Item 3

Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Council of Governors
Held on 17 March 2021 at 10.30 am
Via Microsoft Teams and at Royal Papworth Hospital

UNCONFIRMED **MINUTES**

Present	**John Wallwork**	**JW**	**Chairman**
	Lorena Andreu Faz	LA	Staff Governor
	Janet Atkins	JA	Public Governor
	Michelle Barfoot	MB	Staff Governor
	Stephen Brown	SB	Public Governor
	Susan Bullivant	SBu	Public Governor
	Doug Burns	DB	Public Governor
	Trevor Collins	TC	Public Governor
	Julia Dunnicliffe	JD	Public Governor
	Pippa Erskine	PE	Public Governor
	John Fiddy	JF	Public Governor
	John Fitchew	JFi	Public Governor
	Gill Francis	GF	Public Governor
	David Gibbs	DG	Public Governor
	Abigail Halstead	AH	Public Governor
	Richard Hodder	RHo	Head Governor
	Rhys Hurst	RHu	Staff Governor
	Linda Jones	LJ	Appointed Governor
	Christopher McCorquodale	CM	Staff Governor
	Harvey Perkins	HP	Public Governor
	Rodney Scott	RS	Public Governor
	Martin Ward	MW	Staff Governor
In Attendance	Jag Ahluwalia	JA	NED
	Michael Blastland	MB	NED
	Cynthia Conquest	CC	NED
	Tim Glenn	TG	Chief Finance Officer
	Ivan Graham	IG	Acting Chief Nurse
	Roger Hall	RHa	Medical Director
	Diane Leacock	DL	NED
	Anna Jarvis	AJ	Trust Secretary
	Oonagh Monkhouse	OM	Director of Workforce
	Stephen Posey	SP	Chief Executive
	Julie Wall	JYW	PA Minute Taker
	Jennifer Whisken	JWh	Acting Deputy Chief Nurse
Apologies	Aman Coonar	AC	Staff Governor
	Caroline Edmonds	CE	Appointed Governor
	Amanda Fadero	AF	NED
	Cllr.Alex Malyon	AM	Appointed Governor
	Trevor McLeese	TMcL	Public Governor
	Eilish Midlane	EM	Chief of Operations
	Gavin Robert	GR	NED
	Lorraine Szeremeta	LS	Appointed Governor
	Ian Wilkinson	IW	NED

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1	**WELCOME, APOLOGIES AND OPENING REMARKS**		
	The Chairman (JW) welcomed everyone to the meeting and hoped that everyone was keeping well and that everyone would all be able to meet in person again in the not too distant future. Apologies were noted as above. JW informed the Governors that there were a lot of changes happening within the hospital functionally at the moment. COVID patient numbers are on the decrease again and recovery of normal business was taking place. He reported that there were also structural changes happening in the Health Service. JW informed the Governors that he had two interviews in the last month: The first was a Podcast with Eliza Bell who was a DCD heart transplant patient a few years ago and wanted to talk about experiences in transplant over the years. The second was with Lindsey Clouse who is an Academic in South Dakota. Her father was born with two hearts. He had an ECG which looked very interesting and confusing so was used in exams for medics. JW had performed a transplant on him over 40 years ago and she wanted to share his perspective for research purposes.		
2	**DECLARATIONS OF INTEREST**		
	There were no new declarations of interest		
3	**MINUTES OF THE PREVIOUS MEETING – 18 November 2020**		
	The minutes of the meeting held on 18 November 2020 were agreed as a correct record.		
4	**COVID-19 – STAFF AND PATIENT EXPERIENCE**		
	Jennifer Whisken joined the meeting. **SP** introduced Jennifer to the Governors. **JWh** shared the Staff Redeployment Journey Presentation with the Governors. **The Aim**		

