

**Meeting of the Council of Governors  
Held on 16 September 2020 at 10.30 am  
At Royal Papworth Hospital and By WebEx**

**MINUTES**

<b>Present</b>	<b>John Wallwork</b>	<b>JW</b>	<b>Chairman</b>
	Janet Atkins	JA	Public Governor
	Stephen Brown	SB	Public Governor
	Susan Bullivant	SBu	Public Governor
	Julia Dunncliffe	JD	Public Governor
	Glenn Edge	GE	Public Governor
	Caroline Edmonds	CE	Appointed Governor
	John Fiddy	JF	Public Governor
	Gill Francis	GF	Public Governor
	Caroline Gerrard	CG	Staff Governor
	Richard Hodder	RHo	Lead Governor
	Keith Jackson	KJ	Public Governor
	Cllr Linda Jones	LJ	Appointed Governor
	Cllr Alex Malyon	AM	Appointed Governor
	Trevor McLeese	TMc	Public Governor
	Harvey Perkins	HP	Public Governor
	Gavin Roberts	GR	Public Governor
	Rodney Scott	RS	Public Governor
	Martin Ward	MR	Staff Governor
<b>In Attendance</b>	Michael Blastland	MB	NED
	Cynthia Conquest	CC	NED
	Tim Glenn	TG	Chief Finance Officer
	Anna Jarvis	AJ	Trust Secretary
	Eilish Midlane	EM	Chief of Operations
	Stephen Posey	SP	Chief Executive
	Andrew Raynes	AR	Director of Im & T
	Josie Rudman	JR	Chief Nurse
	Julie Wall	JYW	PA – Minute Taker
<b>Apologies</b>	Jag Ahluwalia	JA	NED
	Roger Hall	RH	Medical Director
	Pippa Kent	PK	Public Governor
	Penny Martin	PM	Staff Governor
	Oonagh Monkhouse	OM	Director of Workforce
	Katrina Oates	KO	Staff Governor
	Cheryl Riotto	CR	Staff Governor
	Alessandro Ruggiero	AR	Staff Governor
	Lorraine Szeremeta	LS	Appointed Governor
	Ian Wilkinson	IW	NED

Agenda Item (minute reference)		Action by Whom	Date
1	<p><b>WELCOME, APOLOGIES AND OPENING REMARKS</b></p>		
	<p>The Chairman (JW) welcomed and was pleased to see everyone. He hoped they had been enjoying the warm weather over the last week or so.</p> <p><b>JW</b> informed the Governors that there had been a lot of effort going on around the hospital not only during the COVID-19 surge but following during the recovery phase. <b>JW</b> handed over to Stephen Posey who wanted to make an announcement to the Council of Governors.</p> <p><b>SP</b> announced that NHS England had seconded Josie Rudman as Chief Officer to build a team and get to grips with the track and trace system for 6 months. SP congratulated JR and advised that there would be a formal communication going out this morning but he wanted to let the Governors know first. <b>JR</b> thanked SP and said that she didn't want to go but this was a secondment that she was proud to be asked to do. She felt this was important recognition for Royal Papworth. She added that she had negotiated staying at Papworth one day per week and so would be keeping one foot in the camp.</p> <p><b>SP</b> announced that Ivan Graham would be stepping up as Acting Chief Nurse on the 28 September and the Acting Deputy role would be going out to advert.</p> <p><b>SP</b> wanted to just go over some background from the pandemic for information:</p> <ul style="list-style-type: none"> <li>• 400 staff were redeployed</li> <li>• 9 heart transplants were performed during peak</li> <li>• Discharged percentage of COVID patients was higher than national average and staff were justified to feel proud</li> <li>• We had received community support of £183,000 in donations including food and drink</li> <li>• The local community had made and donated scrubs</li> <li>• RPH was held in high regard in the community</li> <li>• Sir Simon Stephens visit was arranged but unfortunately was cancelled. The organisation was singled out as having recovered well.</li> <li>• Cardiology was busy as was transplant and both services had carried on through the surge</li> <li>• There were still issues with patient confidence coming to hospital but progress was being made and we were in line with national targets, which was good news.</li> <li>• We were seeing as many patients as possible before the winter period.</li> <li>• We were on top of the game with planning for any emerging COVID second wave, Brexit and backlog following first surge.</li> </ul>		

