

**UNCONFIRMED**

**MINUTES**

**Council of Governors' Meeting  
Held on 15<sup>th</sup> September 2016  
In the Transformation Zone, Papworth Hospital**

**Present - Governors**

|                              |                 |                      |                                 |
|------------------------------|-----------------|----------------------|---------------------------------|
| John Wallwork (JW)           | Chairman        | Richard Hodder (RHo) | Public Governor                 |
| Frank Butcher (FB)           | Public Governor | Graham Jagger (GJ)   | Public Governor & Lead Governor |
| Barry Crabtree-Taylor (BC-T) | Public Governor | Keith Jackson (KJ)   | Public Governor                 |
| Julia Dunncliffe (JD)        | Public Governor | John Lodge (JL)      | Public Governor                 |
| Caz Dyer (CD)                | Staff Governor  | Helen Munday (HM)    | Staff Governor                  |
| Glenn Edge (GE)              | Public Governor | Peter Munday (PM)    | Public Governor                 |
| John Fiddy (FJ)              | Public Governor | Cheryl Riotto (CTR)  | Staff Governor                  |
| Julia Fleming (JF)           | Public Governor | Helen Rodriguez (HR) | Staff Governor                  |
| Gill Francis (GF)            | Public Governor | Stephen Webb (SW)    | Staff Governor                  |

**In Attendance – Governors elect**

|                  |                    |
|------------------|--------------------|
| Caroline Edmonds | Appointed Governor |
| Rob Graham       | Public Governor    |
| Harvey Perkins   | Public Governor    |
| Adrian Shelton   | Public Governor    |

**In Attendance - Others**

|                       |                                |
|-----------------------|--------------------------------|
| Tracy Bentley (TB)    | EA (minute taker)              |
| Roy Clarke (RC)       | Director of Finance            |
| Joanne Dale (JSD)     | Interim Director of Operations |
| Roger Hall (RMOH)     | Medical Director               |
| Elizabeth Horne (EH)  | Director of Human Resources    |
| Mary MacDonald (MMac) | Trust Secretary                |
| Josie Rudman (JRu)    | Director of Nursing            |
| Claire Tripp (CT)     | Interim Chief Executive        |

**Apologies - Governors**

|                       |                    |
|-----------------------|--------------------|
| Janet Atkins (JA)     | Public Governor    |
| Robert Hadley (RH)    | Public Governor    |
| Ann-Marie Ingle (AMI) | Appointed Governor |
| Ian Macgregor (IM)    | Public Governor    |
| Katrina Oates (KO)    | Staff Governor     |
| Bob Spinks (BS)       | Public Governor    |
| Nick Wright (NW)      | Appointed Governor |

**Apologies - Others**

|                     |                        |
|---------------------|------------------------|
| Karen Caddick (KC)  | Non-executive Director |
| Dave Hughes (DEH)   | Non-executive Director |
| Susan Lintott (SEL) | Non-executive Director |
| Mark Millar (MM)    | Non-executive Director |
| Nick Morrell (NM)   | Non-executive Director |
| Ron Zimmern (RZ)    | Non-executive Director |

**Apologies – Governors elect**

|                    |                    |
|--------------------|--------------------|
| Peter Topping (PT) | Appointed Governor |
| Tony Williams (TW) | Staff Governor     |

| Agenda Item |   | Action by whom | Date by when |
|-------------|---|----------------|--------------|
| 1           | <p><b>Welcome, apologies and opening remarks</b></p> <p>The Chairman welcomed everyone to the meeting and apologies were noted. List of re-elected and new governors were read to the attendees.</p>  |                |              |
| 2           | <p><b>Declarations of Interest</b></p> <p>There were no Declarations of Interest.</p>   |                |              |
| 3           | <p><b>Minutes of Previous Meeting and Matters Arising</b></p> <p><b>Approved:</b> Minutes of the Part 1 and Part 2 meetings held on 20<sup>th</sup> July 2016 Parts 1 and 2 were approved.</p>  | chairman       |              |
| 4.          | <p><b>Annual Report and Accounts 2015/16</b></p> <p><b>(a) Annual Report and Accounts (including Quality Report)</b></p> <p>All attendees and Governors have been provided with links to the full Annual Report and Accounts for 2015/16. Hardcopies were available at the meeting. Roy Clarke (RC), Director of Finance, presented this item to the meeting and advised that there would be a further report at the Annual Members' Meeting later in the day.</p> <p><b>(b) KPMG Audit Findings</b></p> <p>This document gave a summary of the findings from work done during the year. The document reported a clean/unqualified audit opinion on the Annual Report and Accounts and Quality Accounts.</p>  |                |              |
| 5           | <p><b>Board to Council Governance</b></p> <p>The Council of Governors received a presentation on the Papworth Integrated Performance Report (PIPR) from the Executive Directors which included the spotlight sections listed below:</p> <p>RC explained how there had been a task and finish group created to develop the report and RC fed back to the Council of Governors on the progress in developing the content of the PIPR. The Council of Governors was informed that the PIPR has been approved by the Trust Performance Committee and Trust Board as the reporting mechanism moving forward.</p> <p><b>Spotlight on Finance</b></p> <p>RC outlined the purpose and context of the PIPR and went through the performance domains of: Safe, Effective, Caring, Responsive, People Management &amp; Culture, Finance and Transformation and how these are rated.</p> <p>RC outlined how areas of concern are highlighted on the Trust</p> |                |              |

