Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Board of Directors
Held on 6 April 2023 at 9:00am
Microsoft Teams
HRLI, Royal Papworth Hospital

UNCONFIRMED M I N U T E S – Part I

Present	Prof J Wallwork	(JW)	Chairman
	Dr J Ahluwalia	(JA)	Non-Executive Director
	Mr M Blastland	(MB)	Non-Executive Director
	Ms C Conquest	(CC)	Non-Executive Director
	Ms A Fadero	(AF)	Non-Executive Director
	Mr T Glenn	(TG)	Chief Finance and Commercial Officer
	Ms D Leacock	(DL)	Associate Non-Executive Director
	Mr H McEnroe	(HM)	Chief Operating Officer
	Mrs E Midlane	(EM)	Chief Executive Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mr A Raynes	(AR)	Chief Information Officer & SIRO
	Mrs M Screaton	(MS)	Chief Nurse
	Prof I Wilkinson	(IW)	Non-Executive Director
In Attendance	Mr S Edwards	(SE)	Head of Communications
	Mrs A Jarvis	(AJ)	Trust Secretary
	Dr S Webb	(SW)	Deputy Medical Director (until 10:30)
Apologies	Mr G Robert	(GR)	Non-Executive Director
	Prof I Smith	(IS)	Medical Director
Observers	Susan Bullivant, Trevor Collins, Richard Hodder, Rhys Hurst, Trevor McLeese, Harvey Perkins,		

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1	**WELCOME, APOLOGIES AND OPENING REMARKS**		
	The Chairman welcomed everyone to the meeting and apologies were noted as above. JW welcomed Harvey McEnroe who had joined the Trust as Chief Operating Officer.		
1.i	**Declarations of interest**		
	There is a requirement that Board members raise any specific declarations if these arise during discussions. No specific conflicts		

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	were identified in relation to matters on the agenda. HM noted that he had provided his declarations of interest to the Trust Secretary. A summary of standing declarations of interests is appended to these minutes.		
1.ii	**Minutes of the previous meeting**		
	Board of Directors Part I: 02 March 2023 **Approved**: The Board of Directors approved the Minutes of the Part I meeting held on 2 March 2023 as a true record.		
1.iii	**Matters arising and action checklist**		
	Item 04/23: CC noted that there were a number of items that were still marked 'TBC' and these needed to be reviewed and timescales for updates confirmed. **Item 05/23:** EM noted that BAF2901 relating to Trust Strategy had been reviewed. There had been a question about the rating of this risk at RRR9 given the current risk ratings relating to delivery. This risk was framed around the alignment of the Trust Strategy to the ICS strategy and as these were closely aligned the rating was appropriate. **Noted:** The Board received and noted the updates on the action checklist.	**EDs**	05/23
1.iv	**Chairman's report**		
	The Chairman noted that the HLRI had been renamed the Phillip Dahdaleh Heart and Lung Research Institute (HLRI) in recognition of the substantial philanthropic donation that would support its work. He had joined Dr Dahdaleh on a visit to the HRLI with members of the Trust and the University of Cambridge. He had also attended the Society of Cardiothoracic Surgery's (SCTS) annual conference and that had included a good presentation on the use of comparative data which could be discussed with Mr Moorjani.		
1.v	**Board Assurance Framework**		
	Received: From the Trust Secretary the BAF report setting out: i. BAF risks against strategic objectives ii. BAF risks above appetite and target risk rating iii. The Board BAF tracker. **Reported:** By AJ: i. That the Audit Committee had requested reports on the four BAF risks that had a RRR of 20. These had been reviewed by the Committees and it had been agreed that the ratings for these were appropriate. ii. Following review, it had been agreed that: • BAF 678 Waiting List Management needed to set out further detail on the plan to deliver improvement. iii. BAF 1853 Staff Turnover had improving performance but there was concern that given the staff survey results, which were a leading indicator for this risk, that the rating should not be		