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	<p><b>JW</b> thanked SP and said this was very useful information.</p> <p><b>JW</b> continued the conversation regarding patients not feeling confident to attend hospital. He wanted to reiterate that there had been no cross infection at RPH and that it was probably safer to attend appointments at the hospital than it was going to the supermarket.</p> <p>The Chairman commented that there were a lot of papers for this meeting and as they had previously been received he felt that there was no need to go through all of them unless there were any questions.</p> <p><b>No questions were put forward at this point.</b></p> <p><b>JW</b> informed the Governors that the advertising process had started with regard to employing a new NED and Governor elections were taking place.</p> <p><b>AJ</b> reported that there was 24 hours before the final deadline for any candidates to withdraw from the election process. Details of the voting process would go out to all members and there had been enough interest to cover vacancies in all constituencies.</p>		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
	There were no new declarations of interest.		
<b>3</b>	<b>MINUTES OF THE PREVIOUS MEETING – 17 June 2020</b>		
	The minutes of the meeting held on Wednesday 17 June 2020 were agreed as a correct record.		
<b>4</b>	<b>PATIENT FEEDBACK</b>		
	<p><b>i Patient Story Helen Rumsby joined the meeting</b></p> <p><b>Helen reported briefly a patient’s experience</b></p> <ul style="list-style-type: none"> <li>• Patient was admitted on 26 August under the care of Mr Nashef following being at Bedford DGH since 5 May.</li> <li>• He tested positive for COVID19 and was very poorly. He could not be escalated for surgery for many weeks as swabs kept coming back as positive.</li> <li>• He had a serious cardiac condition and COVID had a severe impact on him. Despite this he came through well and was exercising to build himself up for surgery once he got a negative</li> </ul>		

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	<p>result for COVID.</p> <ul style="list-style-type: none"> <li>• He got negative test result on 25 June and was optimised for surgery but then during his 3 tests prior to surgery had another positive result. He then had 3 further tests and was negative.</li> <li>• Just before surgery he had a broken tooth which needed to be treated before surgery.</li> <li>• Surgery took place on 20<sup>th</sup> August from which he recovered well.</li> <li>• He reported that his environment was restful except for the constant beeping of the monitors both on him and other patients but he understood that these were important.</li> <li>• He also reported that he was cold and was not impressed with the food. He said the lasagne was like cardboard.</li> <li>• He had lost a lot of weight during his stay.</li> <li>• He was given different menu choices and had suggestions for improvement.</li> <li>• He said that the booklet that he was given to explain his surgery was excellent and felt that he was given choices all through his care. He said that he felt that his dignity was respected and he felt safe at all times and that staff were all very knowledgeable.</li> <li>• He said that all staff was always polite and he always knew who was looking after him. He said that he hadn't found PPE to be a problem although sometimes he had problems understanding different accents.</li> <li>• Patient was 62 years old.</li> </ul> <p>R Hodder Joined the meeting at this point and apologised for being late.</p> <p><b>ii National Patient Cancer Survey - Lavinia Magee joined the meeting</b></p> <p>The governors were shown The National Cancer Survey on screen. They were informed that there was more information available on the website.</p> <p><b>LM talked through the survey in brief with the governors:</b></p> <ul style="list-style-type: none"> <li>• The survey was from last year and was always done during April, May and June each year.</li> <li>• This coincided with the hospital move to Cambridge but there was still an excellent response.</li> <li>• In the summary of results, RPH scored well with a lot of positive comments. Few negative comments regarding old site and the IT systems and food.</li> </ul> <p><b>JW</b> Thanked Lavinia and asked if there were any questions</p> <p><b>GE</b> just wanted to make a point that RPH had done extremely well in relation to many Trusts.</p>		

