deep cleaning, uniform and was checking and acting on non-compliance. **Discussion:**		

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	i. CC asked when we might see an improvement in surgical site infection rates. She had visited the Trust and had heard the work being undertaken by the teams which was very focused. MS advised that this had been discussed at the Quality and Risk meeting and that we would expect to see a change in two quarters, which allowed time for traction for the actions that were being put in place and for these to be reflected in data collection. It was noted that there was a lag in picking up infections, and that wound infections may not be identified for a number of weeks after discharge or until the six-week review. IS noted that even if we saw a drop in numbers now, we really needed to look at data for a six-month period to ensure that we understood the trends. He noted that we had implemented changes in practice, and that we had changed consent so that patients were aware of the increased risk. We were obliged to report on infections relating to CABG, and we had extended this to other surgical interventions. ii. AF noted that this had been discussed at the Quality and Risk committee and was a good example of where a systematic approach would have impact and the benefits would see reductions in length of stay, improvements in patient safety, reductions in use of antibiotics and release of capacity. MS noted that this was the approach that was being taken to address this matter. iii. MB acknowledged that MS had looked at this matter comprehensively and that the committee had been aware that SSIs were running at an elevated level and that the recent figures required grip to be applied to this measure as an emerging problem. He had also seen and heard the positive discussion around this at the Clinical Decision Cell. iv. IW asked whether these were infections in patients undergoing a valve operation or valve infections? MS clarified that the reporting was for patients undergoing valve surgery and that these related in principle to wound infections, however we would capture both types of patients including any who ended up with endocarditis (a valve infection). This was monitored nationally for CABG procedures because of the elevated risks. v. CC asked how we ensured that patients understood the issues around surgical site infection. MS advised that this was where we had taken action to ensure that this was discussed when patients were being consented for surgery, however consent was often obtained some months ahead of surgery and so this may need to be revisited and confirmed prior to admission. We had not put in place an audit process around this yet, but were looking at patient education, including education on discharge, so that we can ensure that patients can help themselves. CC asked about communications with the wider public to put people's minds at rest on this matter. MS noted that we may need to do more in relation to that and she would take that forward with the communications team. vi. AF echoed MBs point that it was positive that we were looking at this so intently. The increase in rates had been seen in Q1 2021 and had remained at that level. IS Smith noted that the graph showed the total number of infections, but it did not put this in the context of the number of operations undertaken, and	MS	Jul 22

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	that the prior improvement may had been the impact of a reduction in volume of surgery, and this would need to be considered in future reporting. vii. IW noted the change in categorisation in assessment of VTE and that this measure still deteriorating. He asked whether the issue was simply to ensure that assessment was undertaken prior to theatres, and he asked how the metric captured this information. MS noted that the national monitoring was for the rate for all inpatients, and we had previously included patients who were admitted as day cases who did not form part of the national data collection. We performed relatively well for our day case patients and so this had the impact of worsening our scoring within the national definitions, however she reassured the Board that we continued to undertake VTE assessments for our day case patients. **Caring:** Reported by MS: This domain was taken as read. **Effective:** Reported by EM: i. That the first two weeks of April had been impacted by sickness absence because of COVID19. The latter part of the month had seen more promising levels of activity and our performance against the 104% target had been positive, but we needed to remember that April 2019 had a low baseline activity because of the hospital move. ii. From the beginning of the July, we would see a focus on system performance and the current system position was at 67.8% for admitted patient care against the 2019 baseline value. Non elective activity was now back at 93 or 94% of the 2019/ 20 levels and so this was less of an impact on elective workload. The system was achieving a level of 57.6% against the six-week diagnostic target and so we had significant headwinds that needed to be addressed. iii. EM noted that she was co-chairing the diagnostic Board for the system along with a clinical lead from NW Anglia Foundation Trust. **Discussion:** GR asked about the relative performance across the domains, as we performed well on safety and caring, but poorly on effective and responsive and he asked whether we needed to consider if we were getting the balance right. He found that it was helpful to receive assurance from the Clinical Decision Cell that they were monitoring this balance on an ongoing basis and considering the relative impact on performance. He also welcomed the inclusion of the ICS and system performance in the PIPR report. **Responsiveness:** Reported by EM: i. That the Trust were performing relatively well in relation to 52-week waiters, and we had supported CUH taking 36 patients for treatment in April. ii. The focus was now moving away from 104-week waiters and shifting to 78 weeks, and there was long tail of these patients waiting within the system. We were looking to identify those where we may be able to offer opportunities to treat to improve overall system performance.		