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	reduced in response to short term changes, and this would be kept under review. iv. That the report also set out the updated principal risk statements for 2023/24 which had been reviewed following the Board workshop in March. v. That the risk appetite statements were in draft and would be circulated next month. **Discussion:** i. CC noted the recommendation that BAF 3261 (Industrial Action) should be overseen by a single Committee. It had been proposed that should the Performance Committee and this should be approved by the Board. **Agreed:** The Board noted the BAF report for March 2023 and agreed: i. that BAF 3261 should be overseen by the Performance Committee. ii. The principal risks for 2023/24.		
1.vi	**CEO's update**		
	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. **Reported:** By EM that: i. She was delighted that HM had joined the Trust as COO. ii. The Hewitt report (the independent review of integrated care systems) had been published and included recommendations on the support and development of ICS's. Key issues included the number of performance metrics, and the need for ICS to be supported to develop and lead systems. iii. Her report reflected on the national NHS Staff Survey results, which were disappointing. Our work would focus on ensuring that that all staff felt valued and felt that RPH was a good place to work. iv. Industrial action had taken place in March and was disruptive and this was expected to continue in the coming month, but she was impressed that all staff maintained a positive approach throughout the action. v. That the SCTS awards had been very positive for the Trust with awards for our staff from the Alert Team and the Thoracic Physiotherapists, as well as our Chair who had been given a lifetime achievement award. vi. The clinical school had visited, and we had received very positive feedback on the provision for our medical students. vii. We had submitted a bid for a whole-body PET CT scanner with the UoC. viii. We had taken delivery of the first cardiothoracic robot in the UK and our teams would be training on this and it would be operational in April 2023. ix. We had seen the roll out of electronic letters for our patients using the DrDoctor platform. This made our communications more timely and was a more sustainable approach but allowed those patients who need to receive paper letters to continue to do so.		

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	x. The Trust and Amazon Web Services had won the 'Workforce and Wellbeing Initiative of the Year' award at the Health Service Journal Partnership Awards for our Laudit positive reporting platform. **Discussion:** i. IW noted it was interesting to hear the positive feedback from medical students given the concerns from junior doctors. ii. CC asked for some further detail about the whole-body PET CT. EM advised that this was a bid to the MRC who were looking to establish three centres in the UK. Our bid had been submitted in collaboration with the UoC. TG advised that we expected to receive the outcome in June and the benefits included a much shorter scanning time. iii. The Board noted their appreciation of the contribution of Dr Will Davies to the development of the Laudit app. EM advised that his work and that of the wider team was appreciated and had been celebrated by the Trust. iv. JA asked whether our ICS system would become a 'High Accountability and Responsibility Partnership' which were referenced in the Hewitt report. EM noted that this would be considered by the ICS in the coming months as this report had only recently been published. v. JA also noted the excellent work on the improvement in patient recruitment to the Heart Attack clinical trial. **Noted:** The Board noted the CEO's update report.		
1.vii	**Patient Story**		
	MS introduced the patient story. This was being presented by Melanie Webb, who was a part of the cardiothoracic support team. MW advised that she was a part of a small group of senior staff nurses who were the first point of contact for patients having elective cardiac procedures and those in the thoracic benign service. The team delivered a range of services. They ran two nurse led preadmission clinics each week for cardiology and undertook surgical preadmissions as a part of the multidisciplinary team working closely with anaesthetists, pharmacy, and x-ray technicians. The team also provided an advice line and responded to e-mail queries from patients. They undertook follow up after open heart surgery and took calls from patients who were due to meet their surgeons. They also worked closely with the tissue viability team and supported medical students and student nurses. This story related to a 51-year-old patient who had attended a nurse led clinic prior to admission for an angio (query procedure). The patient had a previous history of heavy drinking and was being admitted following investigation of chest pain. A blood test had indicated a cardiac event with a query heart attack. The patient had type 2 diabetes, airway disease and was a current smoker. He was seen by a local cardiologist and following discussion was referred for a cardiac MRI which he had not attended, he was sent for a MIBI examination which had a positive result and so he was referred to RPH for an angio. The angio risks had been explained to this patient		

