

**Meeting of the Board of Directors
Held on 01 February 2024 at 11:00am
Microsoft Teams
Royal Papworth Hospital**

UNCONFIRMED

M I N U T E S – P a r t I

NB: The Part I of the Board meeting was held after the Part II meeting due to technical issues with the audio-visual equipment.

Present	Dr J Ahluwalia	(JA)	Chairman
	Ms C Conquest	(CC)	Non-Executive Director/Senior Independent Director
	Mr G Robert	(GR)	Non-Executive Director
	Mr M Blastland	(MB)	Non-Executive Director
	Ms A Fadero	(AF)	Non-Executive Director
	Ms D Leacock	(DL)	Non-Executive Director
	Prof I Wilkinson	(IW)	Non-Executive Director
	Mrs E Midlane	(EM)	Chief Executive Officer
	Mrs S Harrison	(SH)	Interim Chief Finance Officer
	Mr H McEnroe	(HM)	Chief Operating Officer
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Mrs M Screaton	(MS)	Chief Nurse
	Dr I Smith	(IS)	Medical Director
In Attendance	Dr C Paddison	(CP)	Associate Non-Executive Director
	Mr A Raynes	(AR)	Chief Information Officer & SIRO
	Ms Rachel Fernandes	(RF)	Specialist Nurse in Supportive and Palliative Care (For Item 1.vii - Patient Story)
	Mr K Mensa-Bonsu	(KMB)	Associate Director of Corporate Governance
Apologies	None		
Observers	None (due to problems with the audio-visual equipment).		

Agenda Item		Action by Whom	Date
1	WELCOME, APOLOGIES AND OPENING REMARKS		
	The Chairman welcomed everyone to the meeting and no apologies were noted. The Chairman welcomed, CP and KMB to their first Part 1 Board meeting in public, and DL to her first meeting as a full Non-Executive Director.		
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. A summary of standing declarations of interests is appended to these minutes.		
1.ii	Minutes of the previous meeting		
	<p>Board of Directors Part I: 07.12.23</p> <p>Approved: The Board of Directors approved the Minutes of the Part I meeting held on 07 December 2023 as a true record.</p>		
1.iii	Matters arising and action checklist		
	<p>a. 33/23 – Board Assurance Framework (BAF): All BAF risks entries would be reviewed at an Executive Committee meeting in February 2024, and at the Trust Board meeting in March 2024, with a focus on those entries with ‘limited assurance’. Open.</p> <p>b. 29/23 – CEO’s Update: The steps to arrange cover for the Deputy CEO role was being arranged. Closed.</p> <p>Noted: The Board received and noted the updates on the action checklist.</p>		
1.iv	Chairman’s Report		
	JA thanked Professor John Wallwork, his predecessor as Trust Board Chairman, for his tremendous contributions to Trust. JA noted that Professor Wallwork had served the Trust in various capacities over a 42-year period and stated that the Board would continue to build on his strong legacy.		
1.v	Board Assurance Framework		
	<p>Received: From the KMB 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>Noted: The Board noted the BAF report for January 2024.</p>		
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.</p> <p>Reported: EM -</p> <ul style="list-style-type: none"> i. Welcomed JA to his new role as Trust Board Chairman, and thanked Professor Wallwork for his contributions to the Trust Board over the last 10 years. ii. Noted the appointments of Alain Nyama as Interim Deputy Chief Finance Officer, to support SH; Dr Raj Vaithamanithi as the new Deputy Director of Digital, to support AR; Claire Norman as the new Assistant Deputy Director of Workforce to support OM’s team. iii. Stated that recruitment and retention of staff continued to be one of the Trust’s main priorities throughout 2024. iv. Reported that three more cohorts of managers graduated from 		

