

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

UNCONFIRMED MINUTES – Part I

Present	Prof J Wallwork	(JW)	Chairman
	Mr D Dean	(DD)	Non-Executive Director
	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
	Dr R Zimmern	(RZ)	Non-executive Director
In Attendance	Mrs E Bush	(EB)	Executive Assistant to CEO and MD
	Mr J Hollidge	(JH)	Deputy Chief Finance Officer
	Mrs A Jarvis	(AJ)	Trust Secretary
	Mrs A White	(AW)	Head of Nursing
Apologies	Mr R Clarke	(RC)	Chief Finance Officer
Observer	Dr R Hodder	(RH)	Public & Lead Governor
	Mr K Jackson	(KJ)	Public Governor

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- 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.
- The following standing Declarations of Interest were noted:
- John Wallwork, Stephen Posey and Nick Morrell as Directors of Cambridge University Health Partners (CUHP).

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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, Roy Clarke and 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: 1 November 2018

Amendments: Page 1: David Dean to be noted as substantive.

Approved: With the above amendment the Board of Directors approved the Minutes of the Part I meeting held on 1 November 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

Received: The Chairman's report to the Board.

Reported: In addition to his written report:

- i. That the GMC had published their annual report on the state of medical education and practice in the UK 2018.
- ii. That Sir Donald Irvine had died. He was a pioneer of change at the GMC shifting their focus from protecting Doctors to protecting patients.
- iii. That transplantation had been in the news with the report of a successful pregnancy following womb transplantation. This was an interesting area of work that Papworth had previously been involved with and generated particular challenges around

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the immunological response to transplantation.

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. Cambridgeshire & Peterborough STP had held their first Board meeting in public and it was expected that more of their business would be carried out in the public arena.
- ii. The PIPR report continued to show improved performance.
- iii. That the Trust remained on track for handover of the new hospital on the 17 December 2018.
- iv. The Executive continued to brief the organisation on the move and there was a sense of excitement around the progress being made.
- v. The Flu immunisation campaign was progressing very well with good support from OH and peer vaccinators.
- vi. The Trust had undertaken a 'perfect week' exercise which had identified that staff were working well together managing significant pressures across the Trust.

Discussion:

DH asked for further information on the 'perfect week'. SP advised that this was an exercise in which the operations centre was run as if we had an internal major incident and was designed to identify blockages in patient flow across the Trust in real time. The Trust team had identified 154 issues related to process and pathways over the course of the week and had addressed around half of these issues. An action plan would be put in place to review the other issues and concerns identified.

DH queried the 0.5% Nurse Vacancy rate reported at item 6.3. SP confirmed this was the correct figure. He also noted that the figure included PRP staff, and so the impact of vacancies in some areas felt greater than this. However when compared to historic nurse vacancy levels at the Trust, which were above 20% in 2017, it demonstrated the significant effort and achievement around the recruitment process.

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

1.vii PATIENT STORY

The Board received from Anne White Head of Nursing.

The story related to a patient on the cardiac day ward who had been admitted for a bypass for valve replacement. He had been admitted the day before his procedure and had been clerked and prepped with

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an overnight stay on the CMU. The patient had suffered a bereavement some time prior to admission and the arrangements for his care were complex with family members being called upon to support him post discharge.

Unfortunately the patient's surgery was cancelled on the day and the patient felt extremely disappointed and upset by this, and felt that he had been completely let down. The patient was not the only patient to be cancelled and the underlying reason was high acuity patients in critical care being too unwell to be moved out and so causing a delay in flow of patients across the hospital.

The patient had reported that his care as an inpatient was exemplary although he was very upset by the delay.

Discussion:

- i. DH noted that issue had been considered by Performance Committee and a QI project was underway in the Cardiac Day ward that was due to report back to the Committee.
- ii. That communications with patients must ensure that all patients are pre-warned about the potential for their procedure to be cancelled.
- iii. That the evidence from bed meetings was that staff were making every effort to create flow and capacity.
- iv. That the business case for the 6th theatre would provide additional capacity and this could be used to improve the flow of patients and should reduce cancelations.

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.

