

**Meeting of the Board of Directors
Held on 6 September 2018 at 9.00am
in the Upper Lecture Theatre
Royal Papworth Hospital**

UNCONFIRMED MINUTES – Part I

Present	Mr D Hughes (Chair) (DEH)	Non-executive Director and Deputy Chairman
	Mrs K Caddick (KC)	Non-executive Director
	Mr R Clarke (RC)	Chief Finance Officer
	Dr R Hall (RH)	Medical Director
	Mrs E Midlane (EM)	Chief Operating Officer
	Mr M Millar (MM)	Non-executive Director
	Ms O Monkhouse (OM)	Director of Workforce and OD
	Mr S Posey (SP)	Chief Executive
	Mr A Raynes (AR)	Director of IM&T Chief Information Officer
	Mrs J Rudman (JR)	Chief Nurse
In Attendance	Mr D Dean (DD)	Non-executive Director (Designate)
	Mrs A Jarvis (AJ)	Trust Secretary
	Mrs C Riotto (CR)	Head of Nursing
Apologies	Prof J Wallwork (JW)	Chairman
	Dr S E Lintott (SEL)	Non-executive Director and Senior Independent Director
	Prof N Morrell (NM)	Non-executive Director
	Dr R Zimmermann (RZ)	Non-executive Director
Observer	Julia Dunncliffe (JD)	Public Governor
	Keith Jackson (KJ)	Public Governor

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- 1.i WELCOME, APOLOGIES AND OPENING REMARKS**
The Chairman welcomed everyone to the meeting. He welcomed the two Public Governors and noted that Julia Dunncliffe was serving her last term as Governor having held the appointment for nine years and thanked her for her work during this time. He reported that Dr Marina Hughes had now started at the Trust and was the Consultant lead in Congenital Heart Disease.
- 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.

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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 1st April 2018
13. David Dean as Chair of Essentia, a commercial subsidiary of Guy's and St Thomas' NHS FT.

1.iii MINUTES OF PREVIOUS MEETINGS
Board of Directors Part I: 2 August 2018

Approved: The Board of Directors approved the Minutes of the Part I meeting held on the 2 August 2018 as a true record.

1.iv UPDATE ON ACTIONS AND MATTERS ARISING

Noted: The Board of Directors noted the following updates on the action checklist:

- Item 172** NEWS2 implementation issues for CQC was now closed.
- Item 168** Unconscious bias training package was being reviewed at the EDI group and would be sent to NEDs.
- Item 162** A spotlight report on day case rates was included in PIPR.
- Item 160** The open bed base was included in PIPR. Adjustments that placed beds on hold as a part of mitigating actions for staffing levels changed on a daily basis and so would not be reflected as a single figure in PIPR.
- Item 154** CIP update was included in PIPR.
- Item 157** The Clinical Education Strategy would be brought to the October Board.

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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 Chairman had joined a conversation at the Big Move Briefing about maintaining standards and the importance of the Fundamentals of Care. Staff at the briefing had been reminded that they were all leaders and responsible for delivery of excellence in the standards of care across the organisation and that *'the standards we walk past are the standard that we accept'*. Staff were encouraged to maintain the high standards and challenge where they saw there were issues.
- ii. That the Trust was planning to run an unannounced mock CQC inspection to identify where we had gaps in or were otherwise failing to maintain standards.
- iii. The revised move date had been announced for the period 23 April 2019 – 15 May 2019. There was work underway to consider whether the annual leave restriction could be further truncated. This move date avoided both the winter period and school holidays.
- iv. That actions supporting RTT recovery were detailed in PIPR and operational management meetings were continuing.
- v. That the Rapid NSTEMI pathway was due to go live on Monday the 10 September and this was a significant achievement in joint working around new clinical pathways that contributed to the local STP agenda and the local health system. This would deliver reductions in costs, LOS and ambulance conveyances and deliver improved outcomes for patients.
- vi. That the progress on support packages for staff adversely affected by the delay was progressing well and that the feedback from the staff affected was positive.
- vii. That the Critical Care rotational post had been agreed with CUH and was due to start in January 2019.
- viii. That The Royal Papworth Transplant Sport Team had retained the trophy for the Best Heart & Lung Hospital team for the third year running at the British Transplant Games.

