Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Board of Directors
Held on 7 December 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
	Mrs S Harrison	(SH)	Interim Chief Finance Officer
	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
	Mr G Robert	(GR)	Non-Executive Director
	Mrs M Screaton	(MS)	Chief Nurse
	Dr I Smith	(IS)	Medical Director
	Prof I Wilkinson	(IW)	Non-Executive Director
In Attendance	Mr S Edwards	(SE)	Head of Communications
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mr K Mensa-Bonsu	(KM)	Associate Director of Corporate Governance (designate)
Apologies	Ms D Leacock	(DL)	Associate Non-Executive Director
Observers	Angeal Atkinson, Susan Bullivant, Bill Davidson, Marlene Hotchkiss, 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.		
1.ii	**Minutes of the previous meeting**		
	Board of Directors Part I: 02.11.2023 **Item 4.i: Performance Committee Chair's Report:** Revised to read:		

Agenda Item		Action by Whom	Date
	Reported i: "…productivity. It would ensure that the Committee allocated more time to discuss finance (which had been squeezed in the last meeting) at the next meeting." **Approved**: With the above amendment the Board of Directors approved the Minutes of the Part I meeting held on 2 November 2023 as a true record.		
1.iii	**Matters arising and action checklist**		
	Noted: The Board received and noted the updates on the action checklist.		
1.iv	**Chairman's report**		
	The Chairman noted that this was AJ's last Board meeting before her retirement. He noted the Board's thanks for her support to the Board in her role as Trust Secretary, and their good wishes for the future. The Chairman noted that he had attended the funeral of Dr Don Bethune. He was the first anaesthetist appointed Papworth Hospital in 1969 and had an interest in open heart surgery and was one of the Papworth Hero's. He noted also that he and JA had met with the Trust's patron, the Duchess of Gloucester. They had discussed the foundation stone that had been laid by her late father-in-law and we were looking at how that could be included in the display of artefacts in the atrium.		
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 EDs had escalated the CT reporting backlog issue to the Performance and the Q&R Committees. It was agreed that this risk would be added to the BAF overseen by the Performance Committee. There had been no other change in risk ratings. ii. The Performance Committee had asked for the assurance rating for BAF 3223 (Activity and Productivity) to be reviewed to consider whether this remained limited given the work in place to manage this risk. **Discussion:** i. CC asked the executives to review all risks that were assessed as having limited assurance to consider what measures were needed to provide full assurance and she recommended that Committee chair's review all BAF risks on that basis. **Noted:** The Board noted the BAF report for November 2023.	**EDs/ Chairs**	**02/24**
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. **Reported:** By EM that:		

Agenda Item		Action by Whom	Date
	i. This was Professor Wallwork's last Board meeting in public and she wanted to thank John for his work as Chair over the last decade which was a period of extensive change with the delivery of the new hospital and all of the other challenges that had been navigated over recent years. She noted that she, the Board and the System recognised his contribution, and this was greatly appreciated. ii. The Trust had signed off its forecast and H2 submission at the extraordinary Board. This was followed by the ICB extraordinary Board where the system H2 submission was agreed. The system forecast was a breakeven position with risks around Urgent and Emergency Care, Cancer and RTT waiting times. iii. Dr Mike Davies had stood down as Clinical Director of the Thoracic and Ambulatory care division and would be replaced by Dr Chris Johnson. Dr Davies had made a strong contribution to the division and the wider Trust. iv. We had made two consultant appointments with Jason Ali and Hassiba Smail appointed to substantive posts following a highly competitive round of interviews. v. We had finished the national staff survey with a participation rate of 55% and the efforts of Lynn Roberts and leaders across the Trust, particularly in clinical areas, was appreciated. vi. We had reached a level of 50% uptake for flu vaccination and 44.8% for the COVID booster. We were keen to maximise uptake and continued to encourage staff to take up vaccination. vii. We were proud to celebrate national Nursing Support Workers Day with our healthcare support workers across the Trust. viii. We had 45 finalists in our staff awards which were taking place at Homerton College on 14 December 2023. It had been a very difficult task to judge between all the entries. ix. She also wanted the Board to note that the finance team had been shortlisted in the HFMA awards as EDI Team of the year and Sophie Harrison had been shortlisted in the category of Deputy CFO. This was to be celebrated as this was a very strong field and represented the exceptional talents of our team. x. We had been successful in our £3m bid with CUH for a MedTech Centre facilitating the development of devices and diagnostics to support people with brain injury. xi. We had held our Board-to-Board meeting with CUH and had held the first meeting of the Joint Management Board. xii. She was incredibly proud of all our staff achievements those who would be attending the HFMA awards, our nursing staff who had attended at Buckingham Palace, and Dr Mike Davies who had been named as the 2023 winner of the British Thoracic Society's Meritorious Award. xiii. The feedback from the visit by the Regional Leadership team had been overwhelmingly positive. The team had been able to speak to our clinical staff and had spoken highly of the level of interest and of the quality of collaboration that was evident in their discussions. **Discussion:** i. CC asked about the progress on the Patient Safety Initiative and what the starting position was for this. HM advised that we started at 633 and now had 146 patients wating over 40 weeks. ii. AF noted that the serious incidents were a concern and that she		

