

**Meeting of the Board of Directors
Held on 1 November 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
	Mr D Dean	(DD)	Non-Executive Director (Designate)
	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
	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
In Attendance	Mrs A Jarvis	(AJ)	Trust Secretary
	Mrs C Skelton Hough	(CSH)	Operations Manager
Apologies	Dr R Zimmern	(RZ)	Non-executive Director
Observer	Dr R Hodder	(RH)	Public Governor

Agenda
Item

- 1.i WELCOME AND APOLOGIES.**
The Chairman welcomed everyone to the meeting and apologies were noted as above.
- 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.
- RC reported that he had been appointed as a CQC Executive Reviewer. It was noted that JR and RH also undertook this role for the CQC.

Action by Whom	Date by When

Agenda
Item

Action by Whom	Date by When

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 as Chairman of the Foundation for Genomics and Population Health (the "PHG Foundation"). A fully owned subsidiary and linked exempt charity of the University of Cambridge.
4. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities.
5. John Wallwork as an Independent Medical Monitor for Transmedics clinical trials.
6. Dave Hughes as a NED of Health Enterprise East (HEE);
7. Josie Rudman, Partner Organisation Governor at CUH.
8. Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH.
9. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board.
10. Stephen Posey, Josie Rudman and Roy Clarke, Roger Hall as Executive Reviewers for CQC Well Led reviews.
11. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd
12. Nick Morell Acting CEO Morphogenics biotech company from 1 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: 4 October 2018

Amendments:

Page 1: David Dean to be added to those present at the meeting.
Page 4: First paragraph to be amended to refer to 'senior' leaders.

Approved: With the above amendments the Board of Directors approved the Minutes of the Part I meeting held on 4 October 2018 as a true record.

1.iv UPDATE ON ACTIONS AND MATTERS ARISING

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

1.v Chairman's Report

Presented: By JW the Chairman's report to the Board.

JW welcomed David Dean to his first meeting as a substantive member of the Board. He also reported to the Board that Karen Caddick had resigned from the Board for personal reasons. He noted

Agenda
Item

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

that KC had served the Board since 2013 and had provided valuable support in her role as Non-Executive Director.

JW also noted that he had attended the funeral of Polly Seymour a well-known and long serving member of staff.

JW reported that he had attended the Trust's Long Service Awards and congratulated Roger Hall for service of over 16 years.

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.

Noted:

- i. That the Long Service Awards had celebrated a total of 930 years of service with Hazel Farren, Sister in Critical Care, having completed 36 years and Karen Thompson, from the Digital Team, completing 42 years of service.
- ii. That SP and RH had attended an NHS Plan event and this would increase focus on primary care and delivery of 'end to end' care pathways.
- iii. That RN vacancies were now below 5% (including PRP staff). This position was a testament to the joint working between Nursing and HR teams.
- iv. That the organisation had fully engaged with the Flu campaign and had achieved a 75% vaccination rate within three weeks.
- v. That the Mock CQC inspection had been undertaken with input from internal and external reviewers. Initial feedback would be brought to Executive Directors prior to being presented to the Board. One element of feedback was that the increased presence of Non-Executive Directors through the 'buddy' programme had been well received by staff.
- vi. That the achievements around Digital interoperability had been well received by the STP and this was a key area of focus of the Secretary of State. Boards had been advised that the issue of Digital and Cyber security must be taken seriously and the Trust had a clear focus on this with a Board level lead.
- vii. That Skanska had provided the Trust with assurances in relation to the progress of remedial works and were confident that these would be completed by the 17 December 2018.

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

1.vii PATIENT STORY

The Board received a story on behalf of Debbie Black, Thoracic Directorate Matron. The story related to a patient who had been

Agenda
Item

Action by Whom	Date by When

admitted following stays in two hospitals in Scotland. He had been diagnosed with chronic thromboembolic pulmonary hypertension (CTEPH) and referred to Papworth for treatment which could be pulmonary endarterectomy surgery or balloon pulmonary angioplasty.

The patient reported that they had felt that they had been subjected to a barrage of tests in their earlier hospital stays but on arrival at Papworth they felt:

- That the information on treatment was simple and easy to understand.
- That they were well received and cared for.
- They were reassured that there was positive interaction between the clinical teams in Glasgow and at Papworth.
- They liked the interaction with other patients on the ward (although they did not enjoy sharing a bathroom).
- They slept well and enjoyed the food.
- They were grateful for the development of this procedure and appreciated the opportunity for remote follow up which was supported by the close working between the two hospitals.