Discussion: DEH asked for confirmation of the likelihood of compliance with the revised schedule for the move. It was noted that this would be considered in the Part II meeting but this was a prudent schedule that allowed for some flexibility.

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

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1.vi PATIENT STORY

The Board received a patient story from the Head of Nursing (CR).

This story relates to a CF patient who was well known to the Trust having been under our care for many years and who had now been an inpatient on the CF unit for some months. The patient provided positive feedback on many aspects of excellence in the care received but had raised concerns about the catering services meeting the particular needs of CF patients.

CF patients need about 6,000 calories per day and the patient had seen changes over time in the catering services which had resulted in:

- Reduced portion sizes.
- Poorer quality and variety in the choice of food.
- Poorer presentation and temperature of food.
- A lack of hot meals in the evening.
- Supplementary food having to be brought in by relatives.

CR reported that this issue was being managed as an informal complaint and the following actions had been identified and reported that:

- The patient had been invited to discuss their requirements with the catering manager and advised that a fuller menu was available but had not been accessed.
- That the catering manager would now meet with CF patients twice a week to discuss their individual requirements.
- That further training was to be put in place on the presentation of food.

Discussion:

It was noted that CF patients have a very high calorie requirement and this had to be delivered by supplemental feeding methods with many patients requiring overnight NG feeds.

SP advised that he became aware of this complaint and had corresponded with the patient and was disappointed to have let them down in this way. However he felt that the new service had responded with good leadership and had provided immediate feedback. He was encouraged by this and noted that in the new hospital there would be far greater flexibility around the food offer.

MM asked whether it was felt that catering standards had deteriorated across all patient areas.

It was noted that the gaps in housekeeper and hostess cover and the

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changes in nursing staff may have contributed to a lack of knowledge about the services that were available to patients. There were now only two vacancies in the housekeeping service and there would be a chef on site at the new hospital and this would help to support all patients. There was also confidence in the new host/hostess model of service. This area would be kept under review through the weekly Friends and Family reporting.

MM asked about the contractual obligations on ISS and whether there was any risk to the service at transfer. RC advised that there were measures built in to the contract with ISS with provision for a further extension of the service for six months and that contingency plans were being put in place.

The Board thanked Mrs Riotto for the presentation.

2a PERFORMANCE COMMITTEE CHAIR’S REPORT 2018

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

DEH reported that the Performance Committee had received its own patient story highlighting the impact of cancellations on patients on the cardiac day ward and the actions being taken to address this matter.

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

2b ROYAL PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)

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

Noted:

- i. That the overall performance for the Trust for July 2018 had moved to a Red rating.
- ii. That performance was now rated as Red in four domains: Safe, Responsiveness, People Management & Culture and Finance.
- iii. That performance was rated as Amber in two domains: Effective and Transformation.
- iv. That performance was rated as Green in one domain: Caring.

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

- i. NHSI Pressure Ulcer recommendations
- ii. Pulmonary endarterectomy PROM
- iii. Activity and Recovery
- iv. Cancer Waiting Times and the new inter provider transfer

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- rules
- v. Non-nursing vacancies
- vi. New Papworth ORAC progress report
- vii. Cost Improvement Programme

Reported:

By JR

- i. That there had been three SIs in July and zero in August.
- ii. There had been discussion at the Q&R Committee about the basis for the rating of SIs as the Trust is providing safe care but the recording of SIs generates a Red RAG rating.
- iii. That in other Trusts SI figures are not reported in the same way (with a neighbouring Trust reporting 27 SIs and this did not affect the overall scoring for the Safe domain).
- iv. That SI reporting and rating would be discussed at the Q&R meeting in September and a recommendation would be brought back to the Board for approval.
- v. That the key performance challenge focused on safer staffing which was rated as Red. The Red RAG rating was a measure of staffing against planned demand based on an occupancy level above 90%.
- vi. The data demonstrated that the fill rate for RN staffing remained above the actual occupancy rate with average occupancy below 80% and average RN fill rates above 80%, as staffing was matched to our occupancy level.