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	Discussion: i. GR and JW asked whether these patients were recorded as CUH patients or RPH, and whether we might see our position deteriorate in relation to referral to treatment as we were allocating resource to address long waiting patients across the system. EM advised that they do become our patients and join our waiting list, but this was a relatively small number of patients and we expected to see our referral to treatment time improve beyond May. ii. SP noted that we would have further discussion on the system in the Part II meeting. However, if our performance reporting was green but the system was not performing well then that would still have a profound impact on the Trust. We would need to find the right metrics to capture this and ensure that our narrative reports set out the position for our patients and the context for the whole system. The NHS would be looking at this problem and we were already doing this in relation to diagnostic treatment times and long waiting patients. This would inform future plans if for example investments had disproportionate benefits at a system level. GR was concerned that the adverse impact of this on the Trust performance should be recognised. TG noted that this was a new environment that NHS accountants were looking at reporting that shifted away from judgments based solely on referral to treatment times moving more towards the volumes being undertaken. iii. AF noted that it was important for the Board to ensure that we delivered for our population, our patients and as a Board. She asked if the changes were a dilution of accountability and sovereignty and whether that would see changes over time as that would shift the balance of decision making. We would need to be clear on the governance and decision-making process as a Board as this was very important. SP noted that success would be through an agile organisational response and part of the solution would be through our role on the ICB Board. The ICB would set the landscape for the system and that would include capital and revenue expenditure and so would see profound changes across the NHS. iv. MB noted the underlying issue of population health versus operational metrics and that this move would see a shift towards balancing the risk to deteriorating patients waiting outside of the hospital. He felt it might be useful to compare the approach that had been taken in relation to surgical site infections and asked about consideration of the equivalence in the harm to those patients relative to patients who were waiting on their journey. He asked whether patients waiting had an equivalent health burden. He noted that productivity was our top risk and had an impact on our effectiveness, but we did not have a view in terms of harms across the system and this was important as where we were unable to identify whether we had strong or weak impact across the system we couldn't know whether we are delivering services effectively. JW noted that this was why we needed to connect with system partners and that this would be a difficult but significant part of the ICB agenda.		

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	v. SP noted this was a good discussion and it was good to consider the benefits to the ICB in the context of the work on cardiovascular disease as 80-90% of this workload would not be in tertiary care. The key issues would be to identify patients at risk and to put in place interventions at a primary and community level and the Trust needed to consider how it could bring its expertise and contribute to the ICB developments. vi. AR noted that on a practical level we were leading through the shared care record project and that was predicated on population health management which used data across primary, community and mental health services and this would improve data sharing during 2022/23. **People management and culture:** Reported by OM: i. That the key issue for the system was the impact of increases in cost of living on staff recruitment. ii. Our recruitment team continued to focus on innovative approaches and were now able to undertake face to face recruitment for healthcare support workers which was having an impact. iii. The number of registered nurse vacancies was relatively low overall. iv. Mandatory training was not at KPI level, but she felt the team had done a great job looking at the use of technology to improve compliance levels at the Trust. There had been no drop off in courses across the pandemic and performance had been maintained because of the move to online delivery. This also extended to non-mandatory training which we had managed to maintain through online platforms. **Finance:** Reported by TG: i. That this had moved to a red rag rating as we had submitted a deficit plan for 2022/23. This was not an uncommon position in the NHS, but we accepted that this was not an acceptable position for the Trust, and we would be discussing the resubmission of our operational plan in the Part II meeting. ii. We were expecting significant improvement to the 2022/23 plan, but the current position and the deficit posted in the month of April led to the red rating. **Noted:** The Board noted the PIPR report for Month 1 (April 2022).		
3	**GOVERNANCE**		
3.i	**Q&R Committee Chair's Report** **Received:** The Q&R Committee Chair's report setting out significant issues of interest for the Board. **Reported:** By MB that he had not being able to attend the Quality and Risk committee meeting this month and this had been chaired by Jag. He asked the Board to take the report as read. IW noted that key discussions had related to surgical site infections and the two serious incident reports. **Noted:** The Board noted the Q&R Committee Chair's report		