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	as 1/1000, however he had been referred for an angio and query stent. She had saw the patient at pre-admission and undertook checks including EEG and bloods. The patient was very anxious and spoke English was a second language and so she took time to ensure that he understood the procedure that he had been referred for and that there was a possible need for a stent. She had to explain the difference in procedure and the associated risk which was therefore 1/200. This made the patient very anxious and as she needed to spend more time with him her second patient was taken on by another nurse within the clinic. The patient was non-compliant with his diabetes medication and had not understood the links between diabetes and heart failure and she spent time explaining this and how each of his medications worked. She persuaded him to agree to have the procedure and discussed a referral to the smoking cessation services which he accepted. He advised that he had already stopped drinking. Following review and the discussion of risks the patient signed his consent form and left the clinic clear on the procedure and the plan for his medication the following day. She followed up his blood results the next day and these were normal. The patient reflected on his journey and advised that had he attended for admission directly on the day of his procedure he would most probably have walked out of the hospital, but the pre-admission appointment meant that he felt well informed and was happy with his appointment. He had taken away a checklist which he was glad of. MW noted that patients often refer to this and do call the team back to check details. MW felt this story demonstrated the importance of preadmission as this could have been a wasted slot on the day. **Discussion** i. JW asked how long MW had spent with this patient in comparison to a usual appointment. MW advised that she had spent two hours with this patient and the clinic was set up for two one-hour slots to see patients as well as managing administration and other patient queries. JW noted that this sort of service was something that should be delivered in GP surgeries. He also asked if we were able to follow up patients at six-months to understand if the changes had been sustained? MW advised that the team did not have the resources to offer follow up longer term but that the preadmission allowed for a double check on bloods so that we were able to admit patients. ii. AF noted the two-hour intervention from the team and the subsequent procedure and asked about the discharge process that supported transfer back to local services to pick up on the interventions. MW advised that the patient would have an e-discharge summary sent by the day ward and that the cardiac rehab team would see the patient on the day of their procedure before going home. AF thought that the RPH input was a unique intervention that pieced together issues as a whole and gave an opportunity for comprehensive review as a part of the preadmission process. MW advised that twenty		

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	patients were seen on this basis. The team also undertake review of day ward lists and telephone preadmissions to support problem solving in relation to admissions. These were more limited but allowed early identification of issues such as allergies to contrast medium. iii. JA noted that this would be a good story to share with ICB colleagues. **Noted:** The Board thanked MW and noted the patient story.		
2	**PEOPLE**		
2.i	**Workforce Committee Chair's Report** **Received:** The Workforce Committee Chair's report setting out significant issues of interest for the Board. **Reported:** By AF that: i. A complex mix of issues were being tackled by the Workforce Committee and they were looking at the key areas that needed to be addressed. The Committee was still orientating around the evidence and facts and noted that its focus should be on strategy. It needed to bring together the key themes and an actions to focus on how our staff felt at RPH and their experience of working at RPH. It was intended to bring together all of the facts and strategic ambitions and identify a small number of priorities that would allow us to 'turn the dial' on performance. ii. The Committee had received the draft People Strategy that was later on the Board agenda. **Discussion** i. JW noted that the discussion at Committee was right and that its focus should be on delivery of the strategy and not management of the day-to-day issues, but it would take a little time to fully develop its focus. ii. JA thanked the workforce team for the extensive reporting that had been established in the workforce reports. iii. CC requested that timescales for delivery were agreed so that these could be monitored as we needed to explain delays and provide assurance on progress. AF advised that the strategy included these at a high level and that PIPR would include the Key Performance Indicators to allow monitoring. **Noted:** The Board noted the Workforce Committee Chair's report		
2.ii	**Gender Pay Gap Report & Action Plan** **Received:** The Director of Workforce and OD a paper setting out the outputs from the 2022 gender pay audit and the 2023/24 action plan. **Reported:** By OM that: i. The Gender Pay Audit data was for 2021/22 and the action plan was being brought to the Board prior to publication. ii. The report was produced from our electronic staff record data. This was very sensitive to changes in senior medical workforce where we had seen a jump in the gap in relation to		

