

**Meeting of the Board of Directors  
Held on 7 June 2018 at 9.00am  
in the Upper Lecture Theatre  
Royal Papworth Hospital**

**UNCONFIRMED**

**MINUTES – Part I**

<b>Present</b>	Prof J Wallwork	(JW)	Chairman
	Mrs K Caddick	(KC)	Non-executive Director
	Mr R Clarke	(RC)	Director of Finance
	Dr R Hall	(RH)	Medical Director
	Mr D Hughes	(DEH)	Non-executive Director and Deputy Chairman
	Dr S E Lintott	(SEL)	Non-executive Director and Senior Independent Director
	Mrs E Midlane	(EM)	Chief Operating Officer
	Mr M Millar	(MM)	Non-executive Director
	Ms O Monkhouse	(OM)	Director of Workforce and OD
	Prof N Morrell	(NM)	Non-executive Director
	Mr S Posey	(SP)	Chief Executive
	Mr A Raynes	(AR)	Director of IM&T Chief Information Officer
	Mrs J Rudman	(JR)	Director of Nursing
	Dr R Zimmern	(RZ)	Non-executive Director
<b>In Attendance</b>	Mrs A Jarvis	(AJ)	Trust Secretary
	Mrs M Screaton	(MS)	Assistant Director Of Nursing
<b>Apologies</b>	None		
<b>Observer</b>	Dr R Hodder	(RH)	Public Governor and Lead Governor

Agenda  
Item

- 1.i WELCOME, APOLOGIES AND OPENING REMARKS**
- The Chairman welcomed everyone to the meeting. He reported that two Trust Consultant surgeons, Mr Ali and Mr Dunning, would be leaving to take up positions in the USA. He also noted that Mrs Screaton, Assistant Director of Nursing, was leaving the Trust to join CUFHT. He wished them all well in their future roles.
- The Chairman advised the Board of recent appointments including Dr Marina Hughes from Great Ormond St who will lead the Trust's Adult Congenital Heart Disease service, Mr John Taghavi in Cardiac Surgery and Dr Greg Mellor and Dr Claire Martin, Consultant Cardiologists in our Electrophysiology service.

Action by Whom	Date by When

Agenda  
Item

Action by Whom	Date by When

**1.ii 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.

The following standing Declarations of Interest were noted:

1. John Wallwork, Stephen Posey and Nick Morrell as Directors of Cambridge University Health Partners (CUHP).
2. Susan Lintott in regard to positions held within the University of Cambridge, particularly in relation to fundraising.
3. Dr Zimmern reported a change relating to his role as Chairman of the Foundation for Genomics and Population Health (the "PHG Foundation"). The Foundation continues as a separate legal entity with its own Board of Trustee but as such became a fully owned subsidiary and linked exempt charity of the University of Cambridge on 1 April 2018.
4. Karen Caddick as an employee of SAGA, particularly in relation to the health care business.
5. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities.
6. John Wallwork as an Independent Medical Monitor for Transmedics clinical trials.
7. Dave Hughes as a NED of Health Enterprise East (HEE);
8. Josie Rudman, Partner Organisation Governor at CUH.
9. Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH.
10. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board.
11. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd
12. Nick Morell Acting CEO Morphogenics biotech company from 1<sup>st</sup> April 2018

**1.iii MINUTES OF PREVIOUS MEETINGS**

**1.iii.a Board of Directors Part I: 3 May 2018**

**Noted:** The action on benchmarking complaints on page 8 should be assigned to JR not EM.

**Approved:** With the above amendment the Board of Directors approved the Minutes of the Part I meeting held 3 May 2018 as a true record.

**1.iii.b Board of Directors Part I: 24 May 2018 item 2i**

**Add to 'Approved':** 'The certification of Services Condition 7 had been determined on the basis of a '3b' opinion as the Trust had to note that we had requested distress funding as a part of our plan. ....'

**Approved:** With the above amendment the Board of Directors approved the Minutes of the Part I meeting held 3 May 2018 as a true record.

Agenda  
Item

**1.iv UPDATE ON ACTIONS AND MATTERS ARISING**

**Item 2 PIPR**

**Agreed:** That it would be instructive for future reports on the Trust bed state to include actual figures for open and closed beds.