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3.ii	**Combined Quality Report** **Received**: A report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR. **Reported:** By MS: i. that the report provided an update on surgical site infections and on the critical care recovery programme. This programme was 14 weeks in duration and was focused on improvements in output and productivity. ii. The critical care unit was now consistently open to 33 beds and it was planned to increase to 34 beds in the next week. iii. We were reviewing the quality impact assessment of this change to ensure the safety in terms of staffing and impact on quality metrics and these would be monitored. iv. There had been positive changes in relation to rostering where we were scheduling some specialist expertise as top-up to the core roster. v. This work had been undertaken as part of a robust process and feedback had been provided to staff as a part of this. We were confident that we could get to 34 beds and a further quality impact assessment would need to be undertaken before the move to 35 or 36 beds. **Discussion:** i. JW noted Jennifer Whisken's contribution to changing hearts and minds. ii. GR welcomed the update on the project noting that when he joined the Trust the unit had been operating at a level of 20 beds. He asked how the additional capacity fitted with the funded increase in ECMO capacity and whether that was within the envelope of 36 beds. SP noted that ECMO was a Level 3+ service and so the additional funding was to allow staffing on that basis. The unit currently had one respiratory ECMO patient and three post-surgical ECMO patients. iii. AF congratulated MS and the team noting that this was not just an increase in bed availability it was a major cultural change that would not stop at the end of the transformation programme. She asked whether the triumvirate management were embracing the programme. MS advised that they were engaged in the critical care board and there was work being undertaken on accountability as the triumvirate leads needed to own this work. iv. SP noted that the focus was not only on bed numbers but also on talking to staff about working in the unit, about how rosters were managed and their career opportunities, hopes and aspirations. This work had all been led in an exemplary fashion. v. CC asked whether all staff were bought in to the model. MS advised that this was a huge unit with 250 staff who had varying levels of engagement with this programme, and we were working at every level with staff so that did this did not hinder the progress that had been made. OM noted that this went back to the point raised about the time to deliver cultural change. This was a big shift in how we worked, and we		

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	needed to bring all staff along with this programme. The programme had significant elements focused on cultural change and this was still work in progress. **Noted:** The Board noted the Combined Quality Report.		
3.iii	**Board Assurance Framework** **Received:** From the Trust Secretary the BAF report setting out: i. BAF risks against strategic objectives ii. BAF risks above appetite and target risk rating iii. The Board BAF tracker. **Reported:** By AJ that the key issues and risks had been outlined in the CEO's report and in PIPR. **Discussion:** i. That the committee reviews of the BAF had been revised so that this was taken at the start of the meeting with a wrap up item to ensure that all matters had been covered. It was agreed that this approach should also be implemented for the Board agenda. **Noted:** The Board noted the BAF report for May 2022.	AJ	Jul 22
3.iv	**Board Sub Committee Minutes:**		
3.iv.a	**Quality and Risk Committee Minutes: 28.04.22** **Received and noted:** The Board of Directors received and noted the minutes of the Quality and Risk Committee meetings held on 28 April 2022.		
3.iv.b	**Performance Committee Minutes: 28.04.22** **Received and noted:** The Board of Directors received and noted the minutes of the Performance Committee meeting held on 28 April 2022.		
4	**WORKFORCE**		
4.i	**Workforce Report** **Received:** The Director of Workforce and OD a paper setting out key workforce issues. **Reported:** By OM: i. That the report this month provided more information on health and wellbeing initiatives for staff. ii. We were pleased to have reintroduced the staff awards which had been launched this week. The awards had been realigned to the Trust's values and behaviours framework and the green agenda. We had secured funding from sponsors and the awards event would be held at Homerton college. The awards panel would meet on the 7 July and had governor representation. iii. The staff support scheme had been launched and the focus was on supporting the increases in cost of living. The scheme provided support for subsidised food in staff restaurants and outlets, subsidised car parking and subsidised bus travel.		

