

**Meeting of the Board of Directors
Held on 02 March 2023 at 9:00am
Microsoft Teams
HRLI, Royal Papworth Hospital**

UNCONFIRMED

MINUTES – Part I

Present	Prof J Wallwork	(JW)	Chairman
	Dr J Ahluwalia	(JA)	Non-Executive Director
	Mr A Baldwin	(AB)	Interim COO (designate)
	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 Executive Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mr A Raynes	(AR)	Chief Information Officer & SIRO
	Mr G Robert	(GR)	Non-Executive Director
	Mrs M Screaton	(MS)	Chief Nurse
	Prof I Smith	(IS)	Medical Director
In Attendance	Mr S Edwards	(SE)	Head of Communications
	Mrs A Jarvis	(AJ)	Trust Secretary
	Ms N Lusinga	(NL)	Staff Nurse Surgery L5
Apologies	Prof I Wilkinson	(IW)	Non-Executive Director
Governor Observers	Angie Atkinson, Michelle Barfoot, Paul Berry, Doug Burns, Trevor Collins, Marlene Hotchkiss, Trevor McLeese, Harvey Perkins,		

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
	The Chairman welcomed everyone to the meeting and apologies were noted as above.		
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.		

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	EM advised that she had been invited to join the Advisory Group for Life Sciences by the NHS Confederation.		
1.ii	Minutes of the previous meeting		
	<p>Board of Directors Part I: 02 February 2023</p> <p>Item 1.iv Chairman’s report: Revised to read: ‘...enhanced by the time of year...’ ‘...had attended, had been a very positive event.’</p> <p>1.vi CEO’s report: Revised to read: Reported viii: ‘...tissue and organ retrieval...’ Discussion i: ‘...to push NHS finance teams...’</p> <p>2.i Workforce Chair’s Report: Revised to read: Discussion ii: ‘...including revalidation, excellence awards...’</p> <p>Item 3.i Q&R Chair’s Report: Revised to read: Discussion iv: ‘...to develop their own actions so...’</p> <p>Item 6.i Board Annual Plan: Digital Strategy 2020 – 2025: Revised to read: ‘...that the review paper...’</p> <p>Approved: With the above amendments the Board of Directors approved the Minutes of the Part I meeting held on 02 February 2023 as a true record.</p>		
1.iii	Matters arising and action checklist		
	<p>Received: The Board received the updated action checklist and noted that there were a number of matters that did not have an agreed timeline for completion. It was agreed that these would be reviewed, and dates set ahead of the next Board meeting.</p> <p>Item 327: VTE reporting: MS noted that incidence of thrombosis was included in the spotlight report in PIPR and that this item could now be closed.</p> <p>Noted: The Board noted the updates on the Board action checklist.</p>	EDs/AJ	04/23
1.iv	Chairman’s report		
	<p>The Chairman noted that OM and IS were delayed as they were attending meetings on the forthcoming industrial action being taken by junior doctors.</p> <p>He noted that he had attended the John Addenbrooke Lecture delivered by Prof. Sir Magdi Yacoub and the focus of this had been on the topic of international inequalities in healthcare. Also, that Louis Kamfer, Deputy CEO and Managing Director of Strategic Commissioning of the ICB had presented to the ICB Chairs on the challenges related to the future system demographic changes and system inequalities. These matters would impact on our patients and have implications for the future planning and delivery of care.</p> <p>He noted also that he and EM had been invited to meet our patron,</p>		