RH reported that the option of BPA as a part of the suite of treatment for CTEPH offered great palliation of symptoms and of the c.400 referrals each year around 40% would not be suitable for surgery and so this treatment offered another option for this cohort of patients. The Trust was the only UK centre to offer this treatment.

SP advised that the feedback from the NHSI Board Observation had included a challenge about how the Board followed up actions from patient stories. It was noted that these were documented and specific changes were followed up (such as changes to the pre-operative assessment processes).

Noted: The Board noted the patient story.

2.a.i PERFORMANCE COMMITTEE CHAIR'S REPORT 29 November 2018

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

DH advised:

- i. That the Committee had discussed the underperformance against activity plans which was nearing 20% below plan.
- ii. That Mike Davies had attended the meeting and highlighted concerns about nurse recruitment in thoracic services but had advised that actions were in place to address this matter.
- iii. That the committee had considered whether the Trust should set a 50% target for Direct Care time across the Trust.
- iv. That the Committee had requested a briefing from the CFO on the planning assumptions included in the Operational Planning Framework.

Agenda
Item

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

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

2.b ROYAL PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)

Received: The PIPR report for Month 6 (September 2018) from the Executive Directors (EDs).

Noted:

- i. That the overall performance for the Trust for September 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. The new Datix Serious Incident Dashboard
- ii. The National Cancer Patient Experience Survey results
- iii. The TAVI Frailty Network
- iv. The Rapid NSTEMI Pathway
- v. Staff turnover
- vi. New Papworth ORAC progress report
- vii. Cost improvement programme

JR advised:

- i. That the report reflected the Board agreement of the movement in SI reporting below the line that the Q&R Committee were reviewing a series of KPIs to move above the line.
- ii. That there had been two SIs reported in month including a Grade 4 Pressure Ulcer and a patient death on the PPCI pathway.
- iii. That safer staffing levels were improving but the Board needed to note the impact of PRP staff within the RN fill rate.
- iv. That there were two C Dif cases reported in month but these were agreed as not on trajectory.
- v. That safety thermometer reporting was positive with two Pressures Ulcers and two UTIs reported.
- vi. The spotlight report was on the Datix SI dashboard which was reviewed by the new Serious Incident Executive Review Panel that met on a weekly basis. This would identify any themes and provide oversight across incidents reported.
- vii. That the Cardiac Day Ward had a high response rate for Friends and Family reporting with 212 returns being submitted and was congratulated on achieving a 100% recommender

Agenda
Item

Action by Whom	Date by When

- rate.
- viii. That the key performance challenge was the reduction in the direct care time hours this month and the Trust was continuing with actions to address this.

Discussion:

The Board requested further information on actions taken in response to the SIs. JR advised that actions had been taken on PPCI pathway. In future whilst a registrar could accept patients on the PPCI pathway any decision to decline a PPCI patient would be taken by a consultant. This message had been communicated to all business unit and directorate staff and incorporated into the PPCI policy.

NM asked for clarification of the metric for the calculation of direct care time. JR advised that this was a self-reported measure against a set of categories of activities and that there was 'in the moment training' underway for staff to standardise the approach to reporting.

Reported by EM:

- i. That activity had been below plan and this was driven in part by longer cases and higher acuity of patients.
- ii. That bed occupancy reflected both mitigating actions put in place to address safer staffing and changed flow of patients through the cardiology ward where occupancy was significantly higher at 6pm.
- iii. Downtime in cath labs 2 and 3 had affected overall availability.
- iv. There were 37 theatre cancellations in month arising from pressure from emergency cases and IHU swaps. Cancellation figures for cath labs had been included in the key performance challenge focus and these were impacted by ACS rollovers and emergency overruns.
- v. That there had been an on-site visit by the Specialised Clinical Frailty Network looking at the TAVI frailty pathways. This was being managed as a QI programme and would inform the wider frailty agenda across the Trust.
- vi. That the RTT was the key performance challenge. The Trust was ahead of plan in cardiology and surgery in terms of breach reduction and waiting list size and was ahead of planned RTT delivery at Trust level. There had been no new 52 week breaches in September but there had been one new breach in October. The increase in IHU activity had an impact on elective procedures.
- vii. The spotlight report on NSTEMI indicated that the number of patients could double from initial estimates and this would bring further savings across the system.

Discussion: DH asked if there was any difference in impact of cancellations across NHS and Private workload. EM advised that this analysis was not routinely looked at but this could be reviewed and reported to the Board. EM advised that there was robust challenge of

Agenda
Item

private work undertaken on Monday-Friday lists. This could be required as a result of the clinical priority and surgeons would undertake additional NHS activity in weekend slots.

