

**Meeting of the Board of Directors
Held on 4 July 2019 at 9:00am
Rehabilitation Seminar Room**

UNCONFIRMED

MINUTES – Part I

Present	Prof J Wallwork	(JW)	Chairman
	Mr M Blastland	(MB)	Non-Executive Director
	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
	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	Mr T Bottiglieri	(TB)	Freedom to Speak Up Guardian
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mrs M Maxwell	(MM)	Deputy Director of Operations
	Mrs L Shillito	(LS)	Matron
	Dr S Webb	(SW)	Deputy Medical Director (part meeting)
Apologies	Dr R Hall	(RH)	Medical Director
	Mrs E Midlane	(EM)	Chief Operating Officer
Observer	Dr R Hodder	(RH)	Public and Lead 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. The following declarations of interest were noted:		

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	<p>AR reported that he had a declaration of interest in relation to item 6.i and that this was being addressed through a memorandum of understanding which would govern any future dealings with the Trust in relation to IP.</p> <p>SP advised that he had become a Trustee of the Intensive Care Society.</p>		
	<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. xvi. Cynthia Conquest as Deputy Director for Commercial Services and Business Intelligence at Norfolk Community Health and Care trust (Contractor) and lay member and Audit Chair of the City & Hackney GP Confederation. xvii. Michael Blastland as Board member of the Winton Centre for Risk and Evidence Communication, as advisor to the Behavioural Change by Design research project and as member of the oversight Panel for the Cholesterol Treatment Trialists' Collaboration. 		
1.iii	MINUTES OF THE PREVIOUS MEETING		
	<p>Board of Directors Part I: 6 June 2019 Noted: The following amendments to the minutes of the meeting on the 6 June: Item 3.3: That the local market should be described as highly competitive rather than saturated.</p> <p>The following corrections were provided for the record by CC: P4 Item 1.vii Discussion point ii: correct 'some' to read 'some of'.</p>		

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	<p>P5 Item 1.vii Discussion point iv: 'RSSC' and 'PH' added to the glossary.</p> <p>P7 Item 2.b.1v Reported point i: removed 'The'</p> <p>P14 Item 4.i Discussion point ii: reworded to 'where there were problems identified'</p> <p>P14 Item 4.i Discussion point vii: revised to 'a bullying culture'</p> <p>Approved: With the amendments noted above the Board of Directors approved the Minutes of the meeting held on 6 June 2019 as a true record.</p>		
1.iv	<p>MATTERS ARISING AND ACTION CHECKLIST</p>		
	<p>Item 2.b.vii: MB noted that his concern had been to state the consequence of underperformance across the GIC agreement and how rapidly the impact would emerge if the position were not recovered.</p> <p>Noted: The Board noted the updates on the action checklist.</p>		
1.v	<p>Chairman's Report</p>		
	<p>The Chairman provided an update on current activities to the Board.</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That this was both a very exciting and a difficult time for the Trust with the forthcoming opening and key performance challenges. He was consequently spending more time at the Trust visiting and supporting teams. 		
1.vi	<p>CEO's UPDATE</p>		
	<p>Received: The Chief Executive'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. The report was taken as read.</p> <p>Reported: By SP:</p> <ul style="list-style-type: none"> i. That we were not delivering planned levels of activity and this had a negative impact on quality as we were failing in our obligation to deliver services for our patients. This reflected the challenges experienced in balancing demand and quality. This issue had been discussed at Q&R and was being escalated to the Board. ii. That the official opening by Her Majesty the Queen had been confirmed. A number of individual members of staff had been invited to meet the Queen and the Matrons would be chaperoning. There was expected to be significant media coverage with national filming and reporting. iii. That the Board were aware that workforce was one of our key risks and so it was good to report some of the positive events that had been held. The Royal Papworth Garden Party, held to thank our staff for all their efforts around the move, had seen 600 staff attend an event supported by the charity. The 		