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	the Duchess of Gloucester and she had been very kind taking a real interest in the Trust and EM's recent appointment as CEO.		
1.v	Board Assurance Framework		
	<p>Received: From the Trust Secretary the BAF report setting out:</p> <ul style="list-style-type: none"> i. BAF risks against strategic objectives. ii. BAF risks above appetite and target risk rating. iii. The Board BAF tracker. <p>Reported: By AJ that the key issues related to the risks related to industrial action, workforce and productivity risks and these matters were covered in reports coming to the Board in the part I and II agenda.</p> <p>Discussion:</p> <ul style="list-style-type: none"> i. MB asked whether the rating of BAF 2901 delivery of Trust 5-year strategy and which had a RRR of 9 was misaligned given the ratings of the other risks that may prevent the Trust from delivering its strategic ambitions. EM agreed that this should be reviewed and links to other strategic risks to deliver be considered in relation to it. <p>Noted: The Board noted the BAF report for February 2023.</p>	EM/COO	05/23
1.vi	CEO's update		
	<p>Received: The Chief Executive's update setting out key issues for the Board and progress being made in delivery of the Trusts strategic objectives. The report was taken as read.</p> <p>Reported: By EM that:</p> <ul style="list-style-type: none"> i. This would be AB's last meeting in his role as Interim COO and she wanted to record her thanks for the work that he had led during that time, in particular the Trust's response to the current industrial action. Harvey McEnroe had been appointed as Chief Operating Officer and would be joining today's meeting to observe the Board. ii. We had seen industrial action in February from the Royal College of Nursing, and the Chartered Society of Physiotherapy. The RCN action planned this week had been cancelled as there were material talks underway nationally. iii. Two recruitment events had been held in January and February with positive results. She had been delighted to see 42 recruits at induction and a good pipeline of supply. iv. We had a continued focus on SSI's and VTE risk assessments and had seen some good movement on VTE with the campaign around getting back to basics. v. CC and DL had joined the visibility rounds undertaken with the senior nursing team and had taken part in an 'in your shoes' round. vi. The nested ward collaboration was successful and was planned to step down by the end of March. We would continue to explore other opportunities for collaboration on the campus. 		

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	<p>Discussion:</p> <ul style="list-style-type: none"> i. GR asked about the visibility rounds. EM advised that the rounds gave the opportunity to see staff and share views in a more informal way. This round had been with the Cardiac Rehab team and allowed NEDs to shadow our nursing staff. ii. DL noted the update on the 3-pump day and asked when that would become 'business as usual' for the Trust? EM advised that we would see a transition to this approach over the next few months. This had been initiated by one of our surgeons and others were now following their lead, but the approach needed careful case selection, and there was a need to manage this as it had the potential to prioritise more straight forward cases. We needed to balance waiting times and would intervene at a number of points across the waiting list. iii. JA welcomed the VTE messaging on the screens in the atrium. He asked if patients were given information on VTE ahead of admission? MS advised that they were given advice if this was needed as a part of their preparation for admission. EM noted that it was planned to extend the patient messaging onto the patient entertainment systems. iv. AF thanked EM noting her report set out both the challenges and the opportunities for great clinical work and asked about the significance of the clinical impact awards. EM advised that the Trust saw regular nominations both internally and external and that attitude was important. We saw our staff leading national and international programmes as was recognised in AB's later report on the Trust Strategy. (Post meeting note: We had 9 applicants in the National Clinical Impact Award scheme in 2022. We saw one new award and 5 existing awards were upgraded. 15% of RPH Consultant body have a national award which compares to arounds 2% nationally). <p>Noted: The Board noted the CEO's update report.</p>		
1.vii	Patient Story		
	<p>MS introduced the patient story. This was being presented by Nomqhele Lusinga who was a Staff Nurse in Surgery.</p> <p>NM advised that she was a qualified nurse and had finished her studies in July 2022 and she had worked at Papworth during her training. She started work on the ward in October 2022 and her reason for joining the ward was because of the very warm welcome she had received on the fifth floor.</p> <p>She was sharing a story from a patient who had been on the ward for five months since August 2022. He had told her that 99% of his stay was very positive but there were issues where we could improve:</p> <ul style="list-style-type: none"> • The lack of introductions from some staff, particularly those who were more senior who were perhaps more likely to overlook this. • How he was treated when he had been asked for support to go to the bathroom when he was unsteady on his feet. A staff member in a red tunic had told him that he was a big man and could do this on his own. He had subsequently raised this with the nurse in charge but had been told that was 'his 		