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	• To share the 'lived experience' of Royal Papworth staff who were redeployed during the COVID-19 pandemic. • To highlight lessons learnt after the first surge from staff who were redeployed to Critical Care and ward areas. • To report improvements for staff redeployment during a second surge in response to the 'action after review' debriefing. **Key Timeline Events of 2020 – RPH moved at pace** • 11 March – World Health Organisation declared a global pandemic emergency • 13 March – RPH set up Command and Control • 18 March – First surge plans were put into place. Staff risk assessments took place • 19 March – First confirmed COVID patient was admitted • 1 April – Second surge area in cath labs opened. CCU 65 patients 20 ECMO **1st Surge** • Aim for orderly processes and communications while moving at pace • Staff risk assessments took place. Staff sent home to work if they could work from home. • Recognising significant changes to work/home life for staff **Clinical Outcomes** • RPH took lead role in NHS response to COVID-19 • Received highest number of patients needing CCU care across the EoE • RPH CCA Mortality rate of 23.7% UK average was 38.4% • RPH Total mortality rate 17.7% UK average 26.8% **Staff Debrief** This took place in June. Results were published in August **4 Key areas were identified:** • **Communication:** Pace of change and challenge of managing redeployees, isolation of remote workers, uncertainties of roles, frequent changes with PPE. • **Wellbeing:** Staff who were redeployed became very stressed. Concerned that patients would suffer due to inexperience and lack of skill. Also needs for personal needs of staff, eg childcare. More emphasis on compassion. • **Training:** This was set up at speed. A lot was done "on the job" Planning of multiple skilled staff was complex. Insufficient training, poorly timed inductions. Extra training is required. • **Line Management:** Insufficient time spent with redeployed staff. Lack of coordination. Some units were not given prior warning of staff returning for rotas and recovery **Responses to make Improvements**		

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	• Redeployment was re modelled with more engagement from teams. • Shorter rotation times. • Virtual teaching was arranged. • Recognition • Patient and staff stories • Rest and annual leave taken **Feedback** • Staff felt listened to • Meals through the Charity were well received • Line management to keep more in touch with staff working at home **Debrief (2) Staff comments** • Some staff enjoyed working in CCA and wouldn't mind remaining and would consider a permanent move. • Working in CCA has boosted confidence of new nurses • Staff felt better accepted and prepared on second deployment to CCA • Staff on other wards found it difficult and challenging as higher ratio of patients to staff members. • Some staff were managing to fit in some annual leave • Some concerned about their family and were missing them. Want to go home **Current:** • Still in surge • Staff need time to rest and recover • Some deployed back to own areas • Priority is now on recovery of staff and focus and their wellbeing **Summary:** • The Pulse Survey indicators so far during the second surge have shown that lessons have been learnt with improvements in health and wellbeing, morale, quality of care, safety culture and staff engagement. • We are incredibly thankful to the extraordinary courage, commitment and skill of our people, that COVID cases are continuing to drop and lockdown is lifting. • Despite the challenges we face, our staff continue to go over and above to provide the most safe and compassionate care to our patients and each other. **JW** thanked Jennifer Whisken for the detailed presentation **GF** said that she wanted to give thanks to Jennifer and all her colleagues for the hard work done through the pandemic **CMc** said that he would like to add that although the presentation was		

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	focused on nursing staff, doctors and junior doctors had also given feedback. **JWh** apologised and said that it had very much been a multisource professional feedback. JWh added that it had been a gift that there had been an opportunity to develop other skills and understand the work of other professionals. **RHo** thanked Jennifer and said he was very impressed even though it is what you come to expect from RPH. He added that it was a delight to hear from her. **RS** commented that we watch and admire and that he would like some recognition to be given to the doctors and nurses. **JW** advised that this would happen. **LJ** Would like to thank RPH for their tremendous work done outside of Cambs. **SBu** asked about staff who had been sent home and if they were furloughed or used in other ways? **JWh** informed the governors that staff sent home following risk assessments were paid fully. Some could work remotely and others supported teams in other ways from home. **SP** Thanked Jennifer and said that her timeline was incredibly moving, and that the year had been intense.		
5	**COVID-19 – PERFORMANCE REPORT**		
	Governors received copy of the report **SP** noted that it had been a year since the start of the COVID-19 pandemic response by RPH. There had been hundreds of patients locally, regionally and nationally and that it had taken a toll on staff. There have been changes in the landscape with the ICS (Integrated Care Systems) emerging and we are already contributing to this. This is shaping structures of care. **Ongoing planning** • Development and importance of relationships • Recovery is challenging across NHS • RPH long waits have been managed throughout the pandemic so we do not have significant backlog. • Staff wellbeing is a priority • As Spring arrives Winter 2021 planning has started for another surge • Flu vaccinations in the Autumn		