The Board raised concerns about pre-operative assessment as 10 cancellations were as a result of patients being unfit (with a total of 25 recorded for the year). There was a discussion of the underlying reasons which could include patients deteriorating during their wait for surgery. RH noted that there had been previous audit work that looked at whether patients were 'predictably' or 'unpredictably' unfit for surgery. Where cancellations related to urgent activity there may be more limited opportunity for pre-assessment. Work was being undertaken on the IHU pathway to ensure that pre assessment investigations were undertaken against agreed measures as a part of the referral process.

RH noted that the Trust had a surgical frailty lead and the two strategies needed to be joined up across the Trust. This approach would allow consideration of referrals through an MDT approach which would look at all options for frail patients including no treatment; interventional cardiology as well as surgery. SP noted that the NHSE cardiac network was planned and this signaled the wider 'system' approach which would support the discussion and development of recommendations around care pathways.

JW asked about the appointment of a consultant for hospital medicine as a part of the frailty pathway development. JR advised that surgical PAs had been freed up to provide support for this post as there was recognition that this sort of input was needed.

Agreed: That EM would provide an analysis of cancellations including the NHS/Private rates of cancellation and cancellations that were documented as 'patient unfit' in September.

EM

Reported by OM:

- i. That turnover had increased in September (and dropped back in October) which was expected as this was the scheduled move date for the hospital. The spotlight report showed turnover by staff group and reasons for leaving. The reasons for leaving were not unusual with the highest category relating to career development and progression.
- ii. Overall the Trust remained a net recruiter with 22 Nurses joining in September (16 registered) and 29 joining in October (24 registered). This staffing gain would feed into the safer staffing metrics.
- iii. From the cohort of PRP nurses 32 were now registered and had UK PINs.
- iv. The staff recommender score had seen improvement in September and this had been sustained in October.
- v. The key performance challenge focused on vacancy rates and

Agenda
Item

- vi. demonstrated the link to the increased establishment figure. The BAME network had been launched in September and was a very positive step. The staff lead for the network was to join the Staff Awards panel.

Discussion: NEDs asked about the make-up of the workforce. OM advised that c.17% of our staff were from a BAME background and c.20% were EU staff. Our workforce was significantly more diverse than our local population. The Trust was working with CCS to consider how they had developed their 'Cultural Ambassadors' programme jointly with the RCN to consider what could be taken forward at the Trust. The Trust was also looking as options to support its EU staff.

JW noted with concern the closure of the clinical physiology degree programme. OM advised that the changes in central coordination of training and its devolution to a provider level had been raised as a concern in regional and national HR forums. For this course Katrina Oates had agreed to lead work on the development of an apprenticeship programme with CUH and providers in Essex with a view to delivery of a 'College on Campus'. It was noted that there was no alternative course in the East of England and this this was a significant risk to the organisation.

The Trust had a number of apprenticeships running across clinical and non-clinical areas and lobbying was underway around the models for apprenticeship funding. OM was asked to provide an overview of apprenticeship programmes for the Board.

RC advised:

- i. That Transformation remained at Amber. There were positive movements in design and construction but the domain would remain at Amber as a result of the delay and the requirement to re set the MCP which would be considered on the Part II agenda.
- ii. That the CIP planning gap was at £100k and was expected to be fully closed.
- iii. That the Trust deficit was £4k favourable to plan but the underlying position reflected an adverse income position of £1.2M and an adverse activity position that was 9.9% below plan. The income value associated with activity in the early part of the year was high but this position may not be sustained in the latter part to the year.
- iv. EBITDA was £300k behind target and capital expenditure was £10.7M favourable to plan as a result of the delays associated with the move.
- v. The forecast year end position was a deficit of £15.8M and there was a possibility that this could improve and this would be assessed at the end of Q3.

Action by Whom	Date by When
OM	

Agenda
Item

Discussion: DD noted that the issues around run rate had been discussed at the Performance Committee. There were changes to the contract around pass through recharges that were not yet reflected in plans. RC advised that these were subject to a central procurement process and would be reflected when agreed.

SP noted that the issue around activity delivery was being taken very seriously. There had been issues identified around the Trust booking process and this was being addressed through small team OD work to train and develop the staff involved. This included setting KPIs for the team and was showing positive results with staff wanting to deliver improvement. This was being supported by operational managers spending time with their teams and providing appropriate support.

SL asked about whether the Trust was using consultancy resources around flow dynamics. SP advised that the work being undertaken was based on a 'lean' methodology. RC noted that this would be a part of the future strategic work programme with SBS who would be looking at where there were opportunities to deploy AI through our processes.

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

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.