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performance summary and how this is also recorded on the balanced scorecard. The Report highlights the key performance areas and those are then broken down into spotlight sections which hold more detail. The PIPR will be reviewed after a 12 month period by the Board and any adjustments or changes made to the report at that stage.  
RC hoped that the brief outline and mechanics of the report was helpful to the Governors and attendees present.

Richard Hodder (RH) asked a question regarding the report in relation to the number of grey and red boxes. He queried whether there was a question of the levels/targets being set too high? Does this give the wrong impression externally that the hospital is failing in these areas?

RC responded that we would of course like all areas to be green but the measurable targets included are set to ensure the organisation is pushed to hit high targets. Some targets are set at national level and some are local. The Trust would not want to set a lower target to obtain more greens but rather work on ensuring that the target levels set are met. CT confirmed that although there are red areas these have some external factors such as nurse recruitment and 62 week cancer pathway national constraints. Further details will be given in Josie Rudman's (JR) and Joanne Dale's (JSD) presentations.

Elizabeth Horne (EH), Director of Human Resources, briefly outlined the issues around recruitment and retention. Patient care and treatment feed back is still positive at 97% satisfaction level but staff recommendation has dipped from 65% to 62% this quarter. Human Resources are working on staff engagement and giving help and support to staff.

RH also asked what the difference was between the colour coding system i.e Green to Amber; Amber to red. RC confirmed that the tolerance percentage is the same but the targets are set at different levels.

**Spotlight on Pressure Ulcers**

JR presented the spotlight on pressure ulcer management within the PIRP. JR explained that pressure ulcers are recorded in 2 categories:

1. Unavoidable
2. Avoidable

Each reported pressure ulcer is discussed at the quarterly pressure ulcer scrutiny panel. Of those reported since April 2016, one has been classified an avoidable pressure ulcer.

A review of pressure ulcers that are deemed unavoidable shows that all the care was give and despite this a pressure ulcer developed primarily due to the patient being critically unwell and predominantly on medication which reduces the blood supply to the extremities.

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JR explained how managing pressure ulcers help to stop delays in discharge, which increases the length of stay for patients. Ensuring that “at risk” patients are identified and those patients at risk have the correct equipment available is very important. The Higginson Ward closure has helped with better use of resources.

JW raised that the demographics on the spotlight on pressure ulcers presentation slide is a little confusing as the positive sections on the pie charts are in Red, whilst everywhere else where there is red within the PIPR document Red is negative. JR said that she would look into changing the coloring on the demographics

**Spotlight on Critical Care**

JR also discussed the critical care patient satisfaction survey which was given to all patients that had used the critical care area. Relatives were also given a separate survey to complete. The Trust obtains around 65% response from relatives and a slightly higher percentage from patients due to their remaining in the Trust carrying on with their recovery.

**Spotlight on Cancer Waits**

JSD discussed the 62 day cancer standard which the Trust has not achieved for several months. Papworth only has a Lung Cancer pathway and there are several factors that make the achievement of this standard difficult, predominantly the complexity of the lung cancer patient pathway and the small number of patients treated. JSD confirmed that an action plan has been agreed with NHS England (NHSE) with an agreed recovery date of February 2017, which we are on target to meet.

Gill Francis (GF) asked for clarification around the time frame of the 62 cancer pathway - where does the process start? Roger Hall (RH) confirmed that the 62 day cancer pathway starts at the day of referral. Claire Tripp (CT) also confirmed that the numbers which are failing the target are within single figures.

