

**Meeting of the Board of Directors
Held on 1 August 2019 at 9.00am
Rehabilitation Seminar Room
Royal Papworth Hospital**

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
	Dr R Hall	(RH)	Medical Director
	Mr D Hughes	(DEH)	Non-executive Director and Deputy Chairman
	Dr S E Lintott	(SEL)	Non-executive Director and Senior Independent Director
	Mrs E Midlane	(EM)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mr S Posey	(SP)	Chief Executive
	Mr A Raynes	(AR)	Director of Digital and Chief Information Officer
	Mrs J Rudman	(JR)	Chief Nurse
In Attendance	Mrs A Jarvis	(AJ)	Trust Secretary
	Mrs L Steadman	(LS)	Matron Surgery & Transplant
Apologies	Prof N Morrell	(NM)	Non-Executive Director
Observer			

Agenda Item		Action by Whom	Date
1.i	WELCOME, APOLOGIES AND OPENING REMARKS		
	The Chairman welcomed everyone to the meeting and apologies were noted as above. It was noted that OM would be late joining the meeting as she was opening a Critical Care development workshop.		
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:		
	i. John Wallwork, Stephen Posey and Nick Morrell as Directors of		

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	<p>Cambridge University Health Partners (CUHP).</p> <ul style="list-style-type: none"> 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 as Trustee of the Intensive Care Society. x. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews. xi. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd xii. Nick Morell Acting CEO Morphogenics a biotech company. xiii. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT. Essentia are currently providing advisory services to the Estates team at Cambridge University Hospitals NHS Foundation Trust on Project Management. xiv. Stephen Posey as Chair of the East of England Cardiac Network. xv. Roy Clarke as a member Cambridge Global Health Partnerships Committee part of ACT. xvi. Nick Morell as a member of the Regent House of the University of Cambridge. xvii. 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. xviii. 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: 4 July 2019</p> <p>Amendments: Page 5: Staff Story: Discussion point i revised to read 'not just discussion around the Board table.' Page 7: Patient story: Discussion point revised to read 'fleece or dressing gowns..' Page 8: Item 2ai Chair's report: Discussion point vi revised to read 'seen to be in a privileged position to support system partners.' Page 12: Item 3ii Chair's report: Point iv. That the visit to the Critical Care unit had been made by SL and not the full Committee.</p> <p>Approved: With the above amendments the Board of Directors</p>		

Agenda Item		Action by Whom	Date
	approved the Minutes of the Part I meeting held on 4 July 2019 as a true record.		
1.iv	MATTERS ARISING AND ACTION CHECKLIST		
	Noted: The Board of Directors noted the updates on the action checklist.		
1.v	Chairman's Report		
	<p>Reported: By JW:</p> <ul style="list-style-type: none"> i. That July had been an interesting month at the Trust with the CQC Well Led inspection; the Royal opening and the announcement of funding for the HLRI. ii. That whilst the Trust had not got to its target optimisation level there was a lot of work being done to address this with mitigating actions being put in place and review of plans at Committee level. iii. That he had received a letter of thanks from Buckingham Palace. The Queen had been especially pleased to have had the opportunity to meet many patients and staff, and had really enjoyed the visit to the Trust. <p>Noted: The Board noted the Chairman's report.</p>		
1.vi	CEO's UPDATE		
	<p>Received: The CEO's update setting out key issues for the Board across a number of areas reflecting the range and complexity of the challenges currently facing the Trust and the significant progress being made in delivery of the Trust's strategic objectives.</p> <p>Reported: By SP that:</p> <ul style="list-style-type: none"> i. He wanted to thank all Trust staff for their contribution to the success of the Royal visit. ii. The golden thread through the CEO and Board reports reflected the limitations on capacity that arose from workforce issues. Increased recruitment activity was one of the solutions to this but support for existing staff was also key. The Culture and Leadership programme would help the Trust to address this agenda and forty staff had now signed up to that work stream. Other work in this area included a Mental Health Awareness session held jointly with Unison and resilience training for our staff which had been introduced during the move and would continue. iii. The CQC Well Led inspection had taken place and the Trust would await the report from the CQC. We expect a draft report to be issued in September and the final report to be published in October. A letter providing initial feedback had been received and this would be circulated to Board members. iv. The funding of the HLRI had been very welcome news for the Trust. 	AJ	Aug 19