**Noted:** The Board of Directors noted the update on the action checklist.

**1.v CEO's UPDATE**

**Received:** The CEO's update setting out key issues for the Board across a significant number of areas reflecting the range and complexity of the challenges currently facing the Trust and the significant progress being made in delivery of the Trust's strategic objectives.

**Noted:**

- i. That the Trust had implemented key recommendations from GIRFT for cardiac surgical patients.
- ii. The 'Master Commissioning Programme' for the new hospital had passed a significant milestone with completion of 600 programme tasks.
- iii. That the Trust was continuing to work with partners on the implementation of the NSTEACS pathway. The pathway was a 'best practice' model that would be replicated in other areas. The new pathway would bring benefits across the health system with reduced ambulance conveyances and release of bed days at DGHs. A paper would be brought back to Board setting out implementation timelines, KPIs and system benefits.

**Noted:** The Board noted the CEO's update report.

**1.vi PATIENT STORY**

The Board received a patient story from Maura Screatton (MS).

This story relates to a patient who was transferred from a referring hospital to have a mitral valve replacement for Endocarditis. They were an inpatient at RPH for more than five weeks post-operatively receiving IV antibiotics.

The patient provided positive feedback on the following areas:

- The attitude of staff, in particular Mallard ward nursing staff.
- The level of care and attention they received.
- The duck pond to walk around as it helped with their rehabilitation.
- The selection of food was very good

The patient identified a number of concerns:

Action by Whom	Date by When
EM	August 2018
EM	August 2018

Agenda  
Item

- Overhearing other patients receiving bad news.
- Some communication issues with and between Doctors.
- They felt that 5:30am wake ups were too early.
- Day rooms were being used by relatives, impacting on patients using them for rehabilitation and mobilisation.
- Computer workstations were sometimes creating physical barriers during discussions between staff and patients.

They also reported that they sometimes felt like a ‘fraud’ as they were young and fit and able to mobilise around the ward and grounds when other patients were confined to bed.

The ‘Always Event’ that the patient identified was: ‘to **always** offer patients privacy when delivering bad news.’

The Board considered the issues raised by this patients’ story and noted:

- That dignity issues would be addressed in the new hospital with the move to single rooms and training would be reviewed to ensure that staff reflect on the impact on privacy and dignity for all patients when delivering bad news.
- That the Trust would consider whether the lung defence home IV service model could be extended to other service areas.
- That the Quality Accounts for 2017/18 include a goal to improve communications with patients and this would address the issue around physical barriers to communication.

The Board thanked MS for the presentation.

**2a PERFORMANCE COMMITTEE CHAIR’S REPORT 31 May 2018**

**Received:** The Chair’s report setting out significant issues of interest for the Board.

**Noted:** The Board noted the Performance Committee Chair’s Report.

**2b ROYAL PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)**

**Received:** The PIPR report for April 2018 from the Executive Directors (EDs).

**Noted:**

- That the overall performance rating for the Trust for April 2018 had improved and was Amber.
- That the performance rating had improved in three domains: Safe, Effective and Caring.
- That performance was rated as ‘Red’ in three domains: Responsiveness, People Management & Culture, and Finance.
- That performance was rated as Amber in four domains: Safe, Effective, Caring and Transformation.

Action by Whom	Date by When
JR/RH	July 2018
RH	TBC

Agenda  
Item

Action by Whom	Date by When
EM	August 2018

**Reported:** EDs outlined key performance issues for the Board and provided detail on the spotlight reports covering:

- i. Falls
- ii. Patient Experience Thoracic Medicine
- iii. Cardiac Surgery flow and activity delivery
- iv. PPCI activations
- v. Recruitment – time to hire
- vi. New Papworth ORAC progress
- vii. Cost Improvement Programme

**Discussion:**

- i. RZ requested further information on the calculation of day case rates and it was agreed that a spotlight report would be provided on day case activity.
- ii. Board members expressed concerns about delivery of the Operational Plan for 2018/19 and the adverse impact of fines which could amount to £350k by August 2018. It was noted:
  - a. That the remedial actions put in place would deliver improvements in performance.
  - b. That there were operational risks associated with the ageing estate and the Trust had put in place all reasonable measures to address these to limit the impact of any downtime on service delivery.
  - c. That discussions were continuing with local commissioners about the potential for write-off or agreed reinvestment of fines.
- iii. The Board noted that the staff recommender scores remained low and OM advised that this was being influenced by the hospital move and was not expected to change before completion.
- iv. The Board noted that there were outstanding issues for ICT which would impact on the Go/No Go decision for the scheduled move to Royal Papworth House on the 25 June 2018. AR advised that escalation measures had been taken to secure timely resolution of these matters to enable delivery of the programme to plan.