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	<p><b>R Hodder</b> Thanked LM and asked if the survey was done by post?</p> <p><b>LM</b> replied that it was done by post. Usually 30-40% response rate but this year it was 60% which was deemed to be very good.</p> <p><b>AR</b> reported that a lot of digital upgrading work had been done since the move. There has been ongoing interconnectivity work on all different systems and we are making good progress.</p> <p><b>JW</b> Thanked LM and she left the meeting.</p>		
<b>5</b>	<b>COVID19 UPDATE</b>		
	<p><b>i COVID Patient Outcomes - JR Reported</b></p> <ul style="list-style-type: none"> <li>• There was immense pride for our teams in the high level of care given to patients over the pandemic. They were compassionate in caring and the treatment of patients.</li> <li>• Data that was received on the 3 August sets RPH apart from other providers regarding its outcomes.</li> <li>• We had learned that age was a significant factor for COVID</li> <li>• RPH admitted the sickest patients and they came through well</li> <li>• The ECMO service and intensive care unit was enhanced after move.</li> <li>• Team spirit was high following the move and going into the surge.</li> <li>• A lot of roles had changed and everyone 'mucked in' to ensure best outcomes possible.</li> <li>• There were no COVID patients in the hospital today</li> <li>• There were no hospital acquired COVID infections due to maintaining a high quality of care and infection control</li> <li>• Unfortunately visiting of patients was still not open in order to keep foot fall down in the hospital.</li> <li>• Follow up of COVID patients had started and results were shared with staff as they were interested to know how the patients have progressed once leaving RPH. They would not know outcome once they were discharged home or to other DGHs otherwise.</li> <li>• Going forward RPH would continue to play a role in second wave when and if it comes.</li> <li>• Roger Hall Medical Director led clinical decision making through the CDC. The Trust had also set up a clinical advice service supporting the management of patients from other units and providing advice in relation to surge plans.</li> <li>• The Country was seeing rising infections and although not here yet we were in second surge ready.</li> </ul> <p><b>HP</b> asked If all other hospitals had an ECMO service would they have fared better.</p>		

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	<p><b>JR</b> Explained that there are only five centres that exist with an ECMO Service and patients were transported to those when appropriate. Not all DGH's had the knowledge of how to treat ECMO patients as it was a specialised service.</p> <p><b>SP</b> informed the CoG that the EoE Region were looking at more ECMO capacity at RPH.</p> <p><b>JW</b> explained that the ECMO service had highly specialised teams which was why they were confined to a small number of centres. RPH was a training centre.</p> <p><b>HP</b> asked whether patients survived because of the ECMO service at RPH?</p> <p><b>SP</b> noted that there was debate about the outcome data as some patients were transferred late so had increased risk of mortality. There was focus on which areas patients were admitted from, as this was showing that sickest patients came from places with higher levels of deprivation.</p> <p><b>ii Restoration of Activity EM</b></p> <p><b>Received: Activity report showing charts for each speciality</b> <b>In summary:</b></p> <ul style="list-style-type: none"> <li>• Restoration of services was a positive story. The “gas” was not turned off during the surge but simply turned down which had enabled the Trust to get back where we were before COVID.</li> <li>• The CDC managed the priority of patients and this had been a 3 phase strategy.</li> <li>• A letter was being sent to all healthcare providers regarding restarting of services and referrals were now flowing through the system. Consultant to consultant referral numbers were back up but there were still low levels of referrals from primary care.</li> <li>• Out patients exceeded capacity up to 97% and 87% new patients</li> <li>• Cardiology waiting lists are performing better than before COVID</li> <li>• Radiology have cleared back log for CT scans</li> <li>• Transplant never fell away although fewer organs were available for donation due to lockdown and less RTA's etc. Organs were accepted every 36 hours through August</li> <li>• RPH are in a strong position and was focusing on clearing backlogs; winter planning and planning for a second surge.</li> </ul> <p>This position was all completely down to our teams and we would like to make a big shout out to the Digital Team and to Martin Ward on behalf of Estates for obtaining clinical equipment.</p>		