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	<p>v. Due to the strong recruitment pipeline, the Critical Care unit would open to 36 beds from late October. There would be a move to 31 beds in August and 33 beds in September with Theatre 6 anticipated to open by the 1 October.</p> <p>vi. That the Chief Nursing Officer for England had visited the Trust and had been very impressed. During her visit Ruth May had presented Chief Nursing Awards to:</p> <ul style="list-style-type: none"> • Fiona Downie, Consultant Tissue Viability Nurse, who received a CNO Gold Award for her dedication to nursing, Royal Papworth and tissue viability care for many years. • Eamonn Gorman, Chief Nursing Information Officer (CNIO) who received a silver award for his work on the implementation of Lorenzo and for support provided for bedside nurses during the deployment of the system. • Judy Machwenyika, Lead Advanced Nurse Practitioner who received a silver award for her work supporting the Trust's equalities agenda. <p>Discussion: JW noted that the Trust was out performing other centres in the volume of transplants delivered having delivered over half of the total number of heart transplants nationally in the first quarter of the year. This was enabled by changes in donor procurement and our pioneering work in DCD. The expected changes in commissioning of transplant services should support the future sustainability of this service.</p> <p>Noted: The Board noted the CEO's update report.</p>		
1.vii	Patient Story		
	<p>The Board received a patient story from Lisa Steadman, Matron Transplant & Surgery.</p> <p>This story was taken in June and was from a patient who had been transferred to the Trust from the Norfolk and Norwich Hospital following a heart attack.</p> <p>The patient had a positive experience at the N&N. He felt that all members of staff there knew about him and did everything around his care.</p> <p>He was transferred to RPH for a bypass operation as an 'In House Urgent' case and was admitted to Level 5. He felt the environment at RPH was not restful, he experienced two cancellations and he said that he did not feel safe at night as staff were not knowledgeable about his condition. He had experienced inconsistencies in his care with monitors being disconnected by one member of staff only to be reconnected after few minutes by more senior staff.</p> <p>He was aware of the plan for intentional rounding and was concerned that this was not being delivered overnight. He spoke to the nurse in charge and told them that he did not feel that we cared about his safety. He reported that:</p>		

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	<ul style="list-style-type: none"> • He felt isolated in his single room. • That the nursing staff had a huge workload. • That he did not know who was in charge of the ward. • That there should be access to mobile monitoring. • That agency staff had not introduced themselves. • That he was asked to provide his date of birth on many occasions and did not know why this was being done. • That he was not aware of the time of medication rounds. <p>The patient had also identified numerous exceptional members of staff during his stay.</p> <p>LS advised that work to address the issues raised in the patient story included:</p> <ul style="list-style-type: none"> • A formalised induction checklist for agency staff that covers staff introducing themselves to patients; explains the use of intentional rounding and the plan for medicines rounds. • A bid for funding mobile telemetry devices. • Projects have been stepped up that look to address social isolation on the wards. These had been planned ahead of the move and were led by OT colleagues and included lunch clubs, crafts and games. • Two new ward sisters were also reviewing the use of place mats to highlight key messages for patients such as visiting times and what to expect during your stay. • A decision had also been taken to close some beds on L5 that had allowed for a pause and a review of standards of care delivered on the ward. <p>Discussion:</p> <ol style="list-style-type: none"> i. JW asked about whether admission of cases prior to surgery was new for the staff on L5. LS advised that was a new pathway and the CPD and ACS teams were working with L5 staff to providing support and education for staff. ii. DH asked if the issue of isolation was widespread. It was noted that this was anticipated and that this may be more of an issue for otherwise well patients who were admitted ahead of surgery. Actions around social isolation were set to improve the experience for patients. In addition the Trust needed to ensure that the optimisation work made this part of the stay shorter. iii. AR advised that there may be an opportunity to improve the in room communications for patients using the TV screens for messaging and agreed to take an action to discuss this with the Matrons. <p>Noted: The Board noted the patient story.</p>	AR	Sep 19
2	PERFORMANCE		
2.a.i	<p>PERFORMANCE COMMITTEE CHAIR'S REPORT 25 July 2019</p> <p>Received: The Chair's report setting out significant issues of interest for the Board.</p>		

