

MINUTES

Council of Governors' Meeting Part I

Held on Wednesday 20 March 2019 at 10.30am

Level 3 Seminar Room
new Royal Papworth Hospital site

Present:			
Professor John Wallwork (JW)	Chairman		
Stephen Brown (SB) Barry Crabtree-Taylor (BCT) Glenn Edge (GE) John Fiddy (JF)	Public Governor Public Governor Public Governor Public Governor	Penny Martin (PM) Trevor McLeese (TMcL) Tony Moody TM Peter Munday (PM)	Public Governor Staff Governor Public Governor Public Governor
Gill Francis (GF) Robert Graham (RG) Richard Hodder (Rho) Keith Jackson (KJ)	Public Governor Public Governor Lead and Public Governor Public Governor	Katrina Oates (KO) Harvey Perkins (HP) Alessandro Ruggeiro (AR) Bob Spinks (BS)	Staff Governor Public Governor Staff Governor Public Governor
Graham Jagger (GJ) Linda Jones (LJ) Simon Marnier (SM)	Public Governor Appointed Governor Public Governor	Helen Rodriguez (HR) Cheryl Riotto (CR)	Staff Governor Staff Governor
In Attendance			
Roy Clarke (RC) Alison Colling (AC) Anna Jarvis (AJ) Chris Johnson (CJ) Susan Lintott Eilish Midlane (EM)	Chief Finance Officer Executive Assistant (Minute taker) Trust Secretary Chief Medical Information Officer Non-Executive Director Chief Operating Officer		
Julia Dunncliffe (JD) Oonagh Monkhouse (OM) Stephen Posey (SP) Josie Rudman (JR)	Governor Adviser Director of Workforce Chief Executive Chief Nurse		

Apologies – Governors Janet Atkins – Tony Williams (TW)	Public Governor Staff Governor	Apologies - Others	
--	-----------------------------------	---------------------------	--

Agenda Item

Please note the Minutes reflect the order of the Agenda not the order of discussion

Action by whom	Date by when
----------------	--------------

1 Welcome, apologies and opening remarks

The Chairman opened the meeting and apologies were noted. He welcomed all to the first Council of Governor meeting to be held at the new hospital, ahead of the planned hospital move at the end of April. Following the meeting, the Governors would receive a tour of the new hospital.

i.

The proposed visit by Vicky Carr, Critical Care Matron, with a Patient Story was unable to go ahead due to her clinical commitments. Richard Hodder (RH), lead Governor, relayed the story of him recently meeting the 2000th PTE (pulmonary thromboendarterectomy) patient, who had suffered from pulmonary hypertension, was on continuous oxygen treatment and then successfully operated on by David Jenkins.

RH highlighted an issue with communication involving a patient due to have an angiogram. This matter had been referred to Josie Rudman for follow up.

RH advised that the majority of patients say their care is wonderful. RH was on Princess Ward last week where he saw first-hand the care and compassion given by staff; and congratulated Josie and team.

The Chair thanked RH for his comments and assured Governors that the Trust would work hard to improve communications.

2 Declarations of Interest

One new Declaration was noted:
Stephen Posey as Chair of the East of England Cardiac Clinical Network.

3 Minutes of Previous Meeting and Matters Arising

Minutes of the meeting held 21 November 2018

The Minutes from the meeting held on 21 November 2018 were approved and authorised for signature by the Chairman as a true record.

Chairman

20.3.19

Matters Arising

There were no matters arising from the previous meeting.

SP gave an update on the forthcoming Care Quality Commission (CQC) inspection. This will happen on 2 and 3 April and is the registration visit for the new hospital site. The CQC will inspect the new hospital and its facilities and operating policies, and will meet staff delivering services. Their review will determine whether the new hospital is fit to provide healthcare services at the new site. The Provider Information Return (PIR) has been submitted to CQC and during the two days the Executive Team will present to the CQC and enable them to meet clinical staff. The Trust will receive verbal feedback at the end of the two days and anticipate receiving written registration approximately one week later.

SP added that the hospital has not had a full CQC inspection for over four

Agenda Item

Please note the Minutes reflect the order of the Agenda not the order of discussion

years with the last one being December 2014; therefore the Trust was expecting this to happen in the next four months. Last week the Trust received the PIR request from CQC for a full routine inspection; it is therefore anticipated that this full CQC inspection will be with us a few short weeks after the hospital move. The full inspection could see up to 40 CQC inspectors on site. As well as this full inspection, the CQC would also attend to perform a separate Well-led inspection at another date.

It is anticipated that the dates of the inspections will be unannounced and this will be a big undertaking for the Trust just after the hospital move. The CQC will wish to speak to Governors during the main inspection but not on the registration visit.