Agenda Item		Action by Whom	Date
	noted that one had a delay in escalation. EM advised that was the case and this was included in the terms of the investigation. iii. JA noted that he had taken part in the consultant appointment committee and that the shortlist had been diverse in terms of ethnicity and background, and we needed to understand how we achieved this. **Noted:** The Board noted the CEO's update report.		
1.vii	**Patient Story**		
	MS introduced George Thundiyl-Joseph and Antonella Cagnas, specialist nurses for organ donation who were to present the patient story. MS noted that the Board often heard about our transplant recipient patients and that transplants were not possible without the donors and this story was from our staff who looked after the families of donors and described their amazing and valuable work. AC outlined that organ transplantation had a parallel pathway and process in donation and they would feedback on this experience. The donor service covered the whole of the UK and we were a part of the Eastern Region which included 21 hospitals and provided a 24/7 cover for the referral line for organ donation. Specialist Nurses for Organ Donation supported potential donor families and had training in communications as they are working with families at a particularly sad moment. Their role included being part of the on call and emergency rotas as well as undertaking audit and education in ITU, A&E and other departments, and undertaking promotional events in the Trust. In the on-call rota their work was to assess and liaise with families and recipient centres. The pathway starts at referral with patient assessment and checks to establish whether the patient was on the organ donor register and then supporting the family in the decision-making process. It was also part of the job to assess the recipient and the safety of the organs that were offered. They would contact the coroner if there were any questions or suspicious circumstance around a death. They also collect clinical data and support the family and staff in critical care and theatres and each of these have their own needs to be managed and these different problems needed to be resolved in the best way. This story related to a patient who was referred to the service. On the day of referral, day 0, the patient had suffered a cardiac arrest and had 33 minutes of downtime. The CT scan showed that they had had an aortic aneurysm, and the head CT showed a small major infarct. At day 3 the CT was repeated and identified apoxia and brain injury with a poor prognosis. The patient was referred into the organ donation team at day 3. The patient had already opted in to donate organs. The clinical management plan was to continue active treatment for a further 24 hours and the family were advised of the very poor prognosis. The family had raised the issue of organ donation, and it		

Agenda Item		Action by Whom	Date
	was agreed at that point that the team would start to work with the family. The family understood that this was a devastating and un-survivable brain injury and had some concern that doctors may be prolonging the inevitable and that their relative was having seizures and could be suffering as a result. The medical team explained that their approach was to ensure that decisions were safe and were right for the patient to allow for any possible opportunity of recovery as sedation was lifted. The medical team needed to know this, and they needed to establish end of life. The involvement of the team was earlier than usual in this case as the family were fully aware and had raised the issue of organ donation. The team worked with the family and the clinical team to ensure that they were happy with the process. The team took forward reviews with the GP to establish the measures needed such as body mass, height, blood group, whether the patient had moles (as dermatology advice might be required). Throughout this the team would step away from any preparatory work started during active treatment if there were any signs of clinical improvement. The work of the team was challenging as families come from a wider geographical area and that can be a challenge. On day 4 the team started tissue typing, virology and COVID testing and started the Medical and Social History (MASH) assessment. They then needed to pause the process as other relatives were coming and they needed to allow for family to be with their relative. On day 5 the consultant and the family agreed that support would be withdrawn. The paperwork supporting the offer was completed by 2pm and the organs were offered at 4:40pm. The National Organ Retrieval Team were activated for the abdominal organs within two hours. This team included surgeons and scrub nurses. Teams from Birmingham were activated for the cardiac organs and CUH for abdominal organs. Novel technology was used for reperfusion and the patient was moved to theatre and subsequently extubated that night and that timeline was all possible because of the parallel pathway that was in operation. This part of the process would usually take a period of 24 hours but given the planning and work with the family this was reduced with the consent to withdraw treatment at 2pm and the team being able to be in theatres at midnight. There had been some requests from the parts of the service to delay the process, but these were not agreed to because of the wishes of the family. The feedback from this family was very positive. They had said how this was a well organised and positive process and they were grateful to the whole of the specialist nursing team, the grief and wellbeing service, the theatres and the doctors. Families can find this a comfort and a positive outcome in their tragic event, but this often comes later as they grieve. **Discussion** i. JW noted that this was a very precious resource. For every transplant there was also a loss, and this was complicated.		