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	iv. Finally, the report outlined key elements of the CEO recruitment process. **Agreed:** The Board noted the update from the DWOD.		
4.ii	**Guardian of Safer Working Update**		
	Received: The Board received the report from the Guardian of safer working. **Reported:** By MG: i. That he had joined the Board to present the annual report and had invited Dr Claudia Mitrofan to join him. Dr Mitrofan was a foundation doctor in cardiology and was co-chair of the junior doctor's forum which provided a voice for our junior staff. ii. Exception reporting had been very low throughout the pandemic perhaps reflecting that baseline workload had been lower, and that our junior doctors had been incredibly flexible in supporting the Trust. They had played a tremendous role in the response to the pandemic. iii. Cardiology had identified issues in the foundation year and senior house officers were working significantly long hours, in response to this. Junior doctor staffing had been increased from 7 to 9 and that had alleviated the pressures making working lives better. It also allowed juniors to access training and had been funded until the end of July, but he was not aware of a future plan having been agreed beyond that and this was necessary to meet future demand. iv. This demand reflected the shift in cardiology workload towards out of hours and emergency access on a 24/7 basis. CM noted that she was currently an F2 in cardiology. Her workload initially had been extremely high and the baseline staffing of five did not allow staff to take leave, or to take part in educational activities. The rota had been better since the changes made in April and staff were now all able to take their self-development time and take part in professional education activities as well as undertaking their job. She felt it was therefore important to maintain the rota staffing at this level. v. MG noted that the junior doctor forum meeting was good and provided an informal pathway to address issues. They were looking at one other area where they were not able to access their training. They had also raised concerns around the IT systems which were felt to be inefficient and unsafe as junior doctors ended up making notes on paper that were then having to be added to the system post hoc. **Discussion:** i. OM advised that the junior doctors forum was very helpful. She noted also that the cardiology division had considered the need for additional posts at their business meeting and had confirmed that these would be made permanent. ii. AR thanked CM and MG for the comments on the electronic patient record system. He noted that it was helpful to have junior doctors engaged in IT forums, and that Dr Chris Johnson was very engaged in their development programmes to support continued improvements in our systems. iii. JW asked whether the matter identified was an issue of	**AR**	**Jul 22**

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	inefficiency or safety, as if it were a safety matter then that would need to be addressed. MG noted that the system issues resulted in junior staff handwriting notes which were then cut and paste into the electronic system after the ward round, and this was a potential risk. MG was advised that this should therefore be logged on the DATIX system. CM agreed that she felt the current arrangement was unsafe, as she had examples of having written notes which after the ward round had been erroneously placed in other patients record. Also, that the system was liable to crashing and, on those occasions, the junior doctors had to rely on memory of examinations and findings and the care plan. AR suggested that it would be helpful for CM and MG to meet with himself and Dr Chris Johnson outside of the meeting as this should not be a concern. iv. MS noted that if this was being raised as a formal concern we needed to act swiftly and needed to know the evidence and the extent of the problem and the mitigation that was required to address this. This review would need to be undertaken immediately and reported through the Quality and Risk management group and to the Quality and Risk committee. v. SP asked whether this matter had been logged previously or was being brought to the Board in the first instance. MG noted that it had been raised in the junior doctor's forum and raised as a concern within cardiology and in meetings with Dr Chris Johnson, and that it had been escalated to digital services in the first instance. It was agreed that the detail of this would be picked up outside of the meeting. vi. CM also noted that there were continuing concerns around the provision of a doctor's mess. OM advised that this issue was documented and would be addressed through current proposals. **Noted:** The Board noted the Guardian of Safe Working update.		
4.iii	**Freedom To Speak Up Guardian's Annual Report**		
	Received: The Board received the FTSU Guardian's annual report. **Reported:** by TB: i. That the table in the report had an incorrect header and that the data related to 2021/22. ii. The report set out the work undertaken in the role of FTSU guardian, which he undertook on the basis of 0.6 WTE hours. The time dedicated to the role had been subject to discussion over a number of years. iii. In this year we had seen an increase in reporting from staff and were looking to build Trust capacity. There had been some concerns expressed that the Trust had not properly offered the space for staff to recover from COVID19. iv. There were also some indications around how well middle and senior managers listened and received feedback from the FTSU guardian service. This had an impact as there had been instances where managers had noted that they would not be able to address matters unless raised directly with them. Where managers did listen to feedback that had a positive impact on team working and the feeling of assurance.		