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	<p>way of doing things’.</p> <ul style="list-style-type: none"> • Also, the advice received after being given the wrong medications was that ‘it was fine and won't hurt you’. <p>NL told the Board about her experience of these issues:</p> <p>Introductions: She noted that doctors did often forget to introduce themselves to patients and sometimes to staff. Nurses’ names are included on the whiteboard in a patient’s room. NL said that she always took time to tell the patient her name, explain who she was and the care that she would be giving. The use of scrubs also added to this problem as staff did not have name badges on their scrubs and it could be difficult to understand if someone was a doctor or porter. She told the Board about the initiative ‘My name is..’ which had been developed by Kate Granger who was a doctor and a cancer patient and who saw many staff coming in to treat her without introducing themselves. This was a two-minute procedure and we needed to ensure we practiced this.</p> <p>Mobilising: If a patient was at risk of a fall, perhaps because they had drains or monitoring leads then the physio would always undertake an assessment and it would be recorded in the patients notes. This would identify how the patient should mobilise and whether they needed the assistance of one or two members of staff.</p> <p>Medicines: A new system had been introduced using wristband scanning to confirm patient information including their name, date of birth and allergies.</p> <p>Discussion</p> <ol style="list-style-type: none"> CC told the Board that she had joined Noe on her ward visits last month and had spoken to this patient. She noted that this and every other patient she spoke to noted their very high praise for Noe. GR noted concern about the responses given to the patient about this being just ‘his way’ and asked whether Noe felt able to speak up to say that this was not acceptable. NL noted that the member of staff needed to be reminded that this person needed assistance, and that the staff member needed education or training and that an incident report should be made. GR asked if she would be constrained in responding to this sort of incident? NL said she felt confident and able to report this but could not say whether other staff might feel able to do this. She told the Board that she was more concerned about patient safety then perhaps what others might think of her. DL asked about the issues around use of scrubs and the lack of name badges. NL noted that this was around challenge. One consultant had come to the ward in a casual outfit asking how a patient was and she had asked them who they were before discussing any matters with them. JA thanked Noe and noted that she was a great ambassador for the hospital. He asked about the barcode medicine and how easy that was to use. NL advised that it was very easy, she noted that sometimes barcodes would fade in the shower but could be very easily reprinted and the only reason not to use them would be if a patient was in isolation as you could not take a computer into their room. 		

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	<p>v. AF noted that we were very lucky to have Noe on our staff. She noted the integrity honesty and transparency of this story and how her approach would keep on making us better.</p> <p>vi. JW noted that knowing who your doctor was seemed to be an issue across all hospitals. He suggested that the consultants name should be added to the whiteboard in a patient's room, he also questioned whether re introducing lanyards might address the issue of missing name badges and asked whether this could be reconsidered with the infection prevention and control team. MS agreed to review that suggestion with the IPC team. NL noted that Maura was always the perfect example when visiting ward areas but felt that the discussion about reintroducing lanyards was perhaps looking at this the wrong way around as the focus should be on staff introducing themselves. AF supported this as it was good practice, and polite and courteous to our patients.</p> <p>vii. JA asked how this could be promoted. EM suggested that this could be taken through our message of the week as a part of our reminders and resetting of basic standards.</p> <p>Noted: The Board noted the patient story and thanked Noe for presenting it.</p>	<p>MS</p> <p>MS/EM</p>	<p>04/23</p> <p>04/23</p>
2	PEOPLE		
2.i	<p>Director of Workforce Report</p> <p>Received: The Director of Workforce and OD a paper setting out key workforce issues.</p> <p>Reported: By OM that:</p> <p>i. Her paper provided an overview of the quarter four pulse survey results and the five-year trends. We aimed to achieve a 20% response rate from our staff and the key questions we were interested in were how far these responses triangulated with indicative feedback from the national staff survey.</p> <p>ii. In quarter 4 we had seen our staff engagement levels reduce. Our recommended score as a place to work had come down to 59%. The recommended score for treatment had also reduced to 85%. That measure was low for us but would benchmark well across the NHS.</p> <p>iii. The results also demonstrated a reduction in the level of 1:1 meetings being undertaken. All scores reflected the pressure of workload on staff relations and linked to the earlier discussion on matron roles.</p> <p>iv. The free text feedback was more varied and whilst we focus on the negative there was also a lot of positive feedback on our teams and the culture of the organisation and it was important to look at all areas of the survey.</p> <p>v. She noted that the sense of satisfaction from our nursing teams was noticeably less positive than other groups and they were the largest area contributing to the survey. This included concerns driven by the industrial action currently underway, as well as a sense of not feeling listened to, not being able to take breaks and concerns around car parking. There was positive feedback around the well-being support measures particularly the discounts in the staff canteen and it was good that we had confirmed our position in relation to the</p>		