SP explained the differences between a registration inspection and a normal CQC inspection. He advised that the Well-led CQC inspection expected would last two-three days and would be likely to involve a smaller CQC team of 10-11 inspectors.

A Staff handbook had been published to advise staff of the CQC process – this will be released with payslips in March. It sets out the process and what may be asked by the CQC. This has been issued to support and take anxiety away from staff. Governors will also receive a copy of the handbook.

KO advised that staff had been informed of the anticipated CQC visits at the weekly Big Move Briefing. She reiterated the importance of all staff being prepared as within 10 minutes of the CQC arriving on site, they could be inspecting clinical areas.

4 Royal Papworth Integrated Performance Report (PIPR)

The Council of Governors received the Royal Papworth Integrated Performance Report (PIPR) which reported performance as at Month 10 (February) 2018/19. It was noted that the PIPR is analysed in detail at the monthly Performance Committee, chaired by Dave Hughes (DEH), Non-executive Director. It was suggested that DEH provides a Chair's report to future Council of Governor meetings. DEH also to be invited to attend the next Governor meeting on 19 June.

Overall performance rating

The current PIPR was showing an “amber” performance. Executive leads gave a brief overview of their domains as follows:

Safe (Green)

The safer staffing metric was rag rated ‘green’. The report noted VTE (Venous Thromboembolism) performance as a key challenge with inroads being made to improve this.

Caring (Amber)

The number of complaints received was 7 (above the trajectory of 5). This metric will be revised in-year to better reflect the position and ensure it captures CQC requirements. The report highlighted complaints as a key challenge with a detailed summary of complaints received and key actions put in place.

Action by whom	Date by when
AJ	Mar 19
AJ	Mar 19

**Agenda
Item**

Please note the Minutes reflect the order of the Agenda not the order of discussion

Action by whom	Date by when
----------------------	--------------------

Effective (Amber)

The performance challenges continue and the Trust did not deliver the planned level of activity in January. This was due to the ECMO surge and the flu outbreak which saw elective work cancelled and high acuity patients occupying critical care beds. The Trust provided a great response to the flu outbreak which although had an impact on elective work, it did not affect emergencies.

JR reported that single room facilities at the new hospital would not have necessitated the same level of ward bed closures and as there would be a lesser risk of cross contamination. The staff take up of the flu vaccine was at 83% for frontline clinical staff. Some of these staff did get flu, but reported that symptoms seemed milder than those not receiving the flu jab. The importance of staff flu vaccination was stressed; it was expected that the situation would have been worse if the staff take up had been lower.

Responsive (Red)

Although this domain flagged red, an improvement had been seen in RTT recovery. High theatre cancellations and lack of critical care bed availability were reflective of the ECMO surge and flu outbreak.

People Management & Culture (Amber)

Turnover had reduced to 16.5%; although it was anticipated that this could increase in April if staff leave prior to the hospital move. Recruitment had seen a good response to adverts with an increase in new starters expected in mid-June.

Staff sickness had seen an increase in February due to the flu outbreak. The spotlight report focussed on the unregistered nursing workforce. OM provided an update on Health Care Support Worker (HCSW) apprenticeships, Return to Practice nurses and bank staff. It was noted that retention of staff is key.

Transformation (Amber)

The move to the new hospital is the main key challenge; the Trust is working through the certification process with the first stage signed off and the next stage to be presented to the next Board meeting.

EM advised that beyond the NPH Project Management Group there was a huge amount of activity being undertaken by all staff and Relocation Leads across all areas. Governors would have the chance later today to see how ready the new building is.

Familiarisation training in the new building was going to plan with 80 staff per day receiving this. This was acknowledged as a huge effort from staff whilst still maintaining excellent services on the existing site. Staff had been brilliant and the Executive were extremely grateful for this effort.

Finance (Red)

The report gave a detailed summary of the current financial position. Income and capacity had been adversely affected by the impact of flu and the CIP was still under plan, however it was recognised that the current priority was a focus on transformation and the forthcoming hospital move.

The end year financial position was anticipated at circa £11m deficit. This

**Agenda
Item**

Please note the Minutes reflect the order of the Agenda not the order of discussion

was not where the Trust wanted to be and the Trust was working with regulators to achieve a non-recurrent break even position. There would be more detail after the Operational Plan was finalised and submitted through Board committees.

Opportunity for Questions from Governors

The following items were raised/noted and addressed:

1) Effective – Same Day Admissions (SDA).

How will Lorenzo impact on this?

AR advised that Chris Johnson would talk more about Lorenzo later in the session. The Digital Team are still work on optimising the system and had seen substantial business benefits such as reduction in drug costs and reduced length of stay – but there was still more to yield from system. Work is in progress to achieve interoperability on laboratory results between the Epic system at CUH and Lorenzo.

