

**Item 3**

**Meeting of the Council of Governors  
Held on Wednesday 17 June 2020 at 10.30 am  
In meeting rooms 3 and 4 First Floor and by WebEx  
Royal Papworth Hospital**

**MINUTES**

<b>Present</b>			
	<b>Professor John Wallwork</b>	<b>JW</b>	<b>Chairman</b>
	Janet Atkins	JA	Public Governor
	Stephen Brown	SB	Public Governor
	Susan Bullivant	SBu	Public Governor
	Glen Edge	GE	Public Governor
	Gill Francis	GF	Public Governor
	Caroline Gerrard	CG	Staff Governor
	Keith Jackson	KJ	Public Governor
	Richard Hodder	RH	Lead Governor
	Cllr Linda Jones	LJ	Appointed Governor
	Pippa Kent	PK	Public Governor
	Simon Marnier	SM	Public Governor
	Trevor McLeese	TMcL	Public Governor
	Katrina Oates	KO	Staff Governor
	Harvey Perkins	HP	Public Governor
	Martin Ward	MW	Staff Governor
<b>In Attendance</b>	Jag Ahluwalia	JAh	NED
	Michael Blastland	MB	NED
	Cynthia Conquest	CC	NED
	Tim Glenn	TG	Chief Finance Officer
	Roger Hall	RHall	Medical Director
	Anna Jarvis	AJ	Trust Secretary
	Eilish Midlane	EM	Chief of Operations
	Oonagh Monkhouse	OM	Director of Workforce
	Stephen Posey	SP	Chief Executive
	Andy Raynes	AR	Director of Im&T
	Josie Rudman	JR	Chief Nurse
	Julie Wall	JYW	PA – Minute Taker
<b>Apologies:</b>	Julia Dunicliffe	JD	Public Governor
	Caroline Edmonds	CE	Appointed Governor
	John Fiddy	JF	Public Governor
	Cheryl Riotto	CR	Staff Governor
	Alessandro Ruggiero	AR	Staff Governor
	Bob Spinks	BS	Public Governor

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1	<b>WELCOME, APOLOGIES AND OPENING REMARKS</b>		
	The Chairman welcomed everyone and hoped that everyone was well. He explained that he was keen to hold the meeting following the cancellation of the meeting in March, due to the pandemic, to update the Governors on the response that RPH had to the COVID 19 surge and how the hospital will get back to normal activity.		
2	<b>DECLARATIONS OF INTEREST</b>		
	There were no new declarations of interest.		
3	<b>MINUTES OF THE PREVIOUS MEETING – 20 November 2019</b>		
	The minutes of the meeting held on 20 November 2019 were agreed as a correct record.		
4	<b>COVID Performance Report</b>		
	<p><b>Received:</b> The report was received by the Governors previous to the meeting.</p> <p>SP handed over to TG to cover the COVID responses which were taken through the committees and Trust Board.</p> <ul style="list-style-type: none"> <li>• <b>TG</b> explained from page 3 of the report the critical care capacity around the East of England. The peak of the pandemic was the 12 April and gradually came down to baseline in early May.</li> <li>• Page 4 showed RPH over the same period. RPH ramped up being the provider for complex ECMO patients, who have longer stays in hospital. Papworth today remains in a level of surge with more ECMO patients than normal.</li> <li>• TG explained the second chart was how RPH responded and the extent of the step up.</li> <li>• The East of England was the third busiest region in the UK with a large amount of cases.</li> <li>• RPH relieved the pressure from ICU's at other DGH's who were overwhelmed, Luton, Southend, Watford, Basildon and Hinchbrook.</li> <li>• RPH had commissioned their own ambulances at the start of the pandemic and collected over 40 patients from DGH's.</li> <li>• The ECMO service reserved for critically ill patients had seen a very significant increase in respiratory patients needing treatment.</li> </ul>		