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	<p>Cambridge congestion charge where we have committed to represent staff views. There was appreciation of well-being support but that did not address the underlying workload pressures for being experienced by staff.</p> <p>vi. This exercise was a very valuable checkpoint with our staff every three months.</p> <p>Discussion</p> <p>i. CC felt surprised by the survey given the amount of effort that was put in to well-being and asked whether we would be worse off had we not put this in place and whether there was something else that we could do? OM advised that the feedback was more likely to relate to workload then well-being support, which was valued, but was not fixing underlying issues.</p> <p>ii. GR asked whether this really was around staffing levels or whether there were other issues at play. We had heard about harassment, discrimination and bullying, and he asked if there was stress from those areas? OM advised that this was complicated as these matters were interconnected. There would be workload issues and concerns around managers and colleagues not having the time to ask how staff are doing. We provided a range of support and that was valued and was doing the right thing, but staff were working in teams that did not have time to talk and line managers and colleagues might snap when they did not have time for one another.</p> <p>iii. GR Noted the change in recommender score between 2022 and 2023 which had fallen from 74% to 59% and asked about how we might unpick that and whether that was related to higher vacancy levels. OM advised that this was a legacy of the pandemic. In the last year we had higher levels of staff who were redeployed then our peer group and whilst we had looked to move on the legacy experience of the pandemic was still having an impact. The burnout scores for our staff had not recovered and were continuing to demonstrate mental exhaustion on the Stockholm scores.</p> <p>iv. JW noted that we also needed to overlay the industrial action that was happening across the NHS. This also generated pressure and general unrest. He asked how we were performing in the different areas across the Trust and what we were doing in those areas where we were seeing improvements in the staff survey. OM advised that the Resourcing and Retention Programme was looking at this. Two areas that were performing well had presented to the programme, the Finance Team and the Cardiac Physiology. We would be looking at what they were doing and how this might apply in other areas. Cardiac Physiology was an area in which there were national staff shortages and there was higher agency use. The Thoracic team were to present next as they also buck the trend, and we were trying to learn from those who were above average.</p> <p>v. AF noted that she had read the survey with a sinking heart but had reflected and cross referenced to what we were doing. We were looking at the financial aspects as our staff</p>		

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	<p>were worried about their personal finances; we were also looking at the cultural elements of this relating to bullying and harassment and the experience of our BAME staff; we were also taking a technical approach to review of staffing levels and whilst we had to remain confident, it made sense to continue to check on the civility and humanity elements. We had to give people the time and confidence to do the right things every day and we had to monitor them on that basis.</p> <p>vi. JW notice that there had been a good discussion on the issues and the opportunities for monitoring this.</p> <p>Agreed: The Board noted the update from the DWOD.</p>		
3	GOVERNANCE		
3.i	<p>Q&R Committee Chair's Report Received: The Q&R Committee Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By MB that the committee had focused on:</p> <ul style="list-style-type: none"> i. The role of ward sisters and matrons which was difficult to measure but was found to make a difference in relation to SSI's, staffing red flags and maintenance of basic standards at ward level. The concerns were around the impact of staff being pulled away from the usual duties following COVID-19 and we were looking to see how this work might develop. He noted this was the first line of quality assurance after our staff doing their job properly. This was an input measure, but he felt we were perhaps on 'thin ice', as not being able to take time for supervisory functions whilst a soft measure, was nevertheless interesting. The Committee would look at this over time and there were metrics that were working well, and these would come to the committee at its next meeting. ii. Safe staffing at night, which was rated red, however, this reporting in PIPR was based on inputs before mitigations, and not outputs. <p>Discussion</p> <ul style="list-style-type: none"> i. MS advised that there was a supervisory Band 7 role on each ward and that was the first thing that would be withdrawn when wards were short staffed. This had an impact on clinical leadership and supervision. These roles supported newly qualified staff and had a role in maintaining clinical standards, and supervising ward sister roles. CPAC would be reviewing the supervision time which was down to 20% or less in some areas. Line management, individual performance review and one to one meetings all suffered as a result of this. We needed to support our matrons to allow staff in these areas to undertake their supervisory duties. Matrons also needed to focus on their matron role in their areas and not overstep into operations and duty management responsibilities that the matron role had taken on in recent years. We needed to get back to a way of working that helped us support and monitor effectiveness. If 80% of time was spent in offices, then that did not support the staff on the wards. There were 		