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	v. The guardian role worked with line managers directly and there were blocks in some areas where managers were perhaps dismissive of the issues or those reporting concerns. vi. He recognised that his role was neutral and independent. In some instances, staff were seeking for the role to be used in an arbitrary way. Other staff had concerns about whether it was a truly neutral service. He always advised staff that this was an independent service answerable to the Board, and the element of reporting was important to strengthen the service. vii. In areas of success this year we had seen increases in the number of champions and had held a series of FTSU workshops to increase engagement. We now had new staff involved across the hospital, all were volunteers to this role and used their own time within their working structures or negotiated time in their own areas of work. viii. We had started a focus on speak up, listen up, follow up and now needed to look to see if all senior staff should take on that role. We had recruited champions and we now needed to review our strategy. We had increased numbers of 1:1 meetings with managers and as well as attendance at business meetings. ix. The quarterly report to the Board would be made more consistent in the next year to provide an update on the number of cases raised and themes arising from them. x. He continued to liaise with local and national networks and linked into our own staff networks with a particular focus on EDI. He was also looking at developing links with Skanska and OCS. xi. In terms of priorities, we had yet to receive the national index report and so could not see whether there had been changes in reporting since the last year. We had seen a 2% increase in our index rating last year and were the second-best performer in the region. xii. We needed to maintain a steady volume of champions and encourage as many as possible to undertake this role supporting them with bimonthly champions forums. xiii. The themes within feedback built on those seen last year including bullying and harassment and concerns around disciplinary processes. We were also seeing more staff coming to speak with the FTSU team. xiv. The report provided a comparison against reporting for the prior year, and this showed that we had 105 incidents reported in 2021/22 against a total of 84 in the prior year. In some years we had seen anonymous complaints but there were none raised on that basis in the last year. The majority reports came from nursing staff, but reports were spread across all areas. It was also positive to note that staff felt that speaking up was of value to them, and to the organisation. xv. He noted that whilst we had made progress this had also been a challenging year. We were doing some amazing things to support staff, and the roll out of the values and behaviours framework training, and the leadership development meant that knowledge was increasing and spreading. We had some feedback around uptake for senior leaders and for doctors and a feeling that this would be key to ensure that they were aware		