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	bonus pay. This related to retirement of some of our most senior female consultants. iii. The Women's network had contributed to the remedial action plan and were looking at three areas of focus. iv. There was significant intersectionality with in the Compassionate and Collective Leadership programme and areas for action included supporting flexible working and the clinical excellence awards. **Discussion** i. DL noted that a number of items on the action plan had been brought forward from 2022/23 and asked if the plan could have milestones and measures of success as she was concerned that it might seem that that there was not sufficient grip on this agenda. OM advised that there had been no requirement to do much of this work during the pandemic. The clinical excellence awards were not run and the NHS High Potential Scheme had not been run for the last two years and so target associated with these were brought forward. She noted that it was difficult to have a clear line of sight on the pay gap as the majority of staff were on AfC terms and conditions and these roles were 75% female/25% male. ii. IW asked about the impact of stripping out the national excellence awards and how we encouraged our female staff to apply for these awards. OM advised that this would improve our results and that we did support applicants, but this was an area for IS to consider. iii. JW felt that the presentation of data was problematic as it did not address whether people were being paid at a different rate for doing the same job but reflected the makeup of a predominantly female workforce working in lowers bands. He felt this should be reflected in the narrative as this measure would always be skewed. OM noted this was a national measure that was collected across the public and private sector and that in the NHS there was a process of job evaluation that established equal pay and value for equivalent roles across sixteen factors. It could be more helpful for the Trust to look in more detail at the analysis of each quartile and consider the proportion of staff in each of those roles and the proportion of men in higher paid jobs. The Trust did not include a particular narrative around this but this data was used and interpreted across the NHS and was a reflection of the equality of opportunity for our staff to progress into senior roles and that was understood by our peers. iv. JA asked if this meant that there was no structural pay gap but only a gap in relation to bonus pay. v. MB asked about the opportunity to progress and whether the gap in relation to bonus pay was predominantly driven by our gender profile or it there were other factors. We had previously identified the need to support women applicants for excellence awards but this had not had impact and so we needed to assess the quality of support provided. SW noted that the application process for clinical excellence awards had recently been revised to be fairer and that our staff were encouraged and supported to apply but this was tough process and there		

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	needed also to be a degree of self-motivation to progress through it. The local awards system had been on hold because of COVID19, and the award had been distributed on an equal basis amongst colleagues. Prior to COVID19 there had been workshops for those considering applying for excellence awards and reviews of applications and these initiatives were being reintroduced. We could not compel people to apply but we could support more of our staff to do so. **Agreed:** The Board noted the update on the Gender Pay Audit and approved the 2023/24 action plan.		
3.i	**NHS Staff Survey Results 2022** **Received:** The Director of Workforce and OD a paper setting out an overview of key themes and actions arising from: • 2022 Staff Survey Results • Workforce Race Equality Results • Workforce Disability Equality Results **Reported:** By OM that: i. The Board had received summary results in March ahead of publication which had not included benchmark information. The full results had been taken to the Workforce Committee and they were being brought to the Board for public review. ii. The report included benchmarking including the national results, our peer group and our ICB partners and highlighted key areas for action. iii. The survey results evidenced the high levels of exhaustion and burnout reported by our staff along with high levels of bullying and discrimination. iv. There was a variation in performance across the Trust and staff experience was very low in some areas, in particular in parts of STA. v. There were several themes that had seen a deterioration including the confidence of staff raising concerns around clinical practice. The Clinical Governance team were setting up focus groups to work through this issue with staff. vi. The WRES and WDES data was complex and had different time frames to the national survey. However, the national WRES team had reviewed our action plan and their response provided some assurance that we were putting in place the right actions in response to the report. **Discussion** i. JW noted the observation made by IS that our staff's experience of COVID19 was different to our peers and that the comparisons with ICB partners was interesting. ii. MB offered some encouragement to OM as whilst this was a battering report given the efforts put into this area, what was striking was the deterioration over the last year, which had been sharp and he did not believe that there were underlying factors that had changed in that year. We had an excellent complaints system and continued to see reports through the FTSU Guardian and these had been consistent, and he felt the		