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	<p>Reported: By DD</p> <ul style="list-style-type: none"> i. That PIPR was rated Red overall and this was being driven by safer staffing. ii. That staffing was the golden thread that had an impact across all the PIPR domains. iii. That the Committee had welcomed the Activity Recovery Plan and thought it was concise with clear actions set out. iv. That productivity in outpatients was a concern that was not obviously attributed to staffing. Outpatient management issues included the management of short notice leave and the use of access plans for all patients. <p>Discussion:</p> <ul style="list-style-type: none"> i. MB asked whether we were achieving higher productivity as a result of additional staffing or were delivering more from the same staffing level. EM advised that in outpatients and inpatients we were currently less productive than on the old site and were looking for opportunities to improve this position. There were optimisation issues that had not been anticipated: theatre turnaround was longer than it had been at the old site and so there was a need to improve theatre and cath lab flows. ii. RC advised that the throughput per bed had reduced. In June 2018 throughput was at 9.3 episodes per bed per month and in June 2019 this had reduced to 7.9 episodes per bed per month. It was noted that there had been some increase in Length of Stay (LOS) and some restrictions on capacity and other performance issues that would effect this but it was an indication of a deterioration in productivity. iii. DH asked if there was a fundamental problem with the plan for the new site? RC advised that the move had seen some unexpected constraints on capacity as a result of concerns around use of single rooms but there was a depth of feeling from staff that needed to be addressed. This had an impact on what was delivered on the new site but it was too early to suggest a fundamental problem with the plan. iv. JR noted that Ward Sisters were working to ensure that the right people were doing the right jobs better. Whilst additional staffing was still needed, temporary bed closures in areas such as L5 had allowed staff to review the use of beds and how these were managed across the ward, and had allowed for reopening on a planned basis. v. SP noted that there was progress being seen week on week and this was supported by the recruitment pipeline which would see RNs being freed up from covering HCSW roles. There had been discussion at ME and this reflected an improving position and optimism around the opening of additional beds. <p>Noted: The Board noted the Performance Committee Chair's report.</p>		
2.b	PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)		
	Received: The PIPR report for Month 3 (June 2019) from the		

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	<p>Executive Directors (EDs).</p> <p>Noted:</p> <ul style="list-style-type: none"> i. That the overall performance for the Trust for June was at a Red rating. ii. That performance was rated as 'Red' in four domains: Safe, Effective, Responsive and People, Management & Culture iv. That performance was rated as Amber in three domains: Caring, Transformation and Finance <p>Reported: EDs outlined key performance issues for the Board and provided detail on the spotlight reports covering:</p> <ul style="list-style-type: none"> i. Safe staffing ii. Friends and Family Test - Outpatients iii. Outpatients and Bookings iv. Day Ward capacity and utilisation v. Band 5 Nurse Recruitment vi. New Papworth ORAC progress report vii. Directorate financial performance 		
2.b.i	<p>Safe</p> <p>Reported by JR:</p> <ul style="list-style-type: none"> i. That the Q&R Committee had discussed the performance in detail. ii. That safer staffing was rated Red but that figure did not reflect temporary closed beds, and that the CHPPD measures remained healthy. iii. That the Safe Care Live system was due to be in place in September and a presentation of the system would be brought to the Board. <p>Discussion:</p> <ul style="list-style-type: none"> i. DD queried the BAF rating in PIPR for the capacity assumptions. RC advised that there was no evidence that this was wrong. The risk appetite for this risk was set at 10 and the current rating was at 15. This would not be changed until evidence around throughput and staffing had been tested. 		
2.b.ii	<p>Effective</p> <p>Reported by EM:</p> <ul style="list-style-type: none"> i. That the earlier conversations at Board had reflected the impact of staffing on delivery of admitted patient care, bed occupancy and theatre throughput. ii. Bed occupancy and safer staffing were both rated as Red and the hospital optimisation group were focusing on the pull of activity through the organisation. <p>Discussion:</p> <ul style="list-style-type: none"> i. SP advised that there were weekly meetings focusing on recruitment and that nursing and recruitment teams were working hand in hand. The pipeline was healthy and included 18 registered nurses in the pipeline for Level 5 by October 2019. These improvements in staffing should see benefits across bed availability, occupancy and theatre cancellations. ii. DH asked about the capacity of slots on Lorenzo. EM 		