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	<p>event had been really appreciated by staff.</p> <p>iv. The first birthday party of Royal Papworth House had been held with a 'bake off' and had been another event to thank staff for their efforts and celebrate their work.</p> <p>v. That the recruitment event on the 22 June had seen 60 staff and 3 of the Executive team volunteer to help manning the stands and had been very successful resulting in 28 appointments and a further 60 enquiries to follow up.</p> <p>vi. The CQC inspection team had visited on the 18/19 June and had a very good experience at the hospital. There were some minor points raised in their initial feedback and actions had been put in place to address these matters. The focus was now on preparations for the CQC Well Led inspection would take place on the 25/26 July 2019.</p> <p>Noted: The Board noted the CEO's update report.</p>		
1.vii	Staff Story		
	<p>OM introduced this item. This report was the first of the bi-monthly staff stories that were to be brought to the Board. This was a fairly novel approach in the NHS and was being introduced to help the Board and the Executive to better understand staff experience of working for the Trust and the issues and impact this has on individuals. The approach had been discussed at the Staff Engagement Champions Network, with Staff Side and the BAME network and a framework had been developed for the stories to be collected and shared. All staff involved would formally consent to their stories being shared and the FTSU Guardian, BAME network Chair and Staff side representatives would deliver stories on behalf of individuals.</p> <p>Reported by TB: That this story related to a staff member working in the Cath Labs who was an economic migrant and a professional refugee. Their experience was one of migration and sacrifice in leaving their country to join the Trust and of a challenging experience through the recruitment and on-boarding process. There were some key issues reported:</p> <ul style="list-style-type: none"> • Gruelling interview schedule involving long haul flights to and from their country in a 24 hour period in order to attend for interview with no support offered with practical arrangements for the interview and all costs being met by the staff member. • Significant ongoing family obligations with both fear of persecution of family members and ongoing financial support being made to supplement income and fund education in their home country. • Employment in a Band 5 nursing role and a concern that their significant clinical experience (18 years in the relevant area) was being relied on but not recognised by the Trust. • A feeling of a lack of opportunity for promotion and a concern that there was a bias towards non-migrant workers with progression being more readily offered to other staff. • A feeling of unwillingness from staff in accepting ideas and suggestions for improvements in service delivery. • An experience of personal guilt and isolation in being away from their country, their home and their friends and relatives. • Accommodation at the old site was of poor quality and with 		

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	<p>some inappropriate behaviour by male residents.</p> <ul style="list-style-type: none"> • A concern that although accommodation at Waterbeach was better it was still quite remote and isolating requiring a 12 mile cycle trip to get to the large supermarket. <p>Reported: By OM:</p> <ol style="list-style-type: none"> i. That this member of staff first came to her attention following one week after they had joined the Trust following the concerns raised relating to accommodation. These were responded to by a move to the new staff accommodation at Waterbeach and an introduction to the Nurse Recruitment lead who then became involved in her case. ii. This member of staff had applied to join the Trust directly from overseas (rather than through an agency or overseas recruitment campaign) and this meant her needs had not been picked up in the same way. iii. That support for staff who were being recruited from overseas through agencies was now improved with support being given to welcome and settle staff, arranging transport and meeting them arriving for interview; helping with setting up banking and provision of accommodation, and help with shopping and welcome packs being provided when they joined which were really appreciated by the staff involved. However there was a differential experience for staff from overseas who were not being recruited through an agency and we should review that. iv. That this staff member was offered support when her situation was picked up but that this did not lessen the impact of her experience of the process. v. That the concern about recognition of qualifications and experience in other countries was an issue that had been flagged through the BAME network and there was concern that experience in other countries was not valued in the same way as experience in this country. vi. That the start point was for the Board hear and name the issue. <p>Discussion:</p> <ol style="list-style-type: none"> i. DH noted that the implied discrimination and failure to use skills and ideas was very upsetting as the solutions to delivery of improvement in services was through using the skills and resources of our frontline staff and not discussion around the Board table. ii. JR noted that the staff story had been shared with her ahead of the Board and she had felt saddened by aspects of the report. She did feel that this needed to be placed in context and there were discussions with many staff who had successfully sought to explore how they could get their voice heard and who had a more positive experience. iii. JR noted that the way of bringing new ideas to staff and teams could risk generating feelings of resentment and being perceived as being 'better than us' which could be genuinely difficult for teams and staff to deal with. iv. JR noted also that as recruitment processes were blind then it would not be immediately apparent to managers that someone was travelling from overseas for interview and if candidates 		