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	<ul style="list-style-type: none"> <li>• RPH also helped with guidance and advice on over 200 patients at DGH'S out of our area including north London.</li> <li>• RPH outcomes were reported to be some of the best in the Country.</li> </ul> <p><b>RH</b> reported from his perspective as Medical Director:</p> <ul style="list-style-type: none"> <li>• Before the first patients with COVID were admitted a group was put together to make decisions regarding the organisation of nurse and doctor teams. This phase saw the set up of teams dealing with ECMO, proning, and teams devoted to ventilations.</li> <li>• RPH was a surge centre operating 7 days per week.</li> <li>• RPH was ready when the first patients arrived who were from out of the area, none being our own patients.</li> <li>• Other routes included referrals from Hinchingsbrooke, Cambridge and Peterborough. There were a lot of patients from Hinchingsbrooke as they had very limited critical care facilities.</li> <li>• RPH had the biggest impact in terms of cases and severity having 65 patients in CCU which was well above the baseline level.</li> <li>• Results coming in to date indicate that RPH had achieved above average survival rates.</li> <li>• The ECMO service was extraordinarily good. Usually treating 3-5 patients, going up to 8 in flu season but had 21-25 COVID patients during the peak.</li> <li>• Numbers have now declined and admissions are down to 1-2 patients per day.</li> <li>• Recovery for our usual services is being discussed. Attention to COVID is still needed so it is difficult to get back to normal at this time.</li> <li>• RPH has the facilities, staff and tools to deal with this. We also have the advantage of having single rooms and not bays of beds.</li> </ul> <p><b>EM</b> reported:</p> <ul style="list-style-type: none"> <li>• The activity of in-patients had been difficult and complicated in surge mode. CDC took immediate priority. There is the need to extract staff from CCU to support a return to normal activity.</li> <li>• Priority is being given to the sickest patients on waiting list, 39 have had surgery.</li> <li>• The Transplant Service carried on through the peak and today the fourth transplant since Saturday was being performed.</li> <li>• Cardiology had maintained a small volume of patients coming through and more recently there had been increases in the level of ACS and PPCI activity.</li> <li>• The TAVI Service has been running the whole way through the peak.</li> <li>• CPAP and Sleep Centre have now restarted.</li> </ul>		

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	<ul style="list-style-type: none"> <li>Respiratory patients who have been shielding have been reluctant to come in to the hospital and are being encouraged to attend appointments etc.</li> <li>Elective CT, MRI and echo are restarting this week.</li> <li>The Trust is arranging access to more CT scanners to be outside of building for patients to attend which should give patients confidence that they are coming to a COVID free area.</li> </ul> <p><b>JR</b> reported:</p> <ul style="list-style-type: none"> <li>There have been staff changes, redeployment in all areas.</li> <li>Some staff did struggle and were reluctant but did step forward.</li> <li>Support was put in place so that staff had the ability to raise concerns.</li> <li>There was a move back to normal now and we were slowly releasing staff to their usual areas.</li> <li>Recruitment campaign has been started for the ECMO Service.</li> <li>Some staff have chosen to stay in CCU. An amazing job was done with internal transfer and rotation of staff with CCU. RPH will be prepared for a further surge built on staff ability.</li> <li>Staff were not worried in CCU as the correct PPE, adhering to guidelines, was always available.</li> </ul>		
<b>5</b>	<b>Trust Strategy 2020-2025 Verbal CEO</b>		
	<p>SP explained there will be amendments made to the strategy which has had a significant test with COVID as was, and still is relevant.</p> <p>The strategy has held up well but is going to be revisited and ensure that it reflected the work done by the Trust which was valuable and valued by the region.</p> <p>The COVID response early signs are good and demonstrate some of the best outcomes. We are coming down from the peak now so we need to refresh our strategy in the light of this.</p>		
<b>6</b>	<b>Governor Matters – Lead Governor Richard Hodder</b>		
	<p><b>6.1 Received by Governors: Minutes from Appointments Committee 21 May 2020</b></p> <p><b>Discussed:</b> RH set out the recommendations from Appointments Committee 21 May 2020</p> <p><b>Noted:</b> David Dean had stepped down from the Trust Board on the 31 May 2020.</p>		