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	<p>the Trust's Leadership and Management Programme in December 2023. All together the Trust had approximately 100 graduates of the 9-month training programme, which forms part of the Trust's Compassionate and Collective Leadership programme.</p> <ul style="list-style-type: none"> v. Stated that at month 9 (December 2023), the Trust reported a surplus of £4.7m, which reflected the additional funding provided by the government to alleviate the impact of industrial action. vi. Stated that Surgical Site Infection (SSI) rates continued to be an area of focus for improvement actions to be progressed. In Quarter 2 of 2023/24, the Trust reported an infection rate of 5.3%, which though slightly reduced, remained above the UKHSA benchmark. vii. Noted that the Trust's junior doctors had undertaken 2 periods of industrial action in December 2023 and January 2024. The British Medical Association was due to ballot junior doctors in February and March 2024 for another mandate for continued periodic industrial action. EM stated that after consultants rejected the most recent government pay offer, there was a significant risk of further consultant strikes. The Trust's Industrial Action Taskforce would be activated if required to plan for future industrial action. <p>Noted: The Board noted the CEO's update report.</p>		
<i>NB: The minutes reflect the order in which the agenda items were discussed.</i>			
2	PEOPLE		
2.i	Workforce Committee Chair's Report		
	<p>Received: The Workforce Committee Chair's report setting out significant issues of interest for the Board.</p> <p>Reported: By AF that the Committee:</p> <ul style="list-style-type: none"> i. Received a presentation from a cardiothoracic surgeon in Transplant, who had been in the post for just over a year. They described their experience so far as "wonderful" and very different from the other centres in which she had worked. ii. Noted the improvements in vacancies, with the average vacancy rate 160 wte in January 2024, from the 320 wte vacancy rate in December 2022. This was a substantial improvement and demonstrated that the Trust's recruitment and retention processes were effective. iii. Noted the deterioration in the time to hire standard for new recruits and was informed of the steps being undertaken to improve. iv. Received the Equality Delivery System (EDS) Report for review. The report was recommended to the Trust Board for approval. v. Received a paper on fair recruitment, which had the goal of ensuring that the Trust's aim of increasing the diversity of its 		

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	<p>senior leadership was well supported.</p> <p>Noted: The Board noted the Workforce Committee Chair's report</p>		
2.ii	<p>Director of Workforce Report – Equality Delivery System (EDS) Report</p>		
	<p>Received: The Director of Workforce and Organisational Development presented the EDS Report for approval.</p> <p>Reported: By OM that:</p> <ul style="list-style-type: none"> i. The EDS was an improvement tool for patients, staff, and leaders of the NHS. The EDS would provide the framework to support NHS providers in active conversations with all stakeholders, to review and develop their approach to address health inequalities through three domains: Services, Workforce and Leadership. ii. This was the first EDS report undertaken by the Trust, and steps were being taken make improvements where the need for that had been identified. iii. The Trust would also be learning from how other NHS providers, particularly specialist hospitals, had approached the implementation of the EDS methodology in clinical services. iv. Implementation of the EDS action plan would be overseen by the Equality Diversity and Inclusion Steering Committee and progress would be tracked by the Workforce Committee and Quality and Risk Committee on a six-monthly basis. <p>Discussion:</p> <ul style="list-style-type: none"> v. In response to CC's query about progress. OM stated that the Trust was still learning about how to effectively implement the EDS methodology. The Trust was developing a 2024/25 workplan which would provide the framework to support the implementation of the EDS action plan. vi. In response DL's query around how the EDS action plan fitted into the Workforce Directorate's operational framework, OM stated that it was an effective part of the Workforce Strategy workplan. <p>Approved: The Board noted the update from the DWOD and approved the EDS Report and Action Plan.</p>		
1.vii	<p>Patient Story</p>		
	<p>MS introduced RF who was at the Board meeting to present the patient story.</p> <p>RF presented the story of a 91-year-old patient who had been admitted to the hospital to undergo a coronary angiogram. The patient, after the procedure, was found to have had very poor blood flow to her heart and was referred to the Palliative Care Team. The patient was very comfortable throughout this process of transfer to palliative care, which was undertaken with the full knowledge and support of their family.</p> <p>RF stated that, as part of the care being provided, the Palliative Care Team took steps to develop memory boxes for the family so they would</p>		