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	<p>performance indicators that would help us to support this approach. JW asked about the outcome measures and whether we were looking for unrealistic standards, and whether the outcome measures were desirable or absolute. MS said that these were the 'must do's' for the organisation. EM noted also that we had evidence from the staff survey results about the lack of leadership time in local areas.</p> <ul style="list-style-type: none"> ii. JA noted the issue of role modelling and sustainability when staff members were not on the floor. This was an issue of time and there needed to be a balance as the office-based work may also be important. iii. AF noted that the conversation linked to our staff survey and patient experience and demonstrated that there was room for improvement. She was concerned about harm to our staff as the current arrangements were not working. She noted that she and MB had a joint responsibility to deliver oversight on this matter. EM agreed that there needed to be time for our staff to do their job, and a second element related to organisational development to make sure that our staff had the space, time, and skills to deliver this. MS noted that a development programme had been set up for ward sisters. <p>Noted: The Board noted the Q&R Committee Chair's report</p>		
3.ii	<p>Combined Quality Report Received: A report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR.</p> <p>Reported: By MS that the report provided.</p> <ul style="list-style-type: none"> i. A focus on the 'step in your shoes' Visibility Rounds and the Quality Visibility Round where we had welcomed back our Governors to join the review teams. There had been lots of positive feedback and areas identified for improvements. ii. An outline of the registered nurse and healthcare support worker vacancies where we had seen some improvement in the HCSW fill rate. <p>Discussion:</p> <ul style="list-style-type: none"> i. JW noted the system discussion on time to hire and in particular the problems with the occupational health services. ii. JW asked for the summary information on the inquest for patient E to be reviewed and clarified. IS would review this. <p>Noted: The Board noted the Combined Quality Report.</p>	IS	04/23
3.iii	<p>Audit Committee Chair's Report Received: The Board received the Audit Committee Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By CC that:</p> <ul style="list-style-type: none"> i. Her report covered the two items had been deferred from the January meeting. The Committee self-assessment and the review of Terms of Reference. ii. The committee had reviewed its terms of reference and 		

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	<p>considered these against the requirements of the new Code of governance for NHS provider trusts. This recommended that it was best practice that the Chair of the Audit Committee should not be the same person as either the Senior Independent Director or the Deputy Chair of the Trust. The Committee had considered the concerns around NED independence but felt that the status quo could continue.</p> <p>Discussion:</p> <p>i. JA noted the debate around the Audit Committee Chair and felt this perhaps fitted with the broader discussion on inconsistencies across our committee membership in terms of NED and Executive membership and attendance. EM noted that the differences in ED membership and attendance across committees had been considered and for the Performance Committee it was felt that the wider ED attendance was valuable, and that all contributed effectively to the meeting.</p> <p>Noted: The Board noted the Audit Committee Chair's Report.</p>		
3.iv	<p>Corporate Governance Documents: Annual Reviews</p> <p>Received: From the Chief Finance and Commercial Officer and the Trust Secretary the following corporate governance documents:</p> <ul style="list-style-type: none"> a. DN142 Standing Orders b. DN140 Standing Financial Instructions c. DN137 Scheme of Delegation d. Committee Terms of Reference <ul style="list-style-type: none"> i. TOR001 Audit Committee ii. TOR002 Quality & Risk Committee iii. TOR007 Performance Committee TOR18 Strategic Projects Committee iv. TOR51 Workforce Committee <p>Reported: By AJ:</p> <ul style="list-style-type: none"> i. That these documents which form a central part of the corporate governance framework of the Trust had been reviewed and approved at Board sub-Committees and were recommended to the Board for approval. ii. That the Audit Committee had considered the requirements of the new code on governance in relation to SID as acting as Chair of the Audit Committee. This was noted as 'ideal' practice and the recommendation from the Audit Committee was for this change to be brought into effect following the end of the term of the current Audit Committee Chair in March 2024 and the Board was asked to support that approach. <p>Approved: The Board approved the updated corporate governance documents and the continuation of the SID as Audit Chair.</p>		
3.v	<p>Use of RPH Coat of Arms</p> <p>Received: From the Head of Communications a paper setting out the proposed arrangements for the use of the RPH Coat of Arms.</p> <p>Discussion:</p>		