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	<p><b>Recommendations for Approval:</b> The Council of Governors was asked to ratify the recommendations from the Appointments Committee held on 21 May 2020. These were:</p> <ul style="list-style-type: none"> <li>i. To extend of term of office for Prof. Wallwork to 31.01.2022.</li> <li>ii. To appoint Cynthia Conquest as Audit Chair and to extend her term of office re-appointing for a three year term to 29.02.24.</li> <li>iii. To appoint Michael Blastland as Deputy Chair.</li> <li>iv. To ratify the recommendations on the recruitment of a Non-executive Director.</li> <li>iv. To note the outcome of the NED and Chair Appraisal process for 2019/20.</li> </ul> <p><b>RH:</b> Asked if the recommendations were approved by the Council of Governors.</p> <p><b>Agreed:</b> There was agreement to the recommendations with no objections to any recommendations raised.</p> <p><b>HP</b> raised the question of the replacement of Cambridge University representative. JW informed that this had been finalised and Professor Ian Wilkinson was the successful applicant. (This matter had been ratified by the CoG in Nov 2019).</p> <p><b>Post Meeting Note:</b> Following the meeting, a concern was voiced regarding the Chairman being on line during the agenda item of Governor Matters when the extension of his tenure was proposed for approval.</p> <p>Anna Jarvis Trust Secretary and Richard Hodder Lead Governor would like to note on the minutes and to assure the Governors that the Chairman was not present at the Appointments Committee when the proposal was discussed and recommendation made regarding his tenure extension. In usual circumstances he would have been asked to leave the Council of Governors meeting for the process of ratification. It was also noted that the Chairman did hand on the agenda item of Governor Matters over to Richard Hodder but did not leave the call and that in normal circumstances he would have left the room.</p> <p>The Chairman's extension of tenure had been discussed at length both formally and informally with the Appointment Committee members, with members of the Executive team and Non-Executive members.</p> <p>The format of the meeting was such that the Lead Governor took this agenda item and proposed this recommendation to the committee. We will minute that the Chairman was present on line when the approval was sought. In the absence of any objections and his appointment having been received being one of a number of items we were seeking approval for it was not felt a significant infringement. It was noted that there was opportunity to put forward any comments and if that was the</p>		

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	<p>case then the Chairman would have removed himself from the meeting.</p> <p><b>6.2 Approval of TOR009 Governors Assurance Committee</b>  <b>AJ</b> noted that the Governors Assurance Committee TOR had been updated and ratification was needed. These were approved.</p>		
<b>7</b>	<b>Governor Committee Membership</b>		
	<p><b>Received: List of Governor Committee's for Information</b></p> <p><b>Discussed: Elections</b></p> <p>With 12 governors coming to the end of their term in September it was suggested that this gave the opportunity for existing governors to change committee if they wished and for new governors to join.</p> <p>JW suggested that the governors meet privately to discuss this. AJ to arrange and also to look into how other hospitals were arranging meetings with their governors during the pandemic.</p> <p><b>Upcoming elections to be discussed following this meeting with AJ and R Hodder</b></p>		
<b>8</b>	<b>Governor Elections 2020 – Terms of Office</b>		
	<p>The Paper from the Trust Secretary set out the key issues around the Governor Terms of Office:</p> <p><b>Alternatives:</b></p> <ul style="list-style-type: none"> <li>• Elections cannot be extended as this could cause legal issues and Governor meetings may not be quorate in 2020/21 if elections were not held</li> <li>• There are public governors 12 places up for replacement or re-election this year</li> <li>• Suffolk are already down by two representatives</li> <li>• Discussion was had about amalgamating counties and consideration of a way forward and suggestions are needed for future years</li> <li>• Using the benefit of remote meetings perhaps people could be considered from a wider area</li> </ul> <p>Views to be given or sent to AJ or RH please</p> <p><b>KJ</b> – Remarked that he was not in favour of Cambridgeshire and Suffolk amalgamating as he feels there would be the risk of an overload in representation from the local area.</p>		

