

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the Meeting of the **BOARD OF GOVERNORS OF CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST** held on Thursday 6 December 2007 at 17.30 in the Hexagon, Frank Lee Centre, Addenbrooke's Hospital.

PRESENT:

- Dr M Archer (Chairman)
- Mr M Bright (Patient Governor)
- Mr R Burgin (Advisor)
- Dr N Burrows (Staff Governor)
- Dr M Davies (Partnership Governor)
- Mrs G Francis (Public Governor)
- Mrs N Goddard (Public Governor)
- Mrs M Chaloner (Patient Governor)
- Brig R Cockman (Public Governor)
- Mrs A Donnelly (Staff Governor)
- Mrs J Ewer (Public Governor)
- Mr B Gerbaldi (Public Governor)
- Prof A Lever (University Governor)
- Prof B Michell (Patient Governor)
- Mr J O'Sullivan (Staff Governor)
- Mr M Perry (Patient Governor)
- Mrs G Pharaoh (Patient Governor)
- Mr E Revell (Public Governor))
- Ms C Young (Partnership Governor)

IN ATTENDANCE:

- Dr A Alderton (Trust Secretary)
- Mrs H M McGhee (Minute Secretary)

APOLOGIES:

- Dr S Bullivant (Patient Governor)
- Mr C Carr (Staff Governor)
- Dr P Dansie (Public Governor)
- Ms M Donnelly (PCT Governor)
- Prof D Humber (Partnership Governor)
- Prof A Lever (University Governor)
- Mrs V Muir (Patient Governor)
- Dr J Nicholls (University Governor)
- Mrs S Smith (Advisor)
- Mr J Snyder (Partnership Governor)
- CLlr S Stuart (Local Authority Governor)

Before the business of the meeting, the Chairman presented a number of awards. Citations were read as follows:

The Ken Miller award

This is awarded to a member of the Estates and Facilities team, in memory of Ken Miller. The winner of this award is Mr Ivan Seekings. He was chosen from a number of nominations to receive the award in recognition of his hard work and efforts during his time in the NHS. Ivan started his service with the Trust in 1961 when there was only one ward open on the present Addenbrooke's site. He assisted with the move of the A&E department from Trumpington Street to the present site on New Year's Eve 1961. He was Portering Manager for many years and then moved to managing the equipment porters for the later years of his service. He has also assisted patients in the community setting up beds and oxygen, and managed the site's medical glass. He has always been extremely helpful – colleagues comment that 'nothing was too much trouble for Ivan'.

Sister Winnie Matchett St Valentine's Day award

This is awarded annually to the nurse who has performed highly academically and in their practical work and who is continuing to work in Addenbrookes. This year the award goes to Helen Holgate, who was nominated by Pauline Kingston, (Senior Lecturer) Adult Nursing, Anglia Ruskin University. Pauline nominated Helen because of the strength and commitment she showed to her nurse education, despite having extenuating family circumstances. Helen was a very well respected

member of her personal tutorial group and Pauline Kingston admired the way she continued to complete her nurse training. Helen is now employed on Surgical Short Stay Emergency Unit.

The Bradfield award.

When Sir John Bradfield retired as Chairman of the Trust a significant sum was subscribed by well wishers as a leaving present. He said that he would like the money to be used to provide an annual award to the best paediatric nurse (his wife Jane was a Staff Nurse in the Children's Ward at the Old Addenbrooke's when he first met her at a party in a friend's room in Trinity).

So this prize is for the best paediatric student nurse, and this year it goes to Marie Goodwin, who now works in C3, one of the children's wards.

Marie undertook her nurse education between September 2004 and September 2007. Throughout the programme she demonstrated a real enthusiasm for learning and a real desire to qualify as a competent and effective children's nurse. Her kind and bubbly personality made her popular with children and families, the clinical staff she worked with and her fellow students. Throughout her clinical placements at Addenbrookes, her clinical mentors commented upon Marie's desire to make the most of learning opportunities in order that she might provide a high standard of nursing care to the children and families she was involved in caring for.

Governors showed their appreciation in the customary manner.