Reported: By DH:

- i. That following feedback from NHSI the Committee focused discussion on those items rated as Red. Whilst helpful this had the consequence of a less balanced report to the Board.
- ii. The Committee had focused on when performance targets would recover and had requested some changes to the Access and Data Quality Report to allow focus on areas of concern.
- iii. The Committee had received an update on Financial Recovery Plan the Plan which would be refreshed following agreement of the updated Operational Plan for 2018/19 and as a part of planning for 2019/20.
- iv. The Committee had reviewed its open BAF using the BAF tracker and further work on the Committee report structure was planned.

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

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2.b ROYAL PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)

Received: The PIPR report for Month 7 (October 2018) from the Executive Directors (EDs).

Noted:

- i. That the overall performance for the Trust for October 2018 had improved and was at an Amber rating for the first time since June 2018.
- ii. That performance was rated as 'Red' in three domains: Effective, Responsiveness, and Finance.
- iii. That performance was rated as Amber in two domains: Transformation and People Management & Culture.
- iv. That the Safe and Caring domains were rated as Green.

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

- i. Rapid Mortality Case Record Reviews
- ii. NHSI – Learning Disability Improvement Standards data collection project
- iii. Cath Lab cancellations
- iv. Cancer Waiting Times 62 & 31 day performance.
- v. Sickness Absence
- vi. New Papworth ORAC progress report
- vii. Cost improvement programme

2.b.i SAFE

Reported by JR:

- i. That the overall rating for the domain was Green.
- ii. That there had been two SIs reported in month.
- iii. That the safer staffing showed continued improvement and was now at an Amber rating.
- iv. That from September the report included a figure for registered nurse vacancies excluding PRP staff and this gave a 'true' vacancy figure of 9.31%. (This was a different measure to that reported in the PM&C section of the report which was based on the national workforce standard.)
- v. That PRP nurses did contribute to staffing levels and could be reflected in the effective vacancy rate for HCSW which would then reduce to a 0% vacancy rate.
- vi. That the domain was expected to move to Amber rating next month.

Discussion:

- i. RZ noted that there was a well-established process of review of deaths through M&M meetings and that these should be reflected in the report to ensure the Board had a full picture of reviews undertaken. These were formally captured and minutes from M&M meetings and were reported to Business

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Units and to QRMG.

- ii. SL asked about the concerns noted in use of the Lorenzo system in the mortality reviews. AR advised that competency based training was being developed to support users and optimise use of the system. There was a communications and training programme and a Lorenzo User Group which was an open forum for staff. There were also Lorenzo 'Super users' including the Chief Nursing Information Officer and Chief Medical Information Officer who provided support to peers working on resolution of issues and leading project implementation.
- iii. RH noted that the Trust needed to acknowledge in a positive way the scale of the change that had been achieved. The impact of movement from paper to electronic systems was significant for our staff and required a learning phase and continued support to allow new skills to become truly embedded practice.
- iv. RZ welcomed the progress and asked about how the Board might track improvement in the number of 'competent' staff across the organisation. AR advised that the competency based training approach undertaken in RTT would be adopted across Lorenzo training packages. It was suggested that feedback from patients about their experience might also be helpful.

2.b.ii CARING

Reported By JR:

- i. That the overall rating for the domain was Green.
- ii. That the Key Performance Challenge provided a summary of the F&F test data.
- iii. That the spotlight report on Learning Disability Improvement Standards was limited to a very small number of respondents but it was recognised that it was important to ensure that the Trust provided the right referral pathways and access to services for this patient group.

2.b.iii EFFECTIVE

Reported by EM:

- i. That the overall rating for the domain was Red and it was expected this would move to Amber next month.
- ii. That the APC figures had increased but remained below planned levels with higher levels of complexity having an adverse impact.
- iii. That Critical Care occupancy remained high and reflected the increased acuity of patients with higher numbers of transplant, ECMO and VAD patients. Thirteen theatre cancellations had resulted from a lack of critical care capacity.
- iv. That bed occupancy on general wards was low and could be improved if flow through critical care was improved.

Discussion:

- i. DH asked about the impact of the 6th theatre. EM advised that

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following the hospital move there would be no change in the number of critical care beds but the business case for the 6th theatre included a further three beds.

- ii. That the same day admissions for surgery remained below target and that booking practice at RPH differed from neighbouring Trusts. CUH offered less flexibility for patients operating a 100% compliance policy for admission for same day surgery. The pathway and policy would be an area of focus for the new surgical manager.