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	<p><b>AJ</b> – Explained that every member was always contacted directly for voting and she was looking at how communications with members might be improved linking with the contact hub being established by the Charity.</p> <p><b>HP</b> – Suggested perhaps considering Suffolk and Norfolk amalgamating and then Cambridge and Rest of East Anglia. He will email RH.</p> <p><b>JW</b> – In this year’s elections there was a need to offer 12 month terms not just 3 year terms to address the current phasing issues in Governor vacancies. It was proposed in the paper that the person with highest amount of votes will get longer terms.</p> <p>AJ requested confirmation that the proposal relating to the 2020 voting mechanism was supported by the Council of Governors. This was approved.</p> <p>Any questions please contact Anna Jarvis or Richard Hodder</p>		
9	<p><b>Questions from Governors received prior to the meeting by Trust Secretary</b></p>		
	<p><b>SP</b> Our overriding aim was to look after our staff during the pandemic. Our response moved quickly</p> <p><b>Questions from Richard Hodder</b></p> <p><b>While we all acknowledge the amazing work done at RPH since March. It’s obviously taken its toll for those working in a new environment, especially in CCA. Has there been an increase in leavers, and has this been due to stress/fatigue? If so what provision has been made to ensure their well-being?</b></p> <ul style="list-style-type: none"> <li>• <b>OM</b> There has been a low level of leavers over the last couple of months. There has been a 10% increase in people staying.</li> <li>• A survey was done in May and there was recommendation and retention improvement noted.</li> <li>• Steps were put into place to ensure psychological support for all staff. All staff was encouraged to take some leave and manager’s rostered leave to ensure staff had some rest. The Board had also decided to reinstate free tea, coffee and milk for staff breaks and this is ongoing.</li> <li>• Risk assessments have taken place for all staff, including now known more at risk groups, BAME, men, and high BMI. An on line tool went out to all staff. Some members of staff needed follow up from workforce and adjustments have been made i.e. work location or redeployment. 60% of staff did the assessment and also bank staff. 21% was from BAME backgrounds. It has been a difficult time as some staff had to change to another</li> </ul>		

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	<p>department.</p> <ul style="list-style-type: none"> <li>• <b>SP</b> Reiterated the important aim is to keep all staff safe.</li> </ul> <p><b>At the outset when beds were being prepared did any patients go to care homes, and if they did, were they screened for Coronavirus?</b></p> <ul style="list-style-type: none"> <li>• <b>EM</b> There was no patients that were transferred back to care homes from RPH.</li> <li>• Testing was in place for all patients being transferred back to DGH's as part of normal infection control.</li> </ul> <p><b>Which clinical trial(s) has RPH been involved in?</b></p> <ul style="list-style-type: none"> <li>• <b>RHall</b> Papworth is not leading but is participating in trials. Recovery Trials, including drugs, in which we are the highest recruiter.</li> <li>• We are signed up to two other big trials. One being a potential vaccine. Staff have been invited to have the vaccine and a small number of staff have been selected for this trial.</li> </ul> <p><b>Drugs to support patients will have been incredibly above the normal usage so were there any shortages?</b></p> <ul style="list-style-type: none"> <li>• <b>R Hall</b> The Distribution of drugs was controlled as there were shortages but we never ran out. We did have some concerns about some drugs at the beginning of the surge but the teams were able to call on supplies.</li> <li>• Pharmacy also prepared effective use of PPE for staff and worked hard on this significant role.</li> <li>• <b>SP</b> – All teams stepped up and did remarkable things</li> </ul> <p><b>We hear that drugs stockpiled in advance of Brexit have been used during the pandemic - is RPH ready for Brexit?</b></p> <ul style="list-style-type: none"> <li>• <b>SP</b> We are in a strong position as we have always been. The risk of no deal Brexit is being focused on now.</li> </ul> <p><b>What provision are you making in the event of a second wave of infection?</b></p> <ul style="list-style-type: none"> <li>• <b>JR</b> Teams stepped up and did remarkable things during the first surge. Some staff have relocated permanently to CCU and recruitment is ongoing.</li> <li>• <b>SP</b> We have good medical equipment supply so we can increase the capacity again if required.</li> </ul>		