Discussion:

- i. KC raised a concern about whether a different treatment of SIs would have an effect on how they were managed within the Trust.
- ii. JR advised that any change in reporting would not affect how SIs were managed within the Trust. They were discussed at every level and included in Business Unit Quality reports.
- iii. SP noted that it was important to ensure that this matter was kept on the Board agenda and to ensure that SIs would continue to be reviewed in detail at the Q&R Committee.

By EM:

- i. That activity and bed occupancy were lower than plan.
- ii. That Critical Care occupancy had increased and was above optimal levels.
- iii. That same day admissions had reduced with capacity being switched to support the IHU pathway.
- iv. That Cath Lab 6 utilisation was back to expected levels but Cath Labs 1-5 had seen a decrease in utilisation in month.
- v. That the Cath Lab cancellations had been included in the PIPR report along with theatre cancellations and there were 85 in month. There were known reasons for some cancellations including PPCI displacing elective activity and ACS cases requiring next day rescheduling.
- vi. That the spotlight report set out the activity recovery actions

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- vii. at a speciality level. That the RTT recovery meetings continued with the operational leads That the booking team had changed ways of working and were now booking out to six weeks. Issues with call handling were being addressed with a SPOC being established and staff working to re-book patients directly whilst on the phone.
- viii. Additional Saturday lists were in place in Cardiology with a key focus on EP.
- ix. Discussions were underway within Cardiac Surgery to look at pooling and transfer of patients on waiting lists to support consultants with longer waiting times.
- x. That the new reporting of Cancer Waiting Times would generate a dramatic deterioration in performance as a result of breach reallocation between Trusts.

Discussion:

- i. The Board considered what had changed that resulted in the reduction in surgical activity. RH advised that surgery was now an option for an increasing cohort of patients with the surgeons' ability to undertake surgery on older patients with greater and more complex comorbidity. This resulted in longer cases and slowed throughput in theatres. RH noted that there may be a need in the future to reconsider the resource allocation between Cardiac Surgery and Interventional Cardiology looking at the balance of the treatment modality for this cohort of patients in order to offer effective treatment to a larger number of patients.
- ii. That the changes in the recording of the Cancer Waiting Times were designed to drive system behaviours to improve the cancer pathway for patients and that the Trust would play an active role in influencing this through the network.

By OM:

- i. That turnover continued to see significant movements and that whilst the nurse turnover rate was below plan in July and August it was expected to increase again in September.
- ii. The vacancy rate had increased but this was driven by an increase in establishment and the next report would also measure against the baseline figures.
- iii. That turnover and sickness absence had increased in A&C staffing and this was felt to be associated with the move to RP House and so opportunities were being taken to visit staff at RP House to ask for feedback around this and learning from this would be captured ahead of the hospital move.
- iv. The appraisal rate had dropped over the summer but still represented a significant improvement from the 2017 baseline of 60% with all teams now achieving more than 80% compliance.
- v. The September recruitment pipeline reflected the arrival of

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- newly qualified staff from university and this would be sustained in October and November. The next overseas recruitment trip would take place in November.
- vi. The nurse vacancy rate was expected to move to 5% in October including PRP and 5% by February 2019 excluding PRP.
 - vii. That Tony Bottiglieri (TB) had been appointed to the role of Freedom to Speak Up (FTSU) Guardian and that OM would be meeting with KC and TB to review the NHSI FTSU self-assessment tool.
 - viii. That it had been agreed to take a paper on Health Care Scientist strategy and development to the November Performance Committee.