59/07 WELCOME AND NEW APPOINTMENTS

Noted

- (i) Dr Jonathan Nicholls had replaced Dr Tim Mead as the University nominee on the Board.
- (ii) Cllr Keith Walters had resigned as a partnership governor, owing to his increasing commitments as Acting Leader of the County Council. The Trust Secretary was in discussion with the Council regarding his successor.
- (ii) John Cullum had been ratified by the Board of Directors as an advisor.

60/07 APOLOGIES FOR ABSENCE

Apologies were received from Dr S Bullivant, Mr C Carr, Dr P Dansie, Ms M Donnelly, Prof D Humber, Mrs V Muir, Dr J Nicholls, Mrs S Smith, Mr J Snyder, Cllr S Stuart.

The Chairman also reported Dr Goodier's apologies; he was away on Trust business in China.

61/07 MINUTES OF THE PREVIOUS MEETING

Received: Minutes of the Annual General Meeting held on Tuesday 18 September 2007 and on Thursday 20 September 2007.

The minutes to record: Mrs A Donnelly, Ms M Donnelly.

With this amendment the minutes were agreed as a correct record.

62/07 MATTERS ARISING FROM THE MINUTES

(A) Governor/ Director Communications (minute 48/07)

The Chairman and Trust Secretary reported.

Noted

- (i) As a result of the Board assessment and one-to-one meetings with Governors, the need to systematically consult Governors about forward strategy for developments on the campus had been identified. Working group agendas would also be coordinated with those for other meetings.

- (ii) There had been support for the position of a Deputy Chairman of the Board of Governors who would be an elected governor and this would be considered by the Governors' Constitution Committee.
- (iii) There had been widespread support from Governors for the creation of two positions for young people advisors.
- (iv) Ways were being sought of improving the interaction between Governors and Directors.
- (v) Governors had responded positively to the updates from the Board of Directors which had been circulated. A number of themes had been identified for Governors' seminars. The future of Papworth would form part of a seminar on strategic developments in January, and there would be a joint seminar with Directors on infection control. Other topics raised were nursing hours per patient day and the Children's Hospital. The Board of Directors' update was also circulated to Addenbrooke's Executive Board (AEB).
- (vi) It was confirmed that Martin Bobrow was the Non-Executive Director leading on infection control. This was an important subject often raised by the general public. It was agreed that it would also be useful to have a governor champion in this area. The Trust Secretary would identify possible governors.

63/07 FINANCIAL AND PERFORMANCE REPORTS

(A) Financial Report

Received: Financial report, seven months to October 2007.

David Smith, Director of Finance, reported.

Noted

- (i) The Trust had a surplus of £7.9m after seven months, £2.7m ahead of plan. The eight month surplus was likely to be £9m. The Trust was likely to achieve a surplus of £12m by the end of the financial year.
- (ii) Issues for the Trust were keeping the debtors under control. Extra staff had been recruited, and the Audit Committee would be kept updated regularly on this issue. The situation with regard to payroll was improving, but there was still work to be done.
- (iii) The Trust was re-investing its surplus. For example, £1m into tackling infection control; a contingency ward had recently opened and the Trust had employed an additional 24 midwives. Decisions taken in this financial year such as the recruitment of the additional midwives would impact on next year. The forecast surplus must therefore be reduced.
- (iv) The budgeting process would elicit the detail of work to be done; a more detailed view would be available by February. Decisions would have an impact on the financial risk rating. If the surplus reduced to under £7.7m the Trust's financial risk rating would move from four to three. The consequential effect on the Trust's ability to borrow would be to reduce the amount by £45m which would have an impact on developments.
- (v) Mrs Donnelly welcomed the increase in establishment, which would have a positive effect on the staff on the wards. The establishment remained 84 less than planned, but this gap was expected to close in the next few months. This was as a result of delays in recruitment processes. The Trust continued to manage nursing hours per patient day. There had been a tradition in the Trust to hold back on recruitment, and this was being discouraged. Many new starters were going through the induction process.
- (vi) The Trust traditionally liaised with training establishments to fill vacancies, and was making contact with those not traditionally contacted, for example occupational health staff.