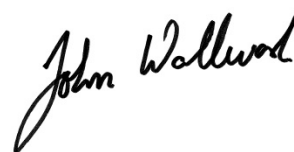


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	<ul style="list-style-type: none"> <li>• <b>EM</b> –Gathering lessons learnt, make changes to help response as we go forward. Issues resolved for a better way of working</li> </ul> <p><b>How has Covid19 affected routine surgery and transplants?</b></p> <ul style="list-style-type: none"> <li>• <b>EM</b> - It has been less busy across STP. Elective procedures are taking place and patients are being swab tested before procedures.</li> <li>• There had been a significant reduction in referrals during the pandemic, which are now likely to rebound.</li> <li>• Waiting lists were scrutinised carefully to prioritise those patients requiring urgent treatment and some surgery was still taking place.</li> <li>• Cardiology carried on performing TAVI, and PCI.</li> <li>• Clinical decisions had been taken to prioritise patients which had been on the list for a shorter time but which required more urgent treatment. Prioritisation decisions were being driven by clinical need and steps were being taken to avoid patient harm.</li> </ul> <p><b><u>Questions by Harvey Perkins</u></b></p> <p><b>Does experience at RPH follow the findings of the recent survey showing that those in BAME categories are more prone to catch COVID-19 and to experience worse outcomes? If so, have the duties of BAME staff been adjusted to provide greater protection?</b></p> <ul style="list-style-type: none"> <li>• <b>OM</b> confirmed that the Trust is re-focusing on the Compassionate Leadership, BAME and staff wellbeing initiatives that have been progressed prior to the pandemic and which are even more important now as we move into a recovery phase</li> <li>• <b>JR</b> There has been an amendment of recruitment to protect staff. Figures at Papworth were not the same as regional. Discussion with BAME network led to protection of all staff and moved towards wearing facemasks in all areas. Some staff were redeployed or working from home.</li> </ul> <p><b>I have the impression, from the limited data available, that the mortality rate of those in ICU at RPH is somewhat lower than the national average. Is the ability to deploy ECMO the reason for the better outcomes, and, if so, has the absence of ECMO in most hospitals been a reason for the relatively poorer survival rates?</b></p> <ul style="list-style-type: none"> <li>• <b>R Hall</b> Patients were transferred to Papworth for ECMO treatment from other centres around the region. Our ECMO service was expanded.</li> <li>• We are in a good situation with the new built hospital having air</li> </ul>		

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	<p>filtrated and single rooms etc.</p> <p><b>Question by Susan Bullivant</b></p> <p><b>Following up on discussion at the last Forward Planning Committee - Has the COVID pandemic increased the Cyber threat at the Trust and in the NHS?</b></p> <ul style="list-style-type: none"> <li>• <b>AR</b> - The NHS has seen a high level of cyber activity. Phishing attacks and zoom bombing. Our systems are patching regularly and on high alert.</li> </ul> <p><b><u>Questions by Trevor McLeese</u></b></p> <p><b>Are Non Covid patients having visits now and how is that monitored and recorded? (I assume we will keep records in case someone catches Covid and tracing etc.?) How many visitors at one time or daily allowed?</b></p> <ul style="list-style-type: none"> <li>• <b>JR</b> - Restrictive visiting is in place throughout the hospital.</li> <li>• We didn't cease for end of life care patients.</li> <li>• Patients that are in long term CCU are allowed one visitor once per week.</li> <li>• We are COVID secure as possible. Main carer who lives with the patient can come in with them.</li> <li>• Compassionate grounds were considered keeping foot fall to the minimum.</li> <li>• Restrictions will be reduced slowly and carefully when the time is right but that is not yet.</li> </ul> <p><b>What is the procedure on outpatient appointments - will the team that you are due to see contact you prior to appointment or should one just turn up for pre-booked appointments?</b></p> <ul style="list-style-type: none"> <li>• <b>EM</b> Out-patient appointments remain remote mainly. If the patient needs to attend face to face consultations then they are contacted and checked 48 hours previous regarding any symptoms and on attendance reception repeat check questions. There is a drive through for patients to collect test equipment and drop off again.</li> </ul> <p><b><u>Question by Martin Ward</u></b></p> <p><b>Has there been the opportunity for staff to take a rest in case</b></p>		

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	<p><b>there is a second surge?</b></p> <ul style="list-style-type: none"> <li>• <b>JR</b> – Staff were asked to restrict annual leave during the surge for a short time but now staff are being encouraged to have a break to recharge.</li> </ul>		
10	<p><b>DATE OF NEXT MEETING – 16 September 2020</b></p> <p><b>Please note the Annual Members Meeting which usually follows the September Council of Governors has been postponed until 18<sup>th</sup> November 2020 this year.</b></p>		

The meeting finished at 11.50 am



.....Signed

16 September 2020

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Date

**Royal Papworth Hospital NHS Foundation Trust**  
**Council of Governors**  
Meeting held on 17 June 2020