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	<p>have items to remember the patient by after they had passed away. RF noted that the patient passed away comfortably not long after they had been referred for palliative care.</p> <p>Discussion:</p> <ul style="list-style-type: none"> i. In response to AF’s query around how the end-of-life care of patients who wanted to be close to their homes, RF stated that the Team had undertaken referrals to hospice facilities across the United Kingdom. RF advised that she spent a significant amount of time contacting these hospice facilities and other NHS palliative care teams with referrals. ii. In response to GR query around how often patients were encouraged to enter hospice palliative care, RF stated that each situation depended on the relevant patient’s prognosis. RF added that all referrals were undertaken in liaison each patient’s parent health care team. iii. RF, in response to DL’s query around the emotional support available to the Trust’s Palliative Care Team, stated that they looked out for each other and provided emotional support when necessary. The team could also access clinical services for mental health support. <p>Noted: The Board thanked RF and noted the Patient Story.</p>		
3	QUALITY & GOVERNANCE		
3.i	Q&R Committee Chair’s Reports For Meetings On 21 December 2023 and 25 January 2024		
	<p>Received: The Q&R Committee Chair’s reports setting out significant issues of interest for the Board.</p> <p>Reported: By MB that the Committee in December 2023:</p> <ul style="list-style-type: none"> i. Had noted that SSI rates had declined significantly. The Trust continued to work to embed the relevant good practices so the improvements would be sustained. ii. Recommended the need to refresh the current patient survey tool and methodology so that it incorporated patient perspectives and picked up issues from their point of view. MB advised that patient data from the survey was not as rich or as comprehensive as it should be and there was the need for improvement. iii. Had noted that the relatedness testing to confirm the validity of two new cases of M. Abscessus had been delayed. The Trust was taking steps to procure a new supplier for the test, but that too was currently awaiting a service specification from the previous supplier, the UK Health Security Agency (UKHSA). <p>Discussion:</p> <ul style="list-style-type: none"> iv. In response to GR’s query around the relationship with UKHSA, IS stated that the delay had been resolved, and the Trust continued to enjoy the external support of the UKHSA as required. <p>Reported: By MB that the Committee in January 2024:</p> <ul style="list-style-type: none"> v. Had noted that the SSI rates, though declining, remained above 		

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	<p>target. The Trust continued to work to embed the good practices.</p> <p>vi. Due to continued improvements in relation to cases of M. Abscessus, there had been a discussion around the prospects for reducing the relevant risk rating on the BAF and standing down the M. Abscessus oversight group. The Committee had also discussed removing some water filters to improve water flow but had decided to do so carefully and only under the advisement of experts.</p> <p>vii. Agreed with EM that the M. Abscessus oversight group needed to be maintained until the UKHSA action plan had been implemented.</p> <p>viii. The Board agreed to receive the reports on patient claims in relation to cases of M. Abscessus in private on a 6-monthly basis.</p> <p>Noted: The Board noted the Q&R Committee Chair's reports.</p>	KMB/IS	08/24
3.ii	Combined Quality Report		
	<p>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 SSI rate was at 5.3% and falling.</p> <p>Discussion:</p> <p>i. In response to CC's query around the part 'theatre footfall' in causing cases SSIs, IS stated that this was related to movement of surgeons and other clinicians between the various theatres in the Trust. IS added that the movements of clinicians posed the most risk of infection to patients.</p> <p>ii. It was noted that a coroner had determined that Patient A had died of hospital-acquired MRSA. IS advised that Patient A had not acquired the fatal MRSA infection at the Trust.</p> <p>Noted: The Board noted the Combined Quality Report.</p>		
3.iii	Audit Committee Chair's Report		
	<p>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> <p>i. An investigation of a member of staff by the Local Counter Fraud Service had found no evidence of fraud.</p> <p>ii. In the period since January 2022, there had been a reduction of salary overpayments by nearly 40%.</p> <p>iii. The Committee recommended that the Board approve the payment of £5,399 to a patient to cover the cost for the replacement of hearing aids lost while they were being treated in the hospital.</p> <p>iv. The Committee had been assured that the patient had not been harmed by the length of time it had taken to get approval and had been kept informed throughout.</p> <p>Noted: The Board noted the Audit Committee Chair's Report and</p>		

