Royal Papworth Hospital
NHS Foundation Trust

# Meeting of the Board of Directors
# Held on 7 May 2020 at 10:30am
# Ground Rehab Floor Seminar Room
# Royal Papworth Hospital

**UNCONFIRMED** **M I N U T E S – Part I**

| **Present** | Prof J Wallwork | (JW) | Chairman (T) |
|---|---|---|---|
| | Dr J Ahluwalia | (JA) | Non-Executive Director (T) |
| | Mr M Blastland | (MB) | Non-Executive Director (T) |
| | Ms C Conquest | (CC) | Non-Executive Director (T) |
| | Mr D Dean | (DD) | Non-Executive Director (T) |
| | Mr T Glenn | (TG) | Chief Finance and Commercial Officer |
| | Dr R Hall | (RH) | Medical Director |
| | Mrs E Midlane | (EM) | Chief Operating Officer |
| | Ms O Monkhouse | (OM) | Director of Workforce and OD |
| | Mr S Posey | (SP) | Chief Executive |
| | Mr G Robert | (GR) | Non-Executive Director (T) |
| | Mr A Raynes | (AR) | Director of IM&T Chief Information Officer(T) |
| | Mrs J Rudman | (JR) | Chief Nurse |
| | Prof I Wilkinson | (IW) | Non-Executive Director (T) |
| | | | |
| **In Attendance** | Mrs A Jarvis | (AJ) | Trust Secretary |
| | Mr A Selby | (AS) | Associate Director of Estates and Facilities |
| **Apologies** | | | |
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| **Observers** | | | |
| | | | |
| (T – joined the meeting via online teleconference) | | | |

| Agenda Item | | Action by Whom | Date |
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| **1.i** | **WELCOME, APOLOGIES AND OPENING REMARKS** | | |
| | 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:<br><br>i. John Wallwork and Stephen Posey as Directors of Cambridge University Health Partners (CUHP). | | |

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| | ii. Roger Hall as a Director and shareholder of Cluroe and Hall Ltd, a company providing specialist medical practice activities.<br>iii. John Wallwork as an Independent Medical Monitor for Transmedics clinical trials.<br>iv. Josie Rudman, Partner Organisation Governor at CUH.<br>v. Stephen Posey in holding an Honorary contract with CUH to enable him to spend time with the clinical teams at CUH.<br>vi. Stephen Posey as Chair of the NHS England (NHSE) Operational Delivery Network Board.<br>vii. Stephen Posey as Trustee of the Intensive Care Society.<br>viii. Stephen Posey, Josie Rudman, Roy Clarke and Roger Hall as Executive Reviewers for CQC Well Led reviews.<br>ix. Andrew Raynes as a Director ADR Health Care Consultancy Solution Ltd<br>x. David Dean as Chair of ETL, a commercial subsidiary of Guy's and St Thomas' NHS FT. ETL are currently providing advisory services to the Estates team at Cambridge University Hospitals NHS Foundation Trust on Project Management.<br>xi. Stephen Posey as Chair of the East of England Cardiac Network.<br>xii. Michael Blastland as: 1. Board member of the Winton Centre for Risk and Evidence Communication; 2. Advisor to the Behavioural Change by Design research project; 3. Member of the oversight Panel for the Cholesterol Treatment Trialists' Collaboration; 4. Member of advisory group for Bristol University's Centre for Academic Research Quality and Improvement.<br>xiii. Cynthia Conquest as Deputy Director of Finance and Performance at the Norfolk Community Health & Care NHS Trust.<br>xiv. Stephen Posey as a member of the CQC's coproduction Group.<br>xv. Jag Ahluwalia as: 1. CUHFT Employee, seconded to Eastern Academic Health Science Network as Chief Clinical Officer; 2. Programme Director for East of England Chief Resident Training programme, run through CUH; 3. Trustee at Macmillan Cancer Support; 4. Fellow at the Judge Business School - Honorary appointment; 5. Co-director and shareholder in Ahluwalia Education and Consulting Limited; 6. Associate at Deloitte; 7. Associate at the Moller Centre.<br>xvi. Ian Wilkinson as: 1. Hon Consultant CUHFT and employee of the University of Cambridge; 2. Director of Cambridge Clinical Trials Unit; 3. Member of Addenbrooke's Charitable Trust Scientific Advisory Board; 4. Senior academic for University of Cambridge Sunway Collaboration; 5. Private health care at the University of Cambridge; 6. University of Cambridge Member of Project Atria Board (HLRI).<br>xvii. Tim Glen's wife works for NHS England. | | |
| **1.iii** | **MINUTES OF THE PREVIOUS MEETING** | | |
| | **Board of Directors Part I: 6 February 2020**<br><br>**Approved**: The Board of Directors approved the Minutes of the Part I meeting held on 2 April 2020 as a true record. | | |
| **1.iv** | **MATTERS ARISING AND ACTION CHECKLIST** | | |