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	results may reflect a change in perception rather than any material change. He noted that with a rate of turnover that had risen to a high of around 25% in year we would expect to see different attitudes working through the organisation. He felt that the relationship to staff burnout was plausible but noted that was also impossible to verify. iii. CC supported MB and felt we needed to encourage our staff but was concerned that staff were not getting closure when incidents were raised that needed to be addressed. A turnover level of 25% was very damaging and could result in good staff leaving as there was not a supportive atmosphere. She felt that we needed to be clearer about improvement milestones so that we could show our staff what was being done and explain this to them. iv. JW asked about the earlier issues raised through staff stories. CC advised that these issues were not fully resolved. OM advised that it was difficult to look at individual cases as there were difficult interpersonal issues and a straightforward resolution was unlikely. These were matters where there was ingrained practice that had persisted over years, and we needed to address this through development and enhanced leadership capabilities. Our managers needed to know how to manage individuals and not simply rely on the HR processes. This needed strong line management as it was often too late to seek resolution once brought to HR. v. JA supported the comments in general but felt that we should focus on those areas where improvement was within our control such as staff experience of bullying and harassment. This was within our control and our results in this area were worrying. JW noted that the timing of the survey coincided with remedial programmes being taken in theatres and that may have influenced the staff response to the survey. vi. AF agreed with MB that we knew where there were issues and needed to understand the longer-term solutions to these. We needed to deal with backlogs, and our staff needed to be cared for and supported in line with our People Plan, but this was truly a long journey that had been disrupted by COVID19 and was impacted by external factors such as the increases in cost of living. The survey brought these factors into view and was the backdrop to the care that we provide to our patients and all these things were interlinked. **Noted:** The Board noted the update on the NHS Staff Survey Results 2022 and the WRES and WDES reports.		
3	**GOVERNANCE**		
3.i	**Q&R Committee Chair's Report** **Received:** The Q&R Committee Chair's report setting out significant issues of interest for the Board. **Reported:** By MB that: i. He would be raising some specific issues on the Part II agenda for further discussion in relation to two incidents on level 5. These would raise a more general question around		

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	how we responded to deteriorations in performance beyond local policy and decision making and considered the wider context. For example, where we closed beds or reduced a particular service, or where we might accept a deterioration in performance. He felt we needed to consider how we responded to these potential pressures as a Board. **Discussion** i. JW noted that there were national indicators on cardiac surgery mortality that the Royal Colleges used to inform practice and that we worked to a level more stringent than the national trigger point. The Trust discussed performance issues with practitioners and put in place intervened to ensure that performance was managed. SW noted that the Trust's approach was to have a local trigger that was at 50% of the national measure. **Noted:** The Board noted the Q&R Committee Chair's report.		
3.ii	**Combined Quality Report** **Received**: A report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR. **Reported:** By MS that the report provided: i. An update on the critical care transformation programme evaluation that had been presented to the Q&R Committee. ii. A summary on Surgical Site Infections and the three areas of focus which were: a. NICE Guidance b. Reduction of footfall numbers in theatres c. Review of diabetic management pre- and post-surgery iii. A report of the visit by the ICB to the respiratory wards which had been well received. **Discussion:** i. JW asked for further detail on the breakdown between serious and superficial infections within the figures and asked whether we were over reporting in this area. MS advised that the volume of deep infections would be sufficient to trigger the UK benchmark and that grading was undertaken against a national proforma and so we were confident in gradings reported. ii. JW asked what we were doing differently and whether we were missing something in response to this as we had changed many pathways and had different patients coming through the hospital. MS advised that we had communicated with all staff about getting back to basics and had invited further external scrutiny from the national surveillance team and another DIPC. We were also seeking expert opinion from NHSE on the theatre ventilation issue. We had talked to the Royal Brompton and Harefield about how they had addressed similar issues through observational audits and were taking these issues forward at RPH. iii. CC noted that she felt more assured given the overview provided by MS. Also, that explanation of the issues helped her as a non-clinical member of the Board she now		

