Royal Papworth Hospital
NHS Foundation Trust

MINUTES

Council of Governors' Meeting
Part I
Held on Wednesday 20 November 2019 at 10.30am
Meeting Rooms 3 & 4 First Floor Offices
Royal Papworth Hospital

Present:			
Professor John Wallwork (JW)	**Chairman**		
Janet Atkins (JA) Stephen Brown (SB) Susan Bullivant (SBu) Julia Dunnicliffe (JD) Glenn Edge (GE) John Fiddy (JF)	Public Governor Public Governor Public Governor Public Governor Public Governor Public Governor	Trevor McLeese (TMcL) Peter Munday (PM) Harvey Perkins (HP) Alessandro Ruggeiro (AR)	Public Governor Public Governor Public Governor Staff Governor
Gill Francis (GF) Caroline Gerrard (CG) Richard Hodder (Rho) Keith Jackson (KJ)	Public Governor Staff Governor Lead and Public Governor Public Governor	Bob Spinks (BS) Cheryl Riotto (CR) Martin Ward (MW)	Public Governor Staff Governor Staff Governor
Cllr Linda Jones (LJ) Pippa Kent (PK) Simon Marner (SM)	Appointed Governor Public Governor Public Governor		
In Attendance			
Michael Blastland (MB) Roy Clarke (RC) Ivan Graham (IG) Anna Jarvis (AJ) Eilish Midlane (EM) Stephen Posey (SP)	Non-Exec Director Chief Finance Officer Deputy Chief Nurse Trust Secretary Chief Operating Officer Chief Executive		
Julie Wall (JYW)	PA – Minute Taker		

Apologies – Governors		**Apologies - Other**	
Katrina Oates (KO)	Staff Governor	Roger Hall (RH)	Medical Director
Penny Martin (PM)	Staff Governor	Oonagh Monkhouse (OM)	Director of Workforce
Tony Moodey (TM)	Public Governor	Andrew Raynes (AR)	Director of Im&T
Lorraine Szeremeta	Appointed Governor	Josie Rudman (JR)	Chief Nurse

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 welcomed everyone including the new Governors to their first meeting. Apologies were made regarding the venue and it was explained that when the HRLI is built there would be more suitable rooms to use. **i. CQC Inspection Report** A Guide for Council of Governors which has been published by the CQC was circulated previous to the meeting and the contents were noted. SP – spoke about the communication already seen regarding RPH achieving "Outstanding" in all domains and reiterated that we are the first Trust to ever achieve this result. This was achieved due to being very self-aware of areas of improvement and it was remarkable that the result was achieved only two months after the move. Other organisations have been in contact regarding how this was done and some information has been shared. JD asked if CQC inspectors had exposure to patients at discharge SP replied that the inspectors had spoken with patients in the discharge lounge. **Presentation:** The CQC outcome grid was noted by the Council of Governors **ii. Patient Story – Cheryl Riotto** CR reported that there had been a slight rise in complaints in September. CR met with a patient who had surgery for a thoracic malignancy to talk about her concerns: The patient said that a number of staff had gone above and beyond and she had received good care from the best expertise, but had felt unsafe in the presence of some staff. When questioned regarding this issue, the patient said that a number of staff had attended her room in scrubs but had not introduced themselves. The patient also said that it had taken a few days for a member of the consultant team to see her but once they did they had answered questions satisfactorily. The patient thought that the new environment was very good. JW commented that it was important that something was being done regarding communication but it was not that staff were unwilling to communicate, it can be due to time constraints.		
2	**Declarations of Interest** All new governors had given in their Declarations of Interest Forms		
3	**Minutes of Previous Meeting and Matters Arising** Minutes of the meeting held 18th September 2019		

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The Minutes from the meeting held on 18 September 2019 were approved and authorised for signature as a true record.

Matters Arising

There were no matters arising from the previous meeting.

4. Clinical Presentation: Rapid NSTEMI Pathway – Dr Will Davies

Dr Davies kindly attended the meeting to give a presentation. He started by explaining the difference between the NSTEMI pathway and PCI.

NSTEMI was started in September 2018 and 270 patients had received treatment in the first 12 months on this pathway.

Clinical Benefits:

- Key to pathway was triage
- ECG knowledge by the East of England Ambulance Service – Paramedics were attending training given by consultants. They were willing to do this training in their own time.
- There is rolling audit feedback.
- This treatment was not selective on age of the patient
- 90% of procedures were carried out within 24 hours

Outcomes:

- 70-75% of patients went on to have stents
- The other patients either were recommended for medical management or needed to be referred by Coronary Artery Bypass Grafting.
- Admission to discharge was within 24 hours unless surgery was found to be urgent.

Bart's and Glasgow had already implemented this service.