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	<p>did not identify this through the application process then consideration would not have been given to options such as Skype interviews that could have been offered.</p> <ul style="list-style-type: none"> v. DD queried the process to establish the equivalence of qualifications and was advised that were very clear requirements and specific processes in place through the NMC to ensure that overseas staff were fit to practice in equivalent roles. vi. JW felt that there should be encouragement for this staff member to use their experience to support other staff in this situation. <p>OM noted that this matter would be considered through the Culture and Leadership Development Programme that was being implemented as at its heart was effective and compassionate leadership at all levels to support and encourage staff.</p> <p>Noted: The Board noted the staff story and thanked TB for his report.</p>		
1.vii	Patient Story		
	<p>LS presented a patient story that had been gathered on the 3 May 2019.</p> <p>Reported: By LS that this story related to a patient who had been on the ward and transferred from the old to the new site. LS had gone to visit the patient to follow up on her care and the transfer process. The patient had been admitted from the QEH at Kings Lynn and had a complete heart block.</p> <ul style="list-style-type: none"> i. The patient had settled well after the transfer. She had been booked on a treat and return basis and following her surgery was due to return the QEH the same afternoon. He post procedure check went well but the transport service did not arrive and QEH released her bed which meant that she was not transferred until 6pm the following evening. ii. Overall the patient had been very impressed by the hospital but wanted to raise the following matters: <ul style="list-style-type: none"> a. She was very cold despite additional blankets being provided. b. She felt a little overwhelmed by her surroundings. c. She was in a single room and was disappointed by the delay return to QEH as her daughter was unable to visit her. <p>Discussion: The Board noted that:</p> <ul style="list-style-type: none"> i. They were concerned by the impact of transport problems. LS advised that the wards use a number of providers in the region but issues with transfers were common. ii. SP noted that the Board agreement to progress with the SBS programme included a PTS transport services including a proposal for a redesigned national PTS system for booking and brokering journeys. iii. RC noted that the issue of heating had been addressed in the work on balancing the building and that all individual thermostats were now set with a range from 19-25 degrees and that training had been provided to staff as there was some 		

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	<p>element of user error in the operation of the heating system. LS confirmed that there had been improvement in controls but noted that some patients were particularly sensitive to the cold because of their condition.</p> <p>iv. It was suggested that the Trust should explore provision of fleece of dressing gowns for staff in these instances.</p> <p>Noted: The Board noted the report of patient experience and agreed that the Matron's group would be asked to consider a solution to patients being cold on the wards.</p>	JR	Sep 19
2	PERFORMANCE		
2.a.i	<p>PERFORMANCE COMMITTEE CHAIR'S REPORT 30 May 2019</p> <p>Received: The Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By DH that:</p> <ul style="list-style-type: none"> i. The Committee had discussed the issue of productivity outlined by the CEO. ii. Particular concerns had been raised about under delivery in outpatients and it was agreed a spotlight report would be provided on that area next month. iii. That the RTT performance in surgery needed to be brought back on track but there was some contingency within plans. iv. That the Trust had failed its cancer targets under both the old and the new reporting system and this was a concern. EM had advised the Committee that the interim histology service was a part of the problem with longer reporting times but there was also a need to address the MDT scheduling within the Trust. v. The major concern of the committee was the failure to deliver the activity plan at the new hospital. This matter would have a major consequence on the finances of the Trust. <p>Discussion:</p> <ul style="list-style-type: none"> i. JW noted that the Board were well aware through committee discussions that the Trust had not delivered the ramp up in activity that was planned after the move and he was concerned that the balance between safety and productivity was not quite right and this was hampering the ability to deliver planned workload. ii. SP noted that this matter was uppermost in the minds of the Executive. The Hospital Optimisation Project had been brought together led by the COO, MD and CN to look at what could be done differently in delivering services. The issue of a more holistic system view of risks was also on their agenda as safety was not only about the staffing situation on individual wards. It needed also to consider the impact of our failure in delivery which left patients in hospital beds across the local system delayed in their transfer and in accessing appropriate care. iii. SP noted that to address this issue the Trust needed a clear focus on recruitment and retention of staff to ensure that 	MM	Aug 19