Discussion

DEH asked about the level of confidence in the conversion to RN status for pre-registration nursing staff. OM advised that six staff had recently passed their language exams and the pipeline information provided a good view of numbers across ward areas. The numbers of staff were managed to ensure areas were not saturated with pre-registration staff and work was underway with agencies to manage the flow of overseas recruits and to encourage staff to complete training prior to appointment.

By RC

- i. That the agreement of milestones in the MCP would move this from Amber/Red to an Amber rating.
- ii. That the YTD deficit of £2.2M was £33k favourable to the revised operational plan.
- iii. That YTD clinical income was £1.3M adverse to plan.
- iv. That PP activity had reduced because of the focus of capacity on RTT work. This was a short term measure to address areas of pressure.
- v. That the CIP position was adverse to target by £747k of which £500k was failure to deliver against agreed plans and £250k was failure to have identified plans. Schemes with a value of £100k were due for sign off and plans were being brought forward to close the remaining CIP gap.

Discussion:

MM queried the move to reporting against the revised Operating Plan. RC advised that the revised Trust Operating Plan had been discussed with NHSI and that he had received a positive response for reporting a revised forecast outturn. The proposal would be brought to the Board in October.

MM asked about the Trust's ability to move the PIPR back to a 'Green' rating. SP advised that there were constraints on the Trust such as safer staffing and that the Trust was dependent on the recruitment pipeline and the ability to bring new staff up to standard.

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However the Executive had discussed the opportunity to deliver a 'Perfect Week' in the autumn and this was being planned to lead into an activity surge in quarter four. It was recognised that there would be challenges in delivering this and that plans should be realistic. The Executive were seeing the first steps in the delivery of activity recovery and this had been set out in the next item the Activity Recovery Plan.

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

2c.i Activity Recovery Plan

Received: A report from the Chief Operating Officer setting out interventions and actions in the 2018/19 Activity Recovery Plan.

Reported: By EM

- i. That the plan set out the first steps in the recovery plan but did not yet provide full assurance to the Board.
- ii. The actions identified would bring the Trust back to the agreed activity run rate but would not recover activity lost in the first half of the year.
- iii. Reporting against the plan was being finalised and would be brought to the Performance Committee. This would include costed reporting against plans identifying what activity had been delivered against plan and the remaining gaps.

Discussion:

KC asked about whether actions in the recovery plan were being translated to new 'Standard Operating Procedures' to ensure that the actions were embedded into practice. SP advised that this discussion had taken place in the RTT recovery meetings and that these had moved away from a summary of what people were busy with, to a more forward looking approach with a clearer view of what we needed to achieve to deliver the recovery plan.

The Board considered the assurance around the delivery of the Trust Operational Plan and noted that whilst the OP could be delivered, the result of this would be a deficit of £15.8M and this should be viewed realistically as controlled recovery, which we would otherwise fail in year.

Noted: The Board of Directors noted the update on the Activity Recovery Plan.

2c.ii Cardiology RTT Recovery Update

Received: From the Chief Operating Officer a paper outlining the revised recovery plan and timelines for the Cardiology RTT.

Reported: by EM

- i. That the Cardiology RTT had been reviewed with the support of an IMAS accredited resource and whilst there were no new

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issues identified the known issues around booking and utilisation were key to effective use of capacity.

- ii. That Cardiology would recover the RTT target by March 2019.
- iii. That the interventional long waiters had now been eradicated (with the exception of patient choice) and patients were now being seen within two weeks of referral.
- iv. That the operational teams would review the surgical caseload on the same basis.