Agreed

Governors thanked Mr Smith for his detailed report.

(B) Performance Report

Received: Performance report seven months to 31 October 2007.

Frances Cousins, Director of Information Systems and Analysis, reported.

Noted

- (i) The report gave a 'tale of two hospitals'. During the period to the end of October the Trust had the fewest red risk areas ever. However, the Hospital was under increasing pressure as activity increased.
- (ii) The risk rating for MRSA was now amber for the first time in three years. The Trust was on a trajectory to reduce to 50 bacteraemias by the end of the year. Mrs Cousins paid tribute to the many participants who had helped the Trust to achieve this target.
- (iii) Work towards achieving the 18-week target, and on non-admitted and admitted patients was progressing well.
- (iv) However, the Trust was under pressure to achieve the target for a four hour wait in A&E, on length of stay for non-elective patients and on delayed discharges. Non-elective work had increased by 8% over the last four weeks, and by 12% over the year. There was no longer any possibility of reducing elective work to handle emergency cases. The Trust was working to address fundamental issues, such as capacity, by opening more wards.
- (v) Recruitment of additional staff was in train, and the full impact of the recruitment of additional Health Care Assistants and nursing staff would be felt in January and February. Front line staff were working extremely hard, and the Trust was grateful to them.
- (vi) The Chairman also congratulated the infection control team on the reduction in MRSA bacteraemias.
- (vii) Governors expressed concern about the closure of Brookfields and the effect on delayed discharges. The Trust was working with the provider arm of the PCT. The PCT was working on a trajectory to reduce delayed discharges from 25 to 30 patients to 10 by the end of January by increasing home care packages and residential care places.
- (viii) Governors were concerned that the difference between the time of an appointment and the time when a patient was seen was increasing. Mrs Cousins confirmed that the delay was being monitored. Professor Lever commented that it could be difficult to measure waiting time.
- (ix) Mrs Cousins confirmed that the model introduced in the EAU was for patients to be admitted straight to their specialty or to the SSEU or MSEU. The protocol was to decide to admit, not admit to decide. Thus the patient received an intensive input and diagnostics within the four hours and was then discharged. The Trust was being purist in the best interests of patients.
- (x) Governors' sought details of the actions being taken to reduce the 12% increase in patients attending A&E. The Trust was working with the PCT to survey why patients come to A&E. The intention was to raise the profile of Out of Hours services, and encourage those with minor injuries to visit their GPs. The rise in population and the catchment of the Trust had led to a rise in attendances. There had been a shift in the behaviour of the population who welcomed the Trust's ability to give a diagnosis within 4 hours. The Trust would like the trend to slow. Population growth was only 5%. The co-location of primary care on site was being considered. A GP worked in A&E on Saturday, Sunday and Monday.

- (xi) The Trust was looking at two major developments in the area. A health facility in the CB1 station area might reduce the footfall in the hospital. The location of a polyclinic at Northstowe was another possibility. The Trust was involved with local planning groups such as Cambridgeshire Horizons. However, there was a lack of availability of funds to pump-prime infrastructure projects in health.
- (xii) The Trust constantly reviewed its plans in the light of population growth and local developments.
- (xiii) A number of people were frequent attenders at A&E and the Trust identified them and reported back to GPs. The PCT was paying twice for such patients in payments to GPs for OOH services which the patient could not access and to the Trust. Dr Goodier had raised the issue nationally.

Agreed

- (i) Governors thanked Mrs Cousins for her comprehensive report.
- (ii) Congratulations were due to staff in the chemotherapy day unit for their supportive care of cancer patients.
- (iii) Governors supported efforts to reduce the footfall in A&E and reduce pressure on staff.

(C) Result of Annual Health Check

Frances Cousins, Director of Information Systems and Analysis, reported.

Noted

- (i) The Trust had been awarded an 'excellent/excellent' rating, for its financial performance and quality of care. Financial performance had been excellent against Monitor's metrics. The quality of care metric was made up of three sections: first core standards, on which the Trust had scored fully met, second existing national targets, again fully met. Of the new national targets, eight had been met, including that for MRSA, which led to the Trust's excellent rating.
- (ii) However, next year's targets looked challenging for the Trust.