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	<ul style="list-style-type: none"> i. JW noted that the procedure would ensure that there was a process to manage the use of the coat of arms within the hospital. The coat of arms was on display in the atrium. It was planned that it should be used on some education certificates and long service awards. ii. JA asked whether the charity had access to the coat of arms as this could be beneficial in future campaigns. JW confirmed that the charity was a part of the hospital and would be able to follow the same application process. iii. JW noted that the coat of arms would also be added to the door of the clinical research facility. <p>Approved: The Board approved the recommendations on the management of applications for use of the RPH coat of arms.</p>		
3.vi	Board Sub Committee Minutes:		
	<p>Received and noted: The Board of Directors received and noted the minutes of Board sub-committees held on:</p> <p>3.vi.a. Quality & Risk: 26.01.23 3.vi.b. Performance: 26.01.23 3.vi.c. Audit Committee 26.01.23</p>		
4	PERFORMANCE		
4.i	<p>Performance Committee Chair's report</p> <p>Received: The Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By GR that the Committee had considered the following key issues:</p> <ul style="list-style-type: none"> i. The operational plan for 2022/23 which had been considered in some detail and a further session was being set up for the Board to review plans. This included the assumptions on change in funding formula and the financial risk for us as an organisation because of the move away from block funding. This would mean we would need to improve our activity levels in order to meet our funding targets. ii. The pressures reflected in PIPR particularly the 52-week breaches. The committee had asked for the output of harm reviews for patients waiting between 35 and 52 weeks to be reported to Q&R. iii. Time to hire as that had been elongated and that had been escalated to the workforce committee for review. iv. The financial position which was largely positive and the one-off contribution of £2m to the system that had been approved by the Board. v. The CIP target that had been met this year but noted the non-recurrent savings related to the phasing of vacancies in year. We were not stopping any recruitment, and these were appropriate to record as a part of the CIP, but the committee wanted to get to delivery of meaningful recurrent savings. vi. A paper on activity issues that were not related to theatres which had been our previous focus. There was a need to ensure that we accelerated delivery against trajectory across 		

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	<p>these areas and this would be reviewed on a month by month basis.</p> <p>Noted: The Board noted the Performance Committee Chair's report.</p>		
4.ii	Papworth Integrated Performance Report (PIPR)		
	<p>Received: The PIPR report for Month 10 (January 2023) 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.</p> <p>Reported: By TG that overall, Trust performance was at a Red rating. GR had outlined the key areas of discussion at committee. The rating of the safe domain as Red was driven by the nursing fill rates and these were input measures before mitigation. There was a spotlight report on how these fill rates were mitigated on a day-to-day basis.</p> <p>Safe: Reported by MS:</p> <ul style="list-style-type: none"> i. That the theme around safe staffing had been discussed throughout the meeting. The mitigations in place every day included redeployment, the monitoring of red flags, additional time at work to maintain patient safety and quality, but these all had an impact on our staff. We had a plan to address this by increasing the supervisory time as discussed earlier in the meeting. ii. VTE performance had improved over the last number of months and there had been no deterioration seen in pressure ulcers and falls. <p>Caring: Reported by MS:</p> <ul style="list-style-type: none"> iii. That she wanted to note the fantastic comments from patients and carers and the fact that despite pressures, we had seen no deterioration in relation to complaints. We welcomed feedback on our services, and she noted that our approach in relation to local resolution was perhaps not fully recognised. <p>Effective: Reported by AB:</p> <ul style="list-style-type: none"> iv. That performance reflected the challenges especially in relation to industrial action as that had an impact on our throughput, although the outpatient attendance is were positive this month. v. That the theatre utilisation plan had been delivered in February. vi. That we would see the impact of the junior doctors strike in our March figures. <p>Responsiveness: Reported by AB:</p> <ul style="list-style-type: none"> vii. We had seen a dip in our diagnostic performance as there was some downtime on the MRI. viii. Our 52-week performance was a concern as had been outlined. We were now down to 7 patients all of whom either had dates or were currently unfit. We expect this level of breaches to continue until the 5th theatre is operational which 		