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	<p><b>SP</b> commented that the same teams that delivered the emergency care had been focusing on getting us into a strong position going forward. Unfortunately Addenbrooke's had not recovered from the impact yet and so RPH were concentrating on helping with back log of services in radiology by freeing up the department.</p> <p><b>LJ</b> Welcomed the last comment and said that RPH has a great site with dedicated staff but it was important to remember collaboration and sharing. It was also important to move forward issues pertaining to transport strategy.</p> <p><b>SP</b> While not intending to sound triumphant we like to talk about the outcomes and sacrifice staff made. RPH did lean in to help other Trust's both inside and outside our area and patients were transferred to us for treatment to take off the pressure from their critical care units.</p>		
<b>6</b>	<b>TRUST STRATEGY 2020-2025</b>		
	<p><b>Received: Trust Strategy 2020-2025 Final Draft</b></p> <p><b>SP Reported in summary</b></p> <ul style="list-style-type: none"> <li>• The purpose of this strategy was to set out a direction of travel and strategic goals for the period 2020– 2025, providing a framework for decisions and a context within which all of our activities and planning can be set.</li> <li>• We had taken the opportunity to review the strategy in the light of the COVID-19 pandemic. The report being later than usual due to this pandemic.</li> <li>• We are keen to be valued and valuable to other Trusts</li> <li>• The plan sets out the ambitions for and the direction of the NHS over the next ten years to make the NHS fit for the future and to get the most value for patients. The plan set out a number of focus areas across the whole of the services. Those ambitions that impact directly on Royal Papworth Hospital or where we have a role to play</li> <li>• We cover a wide area and are engaging with constituency MP's</li> <li>• We are aiming to grow pathways with partners not only locally but nationally and internationally</li> <li>• RPH was now well placed to maintain its position as a respected lead in a well-developed STP with new pathways to be implemented.</li> <li>• We will seek to offer a positive staff experience enabling them to fulfil their potential by providing a working environment where they can feel valued for what they bring to the Trust, achieve a work life balance, and feel engaged in their work.</li> <li>• Our staff have come through a huge challenge over the last year</li> </ul>		

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	<p>with the move and then a global pandemic</p> <ul style="list-style-type: none"> <li>Through the Royal Papworth School we aim to create a focus for all training and education activities that supports the development of all staff and enables the Trust to “grow its own”.</li> </ul> <p>The strategy had been approved by the Board and would be launched and promoted across the organisation.</p>		
7	<b>ANNUAL REPORT &amp; ACCOUNTS</b>		
	<p><b>Received: Annual report &amp; Accounts</b></p> <p><b>Reported: by Tim Glenn</b></p> <p><b>TG</b> commented that it seemed a long time ago now but it was a year on from the move which was followed by the CQC inspection and the start of the pandemic.</p> <p>The report includes:</p> <ul style="list-style-type: none"> <li>The financial risk of the move to the Biomedical Campus</li> <li>Disposal of the old site</li> <li>Cost of PFI</li> <li>List of accounts</li> </ul> <p>The external auditors were very pleased with the audit outcome and there was strong endorsement made by them. He noted this work was done during April – May which was the peak of the pandemic. He would hand over to Emma to comment on external audit findings.</p> <p><b>TG</b> explained that things would be changing this year 2020/21 and that it would be a year of two halves.</p> <ul style="list-style-type: none"> <li>The first half would include an emergency financing regime in response to COVID-19</li> <li>The second half would be different, it would include a pot of money allocated to the Cambridge and Peterborough Integrated Care System and they would deploy these funds</li> <li>RPH would need to play a role in the development of financial discussion in the STP to ensure that it could benefit from system orientation.</li> </ul> <p><b>JW</b> commented that when we fully know rules we can discuss further and this would be shared. <b>TG</b> noted that we had received some information last night but it had not clarified everything. The information reinforces the system approach.</p> <p><b>External Audit Findings</b> – Unfortunately Emma Larcombe was not able to connect to the call to speak about this.</p>		