Agreed

Governors congratulated staff on their achievement of the HCC ratings despite difficult operating conditions.

64/07 STRATEGIC DEVELOPMENT SEMINAR

The Trust Secretary, Ann Alderton, reported.

Noted

A strategic development seminar would take place on 14 January, for all governors. Papworth, the Children's Hospital and other developments on the southern sector of the site would be discussed. ACT Trustees would also be invited to the seminar.

65/07 TEENAGE CANCER TRUST AND CHILDREN'S BOARD

Brenda Hennessy, Director of Patient Experience and Public Engagement, reported.

Noted

- (i) A Children and Young People's Board had been established to involve young people in looking at the Trust's services and how it could improve them. It was launched in

October with just under 40 participants aged from eight to 18, and held its first meeting on 1 December. A chairman was elected. Trust staff would attend, but not be allowed to vote.

- (ii) There was a great deal of enthusiasm from the participants.
- (iii) The Teenage Cancer Trust had launched an appeal to raise £1m through the Cambridge News to develop improved services on site. In the short term an existing ward would be earmarked for development; in the longer term it was likely that this would become an integrated part of the Children and Young People's Hospital. The appeal had been launched on 7 November and a TCT representative would attend the Children's Board.
- (iv) Gill Francis, who had attended the event, commented that she had been proud to be an Addenbrooke's governor, and that the enthusiasm of the children had been inspiring. The choice of privacy or a social zone was important to young adults.
- (v) In answer to Governors' questions, it was confirmed that the age range of the patients for the TCT development would be 13 to 23 or 24. The plans would be going ahead as agreed. It was envisaged that these would initially support the older age group, with a unit for younger patients to follow in the Children's Hospital development. The experience of such units elsewhere was that they were quickly filled.

Agreed

Governors welcomed the new developments and looked forward to the addition of a young person advisor on the Board.

66/07 PAPWORTH DEVELOPMENTS

Stephen Graves, the Director of Corporate Development, reported.

Noted

- (i) On 30 November Directors had an option appraisal meeting with colleagues from Papworth. It had been a constructive meeting to appraise option B, located on the southern campus development, versus option A, located on 2020 land.
- (ii) The result of the non-financial appraisal was that option A was preferred. The Option B site was one for which the Trust was rapidly forming development plans. There would therefore have been an opportunity cost to the Trust of selecting Option B. Plans for the south campus were maturing fast. The Trust was not involved in the financial appraisal, which showed little difference between the two options.
- (iii) The Board of Directors met on 5 December and a team from Papworth had attended and presented their plans. The Board had formally approved the outcome of the option appraisal meeting. The main elements had been discussed, and principal items agreed. Forward programme management elements had also been agreed.
- (iv) A Project Board would meet once a month, chaired by Stephen Bridge, Chief Executive of Papworth. A Stakeholder Council would meet at least three times a year, and would include Nigel Burrows as a governor representative.
- (v) Mr Burgin, Chairman of Papworth, reported that the last few months had been challenging and the evidence had been thoroughly tested. A practical, affordable development had been identified. The new development must be affordable. Option A retained the flexibility for Papworth and Addenbrooke's to expand. The Papworth team expected to be able to satisfy the Department of Health that the new hospital was affordable based on predicted population growth. Visual plans would be presented at the strategic developments seminar. Clinical links and adjacency were two of the major reasons for the move.

- (vi) Mr Burrows reported that he was in touch with the Chair of the Papworth Board of Governors' Forward Planning Committee, Dr Harvey Perkins. It was helpful to have governor interaction between the two Trusts.

Agreed

The Board of Governors, like the Board of Directors, fully supported the developments. The success of the project depended on working closely together.

67/07 PROGRAMME BOARD

The Chairman reported.