Agenda Item		Action by Whom	Date
	ii. AF noted the complexity of the process and asked whether there was a relationship with the RESPECT forms and organ donation and if people knew that they were on an end-of-life pathway. GT noted that at NWAFT if patients were seen in the emergency department, then questions would be asked about end-of-life care and organ donation, but our forms did not and the sort of patients that we receive generally do not allow for this sort of discussion as they would be admitted following cardiac arrest. iii. MB asked how we managed the relationship between donor and recipient families. AC noted that recipients do write thank you letters, and these come through the donor coordinators. If donor families wish coordinators can facilitate a meeting between families which would usually be held in a neutral location as this can be very emotional for the families. GT noted that some patients felt concern and guilt that someone died in order for them to live. iv. JA thanked the team for all the work that they were involved with. As well as their work with families they maintain records and data that is submitted to national audit processes, and manage a very complex process that supports organ donation. **Agreed:** The Board thanked Antonella and George 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 the Committee: i. Had a very full agenda and there were three key concerns around this: a. Workforce team capacity as this was a significant ask. b. That we had not been able to recruit to the Assistant Director role and they would be taking forward a number of programme actions. c. That line managers did not have the capacity to put in place some of the actions around supervision and appraisal. ii. Had received a presentation from Chief Perfusionist which she had included detail of in her report. iii. Had received the WRES report for 2022-23 and whilst there were no surprises it was concerning to see the lack of progress. There were some really good things happening but there were pockets where we were not getting traction. iv. Had received the sexual violence charter for approval and that was on the Board agenda. v. Had received the reciprocal mentoring evaluation and there was room for further exploration of key themes. vi. Had considered matters in part II which would be picked up on the Board agenda today. **Discussion** i. JW noted the concerns around the weight of the agenda and		

Agenda Item		Action by Whom	Date
	asked how that would be managed. AF advised that she would be working to separate out escalations and 'business as usual' reporting and would look at how these could be supported. ii. GR noted from the CEO's report that staff participation in the NHS Staff Survey had declined and that the Bank Staff figure was at 31% and asked if it included our staff if they worked additional bank shifts. OM advised that the bank figure related to staff working solely on the Trust bank and would not include staff who had a substantive contract with the Trust. iii. GR noted the lower levels of vaccination for both COVID19, and flu compared to the levels achieved in prior years. EM advised that uptake had dropped but in comparisons across the Region we had the highest uptake levels. JW noted that uptake had been amazing during the pandemic, but this had dropped away. The Trust could not force staff be vaccinated and could only offer and encourage. This was also an issue across the wider population. iv. JA asked if we knew how much short-term sickness absence related to flu. OM advised that we were unable to differentiate between coughs and colds and flu, but had not heard of increasing levels of flu circulating in the community. JW noted that people do struggle to work when they are not well and that we should discourage staff from being on site if they are symptomatic. **Noted:** The Board noted the Workforce Committee Chair's report		
2.ii	**Director of Workforce Report**		
	Received: The Director of Workforce and OD papers setting out key workforce issues relating to: • Workforce Strategy Update • WRES Report 2022-23 • Sexual Violence Charter **Reported:** By OM that: i. The workforce strategy update had been seen at the Workforce Committee and gave an outline of progress and identified areas where we were struggling. Areas of Improvement included actions around policy reviews, line manager training, and appraisal (which was increasing). We had seen slower progress around talent management and career development conversations and needed to free up resources in the department to deliver this. She was happy to report that they had appointed to the Assistant Director position, and they were now looking at developing the workforce team and ensuring that this had development opportunities within it. The new appointment was for a one-year fixed term contract and would boost capacity in the team. ii. The other key issue related to strategy was the line management capacity as that was needed to manage disputes, absence management and dignity at work processes. These areas were being looked at by the executives in relation to the funding of the Compassionate and Collective Leadership programme as that was due to finish at the end of March. She noted that the report had many strands and interconnectivities amongst the overarching priorities.		