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| | **Noted:** The Board received and noted the updates on the action checklist. | | |
| **1.v** | **Chairman's Report** | | |
| | The Chairman noted that following six weeks of lockdown he had been impressed by the response of the whole hospital and how they had managed the scale of change week by week. The Trust was also one year post move and all staff would be receiving a letter from the Chairman thanking for their contribution to the move and the operation of Command and Control; the CQC inspection and the response to COVID19.<br><br>JW noted that the STP was quiet but it was now having a role in restarting services across the system and this would be informed by the system plans and not central diktat.<br><br>JW and SP had also had an audience with the Duchess of Gloucester who had sent her best wishes to Trust and to staff. | | |
| **1.vi** | **CEO's UPDATE** | | |
| | **Received:** The Chief Executive'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. The report was taken as read.<br><br>**Reported:** By SP that:<br>i. This had been an eventful month with the birthday of the Trust on its new site and with the response to the COVID19 pandemic.<br>ii. Our staff had consistently demonstrated a can do attitude with a positive and professional manner to our patients and had worked with good humour supporting one another through this very challenging period.<br>iii. That the focus of the Trust was now on 'recovery' but this would be to a new baseline. The Trust was looking at how it could switch on closed pathways but these would not be able to revert to what had been in place before and there were clinical and operational meetings underway to consider what the future services would look like. The Trust was working through national guidance and looking at new service lines and how we can sustain existing services.<br><br>**Discussion:**<br>i. NEDs welcomed the CEO's report and felt that this was a clear and useful summary for the Board.<br>ii. CC asked about the use of coveralls and the adherence to Public Health England guidelines for PPE. SP advised that the Trust had always adhered to PHE guidance and that the Trust had managed to keep staff in appropriate PPE throughout the pandemic response.<br>iii. DD asked about the number of COVID cases within Critical Care and the number of non-COVID patients. RH advised that the Trust had 30 COVID patients and had between 9 and 10 non-COVID patients in Critical Care which was made up of | | |

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| | emergency admissions, high risk elective cases and In House Urgent transfers.<br>iv. MB asked about whether the Trust had information on the numbers of patients who were not attending through heart attack and cancer pathways. It was noted that this would be considered further in the recovery paper that was on the Part II agenda. It was noted that we had seen an increase in PPCI activations in the last week and that the patients presenting were more acutely unwell. There was also concern that there we may see increases in deaths in the community as a result of the reductions in referrals. Primary care and A&Es had also seen dips in activity but system reports were now that these were very busy again and approaching pre-pandemic levels.<br><br>**Noted:** The Board noted the CEO's update report. | | |
| **2** | **PERFORMANCE** | | |
| **2.a.i** | **PERFORMANCE COMMITTEE CHAIR'S REPORT**<br><br>**Received:** The Chair's report setting out significant issues of interest for the Board.<br><br>**Reported:** By GR that the Committee had focused on discussion of the metrics to monitor performance in relation to the COVID19 response and that overview of residual performance metrics. The Committee had received assurance that the Trust was putting in place actions to maximise actions in the right areas but did not have metrics to support monitoring these within PIPR. The Committee were cautions and did not wish to place additional burden on the organisation at this point and recognised that there were limitations on what could therefore be achieved. He would continue to work with TG on this.<br><br>**Discussion:**<br>i. TG advised that the Trust now had a good draft document to provide assurance to the Committee and that he would continue to work to develop this further.<br>**ii.** SP noted that he appreciated the approach that was being taken.<br><br>**Noted:** The Board noted the Performance Committee Chair's report. | | |
| **2.b** | **PAPWORTH INTEGRATED PERFORMANCE REPORT (PIPR)** | | |
| | **Received:** The PIPR report for Month 12 (March 2020) from the Executive Directors (EDs). This report had been considered in at the Performance Committee and was provided to the Board for information.<br><br>**Noted:**<br>i. That overall Trust performance was at a Red rating.<br>ii. That the summary version of the PIPR for March 2020 included the latest dashboard KPI and additional KPI metric information but excluded elements of routine reporting on key challenges and spotlight narratives. | | |