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	approved the payment of £5,399 to cover the cost of replacing lost hearing aids.		
3.iv	Board Committee Minutes		
	<p>Received and noted: The Board of Directors received and noted the minutes of Board Committees held on:</p> <ul style="list-style-type: none"> a. Quality & Risk: 30.11.23 & 21.12.23 b. Performance: 30.11.23 & 21.12.23 c. Audit: 10.10.23 d. Extra Ordinary Audit: 28.11.23 		
3.v	Revised Corporate Governance Documents		
	<p>The Board reviewed the following revised Corporate Governance documents:</p> <ul style="list-style-type: none"> a. Standing Orders of the Board of Directors b. Standing Financial Instructions c. Schedule of Decisions Reserved for the Board of Directors & Scheme of Delegation <p>Approved: The Board approved the revised Corporate Governance documents.</p>		
4	PERFORMANCE		
4.i	Performance Committee Chair's report		
	<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 Committee noted the increase in temporary staffing costs, partly because of an increase in short-term staff sickness. Further controls to constrain agency spend were being considered. ii. The Committee received assurance that a substantial reduction in GP referrals was not due to a deterioration in Trust's reputation for patient care. iii. The Committee noted that Patient Safety Initiative continued to be successful in treating the targeted long waiting patients over the last 3 months. The Initiative had been implemented to focus on treating the 343 P2 patients who have been waiting the longest on the Trust's waiting lists. It was also noted that 249 of those P2 patients had been treated so far, while the Trust's waiting lists had continued to grow over the period. iv. The Committee received the first report on the Patient Flow Programme, which provided assurance that substantial progress had been made in implementing the agreed processes and metrics and engaging with the relevant staff. The expectation was that with time the impact of the Programme on patient flow through the hospital would be better understood. 		

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	Noted: The Board noted the Performance Committee Chair's report.		
4.ii	Papworth Integrated Performance Report (PIPR)		
	<p>Received: The PIPR report for Month 9 (December 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.</p> <p>Reported: By SH that overall, Trust performance was at an 'amber' rating. The rating was based on:</p> <ul style="list-style-type: none"> i. Safer staffing fill rates being rated 'amber' after having improved in December 2023 for Health Care Support Workers (HCSWs) and Registered Nurses (RNs). ii. Caring was rated 'green' due to the patient experience rates for both inpatients and outpatients being at 98%+ in December 2023 iii. People, Management and Culture remained rated 'red' though the turnover rate in December 2023 improved to 11%, against a KPI of 11.5%. The vacancy rate declined to 7.2% in December 2023 from a high of 14.3%. iv. Finance was rated 'amber' with the Trust having submitted a breakeven plan for 2023/24 as part of the C&P ICS overall breakeven plan and achieving a revised indicative £3.5m surplus as part of the H2 re-forecast exercise. Year to date (YTD) the position was favourable to plan with a reported surplus of c£4.7m. <p>Discussion:</p> <ul style="list-style-type: none"> v. MS informed the Board of steps to ring fence elective beds, with their own nurse-led staffing models. The aim of this initiative was to ensure patients were moved quickly through the hospital. <p>Noted: The Board noted the PIPR report for Month 9 (December 2023).</p>		
5	STRATEGIC DEVELOPMENTS		
5.i	Electronic Patient Records (EPR) Implementation Update		
	<p>Received: From the Chief Operating a verbal update on developments around the work being undertaken to implement a new EPR system in the Trust.</p> <p>Reported: By HM that:</p> <ul style="list-style-type: none"> i. Steps were being taken to develop a governance framework for the EPR implementation process. ii. The structure of the business case to support the EPR procurement process. iii. A Programme Director for the EPR implementation process had been appointed, and they would be joining the Trust in March 2024. <p>Noted: The Board noted the verbal update on developments around</p>		

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	the work being undertaken to implement a new EPR system in the Trust		
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		
7	ANY OTHER BUSINESS		
7.i	None.		

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Signed

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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	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