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	<p>was scheduled for September 2023.</p> <p>People management and culture: Reported by OM:</p> <ul style="list-style-type: none"> ix. That turnover was at a three-month low and that vacancies had seen some reduction, but this was a volatile position, and we were not yet able to see any trend. x. The spotlight report was on rostering practice and that provided some granularity on performance. The main rosters were now being issued just outside the six-week target and the report provided the detail. <p>Finance: Reported by TG:</p> <ul style="list-style-type: none"> xi. That finances we were on track and that the principal focus was the concern for the forthcoming year. <p>Discussion:</p> <ul style="list-style-type: none"> i. JW noted we were coming out of a difficult period and the subsequent events and industrial action and unrest had further impact. in this context we needed staff to stay as healthy as possible. ii. CC asked why reporting for SSIs was on a quarterly basis. MS advised that this mirrored reporting to the UKHSA. We did track numbers on a monthly basis but these would not be fully validated as patients could present at some time post discharge. MB noted that the numbers involved were very low and volatile and so needed to be considered at an aggregate level. The Q&R committee had a dashboard and we needed to understand the trends. The committee were also seeing reports on actions that were being taken and so had assurance on what was being done to manage this. It was suggested that the dashboard provided to Q&R could be circulated to Board members. iii. JA noted that there was some optimism as our action plan was not at 100% and so there was work that could be undertaken to address this. Once completed we must consider the requirement for other actions. JW noted his assurance around the monitoring process for SSIs. iv. CC noted that she had had the opportunity to talk to 10 or 12 patients during her visit and they were each very complementary, noting also the earlier story about a positive experience for 99% of the time. They had fed back that the food was fantastic, the staff were great, the single rooms were positive, and this was all very good to hear. v. JW asked whether it was possible to bring forward the time scale for the opening of the 5th theatre. AB noted that recruitment to support theatres and ICU was the focus for this programme. vi. JA asked for clarification on the number of cases where patients were cancelled as there were significant numbers recorded as either patient refusing treatment, being unfit or there being sub-optimal work up and he felt there could be an opportunity to improve the process here. AB advised that there were factors relating to extended waits in terms of dates and 		

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	<p>work up for surgery and this was included in the operational utilisation programme, for example the work around 'waiting well'. EM noted that many cases related to the inhouse urgent pathway and that the changes in how that was managed bringing patients into the Trust earlier was welcomed by surgeons. She noted also that every effort was made to ensure that there could be substitutions where there were cancellations so the impact on throughput may not be as great. JA asked whether there would be another helpful datapoint that could illustrate 'lost' activity such as utilisation by category, noting that it was always preferable not to cancel if possible. EM agreed noting how unsettling this was for patients.</p> <p>vii. GR noted it would be useful to see system benchmarking in relation to our workforce KPIs. OM advised that we were developing system data and whilst this was improving there were different calculations across reports and these were produced some two months in arrears. OM agreed that she would look to bring comparators to provide a view that extended beyond our system, there were however questions around whether the position was stable following the pandemic as for example we were seeing increases in sickness absence on pre-pandemic levels in systems nationally. We now have COVID absence within our figures but the question and concern was whether staff were less resilient and whether line manager review and support was in place in relation to return to work. We were also looking at management of underlying ill health and the impact that had on staff engagement.</p> <p>viii. AF noted that the ICB should be undertaking some of the comparative work for the Trust and this should be covered within their future work plans. It would not be helpful for the Trust to focus or chase data and not address internal issues and focus. We needed to do the right things for our staff and focus on the actions required to address these. We may not be able to manage such major data requests through the workforce committee and this needed to be considered.</p> <p>ix. DL noted concern with the low rate of roster compliance and asked whether there was learning that could be shared from those areas that were performing well. MS advised that the areas that were red rated included theatres and transplant and in those areas, we had to go back to the beginning to re-establish templates. Historically these had been written around individuals and were not a demand template and it had taken time to get to a better position around that. She noted that outpatients were also an outlier and there was no excuse in that area as these roster patterns were the same every month. She acknowledged there was an element off staff not prioritising this and some forgetfulness, and it was those sort of nuances that drive current performance.</p> <p>x. TG noted that the ICB reporting was included in the pack and that this was shadow and iterative.</p> <p>Noted: The Board noted the PIPR report for Month 10 (January 2023).</p>		
5	STRATEGIC DEVELOPMENTS		