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	understood for example how the issue of vein harvesting from the groin was a key issue in relation to infections in CABG procedures. **Noted:** The Board noted the Combined Quality Report.		
3.iii	**Audit Committee Chair's Report** **Received and noted:** The Board received and noted the Audit Committee Chair's report setting out significant issues of interest for the Board. **Reported:** By CC that the Committee had considered the Divisional Governance report from Internal Audit which had recommended a rating of 'substantial assurance'. The Committee had raised questions on this because of the current issues within STA and had asked the IA team to review their recommendations. **Discussion:** i. JA asked about the methodology used in the STA audit and whether this was based on their audit experience. TG advised that the audit had perhaps focused on process and not necessarily output measures in relation to governance. EM noted that we had taken this matter on board and that was reflected in the recommendations of the Committee. ii. MB asked how the audit was specified as it had not captured issues that we were aware of within STA. TG advised that this had been a standard audit review with ToR from BDO and that we would take learning from this into future audit work plans. **Noted:** The Board noted the Audit Committee Chair's Report.		
3.iv	**Annual Board Self-Certifications** **Received:** From the Trust Secretary the annual Board self-certifications for approval. **Reported:** By AJ that: i. The Board was required to review its certifications on an annual basis ahead of publication on the Trust website and these included: • The annual certification of Licence compliance (General Condition 6) and Continuity of Services (Condition 7) of the NHS Provider licence. • The Corporate Governance Statement • The self-certification for Training of Governors ii. The new NHS provider licence had been issued in March 2023 and took effect from 1 April 2023. Trust's would not be required to make declarations on this basis in future years as compliance would be manged through ICB oversight. iii. That Governors would have the opportunity to review the Governor training certification at their meeting in June. **Agreed:** The Board approved the draft self-certifications for publication.		

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3.v	**Board Self-Assessment** **Received:** From the Trust Secretary the Board Committee Self Assessments. **Reported:** By AJ that: i. The Board self-assessment summarised the reviews that had been undertaken by Committees during the period from January to March 2023 and the outcome of assessments would feed into the Trust's annual report. ii. The self-assessments of performance had used a variety of approaches this year including the National Audit Office's (NAO's) "Audit and Risk Assurance Committee Effectiveness" analyser tool. iii. The report outlined training and development accessed by Board members and this was one area where there was felt to be some opportunity for improvement and co-ordination. iv. The CoG (through the Lead Governor) had been invited to participate in individual performance reviews for Directors and governors had been invited to contribute to Committee Self Assessments where they attended as observers. v. The Board had discussed the output of reviews at the March Board Development workshop and had agreed that it would be helpful for there also to be a reflection on the working of the full Board and outcome of this survey was on the agenda for the Part II meeting. **Noted:** The Board noted the output of the Board Committee Self Assessments.		
3.vi	**Corporate Objectives 2023/24** **Received:** From the CEO the Trust's Corporate Objectives for 2023/24. **Reported:** By EM that: i. The Executive had reviewed and reshaped the corporate objectives for 2023/24 and these were being brought to the Board for approval. **Discussion:** i. JA asked whether there were measurable outcomes that would be reported relating to delivery? EM advised that the outcome measures relating to the Corporate Objectives would flow through PIPR. **Agreed:** The Board approved the Corporate Objectives for 2023/24.		
3.vii	**Board Sub Committee Minutes:**		
	Received and noted: The Board of Directors received and noted the minutes of Board sub-committees held on: 3.vii.a. Quality & Risk: 23.02.23 3.vii.b. Performance: 23.02.23 3.vii.c. Audit Committee 26.01.23 **Noted:** The Board noted the Board sub-committee minutes.		