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	• Expanding our Critical Care Unit (CCU) – Additional beds and staff **SP handed over to Tim Glenn to go through slides of the COVID-19 Performance Report** **TG** explained that this report was more relevant than the normal PIPR report. This showed the role that RPH played during the two peaks of the pandemic. • TG ran through the chart showing the 1st and 2nd wave and how the 2nd wave surged in CCU and general beds. He reported that the organisation was under stress and had responded with capacity for the EoE. • During the 1st wave RPH responded and had largest amount of COVID patients. Our 1st wave capacity in critical care and ECMO was at the high end of providers. • During the 2nd wave CUH provided the most critical care for COVID patients. In the 2nd wave RPH helped the by region taking patients in critical care, ECMO and respiratory care. • Recovery was managed to keep back log under control • Planned elective work was reduced as COVID patients increased and as then number of COVID patients dropped we worked hard to get back to business as usual • Sadly as we entered the 2nd wave elective work dropped off and we have put in place an intense plan for recovery **JW** thanked TG and asked if anyone had any questions for either TG or SP. **No questions were put forward** **JW** agreed that it was clear that RPH response to COVID was for very ill patients who were in CCU for around 40-50 days before getting better. **SP** wanted to convey to the Governors that the teams worked extremely well through COVID and then moved straight into recovery of usual business. **RHa** explained how the Command and Control Team were contacted by other Trusts who drew on experience from RPH and that the outcomes were good due to priority response.		
6	**NHS STAFF SURVEY 2020**		
	The Governors were advised that a link was going to be published for the Governors to look at the report. **The Governors were shown a presentation of the National Survey**		

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	2020 which was reported by Oonagh Monkhouse: The survey showed a good response even though this took place October- December when the second surge of COVID-19 was taking place. • In 2019 the survey was taken just after we moved site • In 2020 65% of staff completed the survey • Peer Group: Other Trusts had different experiences • National benchmarks provided an overview across 10 Themes • Definite signs of improvement from the year before • 72% of staff would recommend RPH as a place to work which was a 10% improvement on the prior year and 92% would recommend RPH for treatment. • The survey reflected experience of staff during the pandemic and these were impressive scores in that context • Support was right for staff working from home • Tough and scary for redeployed staff • Staff left at own base were stretched • The Charity supported health and wellbeing across the hospital wards, the house and at home **Equality and Diversity** Unfortunately there was a lack of improvement in questions relating to equality and diversity Extra investment was in progress to address communications, Health and Wellbeing, Mental Health **Positive feedback:** • Appreciation for improvement in focus on HWB and mental health • Appreciation of being able to work from home • New skills learnt through redeployment **Concerns:** • Poor rostering causing tiredness and stress • Insufficient rest facilities • Concern that home working will be rolled back • Tiredness and concern at impact on health of last year • Desire to have better work/life balance in the future through • reducing hours, retiring, moving jobs • Concern that there will be pressure to continue working at pace to • catch up and that there will not be time given for rest and • workloads to returning to more manageable/normal levels **Questions:** **RHo** congratulated OM on figures and the comprehensive review. **JD** Asked if there was correlation in results from staff working at home and at the House. As there had been a lot of change since the move how were staff levels of satisfaction.		

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	OM advised that the views of the staff working at the House had changed since the move. Some Staff had been working at the House all through the pandemic while others worked at home. **SP** Reiterated that the House was a different place and the morale was good. **SP** wanted to reinforce what OM had said regarding equality and that the concerns were a harsh reality. It was very important to address the concern that people feel they are being treated differently		
7	**GOVERNOR MATTERS**		
	Governors received: **Minutes of Committees:** • Fundraising Group Meeting held 21 December 2020 • Patient and Public Involvement held 23 November 2020 **Committee Memberships:** Governors received a list of the Committee memberships. The Council of Governors was asked to consider how the remaining gaps on Committees would be covered for 2021. If Governors had an interest in joining a particular Committee they were asked to contact the Trust Secretary or Chair of the relevant Committee. The Council needs to ensure that there was good engagement and participation across the full range of Committees to support the work of the Council and the Trust. **Recommendation:** The Council of Governors noted the Governor Committee membership requirements. **RHo** reminded Governors about attending Board meetings. He reported that the new Governors had a successful Induction Programme with NHS Providers. **JW** had noted that more Governors were attending Board meetings since they had been held remotely. **JW** commented on the anxiety around the vaccine roll out in Europe and reiterated that the vaccines were safe and could everyone use their influence to make sure people get their vaccines please. **Meeting Schedule 2021** Governors received a copy of the schedule for information		
8	**QUESTIONS: ICS**		
	Feedback from ICS Meeting on 8 March 2021– Harvey Perkins • A presentation was shown of the proposed scope, structure and governance of such an ICS in accordance with the stated Department of Health direction of travel.		