Discussion:

- i. It was noted that the number of cardiology pathways had reduced since April and the Board considered the impact that changes in the number of referrals had on the RTT target.
- ii. SP advised that there was a national drive to reduce the size of waiting lists as a part of operational plans and Ian Dalton had written to all providers on that basis.
- iii. RH advised that patients who may previously have been referred as elective cases were now being referred on IHU pathways and this had an adverse impact on elective capacity.

Noted: The Board of Directors noted the update on Cardiology RTT recovery.

3 GOVERNANCE

3.i Combined Quality Report

Received: A report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR.

Noted:

- i. That the report set out the safer staffing fill percentage by ward.
- ii. That there had been an increased incidence of C-Diff in July and August. Two of three scrutiny panels had been held and the third was scheduled. The two cases reviewed were determined not to be on the Trust trajectory.
- iii. That the Trust had launched a major Quality Improvement project to support changes in the IHU pathway and that this had been supported through funding from the EAHSN.

Discussion:

The Board discussed the safer staffing levels and noted that there was a greater level of pressure on daytime fill rates and that safe staffing levels were managed through the daily meetings. JR advised that figures included agency staff but did not reflect Senior Nurses who were sent to support areas during shifts unless they were rostered to undertake cover, also that the bed numbers did not

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<p>reflect beds closed as a result decisions to mitigate staffing pressures.</p> <p>Noted: The Board of Directors noted the contents of the Combined Quality Report.</p>		
<p>3.ii <u>CQC Outcome 15 Statement of Purpose</u> Received: From the Chief Nurse and Trust Secretary the updated Statement of Purpose.</p> <p>Approved: The Board approved the Statement of Purpose subject the revision of the reference to 'values' in the first paragraph.</p>		
<p>3.iii <u>Performance Committee – Minutes 26 July 2018</u> Received and noted: The Board of Directors received and noted the Minutes of the Performance Committee meeting held on 26 July 2018.</p>		
<p>4 <u>WORKFORCE</u></p>		
<p>4.i <u>Workforce Report September 2018</u> Received: From the director of Workforce and OD a paper setting out key workforce issues.</p> <p>Reported: By OM</p> <ul style="list-style-type: none"> i. That the Trust had considered the recommendations of the independent review of the failings by Liverpool Community Health Trust. The principal recommendations related to regulatory controls and actions for the Trust would focus on recruitment processes, leadership and culture. A link to the report and recommendations would be circulated to Board members. ii. The Flu Campaign would start in the second week in October and Board members would be offered vaccinations. A communications plan was in place and the Trust would be offering staff the quadruple vaccine. iii. That planning for the annual staff survey was underway and a full survey would be undertaken this year. iv. That the Trust had undertaken a talent mapping exercise and nominations were being made to the aspiring board members programme which had been established by the Regional Talent Board. The output from the exercise would feed into the individual performance review processes. 		
<p>5 <u>Research and Education</u></p> <p>Noted: That an Extraordinary Board meeting had been scheduled for the 27 September 2018 to review the Heart and Lung Research Institute FBC.</p> <p>Reported: By RZ that the Clinical Research Strategy paper for Heart and Lung was nearing completion and would be brought to the</p>		

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6 AOB

6.i Laudix

Reported: by JR that our Laudix system would be launched next week and this would allow staff to capture and report positive actions and feedback. This was an idea put forward by Dr Will Davies and had been welcomed by staff at the Our Big Move Briefing.

Noted: The Board noted the update and agreed that a vote of thanks should be given to Dr Davies.

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust Board of Directors
Meeting held on 6 September 2018

Glossary of terms

CUFHT	Cambridge University Hospitals NHS Foundation Trust
DGH	District General Hospital
GIRFT	'Getting It Right First Time'
IHU	In House Urgent
IPPC	Infection Protection, Prevention and Control Committee
IPR	Individual Performance Review
KPIs	Key Performance Indicators
NED	Non-Executive Director
NHSI	NHS Improvement
NSTEMI	Non-ST elevation MIs
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
WTE	Whole Time Equivalent