It was noted that the NHS Chief Information Officer, Will Smart, had visited the new hospital a couple of weeks ago.

2) RTT cardiology

EM advised that the RTT for cardiology had exceeded 92%. SP thanked EM for the determination to improve and the staff input in achieving this result. Average waiting times had reduced considerably and had shown better outcomes. Within this RTT work the Trust had taken the opportunity to review how we deliver services across the Trust.

3) Patients delay on discharge relating to pharmacy.

It was noted that this issue was caused by delay in getting prescriptions written and was not the fault of pharmacy. This was a Ward round issue which was being looked into. The new hospital would benefit from pharmacy robot technology.

Noted: The Council of Governors noted the contents of the Papworth Integrated Performance Report.

5 Governor Matters – Richard Hodder, Lead Governor

i Royal Papworth Hospital – constitution update

Approved: The Council of Governors approved the change to the Trust's constitution to amend the Trust's head office address.

It was noted that the new postcode is not in the Royal Mail system yet. Upon the hospital move to the new site, the re-direction of post is in hand. Road signage will change including removal of road hospital signage around Papworth Everard village.

ii) General including:

a) Governor Committee membership

RH asked Governors to contact the Trust Secretary regarding committee membership. He added that attendance at hospital committees affords Governors the opportunity to see how the hospital was run and interact with Executive and Non-executive Directors. There was a specific request for a second Staff Governor on the Forward Planning Committee. Penny Martin

Action by whom	Date by when
----------------	--------------

Agenda Item

Please note the Minutes reflect the order of the Agenda not the order of discussion

put her name forward for this position.

RH reminded members that Governors were welcome to attend Part One Board meetings – please advise Anna Jarvis if you wish to attend.

b) Minutes of Governor meetings

Noted: The Council of Governors noted the minutes of the following meetings:

- Access & Facilities Group: 19 November 2018.
- Governor Assurance Committee: 19 November 2018.
- Forward Planning Committee: 16 January 2019.
- Fundraising Group: 29 October 2018.

c) Governor survey update

The Governor survey issued at the end of 2018 had overall received a positive response, and the request for training in the areas of clinical quality, safety and finance was noted.

The Appointments Committee had discussed training and suggested a Board learning together session and open session to Governors. The Chair asked to advertise this more - AJ to circulate this information.

d) ToR 008 Patient & Public Involvement Committee

Approved: The Council of Governors approved the Terms of Reference for the Patient and Public Involvement Committee.

iii)

Quality Account Priorities

The Governors noted the presentation slides. Priorities were noted as:

- 1) Quality improvement.
- 2) Safe hospital move
- 3) Optimise Lorenzo (AR gave background to this)
- 4) Leadership and culture (including recruitment and retention).

The PPI meeting on 25 February 2019 had discussed external assurance for quality reporting, where mandatory indicators were noted.

6

Clinical Presentation

Dr Chris Johnson, Chief Medical Information Officer, Consultant Respiratory Physician, Clinical Lead for the Lung Defence Service, RPHFT

Lorenzo Electronic Patient Record : optimisation, interoperability and Clinical Leadership

CJ introduced himself and gave some background to his clinical career.

He referred to the start of this new digital journey with the introduction of the Electronic Patient Record (EPR).

The remit had been to look at what could be achieved and be safe, ensuring cost effectiveness and value for money and finally, successful

Action by whom	Date by when
AJ	Mar 19

Agenda Item

Please note the Minutes reflect the order of the Agenda not the order of discussion

Action by whom	Date by when
----------------	--------------

implementation. This would see the Trust moving away from paper based systems and working to become completely digital and paper-light. The Lorenzo system was deployed across 21 Trusts in the UK.

CJ explained the early days of implementation; the Digital team knew the basis of what it wanted the system to deliver and for it to have interoperability with other systems. Implementation had started in 2016 with go live on 4 June 2017. The go live went well with some problems but that was expected. During the go live period staff were supported by floor walkers and a support desk which initially received 300-400 calls per day which reduced to 20 per day after two weeks.

CJ acknowledged that the greatest impact seen was the improvement to medicine safety which was an improvement from the paper system.

Currently GPs cannot see Royal Papworth Hospital (RPH) results but this was in future plans along with dovetailing with national programmes.

Epic / Lorenzo interoperability – CJ explained how this would work and the need to for careful mapping and exchange of information across the two systems so that it could be used safely.

LJ noted the STP and NHSE roles in influencing how this could be developed and the impact and benefits of interoperability between systems.

CJ discussed the patient portal which is being developed to see RPH related information. Patients may have several portals to access which is not ideal. The STP were looking at patient portals but these might take a longer time to deliver. CJ stressed the need to be careful and ensure correct information is inputted, also taking note of GDPR compliance.