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| | iii. That the Committee had spent some time reviewing the Effective and Responsive sections of PIPR and had had been advised of the approach being taken to management of risk for patients on waiting lists for treatment.<br>iv. That the People Management & Culture report reflected the stretch on workforce within the hospital.<br><br>**Discussion:**<br>i. JW noted that the 2019/20 financial outcome was better than control total and that was good news and he therefore queried the red rating. TG advised that although planned year-end financial position had been achieved this was rated as red as the Trust had achieved this position through non-recurrent measures and it was not where it wished to be on delivery of CIP. He noted also that this assessment reflected the future financial uncertainties and risks that the Trust faced as a result of COVID19 and that would be set out for the Board in further detail in the Part II.<br>ii. JW noted that the staffing position was interesting he expected that the NHS and the Trust would see opportunities to recruit as they would be seen as safe and secure employers in the current situation. OM noted that the figures for staff in the recruitment pipeline were very good and this included recruitment for critical care. | | |
| | **Noted:** The Board noted the PIPR report for Month twelve (March 2020). | | |
| **3** | **GOVERNANCE** | | |
| **3.i** | **Board Assurance Framework**<br>**Received:** From the Trust Secretary the BAF report setting out:<br><br>i. BAF risks against strategic objectives<br>ii. BAF risks above appetite and target risk rating<br>iii. The Board BAF tracker.<br><br>**Reported:** By AJ:<br>i. That the BAF report had been reviewed at the Board Committees and the new risks had been added to the BAF relating to Personal Protective Equipment and the Regional Super Surge Centre for Critical Care<br>ii. That the national mitigation relating to shortfalls in delivery of operational plans and capacity assumptions had seen increased confidence in delivery of year-end trajectories and so had resulted in reduced risk ratings in these areas.<br><br>**Discussion:**<br>i. JW noted that there were very rapidly changing circumstances on risks facing the Trust as a result of COVID19 and that the Board would need to consider these and the impact on the macro-economic climate as that became clearer. AJ noted that there was a separate COVID19 risk register that captured the immediate issues facing the Trust.<br><br>**Noted:** The Board noted the BAF report for April 2020. | | |

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| **3.ii** | **Q&R Committee Chair's Report**<br><br>**Received:** The Q&R Committee Chair's report setting out significant issues of interest for the Board.<br><br>**Reported:** By MB that that he did not have any significant issues to add to his report but noted that:<br>i. The Trust does not have all the tools that might be needed to manage the risks, for example for 18 week waits where changes in demand and services across hospitals will have an impact on the Trust position.<br>ii. The current operational pressures would also result in decisions being taken at the point of demand and so there would be a risk of reduced Executive purchase in the management of these risks. The Committee had been advised of the review of clinical pathways and the process to assess the need and the harm to patients through waiting list review and offered the best approach in the current circumstances.<br>iii. The Committee had also considered whether regional or system priorities might place pressure on what we would be required to deliver.<br>iv.<br><br>**Discussion**<br>i. JW noted that it was good that the waiting list review process was in place and that similar consideration for outpatients and other services would be required over time.<br>ii. It was noted that there was little that RPH undertook that was not either essential, or long term condition management; or urgent work such as transplant but there would be pressures in existing services and these would need to be considered relative to the urgency and treatment of COVID19.<br>iii. IW asked about the additional indemnity cover that had been introduced. This covered the coronavirus response where existing arrangements do not cover particular activities (such as the perfusion service which was extended to provide part of the essential Critical Care COVID-19 response team.)<br><br>**Noted:** The Board noted the Q&R Committee Chair's report | | |
| **3.iii** | **Combined Quality Report**<br>**Received**: A report from the Chief Nurse and Medical Director which highlighted information in addition to the PIPR.<br><br>**Reported:** By JR that she wanted to highlight:<br><br>i. The work of Clinical Professional Advisory Committee (CPAC) which was continuing to meet to support staff to work in new roles and different areas across the Trust.<br>ii. The initiatives introduced to support Patient and Family experience during the restrictions on visiting.<br><br>**Noted:** The Board noted the Combined Quality Report. | | |