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	<p><b>TG</b> reported that</p> <ul style="list-style-type: none"> <li>• RPH was working well and was in a strong position.</li> <li>• Audit had been pro-active in gathering opinion from external auditors and this is reflected in a true and fair way.</li> <li>• The Auditors reported they had never seen such clear ISA</li> </ul> <p><b>CC</b> commented that as Head of the Audit Committee she would like to reiterate what has been said. The report from the External Auditors had been good and the Audit Committee had undertaken a close look at this and it had gone well.</p> <p><b>RHodder</b> asked if there was any news on the disposal of the old site</p> <p><b>TG</b> answered that there was progress with a preferred bidder and this is progressing well.</p> <p><b>JW</b> informed everyone that he and <b>SP</b> had been for a tour around the old site last week. <b>SP</b> noted that police and their dogs were still there but that nature had taken over. He will share news following the sale process.</p> <p><b>JW</b> asked if there were any further questions</p> <p><b>None put forward</b></p>		
8	<b>WORKFORCE - EM ON BEHALF OF OM</b>		
	<p><b>Received: Workforce Report</b></p> <p><b>8.i Compassionate &amp; Collective Leadership</b></p> <ul style="list-style-type: none"> <li>• The first phase was when the pandemic hit.</li> <li>• A new task force group was formed and the Charity office had supported this with funding.</li> <li>• The second phase was looking at a behaviour and leadership programme and the Charity to fund a new post for an Equality and Diversity Lead which would support this.</li> <li>• This was being taken forward to ensure that all staff feel valued.</li> </ul> <p><b>8.ii COVID19 debrief - Report received by Governors</b></p> <p><b>Purpose of the Debrief Review</b></p> <ul style="list-style-type: none"> <li>• To establish those things that went well</li> <li>• To establish those things that could be improved</li> <li>• To establish whether there were areas where we could improve on existing processes to respond and improve our ability to manage demands on the service.</li> <li>• To promote organisational learning to improve current and future</li> </ul>		

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	<p>performance</p> <ul style="list-style-type: none"> <li>To avoid the repeat of costly mistakes</li> <li>To improve decision making and resource allocation</li> <li>To demonstrate to staff that their feedback is valued and that it is acted on when appropriate.</li> </ul> <p><b>Questions – no questions put forward</b></p> <p><b>Glenn Edge commented</b> that during the crisis there were raised risk levels for BAME staff and those with health issues. He would like to say that he was impressed with the risk assessments that were very well managed and were very impressive. Changes were made following the assessments.</p> <p><b>SP</b> added that a huge investment of time was spent on this and it was absolutely necessary to address concerns from our staff. This was a good tool and would help with redeployment when second peak comes through.</p> <p>Those from a BAME background were disproportionately affected by Covid-19 nationally. In response to this, the Trust worked closely with the BAME Network to discuss issues and ways to resolve concerns. Regular meetings were held and OM and Liz Taylor worked closely with Judy Machiwenyika, the Chair of the BAME Network.</p>		
<b>9</b>	<b>GOVERNOR MATTERS - Richard Hodder</b>		
	<p><b>Appendix 1 Governor Committee membership</b></p> <p>Election results pending and these would have an impact on Committee membership. These would be reviewed once the October results were known. In progress.</p> <p><b>Appendix 2 Minutes from Governor Committees</b></p> <ul style="list-style-type: none"> <li>Patient &amp; Public Involvement – 17 August 2020</li> <li>Access &amp; Facilities - 26 August 2020</li> </ul> <p><b>Appendix 3 Board of Directors September 2020</b></p> <p>Some Governors had joined the Board meeting this month. Next Board meeting is 1<sup>st</sup> October and Governors are welcome to observe</p> <p><b>Appendix 4 Corporate Meeting Schedule 2021</b></p> <p>Committee dates were received for 2021</p> <p><b>Appendix 5 Membership Strategy 2020-2023</b></p>		