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4	**PERFORMANCE**		
4.i	**Performance Committee Chair's report** **Received:** The Chair's report setting out significant issues of interest for the Board. **Reported:** By DL on behalf of GR that the Committee had: i. Received a very helpful presentation from Pippa Hales, Chief Allied Health Professional, noting key challenges and how AHPs could be used in a more integrated fashion. ii. Received an update on the Theatres recovery programme noting we had been open to 5 theatres in March but there were questions on the sustainability of this. **Discussion:** i. JW asked about the wider use of AHPs that had been flagged. MS advised that this related the integration of the AHP role in teams, working with nurses, doctors, and other staff to deliver a truly multidisciplinary approach. JW asked if the barrier to this was cultural and whether this caused problems at RPH. MS advised that it was an issue. For example, in the transformational work on critical care there was still work to be done on the role of the AHP to ensure that they were involved, and their roles were considered in service planning and development so that they were a part of the whole pathway and had a voice. ii. EM noted that the patient story from the cardio thoracic team had demonstrated their impact and noted that we needed to ensure that all of the different roles and contributions of teams across the Trust were understood, including our AHPs and our scientific leads. JW asked who led on this area for the Board and MS advised that this was within the Chief Nurse's remit. **Noted:** The Board noted the Performance Committee Chair's report.		
4.ii	**Papworth Integrated Performance Report (PIPR)**		
	Received: The PIPR report for Month 11 (February 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. The report was provided to the Board for information and assurance. **Reported:** By TG: i. That overall, Trust performance was at a red rating. ii. He was pleased to see improvements in 'Safe' resulting from improvement in our 'High Impact Interventions'. iii. He noted the impressive increase in theatre utilisation in month and the positive performance in diagnostics and cancer waiting times. iv. He noted the improvement in staff turnover in the PMC section but reminded the Board of the earlier discussions on the sustainability of this position. v. There had been a positive movement in the ICS position and the financial position of the Trust was a £2.1m surplus YTD. vi. The Safe domain was red because of staffing fill rates. We had seen improvement in the registered nurse fill rates but there had been a deterioration in the unqualified HCSW rates.		

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	Discussion: i. JW noted the concern on the staffing fill rates and asked how we could get to a more meaningful presentation of the data. He wanted to understand we were addressing the right question of whether our patients were suffering harm as a result of the staffing levels. He also asked why Trust finances were rated at amber rather than green. TG noted that there was a proposal on PIPR metrics for 2023/24 scheduled in part II. ii. IW asked whether debtors performance was against a 30- or 90-day target. TG advised that this was measured against 30 days and that performance was subject to a significant lag in effect which resulted in increased volumes to be cleared and performance would improve. iii. IW noted the deterioration in length of stay (LoS) and asked whether this related to increases in infection rates or COVID19 cases? EM advised that COVID19 was a factor, as well as the increase in time that patients on surgical pathways waiting on elective lists. Thoracic services were getting back to same day admissions and day case pathways with enhanced recovery, and this should deliver improvements in performance. IW asked whether this was an unintended consequence of activity that we were unable to deliver and whether the waiting list was out of control? JW suggested that we could look at measurement of predicted and actual case mix using Euroscore and look at how that effected LoS along with other frailty measures. He felt that we needed to look at these measures against expected outcomes. EM advised that all patients were now getting a 'P code' classification and previously the definitions had allowed only an 'urgent' or 'in turn' classification. iv. JA noted that the metrics on safer staffing, which were above the line, seemed to result in a factoring up of impact and asked whether these should be considered below the line rather than as KPI. JW felt this could be important as a very small change could result in shifts that would move performance between green and red. v. AF suggested we see a spotlight report on cancer where performance was poor, and on diagnostics where we had seen improvements in performance. She was keen for these areas to receive a greater focus in the next report. JW noted that our cancer numbers were very low and were impacted by delays across the whole patient pathway as we were a tertiary centre. EM advised that the delays reported in our cancer waiting times were largely the impact of delays outside RPH. **Noted:** The Board noted the PIPR report for Month 11 (February 2023).		
5	**RESEARCH & EDUCATION**		
	AJ advised that Dr Calvert had been unable to join the Board meeting and in Dr Smith's absence this matter would be deferred until May. The Chair noted that he would like the Board to receive the planned updates on the R&D strategy at the next meeting in May. (Actions 337/338)	IS/PC	05/23