Reported: By JR

- i. That a draft paper had been circulated with the pack and the correct document would be circulated to the Board following the Committee.
- ii. That the average fill rate registered for nurses/midwives for September was 83.8% (and not the 75.9% figure included in the circulated pack).
- iii. That water safety concerns were identified following routine sampling and immediate actions were taken with the input of the Estates and Control of Infection teams.
- iv. That the safety KPI review would be undertaken at the Q&R Committee using benchmarking across the ten areas identified.
- v. That the Laudix system was capturing positive incident reporting and 81 incidents had been reported since its launch with the majority falling within improving the patient experience and supporting other staff.

Discussion: The Board asked about the water management policy

Action by Whom	Date by When
JR/AJ	Nov 18

Agenda Item

Action by Whom	Date by When

and how this would apply to the new hospital. JR advised that all hospitals were required to have a water management policy and a testing regime would form a part of the Hospital Commissioning programme.

The Board reviewed the safer staffing report and noted the variation fill rates between day and night staffing and the fill rates above 100% for unregistered staff. JR advised that the fill rate for unregistered staff would include the PRP nurses and whilst this would support the overall staffing position (and the deficit in the registered nurse fill rate) this would still have an adverse impact on the ability to flex capacity and case mix.

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

3.ii **Performance Committee – Minutes 27 September 2018**
Received and noted: The Board of Directors received and noted the Minutes of the Performance Committee meeting held on 27 September 2018.

3.iii.a **Audit Committee Minutes 10 October 2018**
Received and noted: The Board of Directors received and noted the Minutes of the Audit Committee meeting held on 10 October 2018.

3.iii.b **Audit Committee Chairs Report 10 October 2018**
Received: From Mark Millar the Chair's report from the Audit Committee held on the 10 October 2018.

Noted: That the Committee had discussed the BAF and in particular the need to consider the approach and evidence that supports changes in risk ratings and the need to consider whether there were items that were not captured or included in the BAF that should be reported.

4 WORKFORCE

4.i **Leadership & Culture Development Programme**
Received: From the Director of Workforce and OD a proposal to establish a Leadership & Culture Development Programme.

Reported: by OM that this programme would support our aspiration to consistently maintain a high quality care culture and underpin the development of our Leadership Strategy. The programme would focus on excellence in leadership at every level across the organisation. The programme would run in three phases and was a well evidenced approach using tools from NHSI. The resource requirement for this had been set out and if approved a bid would be made to the Charity and the Board of Trustees.

Discussion: DH raised a concern around the cost/efficiency

Agenda
Item

Action by Whom	Date by When

component of leadership and whether this should be included in the proposal to reflect our duty to the public purse.

OM advised that this element was addressed as a part of the overarching proposal and the financial benefits derived from improved levels of support and engagement were included in the evidence base for the programme.

It was noted that the golden thread in PIPR is workforce and the relationship between quality and the effective, responsive and efficient use of resources. This was reflected in programmes such as GIRFT and the 'lean' approaches to service reviews.

A challenge was raised about the need for the programme and OM pointed to the FFT staff recommender score of 47%. The programme would offer a significant opportunity to improve skills and develop our staff as leaders across the Trust.

JW reminded the Board about the work undertaken by Ted Baker which looked to reset the balance between the quality and financial agenda and suggested that this sort of approach could deliver benefits across the organisation.

Approved: The Board of Directors approved the proposal to establish a Leadership & Culture Development Programme.

4.ii Workforce Report 2018

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

OM reported that:

- i. That the flu vaccination campaign had started very well and the Trust had achieved a 75% vaccination rate.
- ii. That nurse recruitment was progressing well with effective joint working with Sisters and Matrons.
- iii. That the 18/19 Workforce Race Equality Scheme (WRES) action plan was presented to ensure the Board had oversight of the actions taken. This included the establishment of the BAME network as previously reported.

Noted: The Board of Directors noted the Workforce Report.

5 Research & Education

Reported: By the Medical Director that the Trust had now achieved Clinical Trial Unit Status on a permanent basis. This work had been led by Dr Robert Rintoul and the new status would be a driver for expansion of trials activity at the new hospital site.

Noted: That there would be a need to review the Academic

Agenda
Item

Appointments supported by RPH as Professor Chilvers had left his post at the end of September. RH would consider the matter with Trust and University leads and prepare a paper for the Board as there was a need to address the uneven distribution of academic posts at the Trust, and there would be opportunities to consider how future appointments could be established and funded as clinical academic posts.

Action by Whom	Date by When
RH	

6 Any Other Business

.....
Signed

.....
Date

Royal Papworth Hospital NHS Foundation Trust Board of Directors
Meeting held on 1 November 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