2.b.iv RESPONSIVE:

Reported by EM:

- i. That the overall rating for the domain was Red and was expected to remain at Red for the next month.
- ii. That there had been continued improvement in RTT performance in line with trajectory as well as reductions in the number of breaches and the overall size of the waiting list.
- iii. That there was a significant amount of work being undertaken with the booking office and medial secretaries that would have a continued positive impact on RTT performance.
- iv. Performance around IHU was a concern and had been discussed at the Performance Committee. A QI Project had been started to review the IHU pathway and would report to the Performance Committee in January 2019. DH requested that this should include benchmarking data from other cardiac surgery centres.
- v. The spotlight report on cancer waiting times included a specific issue around supply of tracer for PET CTs. This was a national problem and had caused delays in the pathway and patient cancellations where tracer was not available.
- vi. The introduction of the reporting system for the new rules for calculating cancer waiting times would not now go live until April 2019 and reporting may therefore revert to the historic basis for calculation.

Discussion:

- i. RZ asked if the reduction in the waiting list size was a concern. EM advised that it was not as the referral base was the key issue and this remained strong. The reduction in waiting time was expected to have a positive impact on referrals and trends would be reviewed at the Performance Committee.

2.b.v People Management & Culture:

Reported by OM:

- i. That overall the domain was rated at Amber.
- ii. That vacancy rates and turnover had reduced in October. However turnover was expected to increase in November.
- iii. That sickness absence had risen above target with the main reason being absence caused by stress, anxiety and depression. The areas with the greatest increase included

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A&C staff where there was a significant degree of organisational change, and critical care, where there were a small number of longer term absences.

- iv. That the Trust had responded to requests for training putting in place MH First Aid training for managers and Resilience training which were well received. The Trust would be offering more short sessions in clinical areas.
- v. The Critical Care service was setting up a well-being group to help bring support into the critical care areas. The group would be supported with delivery of sessions on MH resilience and Mindfulness.
- vi. Teams were encouraged to adopt simple supportive measures such as celebrating and marking team and personal events such as birthdays, and the Trust were celebrating internal promotions through letters of congratulations from the CEO.

Discussion:

A number of Non-Executive Directors reflected a concern around the impact on welfare and pastoral care that had resulted in the previous decision to stop the provision of tea and coffee to staff members. This was felt to have had an adverse impact on the culture at the Trust. It was noted that this provision had a cost in excess of £30k per annum and was stopped in the context of managing a deficit of £16m.

2.b.vi Transformation

Reported by JH:

- i. That the overall rating of the domain was Amber and this related to two issues: Practical Completion 2, which was scheduled for the 17 December, and final delivery of the hospital against the MCP, both of which were expected to progress to plan.
- ii. The Project Management Team had now been established as the Hospital Commissioning Team (HCoT). The group had seen an increase in the number and granularity of issues and risks identified but these would be closed off more rapidly and the delivery programme remained on track.
- iii. The frequency of meetings of the HCoT would increase ahead of the move and would in time merge with the Hospital Cutover Team.

2.b.vii Finance

Reported by JH:

- i. That the overall domain was rated red and was expected to remain at a red rating next month.
- ii. That the underlying clinical income position was £340k adverse to plan.
- iii. That we were above the revised agency cap negotiated with NHSI and would be unable to recover this position in year.
- iv. That we expected to make further improvement against the £95k planning gap on CIP and a more significant challenge remained against CIP delivery.

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- v. That the Performance Committee had reviewed the proposal to revise the FOT deficit from £15.8m to £11.5m and this would be considered further by the Board in the Part II meeting.

Discussion:

- i. That the level of delivery of CIP was higher than the last four years and represented a delivery figure of 5.6% of budget.
- ii. That the non-pay schemes were all in delivery but there were some elements of underperformance in staffing CIPs that related to the delay in the move, and measures to secure safe service delivery.

Actions:

The Board of Directors noted the contents of the Royal Papworth Integrated Performance Report (PIPR) and agreed the following action:

- i. That AR would bring a report on competency to SPC and consider how patient feedback could be incorporated into this.
- ii. That a proposal on same day admissions would be brought to the Performance Committee in January.
- iii. That the Executive should review the provision of free tea and coffee for staff.

Action by Whom	Date by When
AR	Feb 19
EM	Jan 19
EDs	Jan 19

3 GOVERNANCE

3.i Board Assurance Framework

Received: From the Trust Secretary the BAF report setting out:

- i. BAF risks above appetite and target risk rating
- ii. The draft BAF Committee report framework
- iii. The Board BAF tracker.

