

**Meeting of the Board of Directors
Held on 4 October 2018 at 9.00am
in the Upper Lecture Theatre
Royal Papworth Hospital**

UNCONFIRMED

MINUTES – Part I

Present	Prof J Wallwork	(JW)	Chairman
	Mr R Clarke	(RC)	Chief Finance Officer
	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)	Chief Nurse
	Dr R Zimmern	(RZ)	Non-executive Director
In Attendance	Mr D Dean	(DD)	Non-Executive Director (Designate)
	Mr I Graham	(IG)	Deputy Chief Nurse
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mrs A White	(AW)	Head of Nursing
Apologies	Mrs K Caddick	(KC)	Non-executive Director
Observer	Mr K Jackson	(KJ)	Public Governor
	Ms S Howlett	(SH)	NHSI
	Ms L Sanford	(LS)	NHSI

Agenda Item

- 1.i WELCOME, APOLOGIES AND OPENING REMARKS**
The Chairman welcomed everyone to the meeting. He introduced Ivan Graham, the new Deputy Chief Nurse who was shadowing JR, and he welcomed colleagues from NHSI who were undertaking Board Observation.
- 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.

Action by Whom	Date by When

Agenda
Item

Action by Whom	Date by When
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JW advised that he was particularly pleased to report the results of the GMC Annual Trainee Survey 2018 in which the Trust achieved the best results in the country for its surgical training programme. He also extended thanks to Mark Millar for his service as Non-Executive Director and noted that today's meeting was Mark's final Board meeting.

Noted: The Board noted the Chairman's report.

1.vi CEO's UPDATE

Received: The CEO's update setting out key issues for the Board across a 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.

SP congratulated Prof Wallwork on his selection to receive the Lifetime Achievement award at the International Society for Heart and Lung Transplantation Annual meeting in 2019.

Noted:

- i. That on the 27th September the Board of Directors had approved the FBC for the Heart and Lung Research Institute and the Board of Trustees had approved the donation towards the capital costs of the HLRI.
- ii. That the HLRI RPIF bid had been submitted by the University and that a decision was expected in spring 2019.
- iii. That the Rapid NSTEMI pathway was progressing well and the Chief Executive of QEH King's Lynn had expressed interest in the extension of the pathway.
- iv. That there had been improvement in RTT performance against trajectory which reflected significant team effort and which was building confidence in recovery plans however concern was noted about six 52 week breaches that had been identified and for which remedial review measures had been put in place.
- v. That activity was lower than planned and this was a key challenge for the Trust.
- vi. That the Trust had established its Fundamentals of Care Board to ensure that all measures possible were being taken to ensure that we deliver excellent standards of care for every patient.
- vii. That the Laudix system had been launched and 35 staff had been recognised for 'going the extra mile' examples were being reported to staff through the 'Our Big Move Briefing'.
- viii. That the annual flu campaign had started and we had 22 trained peer vaccinators to help us with the campaign.
- ix. That the Trust continued to monitor cyber and digital risks with an action plan linked to national initiatives such as the Care Cert programme.
- x. That David Begley had been appointed as Clinical Director for Cardiology.

Agenda
Item

Action by Whom	Date by When
AJ	Oct 18

Discussion: JW advised that that he had attended the Our Big Move Briefing. The briefing brought together around 80 senior leaders with the Executive Team and offered an opportunity for discussion of key issues. JW extended an invitation to all NEDs to attend the meeting if they were at the Trust and it was agreed that the weekly briefing summary would be shared with NEDs as a part of the communications cascade. It had also been agreed that the briefing would be sent directly to all staff on a weekly basis. Invitations were also being extended ADOs to identify other staff groups or meetings where it might be helpful for EDs to provide updates directly.

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

1.vii PATIENT STORY

The Board received an update on an earlier patient story from Anne White (Ref Action Log 150) presented to the Board in May 2018. The story concerned a 90 year old patient who had undergone a CABG and had experienced an extended stay in hospital. He had advised in his initial interview before discharge that with hindsight he would 'probably not' have made the decision to undergo surgery. The Board had asked for this story to be followed up.