Agenda Item		Action by Whom	Date
	iii. The WRES report was complicated but helpful. None of this was new data but it provided a comprehensive data source and comparators to other organisations. The results were sobering and whilst there were some positive signs around career development in non-clinical areas, our ranking was one of the worst in the NHS for discrimination and for bullying and harassment and this would be picked up in the development session this afternoon. We needed to consider whether the actions that we had set in place were the right ones, whether we were doing these well enough and whether we had the best environment when these landed with line managers. The committee had also looked at the BRAC report on L5, which was helpful but also identified that difficult and substantial action was needed. iv. The NHSE sexual violence charter had been published following national reports highlighting issues in surgery and other medical disciplines. The programme had been put in place nationally and organisations were being asked to adopt this at Board level. The key issues were around the next steps and the Women's Network would be helpful in this space. This gave priority to ensuring that there was space for staff to safely report and to act as allies. **Discussion** i. JA asked about the line management skills and whether this was part of the early work and the issue of whether line managers had time to do this, as if managers always needed to deal with the urgent matters this would store up problems. JW noted that this came back to a discussion of capacity and whether the real issue was of our staff being overstretched. He felt there needed to be a diagnostic on whether there was capacity. JA agreed that we needed to have capacity to deal with these issues. AF noted the need to also understand efficiencies. ii. AF noted we would be having the development session this afternoon and that we had to address the impact of the Board, as despite every best effort we were not getting a positive impact across the organisation. JW questioned the reporting between organisations as he did not feel this level of disparity. OM reminded the Board that they would perhaps see a very different perspective when they joined staff across the organisation because of their seniority and role. iii. IW asked about the size of the group that we were being benchmarked against. OM advised that this included more than 200 trusts. iv. CC supported the approach set out in the sexual violence charter but felt that the Board needed to address the issue of retribution as this was a barrier to reporting. OM advised that this was one of our priority areas and we were working with one of the report authors on this matter. Reluctance to report might be because of concerns that in a small organisation this could be seen as being difficult or have a detrimental effect on career pathways. It was also sometimes socially awkward within a small team environment. The Trust had at times seen matters reported but with a request that we did not act on		

Agenda Item		Action by Whom	Date
	those specific issues which was difficult and could not always be supported. **Agreed:** The Board noted the update from the DWOD and approved the sexual violence charter.		
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 the committee: i. Had discussed surgical site infections and he noted that the numbers relating to coronary artery bypass grafts still seemed to be elevated. He noted that despite our current efforts and actions this was not yet going in the right direction. ii. That the work around Quarter I was getting reestablished. That had been a part of our plans from the Well Led review and we were beginning to see this returning which was welcome. **Discussion** i. JW asked whether we were missing anything in relation to surgical site infections. MB advised that the executives were looking at everything that was done and that whilst the numbers were low, we were now accumulating data over time and so may be able to see trends within this. This was a critical area of work where we did not yet have full assurance. ii. JW asked whether there were actions that we could look at within our IPC activity that might be stopped because they were less effective, as that could be a challenge when managing complex behaviours. MB noted that there would be but we needed to consider whether these measures had been properly implemented and the principles around them accepted. IS agreed noting that one of the issues was that teams were very happy to do more as they felt they were doing something to address matters, but there were areas where the evidence suggested that new measures were only beneficial for use in particular circumstances (for example using VAC dressings for patient with diabetes) and we needed to ensure that we had the right approach for all patients. iii. GR asked about the external review and when the outcomes of that would come back to the Board. MS advised that this was taken to the last Q&R committee. It needed timelines to be put against recommendations, but we were doing many of these. She agreed with IS about the range of actions that we were taking forward noting that many of these were matters of professional standards with others related to products and efficacy. The action plan was still work in progress with the teams and this would be brought back to Q&R once updated. iv. JA noted that adding new measures was a concern particularly where there were gaps or non-compliance in basic measures such as hand washing. We needed to ensure that we had compliance across these areas, as we were now several quarters into this programme. v. MS advised that we had reviewed microbiology this week and		