[1220 hrs Caroline Edmunds left]

A query was raised on security issues such as scamming, phishing emails etc; CJ responded by explaining the Trust's robust security governance protocols and the appointment of a Trust Cyber Analyst. The Trust's GDPR compliance is good with regular contact with patients regarding safeguarding.

Summary since go-live:

Connectivity to the Epic system at CUH for laboratory results was up and running and live. This had been a very complex process with strict rounds of testing. One of the biggest benefits from Lorenzo has seen results coming back much quicker and this was better for patient records. The implementation of a blood tracker system had helped saved blood by reducing blood wastage.

The system had given the opportunity to use data in other ways i.e., audits, and research. The Transplant Unit had created a new organ donor matching App which negated the use of faxes and email; also shortcutting a long round of conversations and speeding up the matching process. With an eye on the new hospital, new technology could enable tracking of equipment with patients and reduced infection risks.

The programme has come a long way but there was still much to be done. There were sound building blocks in place to enable progression on patient

Agenda Item

Please note the Minutes reflect the order of the Agenda not the order of discussion

Action by whom	Date by when
----------------	--------------

portals, forthcoming use of Apps and interoperability.

SP thanked CJ for attending and providing this update. SP noted that Will Smart, National Chief Information Officer spoke positively of Chris Johnson's leadership at a national user group where he is held in high regard. This is a credit to CJ and the team.

SL referred to the 21 Lorenzo sites and only one Epic site. CJ added there was soon to be a 2nd Epic site. RPH did consider the Epic system but this did not prove cost effective for Trust at the time of affording a new hospital.

Noted: The Council of Governors noted the Presentation

7 National Staff Survey Results 2018

OM introduced the annual National Staff Survey where the results were published in March each year and used to benchmark NHS organisations and long term trends; these were used by the CQC and NHS Improvement.

This survey was conducted between October and December 2018, with all staff invited to take part. The move to an electronic rather than paper based survey had seen a rise in response rate.

OM gave some context to RPH results in that the Trust was undergoing an enormous organisational change with the hospital move alongside the move to Huntingdon last year and a re-organised and reformed team. Two delays to the hospital move had also impacted on staff.

RPH results sit just above the national average and just below our peer group of specialist hospitals. Results would be sent out as an electronic link (rather than paper copy) and are available on the national website portal. Questions had been grouped into 10 themes and with a breakdown of these results seen.

One area worth noting was the 'support of immediate manager' which has seen sustained improvement over last few years showing that, despite pressures, staff feel well supported by line managers.

Two areas of concern had been discussed at Board and Executive team these were (1) equality diversity & inclusion and (2) health and well-being. The meeting was shown slides showing graph of trends in domains relating to peer groups.

Looking at Equality and diversity – OM discussed this slide and referred to the Trust's BAME group (Black Asian and Minority Ethnic). This was a very engaged group and was positive about making improvements. The Trust was looking to set up a similar group re. Disability.

Regarding Health and Well-being – the Trust had seen tremendous effort from staff with many working long hours in preparation for the hospital move. This has had an impact on staff well-being although this was not reflected in increase in sickness absence. It was acknowledged that the Trust was asking a lot from staff at this time.

The staff survey results would be discussed with various staff group in the Trust, i.e, staff engagement champions.

**Agenda
Item**

Please note the Minutes reflect the order of the Agenda not the order of discussion

Comments from the Governors: It was not surprising that some results had dropped bearing in mind the challenging environment, delays in move and the actual move.

The Chair advised that the Trust would proactively look at issues highlighted. The Staff Survey result is a large document which had been summarised well today.

SP added that it is important to be aware of the results and how staff were rising to challenges extremely well.

CR (Staff governor): noted that she was pleased to see this reflection and the credit given to staff where commitment had been 'off the scale'. Following the move, it would be useful to see work to optimise the building. The recent Staff Awards Ceremony was much valued by staff in recognising their efforts. Going forward it would be good to see more of this type of staff recognition by the Trust – it was highly motivating for staff which ultimately could improve performance.

RH asked if a message could be put out to staff from the Council of Governors to show its appreciation of the efforts and hard work by staff. The Chair agreed this action.

The staff awards had received 350 nominations with 170 being successful. Governors who had attended the event gave good feedback.

8 Questions from Governors and the Public sent to the Trust Secretary in advance of the meeting

When is official opening of new hospital?
The Chair advised that this would happen sometime in the next couple of months. Governors would be advised when details are finalised.

Date of Next Meeting: 19 June 2019

The meeting closed at 1230hrs.

SIGNED:



DATE: 20 June 2019

**Royal Papworth Hospital NHS Foundation Trust
Council of Governors Meeting
Wednesday 20 March 2019**

Action by whom	Date by when
AJ	Mar 19