**Noted:** The Board of Directors noted the contents of the Royal Papworth Integrated Performance Report (PIPR).

**2 c CARDIOLOGY RTT AND REMEDIAL ACTION PLAN (RAP)**

**Received:** A report from the Chief Operating Officer setting out the revised remedial action plan and recovery trajectory for Cardiology.

**Noted:** The RAP delivers:

- i. Improved pathway management.
- ii. Improved validation of waiting lists.
- iii. Detailed modelling of capacity and demand across the four

Agenda  
Item

Action by Whom	Date by When
----------------------	--------------------

clinical sub specialty groups.

- iv. Measures to address shortfalls delivered through capacity realignment, capacity increases and deferral of some patient cohorts.

**Approved:** By the Board:

- i. The revised Cardiology RAP.
- ii. Following a thorough clinical review, the temporary ceasing of booking of Korner patients and private activity with the exception of clinically urgent activity.

### 3 RESEARCH AND EDUCATION

- 3.i No update at this meeting.

### 4 GOVERNANCE

#### 4.i Combined Quality Report

**Received:** A report from the Director of Nursing and Medical Director which highlighted information in addition to the PIPR.

**Noted:**

- i. The ward by ward breakdown of staffing levels showed pressure on RN fill rates despite the continuing reduction in RN vacancies. The increase in HCSW fill reflected the Band 4 pre-registration staff included in those figures. JR advised that ward pressures were being managed on a day to day basis with support from Trust staff.
- ii. Agency cancellations on the day were being actively managed with the individuals and agencies concerned.
- iii. That there were no specific learning points or identification of system failures arising from the inquests reported.

**Noted:** The Board of Directors noted the contents of the Combined Quality Report.

#### 4.ii Board Learning Together Programme

**Received and noted:** A report from the Director of Nursing on the proposed training and learning programme for the Board for 2018/19.

#### 4.iii Quality and Risk Committee – 22 May 2018 Chair’s Report

**Received and noted:** The draft minutes of the Quality and Risk Committee meeting held on the 22 May 2018.

#### 4.iv Audit Committee – 24 May 2018 draft minutes

**Received and noted:** The minutes of the Audit Committee meeting held on 24 May 2018.

Agenda  
Item

Action by Whom	Date by When

**4.v Board Self Certifications**

**Received:** A paper from the Trust Secretary setting out the annual Board self-certification requirements relating to the Corporate Governance Statement and Governor Training.

**Noted:**

- i. That the certification of Services Condition 7, also attached, which was agreed at the Board meeting on the 24 May, had been determined on the basis of a '3b' opinion.
- ii. That the Executive would like the Board to delegate the authority to discuss this certification with regulators and make any final change in submission on the basis of the outcome of those discussions.

**Approved:** The Board approved the annual self-certification for Corporate Governance Statement and Governor Training.

**Agreed:** The Board agreed to delegate to the Executive the authority to continue discussion of the self-certification of Services Condition 7 with regulators and make any final change in submission on the basis of the outcome of those discussions.

**5 WORKFORCE**

**5.i** No update in addition to the PIPR at this Part I meeting.

.....  
Signed

.....  
Date

**Royal Papworth Hospital NHS Foundation Trust Board of Directors**  
Meeting held on 3 May 2018

## Glossary of terms

CUFHT	Cambridge University Hospitals NHS Foundation Trust
DGHs	District General Hospitals
GIRFT	'Getting It Right First Time'
IHU	In House Urgent
IPPC	Infection Protection, Prevention and Control Committee
KPIs	Key Performance Indicators
NSTE-ACS	Non-ST elevation MIs (or acute coronary syndromes)
PPCI	Primary Percutaneous Coronary Intervention
RCA	<b>Root Cause Analysis</b> 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
WTE	Whole Time Equivalent