The patient was reviewed in clinic in June and had made a very good recovery post-surgery. AW had undertaken a further interview with him in September 2018. In this the patient offered his sincere thanks for the excellent care that he had received but still felt that realistically surgery was not the right thing to have done. He was aware that his family thought the opposite but advised that if he were offered the same choice in the future he would say no to surgery.

RH noted that:

- i. The Trust was aware of the issue of frailty and that the mortality rate in such surgical procedures had reduced to a level of c.1:400 patients
- ii. That a conversation needed to be had about the consequence for this patient group looking over a six or twelve month period to understand the wider impact of surgery on their lives.
- iii. That a menu of possible treatment options was needed looking at consequences for the frail elderly patient including: decisions not to treat; revascularisation options including interventional radiology/cardiology as well as surgical pathway options.
- iv. That patients need to be supported to make an informed choice about their treatment options and involvement in MDTs and engagement with clinical teams would support this.

JR reported:

- i. That work had been undertaken to develop a post for an IHU Hospitalist and this would support patients in making these

Agenda
Item

- ii. That the trust was working with NHS Elect on the Frailty pathway.

October Patient Story

This story related to a patient who a patient with MND who was referred to the RSSC for assessment of non-invasive ventilation. The patient was fully alert but not able to speak and had experienced a rapidly deteriorating trajectory following care in district general hospitals in London and within Region. They had deteriorated rapidly and passed away at RPH.

The patients partner provided positive feedback advising that they had felt overwhelmed by the medical and nursing care that had been delivered by the Trust and had wanted their thanks passed on to the staff involved in their care. However they reported that most difficult thing to manage was the lack of joined up working across the NHS organisations and the disconnect in information flow within and outside the region.

JW noted that the issue of connectivity was a major challenge to the NHS and that whilst it was welcome to receive positive feedback on the care delivered by the Trust we also had a system role to play. This was an area that the STP were working on and the Trust was actively contributing to the development of inter-operable Digital systems with CUH; primary care and other system partners.

The Board thanked AW for the presentation.

2a PERFORMANCE COMMITTEE CHAIR’S REPORT 2018

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

DH advised:

- i. That the Performance Committee had received both the RTT and the Activity Recovery Plans and it was good to see that progress had been made with reductions in both the number of breaches and the size of the waiting list. The Committee would receive regular reports against the delivery of the plans.
- ii. That the Committee had discussed the proposal from the Q& R Committee to remove the SI measure from the suite of KPIs and Committee members had expressed some concerns about this proposal.
- iii. That the Committee had approved the histopathology solution procurement and thanked EM for her work on the successful delivery of this programme

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

Action by Whom	Date by When

Agenda
Item

Action by Whom	Date by When

2b ROYAL PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)

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

Noted:

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

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

- i. Serious Incident Executive Review Panel
- ii. Private Patient Survey
- iii. Operations Centre: Bed Utilisation and Cancellation Audit
- iv. Cancer Waiting Time 62 day and the 38 day IPT rule
- v. Band 5 Nurse Supply & demand projections
- vi. New Papworth ORAC progress report
- vii. Cost Improvement Programme

JR advised:

- i. That whilst safer staffing was rated as Red this measure did not reflect the steps taken to manage staffing on a daily basis where pressures were managed through the 3 x daily patient flow meetings.
- ii. In August mitigating steps had included closure of 5 beds for a period two weeks to ensure that acceptable staffing ratios were maintained.
- iii. There were areas of concern including RSSC where the nursing and junior medical staffing levels were having an adverse impact on activity throughput. This shortfall was being addressed by the use of ANPs with two in post and a third ANP being recruited.
- iv. That there had been a Grade 4 Pressure Ulcer reported in September which was the first ever reported at the Trust. This had occurred in a patient who had an extended stay in critical care (> 3 months) waiting for a neuro-rehabilitation bed at another centre. The Trust had discharged its duty of candour and provided information on the skin failure and the process of investigation but this matter had not yet been through a scrutiny panel.