Noted

- (i) A Programme Board was being established to develop the South Campus, which would be charged with the management and governance of the campus. A project management approach would be taken to a number of projects under consideration, namely the Children's Hospital, emergency tower (encompassing a new A&E, critical care theatres, and isolation facilities), and the expansion of maternity services, together with a multi-storey car park and an energy centre. Oncology and neurology were other areas for development. The possibility of building a helipad on top of the emergency tower was also under consideration. The intention was to bring all proposals to the same level. John Snyder had been invited to serve as the Governor representative on the Programme Board. Additional staff resources would be made available to support the work of the Programme Board and project boards.
- (ii) The establishment of the Programme Board would be discussed in greater detail at the meeting of the Governor/ Director Working Group on Forward Planning on 12 December. Stephen Davies, a former Director of the Trust, had been brought back to work with the Board. Experts would help with elements of the projects. Savills were the Trust's main property advisers.
- (iii) The 2020 advisory group had three external experts, acting *pro bono*, namely Francis Solway, Chief Executive of Land Securities, Sir John Bradfield, former Chairman of the Trust, and Elliott Bernerd of Chelsfield Properties. They had proved a useful sounding board for the Trust.
- (iv) The Forum development was seen as a different type of opportunity and would be offered to a developer.
- (v) Governors expressed concern regarding the huge scale of the developments and whether sufficient consideration had been given to access and infrastructure. The development of the Addenbrooke's access road was noted. The local authority had put in a bid for government funding for phase 2 of the road. The Trust was working closely with planners on the road system. Proposed congestion charging presently encompassed the Addenbrooke's site and this was under discussion with the County Council.

68/07 CONGESTION CHARGE AND INVOLVEMENT OF GOVERNORS IN CONSULTATION

Brenda Hennessy, Director of Public Experience and Public Engagement, reported.

Noted

- (i) The Trust would be responding to the consultation by the County Council and would be running a session on 12 January to invite patients and visitors to make a comments and suggestions to inform a response. The proposals had significant implications for patients, particularly those attending frequently.
- (ii) Governors commented that for many patients and visitors private transport was the only possible or comfortable means of accessing the site. The congestion charge could be regarded as a tax on those patients.

- (iii) Mrs Hennessy confirmed the hospital's commitment to encourage visitors to use alternatives to the car, such as the Park and Ride sites, but the Trust would respond carefully to the consultation.

69/07 PATIENT EXPERIENCE

Received: Report and presentation from the Director of Public Experience and Public Engagement

Noted

- (i) Governors considered the report presented on patient surveys. At an operational level, the results were taken to ward meetings. The results were also discussed at SDU clinical governance meetings to formulate action plans.
- (ii) Focus groups would be held on areas identified such as discharge arrangements, protected meal times and visiting times on wards; governors would be invited to chair these.
- (iii) It was proving difficult to find volunteers to man the electronic survey pods, and if governors wished to help they would be most welcome; this was a good opportunity to interact with patients.
- (iv) In November, a survey had been circulated to all patients aged 16 or over who had been discharged to their own home. Over 4000 had been circulated to get information for analysis to formulate survey plans for the future. The possibility of telephone surveys was under discussion with other organisations such as MORI. The National Women's Health survey was attached to the report. The Trust had done as well as other hospitals, but wished to improve, and action plans were being prepared to address areas of weakness.
- (v) The Trust was involved in a number of improvement projects for patients, such as improving all aspects of end of life care, developing the 5* patient experience with staff and other initiatives in outpatients and a re-launched wayfinding project.
- (vi) The National Inpatient Survey had just been circulated which would compare the Trust with other hospitals. A Young People's Survey would be circulated in early 2008.

Agreed

Governors thanked Mrs Hennessy for her comprehensive report.

70/07 CHAIRMAN'S REPORT

The Chairman reported.

Noted

- (i) A number of hospitals in the region were applying for Foundation Trust status. There were 16, including Ipswich. Applications by King's Lynn and West Suffolk hospitals had been stopped by Monitor.
- (ii) The Trust had been awarded a Co-Creating Health grant in partnership with the PCT. The partnership was intended to lower emergency admissions for chronic obstructive pulmonary disease (COPD). The Trust was pressing ahead with the service re-design of a service for COPD. Workshops would be taking place early in the New Year. The programme would last three years. The impact of the approach would be measured, to see if it worked, and if so it would be rolled out across the NHS for long term conditions.
- (iii) The Trust had been nominated for, but had failed to win, HSJ awards for good corporate citizenship and improving patient access.