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	<p>planned work could be delivered on a consistent basis. He noted the earlier discussion about the impact on the GIC as continued delivery of activity at this lower level would see a significant financial flow out of the organisation.</p> <p>iv. CC asked when the Board should panic about the activity recovery position. JW noted that we should not panic; we should plan to recover the position by managing the balance between risk and throughput. We would be unable to influence the outcome of Q1 but needed to ensure delivery of the planned levels of work in Q2 and Q3.</p> <p>v. SL asked about how the Trust was viewed within the region and whether we could test perceptions and learn from feedback from referrers.</p> <p>vi. SP noted that there were mixed opinions. Within the STP we had delivered the pathway change around NSTEMI and this was a major achievement in the local system, however in the wider system we were seen to be in a position of privilege.</p> <p>vii. MB felt that the issue of visualisation of the risk to people who were not yet in our care was key to the discussions as that spoke to the health and well-being of those who were not yet our patients. JW noted earlier work by Sam Nashef that had a similar focus around the issue of mortality arising from procedures and mortality on the waiting list and felt we really needed to address that issue as a Trust.</p> <p>Noted: The Board noted the Chair's report.</p>		
2.b	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
	<p>Received: The PIPR report for Month 2 from the Executive Directors (EDs).</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That overall the Trust had maintained an Amber performance rating for May. ii. That performance was rated as 'Red' in three domains: People Management & Culture, Responsive and Effective. iii. That performance was rated as Amber in three domains: Finance, Transformation and Caring. iv. That the Safe domain was rated as Green. 		
2.b.i	Safe		
	Reported: By JR that the domain remained rated at green and had been fully reviewed through the Q&R Committee.		
2.b.ii	Effective		
	<p>Reported: By MM:</p> <ul style="list-style-type: none"> i. That the domain was rated as red and this reflected the continued under delivery against the activity plan. ii. That there had been a slower ramp up of activity following the move and this was in part due staffing levels where there were temporary changes in bed numbers to maintain safer staffing. In addition equipment issues in Cath labs had required rescheduling of patients. 		