Future Plans:

- To widen the area: Kings Lynn and West Suffolk
- This had already been adopted at The Lister and Kettering
- Funding arrangements were being discussed through STP
- Clinical Pathway benefits have already been picked up by other STP's.
- SP commented that we can do more for instance Dr Begley is looking at a Rapid Pacing Service.
- SP advises that the CEO of WSH was coming to RPH for a visit and to discuss patient flow.

JD Asked what was holding up WSH from implementing this service
WD replied that there were some fiscal issues although their A&E department had already referred patients on this pathway and they have been accepted as it is very difficult to turn down patients who need treatment.
SP informed the governors that the CEO of WSH was coming to RPH during the Winter for a visit and to discuss patient flow

Noted: The Council of Governors noted the Presentation

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5 Royal Papworth Integrated Performance Report (PIPR)

Overal performance rating – Red

The current PIPR was showing an overall performance of Red.

Executive leads gave a brief overview of their domains as follows:

Favourable performance

• **Caring:** 1) CQC Model Hospital rating for 'Caring' is Outstanding dated Sep 2019. 2) FFT (Friends and Family Test): remains green for Inpatients (96.1%) and it has returned to green for Outpatients (95%), further to the work of the Outpatients Sister and team following the slight dip in the September result. This work continues, particularly as the activity review of out-patient clinic use remains in progress as part of the optimisation work (i.e. increasing numbers of patients through outpatients, impacts on the number of FFT surveys required).

• **Transformation:** HLRI - Project confidence rating is green with the project commencing as expected. Enabling works has commenced. Full start on site February 2020.

• **People Management and Culture:** Total turnover decreased to 11.2% in October. Total Trust turnover is 15.5% YTD which is a significant improvement on 19.4% in 18/19.

• **Finance:** The Trust's year to date (YTD) position is a deficit of £2.1m on a Control Total basis excl. land sale, which is favourable to plan by £0.7m.

Adverse Performance

• **Safe:** 1) The safer staffing fill rate for registered nurses remains red; (83.4%) for days and (89.6%) for nights. In some wards, days and nights fall short of the desired 90% fill rate that we aim for. Not all the beds are currently being used while we wait for increased staffing, however the staffing roster templates assume all beds are in use resulting in a fill rate below 90%. We also use Care Hours Per Patient Day (CHPPD) as another measure to monitor safe staffing. This takes into account patient numbers against staff numbers; and CHPPD levels in these areas remain healthy. Overall, the CHPPD indicator remains in green at 11.3 for wards and 33.6 for Critical Care. 2) The Trust has reported three Serious Incidents in October. Full details are on the included in the Key Performance Challenge page of Safe.

• **Effective:** 1) Admitted Patient Care - Although below planned levels, admitted patient care Increased again this month. 2) Same Day Admissions (SDA) - Cardiac Surgery saw a decline in SDA performance for the first time in 3 months. A deep dive is being carried out to understand if this is the impact of SDA cancellations who are excluded from the data. 3) Theatre utilisation decreased to 83.7% in month 7 as the sixth theatre was opened increasing the available capacity in an incremental way. High

emergency activity and an increase in cancellations were noted in month.

• **Responsive:** 1) The aggregate RTT position has improved for the third month in a row but remains behind trajectory. Cardiac Surgery RTT performance in October is behind trajectory by approximately 4%. An increase in cancellations of patients waiting longer than 17 weeks (32 of the overall cancellations) has impacted on performance. Ongoing focus work across waiting list management, scheduling, CCU and the wards is being carried out to minimise the cancellations and support the recovery of performance. 2) There was a significant 52 week cardiology breach due to a clinical administrative processing error. The patient was identified and treated within 2 weeks of re-presentation. No harm was found during the harm review process resulting from the delay and the patient is scheduled for treatment in month. 3) Cancer Performance - Timely access to PET CT continues to compromise delivery of the 62 day standard. Weekly meetings with the Alliance Medical and CUH teams continue to address this issue.

Transformation: Service Improvement/Cost Improvement delivery is Red with £2.32m of the overall CIP target for 2019/20 of £5.11m still to be identified. To date there is a pipeline of £0.91m that is in the process of validation and sign off. CIP planning for 2021 /22 has commenced in November with full CIP plans to be available for all departments by the close of November.

• **Finance:** 1) Clinical Income is £1.8m adverse to plan YTD after Guaranteed Income Contract (GIC) protection, due to lower activity of 7.3% in outpatients, 6.4% in inpatient and day case activity and lower levels of Private Patient income. Activity performance has resulted in YTD GIC protection of £1.1m, £0.4m more than planned for this stage of the year. Of this protection £0.03m has unwound from prior months benefit in month. Without the GIC protection, the Trust's income position would be £2.9m adverse to plan YTD. 2) Use of Resources metric is 4 for the month below the planned score of 3 driven by the delayed land sale. 3) CIP is £1.1m adverse to plan due to the start of the CIP gap phasing. The shortfall in identified schemes remains at £3.2m (63% of the £5.1m target). Of the £1.9m identified, £0.4m has been delivered YTD.