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| **3.iv** | **Board Sub Committee Minutes:** | | |
| **3.iv.a** | **Quality and Risk Committee Minutes: 26.03.20**<br><br>**Received and noted:** The Board of Directors received and noted the minutes of the Quality and Risk Committee meetings held on 26 March 2020. | | |
| **3.iv.b** | **Performance Committee Minutes: 26.03.20**<br><br>**Received and noted:** The Board of Directors received and noted the minutes of the Performance Committee meeting held on 26 March 2020. | | |
| **3.iv.c** | **Audit Committee Minutes: 12.03.20**<br><br>**Received and noted:** The Board of Directors received and noted the minutes of the Performance Committee meeting held on 12 March 2020. | | |
| **3.ivi** | **Annual Board Self Certifications:**<br><br>**Received:** From the Trust Secretary the Annual Board Certifications for approval:<br><br>i. Annual self-certification of Licence compliance (General Condition 6) for publication by the 31 May 2020;<br>ii. That the provider has a reasonable expectation that required resources will be available to deliver the designated commissioner requested services (Condition CoS7(3) by 31 May 2020.<br>iii. Annual self-certification on Governor training due for publication by the 30 June 2020.<br><br>**Approved:** The Board of Directors approved the Annual Certifications for publication. | | |
| **4** | **WORKFORCE** | | |
| **4.i** | **Workforce Report**<br>**Received:** From the Director of Workforce and OD a verbal update on key workforce issues.<br><br>**Reported:** By OM that:<br>i. Issues had been identified relating to the impact of COVID19 for BAME staff and some other staff groups. There had been significant reporting on this in the media and we were seeing heightened concerns amongst staff. Sir Simon Stevens had written to Trusts setting out requirements for risk assessments. OM and CC had met with the Chair of the Trust BAME network and the Trust Equality Diversity and Inclusion lead to consider the concerns. They had agreed the following actions:<br>a. To write to staff to communicate the position and acknowledge the concerns raised, and to assure staff that actions are being taken to address the concerns.<br>b. To review the risk assessments for all staff as we now | | |

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| | have further information that will support this process providing consistent conversations with staff and a consistent assessment process.<br>ii. That in the risk assessment process BAME and other high risk staff groups would be prioritised for review with it then moving to be undertaken for all staff.<br>iii. The risk assessment process would will help us to understand the workforce aspects of the 'new normal' and a team was being pulled together to develop this area of work.<br>iv. Public Health England were due to review the underpinning data on this by the end of the month.<br><br>**Discussion:**<br>i. JW asked about whether the Trust had evidence of staff contracting COVID19 whilst working at the hospital as he felt that if staff were able to follow advice and use PPE then the chance of contracting COVID19 should be low. It was noted that this was not a significant issues but that in general the concerns were being raised from staff who were not working in critical care areas.<br>ii. There was discussion about the impact of COVID19 on the BAME community with those communities facing very disturbing reports through social media.<br>iii. It was noted that risks extended across staff groups as a result of the issues related to comorbidities, gender and obesity.<br>iv. OM noted that there was national work ongoing to gather evidence on co-morbidities and socioeconomic impact but that there was a concern about the lack of diversity in leadership and the impact that might have had on decision making. OM noted in response to this that WRES targets had been reinstated and that a draft document had been issued that required Boards and Chief Executive to review the national agenda. OM felt it had a sensible structure and it would be monitored appropriately.<br>v. OM noted that she had received feedback from staff on the changes in the makeup and diversity of the Board and that this were felt to promote understanding and that it was important for senior decision makers to have a semblance of representation of those for whom they are making decisions.<br><br>**Agreed:** The Board noted the update from the DWOD. | | |
| **5** | **BOARD FORWARD AGENDA** | | |
| **5.i** | **Board Forward Planner**<br><br>**Received and Noted:** The Board Forward Planner. | | |
| **5.ii** | **Items for escalation or referral to Committee** | | |

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Signed

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Date

**Royal Papworth Hospital NHS Foundation Trust**
**Board of Directors**
Meeting held on 7 May 2020

Glossary of terms

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| CIP | Cost Improvement Programme |
| CTP | Cambridgeshire Transition Programme |
| 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 |
| LDE | Lorenzo Digital Exemplar |
| NED | Non-Executive Director |
| NHSI | NHS Improvement |
| NSTEMI | Non-ST elevation MIs |
| PET CT | Positron emission tomography–computed tomography - a type of scanning of organs and tissue |
| PIPR | Papworth Integrated Performance Report |
| PPCI | Primary Percutaneous Coronary Intervention |
| PROM | **P**atient **R**eported **O**utcome **M**easure: assesses the quality of care delivered to NHS patients from the patient perspective. |
| RCA | **R**oot **C**ause **A**nalysis 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 |
| SIP | Service Improvement Programme |
| STP | Cambridgeshire and Peterborough **S**ustainability & **T**ransformation **P**artnership |
| VTE | Venous thromboembolism |
| Wards | Level Three: L3S (South) and L3N (North)<br>Level Four: L4S and L4N<br>Level Five: L5S and L5N<br>CCU Critical Care Unit |
| WTE | Whole Time Equivalent |