Agenda Item		Action by Whom	Date
	there had been some shift between gram-positive and gram-negative organisms, which were multi-resistant organisms and not usually associated with the body or skin but more environmental matters. The three key issues on the surgical pathway were the environmental checks on level 5, cleaning and decontamination in critical care, and the theatre footfall along with the need to manage door openings in theatres. Anecdotally we had been advised that the theatre door had opened fifty times during a procedure in which the chest was open and so the ventilation system had to deal with that level of interruption. We needed to work on our systems and needed a dedicated focus on the essentials of care. These issues were being taken forward with a renewed focus. **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 updates on Surgical Site Infections and matters that had been covered earlier on the agenda. She also noted the resolution on outstanding coroner's investigations. **Discussion:** i. CC asked for further information on the difference between coroner's inquiries, investigations and inquests. MS agreed to provide further detail to CC outside of the meeting. **Noted:** The Board noted the Combined Quality Report.	**MS**	**02/24**
3.iii	**Audit Committee Chair's Report**		
	Received: The Board received the Audit Committee Chair's report setting out significant issues of interest for the Board. **Reported:** By CC that: i. An error that had been identified in the charity accounts and had been corrected and the impact on the bottom line was c.£90k. The accounts had been re-presented with no further issues identified. All was satisfactory. **ii.** There had been a thorough discussion around matters to clarify issues in the accounts and the Committee was now happy to recommend these for approval to the Trustee Board. **Noted:** The Board noted the Audit Committee Chair's Report.		
3.iv	**Board Sub Committee Minutes**		
	Received and noted: The Board of Directors received and noted the minutes of Board sub-committees held on: a. Quality & Risk: 26.10.23 b. Performance: 26.10.23 c. Audit: 10.10.23 d. Extra Ordinary Audit: 28.11.23		
4	**PERFORMANCE**		
4.i	**Performance Committee Chair's report**		

Agenda Item		Action by Whom	Date
	Received: The Chair's report setting out significant issues of interest for the Board. **Reported:** By GR that the Committee had considered the following key issues: i. A presentation from the radiology and imaging services, which was timely given that the issue of the CT reporting backlog had been added to the BAF. We had heard first hand from operational managers on the multiple causes and the actions being taken to address this issue. This matter had been building over the last year and was now clearly in the sights of the Performance Committee. The service had reported progress in staff engagement and we wanted to look at that to understand how they had managed to succeed in this area. ii. The committee had looked at finances as the first issue on the agenda and that had worked well and that approach would be considered again. One issue identified was the underspend on the strategic investments and this related in a key part to the planned investment supporting the Research and Development Strategy that Dr Calvert had presented to the Board last month. We would be looking at how the finances would be managed in relation to that programme. It was also important that we spent as planned against our capital and that this was delivered across the year and not in a rush at year end. iii. They had considered productivity and were grateful for MB's thoughts on this and the key question around the maximum capacity of the hospital, what we should be doing and how we were progressing against this. This was an important point and would be taken into our operational planning. There was concerned that the baseline period of 2019-20 tells us little about what we could achieve as a maximum because of the move to the new hospital. iv. That that Patient Safety Initiative had been successful in reducing the number of long waiting patients. The committee were keen to benchmark this performance but this was difficult because of the different circumstance across Trusts and in discussion with SH we would now look at the VFM of the investment made and the sustainability of the position in the longer term. **Discussion:** i. JW noted the discussions about the staffing position having increased by 4% over this period without an increase in productivity and agreed this needed review to look at productivity. This had been done in the outpatient department and needed to be considered in other areas. MB noted that he was happy to leave this discussion to the Performance Committee but felt that we needed to look at inputs as well as outputs as we needed to look at the people and capital that had been increased and to understand why outputs were not increasing. This might be to do with the nature of the patient having changed over time, but this needed a process of investigation, and we needed a sense of output for the increases that were being put into the system.		