Opportunity for Questions from Governors

The following items were raised/noted and addressed:

Clarity from STP was raised regarding transferring cardiology and respiratory patients.
It was confirmed that RPH supported STP. Cardiology was in the immediate plans and the in-house urgent cohort of patients. These patients were being diagnosed at Addenbrooke's and then transferred to RPH. New pathways were being introduced. This was felt to be an improvement from the patient point of view. We do not have an A&E department and the pathway would improve the flow for those patients who are referred on to services at RPH.

In December further beds are going to be opened on ward 4 North West for cardiology patients.

It was asked how many more beds were being opened?
This is dependent on the recruitment of nurses. Beds will not be opened if

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they are not staffed satisfactorily but recruitment is doing very well and there is improved rostering across the campus.

The respiratory situation is less black and white. There is continuing discussion regarding respiratory services across two sites. The right things have to be in the right place as service duplication is not wanted on the Campus.

Other services were being looked at for example the Asthma Service when patients go to A&E at Addenbrooke's. Dr David Begley was looking into the Interstitial Lung Disease service and pathways at RPH.

Some services have moved but there is still a lot of work to be done in other areas. These have to be measured and are patient focused.

It was asked if there was an overlap on Sleep Services and there was not.

It is felt that there could not have been a better month to move with the lighter nights and good weather. A close eye will be kept on turnover of staff now the darker nights are here and people's commutes would be longer, but overall staff had seized new initiatives of ways of getting to work. Staffing issues were raised. Discussion was had regarding the impact from the move.

The development of nurse apprenticeships had been put in place and CUH were also looking into this as it was giving people a way into or back into the profession.

IG Spoke about a number of ways that people could join or re-join the nursing profession. He explained about the two year nursing plan and band 4 trainees going through.

IG Explained about flexible pathway to step on and step off training. Some stay on Foundation and some progress but all stay within the NHS. A number of these nurses had joined the critical care team and this had been successful. The Trust also had a good return to practice programme and bespoke programmes for some areas.

SB questioned who sets up the numbers of places for the trainees.
IG explained that it is dependent on University places and matched support in the hospital environment.

GF Questioned whether it was confusing to patients having different nurses at different stages of training? IG advised that a lot of work had been done on uniforms and they were standardised on posters around the hospital and screens in the atrium. Feedback was that patients felt better informed because of uniforms and posters. CR explained that there was also a patient handbook that illustrated uniforms so that patients were informed before they come to the hospital and that it was now also on ID badges.

Discussion was had regarding the out-patient department and booking problems. A company, Meridian have been brought in and were working on a recovery programme after looking into productivity. Focus was on the booking team and how many bookings made per day. Utilisation of consulting rooms in the out-patient department was also being looked at. Over the last few weeks the numbers were stepping up.

Ivan was looking at monthly feedback regarding patient experience and optimisation of space. Currently 140-160 patients were being seen per day.

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

6. Governor Matters – Richard Hodder, Lead Governor

i. Feedback from the STP Governor/System Events

- Cambridgeshire and Peterborough STP are working together.
- There are 44 STP's across the Country looking after the population.
- Every STP has an integrated healthcare system
- That STPs were developing Primary Care Networks
- RPH has a role to play with pathways. The Board, Executive Team are investing time to develop pathways.
- Key part of STP primary care is re thinking of partnerships
- STP focus on targets
- GP surgeries were working better in the area by resource sharing
- That there was a review patient interactions through: reductions in follow up appointments; use of virtual appointments and how to help patients stay well longer (this would help sustainability issues such as traffic on roads)

ii. General

a) Governor Committee Membership

RH informed the Governors that Lead Governors meet regularly. He had attended a meeting at the Marriott Hotel in Huntingdon recently and reiterated that discussions held had patient care at the top of the list at all times as well as improving care opportunities and supporting staff

b) Minutes of Governor Meetings

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

- Access & Facilities Group: 6 November 2019
- Forward Planning Committee: 16 October 2019
- Fundraising Group: 14 October 2019

c) CQC and FT Governors: Working Together

Papers circulated to all Governors

d) ToR 005 Appointments Committee

Noted that some minor changes were made to the ToR. The Committee **approved** the revised Terms of Reference for the Appointments Committee.

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

Was there was any news on the sale of the old site? The old site is back

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	on the open market as the sale to the Chinese company was not going ahead. Signs to the hospital have still not been changed and RPH shares the frustration with CUH colleagues regarding this. This is being looked into. **Date of Next Meeting: 18 March 2020 – Cancelled due to COVID 19 Pandemic.** **Next Meeting: 17 June 2020** **SIGNED:**  **DATE:** 17 June 2020 **Royal Papworth Hospital NHS Foundation Trust** **Council of Governors Meeting** **Wednesday 20 November 2019**		