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	<p>iii. The spotlight on hospital optimisation would pick up work being undertaken to maximise delivery of outpatient care and EM/RH and JR were leading work on recovery of performance in this area. In addition the initial work in surgery had brought the whole surgical pathway under review.</p> <p>Discussion:</p> <p>i. DH asked about the issues within the Cath labs and whether Philips were rectifying at their expense. MM confirmed that this was the case.</p> <p>ii. MM noted that the highest reasons for cancellation were around clerical errors and this would be addressed through the work on optimisation.</p>		
2.b.iii	Caring		
	<p>Reported: By JR.</p> <p>i. That the reduction in the Friends and Family scores had been discussed at Q&R and actions were in place to increase the number of responses in future periods with a collections box being introduced into the outpatients' area.</p> <p>ii. DH noted that it had been agreed that the Performance Committee would look at OP activity recovery plans along with Q&R to understand the impact of the move on delivery of services.</p>		
2.b.1v	Responsive		
	<p>Reported: By MM that:</p> <p>i. The domain was rated as red.</p> <p>ii. That there had been discussion about the progress in relation to RTT but the overall target was not being met.</p> <p>iii. That surgery had seen continued failure in delivery of the RTT target and this was due to the reduced activity and reduced capacity. Bed closures were being reviewed on a weekly basis and surgical performance was a key part of the hospital optimisation programme.</p> <p>iv. A resolution for Community Sleep Studies activity had been agreed with the Clinical Commissioning Group.</p> <p>v. In House Urgent cases remained below the national target of seven days and this was another area of focus.</p> <p>vi. The 28 day rebooks were below target at 54.5% and this was being addressed with the surgical booking team.</p> <p>vii. The spotlight was on the 31/62 day cancer waits target which had not been met in April. This was affected by referrals and capacity. Performance in May had been affected by the national issue around supply of contrast medium and longer turnaround times as a result of the interim solution in histopathology. The key actions were to ensure that MDT meetings were working efficiently and effectively.</p> <p>Discussion:</p> <p>i. SP noted that a key part of the hospital optimisation focus was staffing and in particular how closed beds on level 5 could be reopened. JR noted the progress in the recruitment pipeline for registered nurses and that safety briefings were taking place each morning with meaningful discussion of the staffing pressures and the need to open all available capacity.</p> <p>ii. There was concern about the failure to deliver the cancer waiting time standards. This related to a small number of</p>		

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	<p>patients but was a target that we delivered on a routine basis. JW noted that every effort should be made to recover this performance standard.</p> <p>iii. DH noted the previous presentation by Julie Quigley on achieving the IHU standard and queried the progress against these plans. It was noted that a lot of work had been done on improvements to this pathway but these were dependent on buy in from our external partners. There was a stakeholder meeting scheduled for the 25 July and this would be used to engage and gain broad agreement to the planned pathway changes. SP noted that constraints on capacity were also contributing to the inability to meet this standard with beds closed on 5 North and on Critical Care. This underlined the real need to consider the broader impact and system risk of decisions being taken by the Trust.</p> <p>iv. MB suggested that the trade-offs between constraints on capacity and its impact on patients and the wider system access risks needed to be clearly set out in Trust reporting. JW noted that the decisions were reflected in PIPR and that these reports were considered at Committee and Board.</p> <p>v. RC advised that there was a need to ensure that the short term decisions taken to manage staffing risks on the grounds of safety must not be allowed to become medium or long term changes. He also noted that the underperformance against plan was not only related to inpatient activity. Whilst this accounted for around half of the current financial impact there was a significant underperformance in outpatients and day case activity which also needed to be addressed.</p>		
2.b.v	People Management & Culture		
	<p>Reported: By OM that:</p> <p>i. The domain was red overall (but would be green in June although by a small margin.)</p> <p>ii. That turnover was difficult to predict and whilst the recruitment pipeline would improve in June this was due to a number of factors including more PRP nursing staff getting their PINs and moving onto the register. There would also be some large numbers of qualified staff coming from the latest university intake in September.</p> <p>iii. The HCSW pipeline had improved with 50 now in the pipeline and 90 expressions of interest in the apprenticeship qualification route, however there were also a high number of vacancies to be filled. The number of vacancies should halve over the next two months because of the positive movements in the recruitment pipeline.</p> <p>iv. There were other measures to be taken to increase the pace of recruitment and OM advised that there might be a need to review the resources of the recruitment team to ensure that it was able to deal with the scale of the challenge.</p> <p>Discussion:</p> <p>i. The Board asked about the process for induction and how far that was tailored to the individual services. OM noted that corporate induction had been reduced to a single day</p>	OM	Sep 19