**Spotlight on Retention**

EH updated the meeting on the retention of staff. EH outlined that the highest turnover area is currently cardiac physiologists. This turnover has included staff joining the private sector. There are interim recruitment and retention measures being undertaken.

EH also updated on nursing recruitment, the Trust is again looking for potential staff from overseas both within and outside the EU specifically India and the Philippines. Currently any staff recruited from outside the EU has to complete an exam via the NMC which may be putting candidates off. Agencies have been used to fill the gap but even agencies are struggling to supply the number of nurses requested/required.

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**Spotlight on Transformation**

CT updated everyone present on transformation and operational readiness. The electronic patient record (EPR) Lorenzo is currently being adapted and created for Papworth. The Trust will be working with Cambridge University Health NHSFT (CUH) and other trusts that have made the transition to an electronic patient record (EPR). The EPR will be up and running on the current Papworth site in June 2017 ready for implementation at the new Papworth site when everyone moves over in April 2018.

CT clarified that the EPR is to ensure that clinicians have the correct, appropriate information regarding patients directly in front of them. Currently there are some connectivity issues between Lorenzo and Epic (the CUH EPR system). CUH had challenges around EPR themselves which we hope to learn from and we are in dialogue with CUH.

**Spotlight on Service Improvement Programme (SIP)**

JSD gave a brief outline on SIP. JSD discussed the maximizing of the growth and profitability of the private patient services. Task and Finish groups were created to lead on areas of: Marketing and access, Patient experience, pricing and invoicing, Business model, New Papworth and stakeholder engagement.

Gill Francis (GF) – stated that there is still a £2.8m deficit against the £5.2 target and asked how is this to be recovered?

CT responded that RC would outline in more detail in the Finance update.

GF stated that her question was not a criticism and believed that the improvement plans that have been implemented to date have saved millions and has chipped off a lot of excess. JW - confirmed that there are always areas for improvement. JW gave an example of hand washing which has helped to improve infection control.

**Spotlight on Finance**

Roy Clarke (RC), Director of Finance, first addressed the question from GF regarding the deficit against the SIP target. The Trust is on target to meet the deficit and the plan that has been put in place is delivering. For example the Trust has a £600k planned additional saving in SIP/CIP for 2016/17 identified. RC confirmed that the Trust hopes to close the gap before December 2016.

CT thanked the Directors for their input into the development of the PIPR and also thanked all staff that attend and had given input to the task group. CT congratulated RC on an excellent piece of work.

**Noted:** The Governors noted the Papworth Integrated Performance Report (PIPR)

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**6 Governor Matters**

The Council of Governors received a paper from the Trust Secretary that updated it on general Governor matters.

JW asked if the Governors had any additional matter that they would like to raise. None were raised.

Governor Committee Membership and Governor Attendance at Public Board of Director meetings

JW stated that if any existing governors wanted to change committees or new governors wanted to join committees they should contact Mary MacDonald the Trust Secretary. JW also reminded Governors to attend a Board meeting and that this can be done on a rota basis.

Governor Committee Minutes

Governors were informed that Richard Hodder would be taking on the role of Chair of the Patients and Public Involvement (PPI) Committee as Janet Atkins would be stepping down having completed nine years as a governor (the maximum numbers of years allowed without a break under the Papworth constitution).

**Noted:** The Council of Governors noted the minutes from the PPI meeting held on the 12 May 2016.

Glen Ford (GF) spoke about the recent site visit to the Bio-medical campus with Astra Zeneca who had hosted members of the Access and Facilities Group. The visit had been very informative and Astra Zeneca had been very welcoming to the governors that attended the visit. JW confirmed that Astra Zeneca is a good organisation to work collaboratively with. CT spoke about attending the campus group and how Astra Zeneca is helping to implement changes with regards to travel and access to the site.

**Noted:** The Council of Governors noted the verbal feedback on the Access and Facilities Group visit to the new Hospital site.

**Noted:** The Council of Governors noted the Governor matters report.

**7 Questions from Governors and the Public – notified to the Trust Secretary in advance of the meeting**

There were no further questions.

**8 Any Other Business**

None.

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Item**

**9 Date of Next Meeting: 17<sup>th</sup> November 10-2pm Transformation  
Zone**

The meeting closed at *11.15am*

| Action<br>by<br>whom | Date<br>by<br>when |
|----------------------|--------------------|
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.....  
Signed

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Date

**Papworth Hospital NHS Foundation Trust  
Council of Governors**  
Meeting held on 15<sup>th</sup> September 2016