- (iv) A Sustainability and Environment Strategy Group had been established to consider these aspects in relation to the impact of planned developments as well as existing buildings. Judith Ewer had been invited to join the group as the governor representative.
- (v) There had been a public meeting at CRUK involving Lord Crisp to discuss Global Health Partnerships.
- (vi) Governors discussed the opportunities available to doctors in training for work overseas, and it was noted that as the framework for training became more rigid, these opportunities were reduced. However, the eventual impact of changes was not yet clear.

71/07 COMMITTEE CHAIRMANSHIPS

The Trust Secretary reported.

Agreed

The appointments of Dr Megan Davies as Chairman of the Governors' Constitution Committee and of Dr Jonathan Nicholls as the Chairman of the Governors' Nomination and Remuneration Committee were ratified.

72/07 THE ROLE OF THE SENIOR INDEPENDENT DIRECTOR

Received: Paper on the role of the SID.

The Trust Secretary reported.

Noted

- (i) The SID had a key role in corporate governance arrangements for FTs. The paper explained and explored the duties of a SID, in particular in reference to a chairman's appraisal. The results of the Board Assessment exercise would inform further recommendations regarding the role. Some amendments would be made to the job description to ensure that it correctly reflected the role, and this would necessitate a review of the Standing Orders and the Standing Financial Instructions.
- (ii) Mr Burgin suggested that a useful role could be that of Deputy Chairman. This had been found to be most useful at Papworth, where the Deputy Chairman and the SID were responsible for appraising the Chairman. However, the use of an external person had a lot to commend it. It was important for the SID to be involved in the work of the Nomination and Remuneration Committee.

73/07 GOVERNOR/DIRECTOR WORKING GROUPS

(A) Governance and Assurance

Received and noted: Minutes of the Governor and Assurance meeting held on 4 September 2007.

(B) Membership and PPI

Received and noted minutes from the Membership and PPI meeting held on 9 July 2007.

(C) Forward Planning

Received and noted minutes from the Forward Planning meeting held on 10 October. The Forward Planning Group would be considering developments on the Southern Campus at its next meeting on 12 December.

74/07 BOARD ASSURANCE FRAMEWORK

Received: Report from the Trust Secretary.

Ann Alderton reported.

Noted

- (i) The framework ensured a sound system of internal control. The Board of Directors had held an evening seminar on 15 November and had identified and ranked over 30 risks. Further work was being undertaken on ways to mitigate the risks and this would be reported to Governors at their meeting in April.
- (ii) The Board 'top down' matrix would be regularly reviewed by the Board. The Trust's risk register was maintained by Glenn Pascoe, the Governance Manager.

75/07 FOUNDATION TRUST'S NATIONAL GOVERNORS' ASSOCIATION

Judith Ewer and Brian Gerbaldi reported.

Noted

- (i) The first AGM of the Association had been held on 8 October. The next meeting would be held in Leeds in April.
- (ii) The Constitution had been completed and circulated to delegates.
- (iii) Executive members were to visit those hospitals which were not Foundation Trusts in their area.
- (iv) The website was in action, and all governors were invited to register. The objective was to provide a forum for interaction and information.
- (v) Judith Ewer was involved in marketing to those Trusts which had not yet joined the Association.

Agreed

The Constitution would be circulated to all governors.

76/07 GOVERNORS' RESPONSIBILITIES: 'WHO DOES WHAT'

Received and noted Governors were invited to alert the Membership Office to any changes.

77/07 UPDATE OF REGISTER OF GOVERNORS' INTERESTS

Noted

The register had been updated, and copies were available from the Secretary.

78/07 OUTLINE SCHEDULE FOR 2008

Received and noted schedule for 2008.

79/07 FUTURE EVENTS

Tabled and noted list of future events.

80/07 DATE OF NEXT MEETING

The next meeting would be held on **Thursday 3 April at 17.30 in the Hexagon, Frank Lee Centre.**