Agenda
Item

Action by Whom	Date by When
<p>v. That a new programme was planned for April 2019 with the launch of the non-registered Band 4 Nursing Assistant roles which would be delivered as apprenticeships. This approach would be in addition to the Nursing Associate programme provided by the Trust and would provide an opportunity to develop our own registered nurses. We would be working closely with CUH to develop programmes in this area. There were also plans to offer conversion routes into registered pathways from April 2019.</p>	
<p>vi. The falls reporting standard had been discussed at the Q&R meeting as there was concern that this metric was too strict at 2.2 falls per thousand bed days. The comparable measure for CUH was 4 falls/1000 bed days. Data was not yet available through the Model Hospital and JR would consider this reporting with peer Chief Nurses but did not believe that the Trust performance was an outlier. Falls were rated as Red in August with 2.4 falls reported per 1000 bed days, but the position had improved in September and would be rated as green in the next report.</p>	
<p>vii. The inclusion of a zero target for Serious Incident reporting in the Trust's Key Performance Indicators had been considered by the Q&R Committee. There was concern that this measure was not helpful in the context of the system wanting to encourage incident reporting and that this measure contributed to a Red performance rating that then had to be explained each month with assurance being provided to the Board that the Trust was delivering safe care. The Q&R Committee had agreed that they would consider other KPIs in November to establish benchmarks for performance. The Committee had recommended that the SI measure be moved out of the dashboard KPIs with the indicator being reported in the additional KPIs lines with the Moderate Harm indicator being retained as a KPI.</p>	
<p>viii. That complaints figures were within tolerance and that compliments reporting included positive feedback that was captured in the friends and family reporting.</p>	
<p>Reported by EM:</p>	
<p>i. That Effective had moved from Amber to Red and activity was below the required trajectories. The Activity Recovery Plan included key actions and measures being taken to recover performance.</p>	
<p>ii. Cath Lab utilisation had been adversely effected by equipment failure in Cath Lab 6 and this had been addressed directly with In Health, the service provider.</p>	
<p>iii. That the spotlight on bed utilisation and cancellations identified that there were 41 occasions where beds were put 'on hold' as a result of staffing pressures in month.</p>	
<p>iv. The audit of cancellations had demonstrated that if patients had been cancelled earlier in the day then this would have resulted in an increased number of cancellations in month.</p>	

Agenda
Item

Action by Whom	Date by When
<ul style="list-style-type: none"> v. That the recovery trajectory for RTT focused on treatment of patients who had breached their target and breach reduction. vi. Changes had been brought in to the Interventional Radiology Service to allow patients access to best practice standards being seen within 2 weeks and being offered dating at clinic. vii. Problems continued at a subspecialty level in areas such as CRM but the 3 x weekly RTT meeting were focused on managing lists at a patient level and using opportunities to pool and where appropriate transfer patients to consultants with shorter lists. viii. That the Trust had identified 6 patients in August who had exceeded a 52 week wait and there was concern this may have been associated the Lorenzo system implementation. An audit of 900 patients who had 'clock stops' or 'no activity' since go live in 2017 was now underway to establish whether there were any other patients effected. The review would establish whether any patient had suffered harm as a result of a delay. ix. That the cancer waiting times now reflected the updated rules and so performance was below target. This did not reflect any change in quality or outcomes and included shares of breaches where patients had been referred to the Trust at 64 days (on a 62 day cancer pathway). 	
<p>Reported by OM:</p>	
<ul style="list-style-type: none"> i. That turnover and nursing turnover was lower than in the previous month and that we were a net gainer of staff and had been a net gainer of nursing staff for 13 months. ii. There was a focus on IPR which was below target and work continued with managers to deliver this target. iii. The Band 5 nurse recruitment pipeline was the spotlight report and this reflected 113 Band 5 nurses in the pipeline over the next six months. iv. The Trust would move to an overall nursing vacancy rate lower than 5% (including PRP nurses) by October 2018 and in Q4 this would drop below 5% for our Registered Nurse vacancies. v. Work was focused on supporting our PRP nurses through their OSCE exams and following successful recruitment of our own teacher (through the Bank) eight staff had passed their exam in the last month. Assessment was being made of the progress for those staff that remained in PRP roles and this was factored into forecasts. vi. Recruitment campaigns were continuing with events at universities generating many expressions of interest in working at Papworth. There had been 40 expressions of interest from a single event at UEA. The universities had fed back that students placed at Papworth were providing very positive feedback about their placements. vii. The recruitment campaign was also being supported by Communications promoting opportunities through social media rather than through traditional advertising routes. 	