Agenda Item		Action by Whom	Date
5	**STRATEGIC DEVELOPMENTS**		
5.i	**People Strategy 2023-25** **Received:** From the DWOD the People Strategy 2023-25. **Reported:** By OM that: i. She was pleased to present the strategy to the Board. It had been to the Workforce Committee (WFC) in January and March and was recommended for approval. ii. Initial feedback was that it would be helpful to understand the scale of the ambition and the metrics that would be used to measure performance particularly in the first year. iii. This had been further discussed with staff side, senior leaders and staff networks and their feedback had been incorporated into this final version and the document provided actions for the first year. iv. The Board should note that we do not have all resources in place to deliver the organisational development and line manager development set out, but this was to be reviewed in year. v. Issues around the workforce strategy were complex and we would be developing a two-page summary for staff that set out our ambitions and summarised the project plan. **Discussion** i. JW welcomed the summary that that was being produced as our staff needed to know about the issues and priorities and we needed to communicate clearly to our people. ii. JA thanked OM and her team noting that the discussion of the metrics was very welcome. He was looking forward to this coming back through the WFC. He felt that some measures were very specific, but others were described in terms of a direction of change, for example that we should see a decrease in the number of staff reporting discrimination. He felt that we needed to challenge whether there were more specific measures that could be included within plans. iii. AF agreed with JA noting this was a helpful set of metrics and that these needed to be discussed in relation to divisional business plans and in the new PIPR dashboard that was on the part II agenda. iv. JA proposed the Board approve the strategy with the caveat of further development of measures on progress. OM agreed that she would share proposals and ensure these were more specific. v. CC noted the interconnectivities within the work plan and asked whether we could try and illustrate the impact that one action might have across a number of themes. OM advised that this was complicated, and as action plans had multifaceted approaches it might be difficult to establish something as clear as return or impact in relation to each initiative. She suggested that it would be helpful to refer back to the compassionate and collective leadership programme to ensure this was a part of the staff feedback and to support embedding practice. vi. EM agreed that it would be helpful to map the metrics to the specific pieces of work that would affect performance ratings.	OM	06/23

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	JW welcome to this approach noting that we should do this where it was a possible and workable approach. AF agreed that this was difficult to capture and suggested that we should review the key measures in the regular reporting to the WFC. **Agreed:** The Board approved the RPH People Strategy 2023-2025 noting the commitment to further develop progress measures.		
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 6 April 2023

Glossary of terms

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'
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
MRC	Medical Research Council
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	**P**atient **R**eported **O**utcome **M**easure: assesses the quality of care delivered to NHS patients from the patient perspective.
RCA	**R**oot **C**ause **A**nalysis is a structured approach to identify the factors that 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)
SSIs	Surgical Site Infections
STP	Cambridgeshire and Peterborough **S**ustainability & **T**ransformation **P**artnership
UoC	University of Cambridge
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