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	of our values and had the skills and the support to confront and challenge bullish and intimidating behaviours. **Discussion** i. JW thanked TB for his report and asked if this meant that some of our senior staff were not listening and if so, how was that being dealt with. TB noted that he met with individuals and set out their responsibilities. These would not be a reporting matters unless related to a serious incident. In some instances where people observed poor behaviour by a leader in another department, when raised some responses had been that unless that behaviour impacted on another individual, they felt that they would not address the matter. ii. OM thanked TB photo report and noted that we had a Board development session this afternoon that would consider the issues raised. Key to this was line manager confidence and capability. The Trust could put in place policies and procedures but that would not address this scenario. Managers would sometimes freeze when issues were raised and focus their response on policy, and not had the conversations that might lead to early resolution. These skills would be supported and developed through the line manager development programme. It was the Board's responsibility to ensure that we equipped our leaders both clinically and managerially. iii. SP echoed OM's assessment, noting that much of this was down to experience. He wondered whether we should tell more of these stories through our communications with staff as these were powerful tools. He felt we needed to create a space in the weekly briefing that was linked to our values and behaviours. For many of our staff who did not observe this behaviour they may not be aware that this was still happening across the Trust. SP suggested that we consider the behaviours that we needed to change and how examples could be used as teachable moments. iv. CC asked whether the issues raised by doctors included our junior medical staff and whether the reports being made by our healthcare support workers suggested that their voice was not being heard. TB noted that the junior medial staff did not feedback through his service as they had a separate feedback route through the guardian of safe working. He noted that we were looking at an advocate nurse practitioner and if we could invest in that role, it may support our more junior staff such as health care support workers. **Noted:** The Board noted the FTSU Guardian's Annual Report for 2021/22.	**OM/TB**	Sep 22
5	**RESEARCH & EDUCATION**		
	Reported: By IS: i. That a number of items had already touched upon R&D activities. We had heard already about the opening of the HLRI, and the University of Cambridge staff moving into the building. ii. We were now close to concluding the arrangements for funding for the Clinical Research Facility following the national		

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	competition for funds. This funding was not released until later in the year and so whilst secure, we had more to do in relation to appointments, but we now had a senior manager in post and were continuing with recruitment. iii. That Dr Calvert was undertaking engagement work and had circulated a questionnaire to all staff. This had received 60 hits on the first day of circulation and had a few days to run. The output from this would be incorporated in a refresh of the research strategy and Dr Calvert would come to a future Board to report on that. **Discussion** i. JW asked about CQC accreditation process. MS noted that this had been submitted and we were awaiting confirmation from the CQC. The final approval process was not yet clear, and further guidance would be sought next week in the regular review meeting. ii. JW asked about whether registration would allow commencement of clinical trials. IS noted that projects were getting lined up ahead of the CRF opening. **Noted:** The Board noted the update on R&D.		
6	**BOARD FORWARD AGENDA**		
6.i	**Board Forward Planner** **Received and Noted:** The Board Forward Planner.		
6.ii	**Items for escalation or referral to Committee** None.		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors
Meeting held on 9 June 2022

Glossary of terms

CIP	Cost Improvement Programme
CandP ICS	Cambridge and Peterborough ICS
CUFHT	Cambridge University Hospitals NHS Foundation Trust
CUHP	Cambridge University Health Partners
DGH	District General Hospital
GIRFT	'Getting It Right First Time'
ICB	Integrated Care Board (of the ICS)
ICS	Integrated Care System
IHU	In House Urgent
IPPC	Infection Protection, Prevention and Control
IPR	Individual Performance Review
KPIs	Key Performance Indicators
LDE	Lorenzo Digital Exemplar
NED	Non-Executive Director
NHSE/I	NHS England/Improvement
NSTEMI	Non-ST elevation MIs
NWAFT	North West Anglia NHS Foundation Trust
PET CT	Positron emission tomography–computed tomography - a type of scanning of organs and tissue
PIPR	Papworth Integrated Performance Report
PPCI	Primary Percutaneous Coronary Intervention
PROM	**P**atient **R**eported **O**utcome **M**easure: assesses the quality of care delivered to NHS patients from the patient perspective.
RCA	**R**oot **C**ause **A**nalysis is a structured approach to identify the factors that had 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
SIP	Service Improvement Programme
SOF	NHS **S**ystem **O**versight **F**ramework (Graded 1-4)
STP	Cambridgeshire and Peterborough **S**ustainability and **T**ransformation **P**artnership
VTE	Venous thromboembolism
Wards	Level Three: L3S (South) and L3N (North) Level Four: L4S and L4N Level Five: L5S and L5N CCU Critical Care Unit
WTE	Whole Time Equivalent