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	<p>supplemented by local departmental induction processes. There was concern that our staff should be able to be rostered as soon as possible but this was to be balanced by the need to land staff well in the department as this had an impact on retention.</p> <p>ii. OM advised that passporting from other Trusts was used where possible, also that the clinical induction offered was short, effective and safe. Our digital training was extensive as the systems were challenging and staff needed to be confident in their use. NHSI was also looking at the benefits and level of mandatory training and there were pressures around compliance with these areas.</p>		
2.b.vi	Transformation		
	<p>Reported: By RC that:</p> <p>i. The rating of the domain was held at red because of the significant CIP programme gap that had previously been reported to the Board. There was a £3m gap and £1.8m of new schemes within the CIP pipeline. He felt that this agenda was now starting to move again through the gateway 3 process.</p>		
2.b.vii	Finance		
	<p>Reported: By RC that:</p> <p>i. The year to date deficit was £1.4m which was £900k favourable to plan. Clinical income had an adverse variance of £600k and activity was 12.6% down in outpatients and 7.8% down in inpatients. The effect of this on non-GIC contracts was a loss of £500k.</p> <p>ii. The GIC contract was delivering a favourable variance of £400k and the pay variance was £100k favourable this was driven by the 269 vacancies (which were offset by the £1.9m spend on temporary staffing).</p> <p>iii. The £1m favourable variance on non-pay was related to planned use of reserves and timing differences around FRS and PSS funding. This position was reliant on use of contingency and the delivery of the year end position required both the mobilisation plan to step up activity and the delivery of CIP.</p> <p>iv. That the cash position was £8.2m favourable and use of resources was maintained at a rating of 3.</p> <p>Discussion:</p> <p>i. MB asked about external constraint on activity arising from referral patterns. RC advised that the level of referrals were sufficient to support planned capacity levels. There had been a slight decline over time linked internal constraints. Cardiology was in a better position on referrals and the move to the campus had generated some anecdotal concerns around referral pathways (Hertfordshire referrers were reported to have understood that we were closed to referrals but this matter had been clarified and had not been a widespread concern).</p>		
	Noted: The Board noted the PIPR report for Month 2 (May 2019).		

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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 above appetite and target risk rating. ii. The Board BAF tracker. iii. A summary of the new consolidated BAF risks. <p>Discussion:</p> <ul style="list-style-type: none"> i. DD noted the application of the matrix scoring against BAF risks and noted the summary of the top rated risks at Board and Committee. ii. The issue of how ‘trade-offs’ were reflected in the Board reporting was considered and whether there was a risk of reporting being too optimistic. JW felt that trade-offs were apparent in the reports to the Board as an example the consequence of decisions around safer staffing were framed around their wider impact and the non-delivery of activity which failed our patients and undermined performance standards. iii. CC felt that risks were triangulated between activity, workforce and financial consequence. iv. DH had a concern that the principal financial risk was expressed as a consequence of the workforce and productivity. RC advised that the financial risk was not solely a consequence of the workforce and activity throughput and there was an absolute financial risk which was informed by the need to address the £17m underlying deficit. This was being delivered through the financial recovery plan which was driven by the structural deficit as well as the draw of work through the organisation. <p>Noted: The Board noted the BAF report and agreed that the nature of the financial risk to the Trust would be reframed.</p>		
3.ii	<p>Quality & Risk Committee Chair’s Report Received: The Board of Directors received the Q&R Committee Chair’s report of the meeting of the 23 June 2019.</p> <p>Reported: by SL that:</p> <ul style="list-style-type: none"> i. The Chair and Chief Executive had joined the Q&R Committee meeting. ii. Hospital optimisation would be a standing item on the agenda and would look at both the positive and adverse impacts and was reflected in the new BAF risk 2249 iii. The SI relating to monitoring equipment alerts had been reviewed. The Committee had heard the interim steps taken around human factors relating to the issues of staff becoming noise blind in relation to frequent alerts. JR noted these included safety briefings for staff and discussion at of human factors at team briefings and the focus on mobilisation of higher risk patients. iv. The Committee received a presentation from Dr Mellor and had a tour of the Critical Care Unit. 		