Agenda Item		Action by Whom	Date
5.i	<p>Trust Strategy 2020 – 2025 (Year 2 review)</p> <p>Received: From the COO and Director of Strategic Projects an update towards the delivery of the Trust Strategy 2020 – 2025</p> <p>Reported: By AB:</p> <ul style="list-style-type: none"> i. That the paper set out a summary on progress in delivery of our strategy against the Trust strategic goals of: <ul style="list-style-type: none"> Clinical Excellence Working with our partners Positive staff experience Share and educate Research and innovate Sustainability. ii. That he wanted to highlight some of the examples of working with our partners such as the recent delivery of the nested ward with CUH, our sharing of expertise in the response to the COVID pandemic and the delivery of COVID booster vaccination programme over the last two years. iii. The development of the People Strategy which was due to be completed in Q4 and the impact that would have on delivery of a positive staff experience. iv. That the progress in relation to the RPH School was slower than expected but that this work would continue over the next year. v. That our R&D strategy had been discussed and approved by the Board following the progress over the last twelve months. vi. That our sustainability objective had been progressed through our financial strategy and cost improvement programme and that we were in a good position given the wider challenges facing the NHS. vii. There was a summary of enabling strategies within the report, setting out the risks to delivery, particularly in relation to workforce and referral to treatment targets and our overall elective and non-elective performance. <p>Discussion</p> <ul style="list-style-type: none"> i. DL asked for more information on the progress being made around the Royal Papworth School and perfusionist training which the Board had flagged as important. MS advised that we had discussions with ARU and the education team, and the next step was to bring in perfusion as an expert provider. We needed to write a course prospectus and whilst this had been delayed this was a part of the ongoing plans. There were also ongoing discussions with the Education team on the set up of the school and the strategy around this. We did not have the inhouse expertise to develop a business model for this and so would need support to consider income generation and the key areas of focus such as perfusion. A paper would be being brought to EDs outlining proposed governance model around this. ii. JA noted that the paper had been reviewed at SPC and that the Committee had requested greater granularity in terms of targets, objectives and KPIs. This would allow the committee to see how far we were progressing or behind plan across the 		

Agenda Item		Action by Whom	Date
	<p>programme of work, the choices that are being made and the how we are able to make this programme work.</p> <p>iii. AF welcomed the paper and noting the focus on achieving and optimising sustainability. She asked whether we were at risk on the governance around this and whether there was more that we should be doing to address this. AB advised that we were re-establishing a space utilisation group to consider this across the Trust.</p> <p>iv. GR asked about the governance of the school and asked if it would be helpful to have this as a separate project through SPC so that the work on this was not dissipated across agenda. JA noted that the team had been asked to identify the resource that was needed to build this programme and once this transitioned to BAU then he would expect this to transition to the Workforce Committee for ongoing oversight. JW asked for timelines for this programme to be agreed through EDs and SPC.</p> <p>v. GR noted also that there would be a requirement for contract review in relation to the perfusion service that was due to come back to the committee and that we needed to ensure that plans would be brought together with adequate timescales to allow review across committees.</p> <p>vi. MB asked about the overall viability of the RPH school and whether the objective had been set before we were clear that there was a viable case that had clear timelines and resource requirements set out. MS noted that the Trust already had a high-fidelity educational offering and that the gap was around the scoping of a business model that would address the issue of scale. The Trust already delivered on a limited scale and had good links into HEE/ARU and that provision met the need for our day-to-day student programmes, and undergraduate medical education, which was amazing, but there were still questions on the future areas of focus.</p> <p>vii. JW concluded that the Trust needed to look at education, training and learning and that the school was one of the vehicles through which this could be delivered and it would seem sensible for a business case and needs assessment to be undertaken in the same way that we had approached the review of private activity, looking at the options that were available, considering the scale and the likely opportunity associated with this to determine if the school was the appropriate mechanism of delivery of this.</p> <p>Agreed: The Board noted the update on the Trust Strategy 2020-25.</p>		
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		

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors
Meeting held on 02 March 2023

Glossary of terms

ARU	Anglia Ruskin University
CIP	Cost Improvement Programme
C&P ICS	Cambridge & Peterborough ICS
CUFHT	Cambridge University Hospitals NHS Foundation Trust
CRF	Clinical Research Facility
CRN	Clinical Research Network
CUHP	Cambridge University Health Partners
DGH	District General Hospital
GIRFT	'Getting It Right First Time'
HEE	Health Education England
HLRI	Heart and Lung Research Institute
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
NIHR	National Institute for Health and Care Research
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	Patient Reported Outcome Measure : assesses the quality of care delivered to NHS patients from the patient perspective.
RCA	Root Cause Analysis is a structured approach to identify the factors that have resulted in an accident, incident or near-miss in order to examine what behaviours, actions, inactions, or conditions need to change, if any, to prevent a recurrence of a similar outcome. Action plans following RCAs are disseminated to the relevant managers.
RTT	Referral to Treatment Target
SIs	Serious Incidents
SIP	Service Improvement Programme
SOF	NHS S ystem O versight F ramework (Graded 1-4)
STP	Cambridgeshire and Peterborough S ustainability & 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