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	<p>advised that there were a range of issues, and in some areas templates were overstated and not aligned to service requirements. The issue of use of access plans and issues in the booking and leave processes extended across the Trust as a large number of bookings were made at a service level. DH sought assurance that there was a clear understanding of the overall level of utilisation. EM advised that this was being reviewed and that an outpatient utilisation report was being developed which would provide greater clarity in future reports.</p>		
2.b.iii	<p>Caring Reported by JR:</p> <ul style="list-style-type: none"> i. That the position on Friends and Family was improving with increased returns being captured and more positive feedback being reported by staff. 		
2.b.iv	<p>Responsive Reported by EM:</p> <ul style="list-style-type: none"> i. That overall RTT was ahead of trajectory and Cardiology had met the target for the last 5 months. Surgery was 3% ahead of trajectory and performance was now planned to ramp up. ii. Respiratory performance was below plan because of the impact of community sleep studies and the resolution of this had to be signed off nationally. The longer term solution for this was a shift into the Trust with this activity being delivered here or in community outreach slots. iii. The cancer 62 day target had seen a material change in performance over the last two months with constraints on theatre capacity for thoracic and delays arising from the interim solution for histopathology. In addition the national PET CT contract had delays and was unable to provide the 7 day turnaround, with patients experiencing waits of 14+ days. The Trust was in active dialogue about the service. iv. That the histopathology service would move to the LMB today and that this should improve turnaround times. v. That the IHU 10 day turnaround standard which was a part of the Trust recovery plan would be included in reporting from September. 		
2.b.v	<p>People Management & Culture Reported by OM that:</p> <ul style="list-style-type: none"> i. Turnover figures had reduced in June and were expected to remain low in July. ii. We were a net gainer for registered nurses in June and July. iii. That the IPR figures were seeing some recovery. iv. That the poor performance in mandatory training was being driven by the new standards required against Health & Safety; Safeguarding Level 3; Equality and diversity and health and wellbeing but we were seeing improvement with staff now engaging with the electronic systems that also provided access to payslip and pension information. v. The BAME network had its fifth meeting in early June and CC had been able to attend. The network had received the updated annual leave policy and the updated pre-assessment 		

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	<p>process for the disciplinary procedure.</p> <p>Discussion:</p> <ul style="list-style-type: none"> i. SL noted the concern raise by the Chief Nurse about the time forecast to achieve full recruitment which had been reported as expecting to take a number of years. JR advised that the position had improved following the positive recruitment events. OM noted that the KPI for recruitment was to achieve a 5% vacancy rate and that the Trust was expected to deliver that standard by March 2020. Cardiology and Cath Labs were now fully recruited and overseas recruitment was being considered where there were problems, such as Level 5. 		
2.b.vi	<p>Transformation</p> <p>Reported by RC:</p> <ul style="list-style-type: none"> i. That the SPC was moving to is new format and that a number of items were now moving forward to business as usual. The focus of the committee had moved to closure of the CIP gap and this would be presented to Board in the next report. 		
2.b.vii	<p>Finance</p> <p>Reported by RC:</p> <ul style="list-style-type: none"> i. That in month the Trust had a £200k deficit which was £60k favourable to plan. Activity was 6.6% below the level delivered in Q4 last year. ii. The YTD position was a £1.7m deficit with clinical income £1.1m adverse to plan. iii. Pay was in line with plan but the Trust was not delivering the planned activity levels. iv. There was £2.7m spend on temporary staffing and the Trust was likely to exceed the NHSI cap. v. Capital was below plan as a result of the lower levels of activity and consumables. vi. PFI expenditure was lagging budget and therefore had a favourable variance. vii. CIP was not off plan as the plan was back-loaded across the year. viii. That RC was confident that the Trust could hold the year end forecast. ix. That we were now benefitting from the GIC contract at a level of approximately £2.2m over the first three months of the year and this position could have a major strategic impact if not recovered. x. That the cash position was £7.2m favourable and that this related to the back loading of the plan and the favourable bottom line variances as reported. <p>Noted: The Board noted the M3 PIPR report.</p>		
3	GOVERNANCE		
3.i	<p>Board Assurance Framework</p> <p>Received: From the Trust Secretary the BAF report setting out:</p> <ul style="list-style-type: none"> i. BAF risks above appetite and target risk rating ii. The draft BAF Committee report framework 		