Agenda
Item

Action by Whom	Date by When
<p>RC advised:</p> <ul style="list-style-type: none"> i. That the reset of the MCP was completed as planned by the end of September. ii. That the NPH programme would now move to a commissioning phase. iii. That there was positive progress against the construction timetable. 	
<p>EM reported:</p> <ul style="list-style-type: none"> i. That the pathology service now had a fully worked up and costed solution for Blood Transfusion, Blood Sciences, Microbiology and Histopathology with agreements also in place for tissue banking and mortuary services. This would allow continuity of service and turnaround times and allowed for planned migration into the LMB once that was established. 	
<p>RC advised:</p> <ul style="list-style-type: none"> i. That the month 5 deficit position was £800k which was £16k adverse to plan. This position reflected activity delivery below plan (£270k) and reduced clinical income (£290k). The position was offset by delays in the PFI and transition costs. ii. The YTD deficit was £2.99m with clinical income adverse to plan by £1.72m iii. The monthly run rate had a deficit of £1.25m and this was in line with the expected exit run rate for 2018/19. The YTD deficit position was £4m. iv. Capital spend was below plan because of the delay in the hospital move. v. That there was opportunity to improve the current position by increasing the flow of work through the organisation through delivery of the Activity Recovery Plan. vi. Identification of additional CIP schemes of c.£100k would be presented to the next Board. vii. That discussion was underway with NHSE on proposals to cap fines at £750k for 2018/19 and to agree an approach for targeted reinvestment of fines. viii. RC recommended to the Board that the proposed treatment of fines should be accepted. 	
<p>Discussion:</p> <ul style="list-style-type: none"> i. DH advised that the change in the SI reporting had been discussed at the Performance Committee meeting and had caused some significant debate. He asked the Board to consider whether the KPI should be retained with an agreed threshold. ii. DD noted that the RAG rating of any domain should be meaningful and so if we had a 'Red' RAG rating then this should be a true reflection of our performance. iii. RZ expressed concern that retaining this measure would be comparing differing interpretations of performance and ran counter to the desired reporting culture. 	

Agenda
Item

- iv. SP advised that this matter had been discussed by the Executive team and there was concern that there should be appropriate reporting measures and that KPIs should provide the assurance that we are safe.
- v. JR assured the Board that the KPI on Moderate Harm Incidents would capture all SIs and that the actual number of SIs would continue to be reported through PIPR.
- vi. MM sought assurance on the likelihood of further 52 week breaches. It was noted that it was the intention to review all clock stops for data and process errors prior to their reaching 52 weeks and this had started with 45 patients being reviewed per week. This would remain a risk until the review process was completed.
- vii. RC noted that the Trust had a system leadership role in the delivery of the 62 day cancer waiting time target working with commissioners, providers and the Cancer Alliance.
- viii. SP noted that the vacancy position was very good when compared to our neighbours and represented successful team effort across Nursing, HR and Communications.
- ix. RZ asked about the arrangements for genomics within the pathology services. EM advised that the pathology teams had developed close working relationships and would look at this in their future planning.
- x. DD requested clarification on the CIP and the impact on run rate. RC advised that the leading indicators suggested the CIP planning gap would close to £85K however there was under delivery against schemes. A proportion of this would be offset by the LADs where the shortfalls were associated with the delayed move. RC advised that he was confident that the exit run rate of £1.25m would not see any further deterioration.

Approved: The Board of Directors noted the contents of the Royal Papworth Integrated Performance Report (PIPR) and approved the approach to the treatment of fines as recommended by the CFO.

2c RTT Recovery Update

Received: from EM a paper setting out the RTT Remedial Action Plan and the expected recovery trajectories.

Noted:

- i. That the paper brought together the diagnostic work undertaken with expert input from an IMAS consultant.
- ii. That the surgical trajectory was based upon a top down approach and whilst it had described the capacity and breach reductions required to meet the target there remained a risk to delivery.