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	• While the majority of those who participated in the discussion expressed strong support for a more integrated approach to healthcare provision, including prevention alongside the treatment of ill health, many complex issues were raised to which the answers were elusive. • Many of the Trusts serve a much broader area than the confines of their ICS and were concerned about cross-border issues such as access to funds from adjacent commissioning groups, or the handling of cross-border referrals, or patients potentially having a more limited choice of pathways, etc. • As a governor at RPH I was able to explore what I see as our particular predicament. RPH is authorised as a national cardiothoracic centre, and has an international peer group. Its patients, directors and governors are thus drawn from a very wide catchment area. The governors, in particular, are charged, on behalf of the general public, with ensuring that the Trust is delivering the required level of service in an even-handed way across this wide catchment area. RPH therefore has much wider horizons than the proposed ICS and yet is asked to contribute a massive amount of management time to supporting the setting up and ongoing management of the ICS. • We were advised that the decision to proceed with the ICS initiative is imminent and that the draft governance structure is already in place to ensure it is fully operational by April 2022. **Discussion:** **HP** asked if JW or SP have any answers and did they have concerns? **JW** explained that the legislation was not yet final but the Trust were aware of it and following the publication of the white paper there would be further discussion of the implications for RPH and the local system. **SP** added that we recognise that there was uncertainty. At face value ICS had some good drivers albeit some things were vague. It is about collaboration and not competition but we await the details. We are insightful and sit at the table. The shape of the ICS is emerging and there will be further discussion at Board of Directors. **LJ** commented that this was a complex area and Cambs and Peterborough Councils were working within this. Governors were advised to look at the minutes for Cambs County Council meetings. Regular ICS updates had come forward under the banner of STP work and the health system was working together on this agenda. This included IT systems and scrutiny of the NHS. The white paper itself had issues. There were questions on balance between local and national ICS. Relationships between health and social care were to be worked out and there had been no mention of money for		

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	that. RPH was in a position to provide a leadership role which would be important over the next few months. **JW** confirmed that more clarity would emerge over the next year **SP** reported that discussion was being repeated with Trusts. Capacity for these discussions would be made and held within the right forums. The changes would allow systems to consider the health inequalities that existed in the system and that the change was for the better. **TG** Wanted to provide some reassurance from what he had heard and explained in brief: • There were clear arrangements for national specialist services • There were resources to support these requirements • There was a need for quality and standards to remain consistent and a need to safe guard RPH patients • Financial arrangements required a lot more work from RPH perspective • There were 3 tiers of specialist work: Local, Regional, National • Local services would always be funded through the STP. • There would be relatively little change to RPH services • There was an uncertainty around commissioning arrangements for regional services • ICS would negotiate funding flows for the system • Conversations were still underway and there was no fixed view on the process • He agreed that It was important for RPH to be at the table to make sure our voice was heard **HP** explained that he was not expecting all the answers and knew that SP was putting a lot of time into this. He wanted to ensure the RPH profile would be on all agendas so they were not left out of considerations. **JW** assured the Governors that it was constantly on the agenda of the Board. **SP** reiterated that STP was now known as ICS and this would be brought to Governors as a regular agenda item. **DB** said he was concerned about the amount of time that SP will be having to spend on this and would he need any help via a new appointment. **SP** advised that whilst that was very kind it was not needed. **JW** Thanked everyone for attending the meeting and mentioned about his back drop of the HLRI. He informed the Governors that AJ will be sharing pictures of the HLRI.		

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	SP noted that the HLRI was on plan and budget. **JW** Hoped everyone enjoyed the meeting especially the presentation from JWh.		
9	**DATE OF NEXT MEETING - 16 June 2021**		

The meeting finished at 12.09 pm

Signed: 

Date: 16 June 2021

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Council of Governors
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