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	<p>iii. The Board BAF tracker.</p> <p>Reported: By AJ that the BAF report reflected the increased risk assessment relating to recruitment, and the reframing of the principal risks to the Trust relating to the overarching financial risk.</p> <p>Noted: The Board noted the July BAF report.</p>		
3.ii.a	<p>Q&R Committee Chair's Report 23.07.19</p> <p>Received: The Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By SL that:</p> <ol style="list-style-type: none"> i. That the Committee papers were significant in volume and that this might be helped if a synopsis could be provided to allow the Committee to focus on key areas. ii. That the discussion of safer staffing had identified the potential wider use of CUH bank staff to support current pressures. iii. That there had been discussion around End of Life care and the need to involve support from mental health and palliative care teams to ensure that there was discussion and support for patients and consideration of the concept of a good death. iv. That there had been discussion about the balance between risk and safety in particular around patients waiting for echo's and other tests prior to discharge. There was discussion about whether patients needed to remain in hospital and whether tests were actually required. v. That the Committee had received a paper on the increased use of antibiotics and noted that this was being driven by the outpatient prescribing for complex cases. <p>Discussion:</p> <ol style="list-style-type: none"> i. JR advised that the echo pathway had been discussed at the optimisation meeting and it had been agreed that this investigation could take place at the follow up appointment and this change was being put in place. ii. RH noted that there would be other tests and investigations where the same sort of issue would result in delays and if there was no reason for investigation then pathways needed to be revised to reflect this. iii. MB noted that this sort of review should be extended across all steps in pathways to identify where there were interventions that had low value. The assessment of risk was important as a marginal increase in risk for some individual patients could have a benefit at a system level as a result of increased access and throughput. This approach might therefore deliver an overall reduction in risk at a system level. iv. JW noted that in general we were driven by the risks that were seen (i.e. those to the patient in front of us) and that a broader review was required to consider the wider balance of risk. <p>Noted: The Board noted the Q&R Committee Chair's report.</p>		

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3.iib	<p>Q&R Committee Draft Minutes 26 June 2019</p> <p>Received and noted: The Board of Directors received and noted the Minutes of the Q&R Committee meeting held on 26 June 2019.</p>		
3.iii	<p>Combined Quality Report</p> <p>Received and noted: The report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR.</p>		
3.iva	<p>Audit Committee draft minutes 10 July 2019</p> <p>Received and noted: The Minutes of the Audit Committee meeting held on 10 July 2019.</p>		
3.ivb	<p>Audit Committee Chair's Report 10 July 2019</p> <p>Received and noted: The Audit Committee Chair's report from the meeting held on 10 July 2019.</p>		
3.v	<p>Performance Committee minutes 27 June 2019</p> <p>Received and noted: The Minutes of the Performance Committee meeting held on 27 June 2019.</p>		
3.vi	<p>7 Day Services Board Assurance Framework Update</p> <p>Received: From the MD an update on the assurance requirement for 7 day services.</p> <p>Reported: By RH that the required audit had been undertaken and that two of the four standards had been met. Further work was underway looking at the other two standards. The Trust had not been able to demonstrate compliance with consultant review within 24 hours but there was concern that this was an issue of documentation rather than a lapse in the delivery. A further report would be provided to the Board next month.</p>	RH	Sep 19
4.i	<p>Workforce Report</p> <p>Received: From the Director of Workforce and OD a paper setting out key workforce issues.</p> <p>Reported by OM:</p> <ol style="list-style-type: none"> i. That the report provided an update on nurse recruitment; the Culture and Leadership programme, and the Pulse survey which was the first at the new site. ii. The Pulse survey had seen a good level of participation. There were positive messages about the move with 71.5% of staff feeling that the move had gone well/was a good experience, as well as a number of areas for focus including the level of staff reporting that they had regular 1:1 and team meetings. iii. Some feedback indicated that whilst the new building had provided a fantastic facility for patients, there was concern that the same attention had not been paid to the needs of staff. iv. The comments on travel and transport were less prominent than before the move, but it had been agreed that there would be a travel and transport group for staff that would maintain oversight in this area going forward. v. That the survey response rate varied across departments and 		