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	<p><b>AJ</b> said that the membership strategy needed reviewing this year. The strategy included key actions to promote membership and to encourage and support members in standing as Governors.</p> <p><b>AJ</b> noted that this was being brought for approval.</p> <p><b>JW</b> asked if there were any comments before approval was made</p> <p><b>R Hodder</b> Commented that he thought the voting needed to be looked at closely as it had changed a lot since the move to Cambridge. Now we are in Cambridge as it was attracting people from different areas than it did when we were in Papworth Everard.</p> <p><b>JW - Approval Accepted</b></p> <p><b>Discussion &amp; other updates:</b></p> <p><b>i. Staff Rest Facilities</b>  <b>GE</b> Commented on the minutes from the recent Access and Facilities meeting mentioning COVID and how this had indicated the need for more rest facilities for staff. Was there a plan in place for this?</p> <p><b>SP</b> explained that a temporary structure would be erected for about 2 years to help with this until the HRLI is built. Once the HLRI was built there would be more options in that building and the temporary structure would be removed. Estates were also looking into locker space and extra sleeping facilities for on call staff. Feedback from staff was clear on what would be helpful and the Trust understood their frustrations.</p> <p><b>ii. Quality Accounts</b>  <b>LJ</b> asked if a copy of the Quality Accounts could be sent to the County Council Health Committee. She said that the Cambridgeshire System had sent theirs through but RPH had not.</p> <p><b>SP</b> replied that he wasn't aware that they were not sent. <b>AJ</b> explained that the timetable had changed so they were not yet due to be sent to the Health Committee and the draft document was due next month. She would be sending them through as soon as possible after that.</p> <p><b>iii. System role</b>  <b>SB</b> noted that RPH's contribution to the STP strategy had been reported positively due to an increase in collaboration. <b>JW</b> reiterated this as it had been talked about at STP meetings he had attended. <b>SP</b> said that this was a good reminder of our system role as a lot of COVID patients came from Hinchingsbrooke critical care</p> <p><b>iv. Flu Vaccinations</b>  <b>JW</b> urged everyone to have the flu vaccination this year. <b>JR</b> wanted to provide reassurance that there is enough vaccine and there is no</p>		

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	<p>supply issue</p> <p><b>v. Digital Health Records</b></p> <p><b>AR</b> reported:-</p> <ul style="list-style-type: none"> <li>• From October a patient portal was going live and access to records via an APP.</li> <li>• Lorenzo and Epic to connect regarding lab results is progressing well.</li> <li>• Direction of travel is to connect systems.</li> <li>• Discussions ongoing regarding NHS APP</li> </ul> <p><b>JW</b> commented that following surveys and comments, patients were frustrated about being asked the same multiple questions several times and this needs to be resolved</p> <p><b>AR</b> said that systems do have historical records and felt that it was not a technical problem it was more people understanding the systems.</p> <p><b>RHodder</b> commented about the patient portal for Addenbrookes and how he can look at all his patient information on that.</p>		
<b>10</b>	<b>Questions from Governors and the Public received by the Trust Secretary previous to the meeting :</b>		
	No questions received prior to the meeting		
<b>11</b>	<p><b>Date of next meeting:</b></p> <p><b>JW</b> reminded the Governors that the next meeting will be on <b>18 November followed by the Annual Members Meeting</b> and thanked everyone for attending.</p> <p>18 November 2020 – Followed by Annual Members Meeting</p>		
	<p><b>Dates arranged for Council of Governor meetings in 2021</b></p> <p>17 March, 16 June, 15 September, 17 November</p>		

The meeting finished at 12.15

Signed:



Date: **18 November 2020**

**Royal Papworth Hospital NHS Foundation Trust**  
**Professor John Wallwork Chairman**