Reported: That:

- i. BAF reporting had been moved onto the Part I Agenda following the recommendations from NHSI.
- ii. That the report was being developed to ensure that it met the needs of the Board and Committees and feedback on the report structure would be welcome.
- iii. That the Board needed to consider whether the BAF reporting properly reflected the risks facing the organisation.

Discussion:

- i. That it would be helpful for the if/then summaries included in the BAF to be prefixed by a risk domain.
- ii. That all BAF risks should be mapped to Board Committees.
- iii. DD asked about the level of power delegated to committees as if Committees owned the individual risks then Board should focus on overall movement through the Tracker report and progress/escalation of individual risks should be evidenced

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Discussion:

DD asked about the difference between the PIPR reporting and the overall assessment of the Trust against the CQC standards. JR advised that the review against core inspection standards based on the fundamental care standards did take into account other contextual measures and so would produce some variation. For example the failure in RTT in the last inspection was deemed to be ‘requires improvement’ but that rating was for a single element of the wider CQC domain.

The Board asked for information about external input to the inspection team. JR advised that the team had included the following: an NHSI Clinical Director and NHSE Quality Lead, an external Trust Quality Lead, and two members of the PPI Committee. The full list was included on p32 of the report.

Noted: The Board noted the Mock CQC report.

4 WORKFORCE

4.i Workforce Report December 2018

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

Reported by OM:

- i. The Pulse survey captured an increase in staff reporting concerns about the move but in free text fields staff reported that Papworth was still a great place to work.
- ii. A steady improvement in staff saying they are having discussions with their line manager and there is joint working within their team on planning for the move.
- iii. That following review Trust corporate induction had been reduced to a one day programme.
- iv. That a new process for NED and ED performance review had been agreed and would include 360° feedback as a part of the end of year review.
- v. That escalation meetings were being held with the Trust’s payroll provider in order to address performance issues.

Discussion:

The Board asked whether the HR systems were being deployed as a part of the move. OM advised that the plans were part of the Digital Strategy and were focused on the use of paper light systems and the increased use of ESR to enable staff to access services on line. The self-service initiative would be launched in December promoting access to online forms online and through phone apps. It was planned to roll out HR systems prior to the move.

Noted: The Board of Directors noted the Workforce Report.

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5 Research & Education

5.i Trust response to the Interim Report of Cardiorespiratory Research in Cambridge

Received: The Medical Director's update on the Interim Report from the Chair (RZ) of the Cambridge Cardiorespiratory Research Strategy Steering Group which described the current cardiorespiratory research landscape with conclusions and recommendations for consideration by the Trust. Also a letter from the Medical Director responding on behalf of the Trust to the Chair of the Steering Group.

Noted:

- i. RZ had received a response to the interim report from Patrick Maxwell and this would be circulated to the Board.
- ii. A query was raised as to the involvement of CUHP and confirmation was received that they are active members of the tripartite group led by Malcolm Lowe-Lauri.
- iii. RZ drew the Board's attention to item 4.6 within the report which he felt was of high importance and required Royal Papworth Hospital to transition from a specialist hospital to a specialist academic medical health centre with research receiving greater emphasis and support at Board level.
- iv. The research strategy should receive the same level of focus as that afforded to the quality strategy.
- v. The interim report would be reviewed by the Board in Part II.

5.ii Education Strategy

Received: Draft Education Strategy 2019-2022 received by the Board for review and approval.

Noted:

- i. The focus of this strategy was not just on clinical education but education and training for all staff.
- ii. Clarity was sought as to what the Trust required the strategy to achieve and the scale of costs.
- iii. Concern was noted following the closure of the Cardiac Physiology degree course provided by Anglia Ruskin University. The Board discussed whether we could deliver a training programme using our own expertise and agreed there was a need to articulate this ambition within the strategy.
- iv. The document was felt to be more of a policy than a strategy. It required work to define objectives over a 5 year period with a 2 year operational plan and clear articulation of aspirations and ambitions and action timeline for the first 6 months.

Action: The Board agreed that an updated Education Strategy document would be taken to Charitable Funds Committee – 12th February 2019 to include timeline of actions and costs to deliver the Trust's ambitions.

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RZ	Jan 2019
JR	Feb 2019

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6 Any Other Business: None

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Signed

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Date

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