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	<p>disciplines. This might reflect where the impact of the change was felt more acutely (for example additional costs and travel times for our HCSWs could have a greater personal impact because of their banding).</p> <p>Discussion:</p> <ul style="list-style-type: none"> i. SP advised that the survey results had been shared with Clinical Directors and there had been discussion at ME about what more we could do on site. ii. CC noted that as we were in the summer months there could be more significant pressures during the winter. OM advised that pressures were expected to increase and that mitigating actions were being taken such as the set-up of the drying room and finding ways to ensure staff could access the latest information on travel issues. iii. DD noted that 45% of staff were undecided (37.23%), or not planning (7.87%) to stay with the Trust for the next 12 months. OM advised that this was not significantly different to the national staff survey results and could be affected by staff groups who were in rotational posts. <p>Noted: The Board noted the Workforce report.</p>		
5	RESEARCH & EDUCATION		
5.i	<p>Research Update Paper Received: From the Director of Research on behalf of the Medical Director an update on the research activities of the Trust.</p> <p>Reported: By RH that:</p> <ul style="list-style-type: none"> i. This was a positive report and it set out the level of recruitment into studies in 2018/19. ii. Of note was Mr Nashef's multi-centre study looking at patients' quality of life following cardiac surgery. This study could contribute to the earlier discussion around End of Life planning and care. iii. That there had been a fairly steep rise in publications and this was attributed to the focussed work around allocation of R&D PAs. <p>Discussion:</p> <ul style="list-style-type: none"> i. RH noted there had been a change over the last twenty years towards more frail, elderly patient cohort. This meant that the system would need to address the impact of treatment in terms of both NHS costs, and the wider impact on social care. The Board considered the vehicle for this conversation within the Trust. RH noted that this would be through the Cardiac Network in the first instance and then brought through the Q&R Committee. <p>Noted: The Board noted the update on the research activities.</p>		
5.ii	Education Update		
	<p>Received: A report on Education from the Deputy Medical Director (Education) and Assistant Director of Education on behalf of the Medical Director and Chief Nurse.</p>		

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	<p>Reported: By JR that:</p> <ul style="list-style-type: none"> i. The update covered all aspects of Education agenda. ii. That the Professional Development Report (Appendix 2) had been omitted from the paper and this would be circulated to the Board after the meeting. <p>Discussion:</p> <ul style="list-style-type: none"> i. DH asked whether the Trust used techniques from other sectors (such as the Toyota lean process methodology). JR advised that the Trust had a QI Team and their approach this was informed by lean methodology. The QI agenda relied on leadership and management of change to deliver the QIPP (Quality, Innovation, Productivity and Prevention) programme. ii. RC noted that the Trust team had visited Seattle to look at the Virginia Mason Programme which built on the Toyota production methodology. It was based on empowering leadership at every level in the organisation (however there were significant differences between systems including the underlying funding levels). iii. CC queried the absence of comments from Junior medical staff in the GMC survey. OM noted that the survey included survey responses from Junior staff (but had not captured any free text comments). Exception reporting was low and our Junior staff seemed not to use formal feedback routes. The CQC feedback session with Juniors had not identified any concerns and that may provide some triangulation in this area. RH noted that support for Juniors was very different at RPH with all Junior staff working in parallel with Consultants as all services were consultant led and so to some extent the Junior staff were de-risked in the Trust setting. <p>Noted: The Board noted the update on the education activities.</p>	JR/AJ	Aug 19
6	Lorenzo Digital Exemplar Update		
	<p>Received: From the Director of Digital and Chief Information Officer an update on the LDE programme.</p> <p>Reported: By AR that:</p> <ul style="list-style-type: none"> i. The Trust was one of the four Digital Exemplar sites. ii. The LDE would move the Trust to HIMMS level 7 and supported new technology and fixes for fractured pathways. iii. The initiative was one of our digital strategy pillars and would bring about change including the Open Health Connect system into primary care. iv. We would be expected to support 'fast followers' as we implement the LDE programme. v. This was a programme that was only two years old and the Programme SRO would be visiting the Trust next week. 		
7	ANY OTHER BUSINESS		
	Reported: by JW that nominations for the Governor Elections would be close at 5pm on Friday 2 August 2019.		
8	BOARD FORWARD AGENDA		
8.i	Board Forward Planner		

Agenda Item		Action by Whom	Date
	Noted: The Board noted the Board Forward Planner		
8.ii	Items for escalation or referral to Committee		

The meeting finished at 10:45am

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors
Meeting held on 1 August 2019

Glossary of terms

ACS	Acute Coronary Syndrome
CPD	Continuing Professional Development
CUFHT	Cambridge University Hospitals NHS Foundation Trust
DGH	District General Hospital
GIRFT	'Getting It Right First Time'
HIMMS level	HIMSS Health Usability Maturity Model (relating to Digital)
IHU	In House Urgent
IPPC	Infection Protection, Prevention and Control Committee
IPR	Individual Performance Review
KPIs	Key Performance Indicators
LDE	Lorenzo Digital Exemplar Programme
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.
QIPP	Quality, Innovation, Productivity and Prevention
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