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	<p>v. The Committee had also requested that the format for some of the reporting for Q&R could be improved but noted that there were some constraints relating to national templates.</p> <p>Noted: The Board noted the Q&R Committee Chair's report</p>	JR/RH	Sep 19
3.iii	<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 that the report included the second never event relating to the retained guide wire. This had resulted in no harm and was subject to a human factors and SI review.</p> <p>Noted: The Board noted the Combined Quality Report.</p>		
3.iv	<p>Audit Committee Minutes 23 May 2019</p> <p>Received and noted: The Board of Directors received and noted the minutes the meeting 23 May 2019.</p>		
3.v	<p>Performance Committee Minutes 30 May 2019</p> <p>Received and noted: The Board of Directors received and noted the minutes of the Performance Committee meeting held on 30 May 2019.</p>		
4	<p>WORKFORCE</p>		
4.i	<p>Workforce report Received: From the Director of Workforce and OD a paper setting out key workforce issues.</p> <p>Reported by OM that:</p> <ul style="list-style-type: none"> i. The NHS Interim Workforce Plan had been published and the five key issues in the plan were set out in detail in the paper. National workstreams were being established and OM would be joining the nursing supply group. The report envisaged a summer of engagement and further detail was expected. ii. The report included Lessons to Improve Our People Practices and recommendations from NHSI following review of the suicide of a nurse following dismissal proceedings. The recommendation included training and collaboration with peers on a regional basis. iii. There were recommendations for Trusts around training and processes and the disproportionate number of BAME staff facing disciplinary action nationally. An additional step had been built into our disciplinary procedure as a result with executive review of cases raised. OM noted the link to the QI agenda and the wider use of the just culture tool to support the SI investigation processes. <p>Discussion:</p> <ul style="list-style-type: none"> i. DH asked for detail of the just culture tool to be shared with the Board. ii. DH asked for clarification of the oversight processes referred 	OM	Aug 19

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	<p>to in Appendix 2. OM advised that she was the Executive lead for Board for employee relations and included this as a part of regular reports to Board.</p> <p>Noted: The Board noted the Workforce report.</p>		
5	Research & Education – no report due		
6	Digital		
	<p>Received: From the Director of Digital a paper on the competency based learning and development for users.</p> <p>Reported: By RC that further to the declaration of interest provided by AR in relation to this paper the matter of conflict was being managed by the Trust and that the issue could be considered by the Board on a 'supplier agnostic' basis.</p> <p>Reported: By AR</p> <ol style="list-style-type: none"> i. That the work formed a part of the Lorenzo Optimisation and was focused around the impact of enhanced training, skills and knowledge. ii. That the pilot results demonstrated improvement in performance following training. iii. That the review tool was aligned with the recommendations of the Topol review which envisaged a digitally competent workforce. <p>Discussion:</p> <ol style="list-style-type: none"> i. DH questioned whether there was a demonstrable improvement in quality in the Access and Data Quality report. RC advised that the A&DQ report had shown that whilst primary data entry had not improved there had been improvement through the roll out of PTL management. Also that RTT data had improved and that we were ensuring that staff were appropriately trained. ii. The planned programme focus was around delivery of improvement in prime entry data quality. iii. OM noted that the action plan in the paper was based on a pilot around booking team staff and the staff feedback on this had been positive. iv. DH queried the basis of the conflict of interest. It was noted that the consultancy owned by AR had developed the ISO compliant training and assessment materials and was a candidate in the process but no decision had yet been made. <p>Agreed: The Board approved the recommendations and action plan as set out in the report.</p>		
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		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors
Meeting held on 4 July 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
PH	Pulmonary Hypertension
PCI	Percutaneous Coronary Intervention
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.
RSSC	Respiratory Support and Sleep Centre
RTT	Referral to Treatment Target
SIs	Serious Incidents
WTE	Whole Time Equivalent