Agenda Item		Action by Whom	Date
	ii. AF understood the need to review the increases in finances and in whole time equivalent staffing and how that compared to the business case for the new hospital, but she felt that we also needed to understand the step change faced by our staff because of the move and the pandemic. EM advised that as a part of the commissioning of the new hospital we had a gateway process for each department and that translated into a staffing and activity profile for the hospital move. AF asked if that would now need a rebasing exercise because of our experience in the new building and the impact of the pandemic so that we could help our staff to understand what we could achieve. MB noted that we needed to understand the change as staff reported feeling that they were working harder and were under pressures which may be related to disengagement in our staff or may be related to changes in our patient population, but he felt that we needed to look at these areas to understand whether we could identify causes. iii. JA noted that there could also be behaviours and old ways of working that that had been brought to the new site into its new building and plant, and there were risks associated with that if we had not implemented change. iv. IW asked whether the increase in staff was equal in all areas of the Trust as there were areas such as respiratory where we had seen significant increases in throughput and there may be interesting lessons from those areas that were doing well. IS noted that RSSC had changed the way it worked in the outpatient area to achieve this increase. **Noted:** The Board noted the Performance Committee Chair's report.		
4.ii	**Papworth Integrated Performance Report (PIPR)**		
	Received: The PIPR report for Month 7 (October 2023) from the Executive Directors (EDs). This report had been considered at the Performance Committee and the Safe and Caring domains were discussed at the Q&R Committee and was provided to the Board for information. **Reported:** By SH that overall, Trust performance was at an Amber rating. This was in the context of industrial action in the medical workforce and it reflected the first month of the PSI initiatives. The PSIs had improved the performance in the effective domain. We had seen caring reverting to a green rating, the safe domain included the serious incidents that had been reported and in people management and culture we had seen the impact of increases in industrial action and sickness absence which underlined issues around culture and engagement. The finance domain was also amber because of the impact of industrial action. **Discussion:** i. MB asked whether we could include a target for effective for admitted care as an annual average as this was currently shown against a moving target. SH and GR agreed that they would review that request. ii. IW noted the Cath lab utilisation figures and asked what the proportion of underperformance was due to the impact of strike action. HM agreed that he would review and advise what	**SH/GR** **HM**	**02/24** **02/24**

Agenda Item		Action by Whom	Date
	number of the 45 cases had been as a result of industrial action. iii. GR noted that November was the first month of the year not to have been hit by industrial action and so it would be interesting to see that data. **Noted:** The Board noted the PIPR report for Month 7 (October 2023).		
4.iii	**Industrial Action After Action Review**		
	Received: From the COO a paper summarising the output of the After-Action Review of Industrial Action. **Reported:** By HM that the: i. The paper was here for noting and was a part of the statutory responsibilities under the Civil Contingencies Act and looked at our planning and responsiveness. ii. The Performance Committee had asked for more of a qualitative review to be provided which would outline the impact on our staff and this would be brought together in the final after action review. **Discussion:** i. GR asked whether we had minimised the impact across activity, harm to our patients, maintaining staff well-being and engagement. HM noted that the recommendations here were not in the business planning rounds as yet but would be considered in our operational planning process. ii. JW noted that we had a relatively quick recovery time of around seven days when others were at three weeks and that had an impact as it was not just strike days that were problematic. EM noted that this also had the impact of diverting us from our strategic and tactical activities and therefore drove slippage in those areas. iii. JA asked whether our planning process included junior doctors as they understood how we managed our workload. It was noted that we would not ask whether juniors were striking but IS noted that there were conversations with juniors which ensured that key shifts were covered and that we were safe. **Noted:** The Board noted the Industrial Action After Action Review.		
5	**STRATEGIC DEVELOPMENTS**		
5.i	**Allied Health Professions Strategy Review**		
	Received: From the Chief Nurse a paper setting out the progress against the Allied Health Professions Strategy 2021-2026. **Reported:** By MS that: i. That Pippa Hales had presented the progress report on the strategy to the Q&R Committee by. The Committee had challenged Pippa to add in 'the icing on the cake' to reflect the growth and strength of the team and the increased confidence and recognition that they were now feeling. **Discussion** i. JW was pleased to see the report as historically the service had not felt it had sufficient attention at Board and it delivered an excellent service.		

Agenda Item		Action by Whom	Date
	Agreed: The Board noted the update on the Allied Health Professions Strategy.		
6	**BOARD FORWARD AGENDA**		
6.i	**Board Forward Planner** **Received and Noted:** The Board Forward Planner.		
6.ii	**Items for escalation or referral to Committee** None		

……
Signed

……
Date

Royal Papworth Hospital NHS Foundation Trust
Board of Directors
Meeting held on 7 December 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'
H2	Half 2 – this refers to the second half of the financial year
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	**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)
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