Discussion:

- i. DH requested clarification on the level of contingency reflected in plans and the consequence of submitting plans to commissioners that might not deliver the target.

Action by Whom	Date by When

Agenda
Item

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

- ii. RC advised that if plans were submitted to commissioners then delivery could be linked to fines and remedial management processes.

Agreed: The Board delegated to the Executive Committee the final approval of the RTT recovery plan prior to submission to Commissioners. The Board requested that sufficient contingency was built into plans to ensure that the required target could be met for Cardiac Surgery. It was agreed that the revised plan would be circulated to the Performance Committee.

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 included a breakdown of Safer Staffing figures by ward identifying actions taken to mitigate staffing levels as reflected in PIPR and that 'Care Hours Per Patient Day' had been maintained at safe levels.
- ii. That the DIPC report included the output from national work on rates of ICU-associated CVC-related/CVC-associated Blood Stream Infections in adult critical care units. This presented rates by Trust per 1,000 CVC-days as a whisker graph and RPH's performance was at the desired lower end of the 'average' blocks identified and entirely within confidence limits for performance.
- iii. That following the Inquest relating to patient A the risk of death from CRTP was to be added to the Patient Guide and Consent form.
- iv. That the QI project was using a coaching approach and progress would be reported through PIPR.

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

3.ii Performance Committee – Minutes 30 August 2018

Received and noted: The Board of Directors received and noted the Minutes of the Performance Committee meeting held on 30 August 2018.

3.iii Annual Medical Revalidation Report

Received: From the Medical Director the Annual Revaluation Report providing assurance to the Board and the NHS that the Trust had appropriate processes in place to implement the Responsible Officer Regulations.

Approved: The Board of Directors approved the report of the Medical

Agenda
Item

Action by Whom	Date by When
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Director.

3.iv Quality and Risk Committee Chair's Report

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

4 WORKFORCE

4.i Workforce Report June 2018

Received: From the Director of Workforce and OD paper setting out key workforce issues.

OM reported that:

- i. The Trust was ahead of plan against its Flu vaccination target with 16% of staff already vaccinated.
- ii. That communications from NHSI/E were focussed upon achievement of 100% vaccination levels for clinical facing staff.
- iii. That the Trust would undertake a self-assessment against the best practice checklist and the results of this would be presented to the Board in November.
- iv. That the identification of 'High Risk' areas had been agreed at ME and that all clinical areas will undertake a risk assessment process.
- v. The 'pAPPworth' App for staff benefits had seen staff realise savings of £1,980 since its launch in February and the company running the App were to come back on site to support staff and improve uptake.
- vi. That the pulse survey results showed continued improvement in joint working within teams planning for the move and some improvement in the staff recommender score but this remained below the national average.
- vii. That the Trust was embarking on a major programme on culture and leadership. The time commitment around this was significant but had been supported in discussions across the Trust with the Clinical Directors and the Management Executive.

Discussion:

- i. DD asked whether OM expected that the levels of concern being expressed around the move were likely to continue. OM advised that whilst there had been some improvement in the recent figures this could be associated with the delayed transfer to the new site and she expected to see an increase in the individual level of concerns as the actual move date drew closer.
- ii. DH queried the concerns that were reported around the leadership and culture as he did not feel that this reflected what he had observed as a NED of the Trust. OM advised that there was a range of positive and negative feedback from staff and that some of this may be associated with the unprecedented degree of change at the Trust, as well as the

Agenda
Item

Action by Whom	Date by When

move to the new hospital. It was noted that this would be a substantive item on the November Board agenda.

Noted: The Board of Directors noted the Workforce Report.

5 Research & Education

Reported: By the Medical Director that the approval of the FBC for the Heart and Lung Research Institute and the commitment of charitable funding was a key step forward in realising the strategic research ambitions of the Trust.

6 Any Other Business

Health Technology News Awards Nominations

Reported: By The Director of Digital that the Trust Digital Team had been shortlisted for two categories in the Health Technology News Awards.

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Signed

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Date

Royal Papworth Hospital NHS Foundation Trust Board of Directors
Meeting held on 4 October 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