

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of the **BOARD OF GOVERNORS OF CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST** held on Tuesday 16 September 2008 at 17.30 in the Hexagon, Frank Lee Centre, Addenbrooke's Hospital.

PRESENT

Dr M Archer (Chairman)
Mr D Adlam (Staff Governor)
Mr M Bright (Patient Governor)
Dr S Bullivant (Patient Governor)
Mr R Burgin (Advisor)
Mr C Carr (Staff Governor)
Mrs M Chaloner (Patient Governor)
Mr A Dasgupta (Partnership Governor)
Dr M Davies (Partnership Governor)
Mrs A Donnelly (Staff Governor)
Ms M Donnelly (Partnership Governor)
Mrs J Ewer (Public Governor)
Mrs G Francis (Public Governor)
Mr B Gerbaldi (Public Governor)
Mrs M Hart (Patient Governor)
Prof D Humber (University Governor)
Prof A Lever (University Governor)
Prof B Michell (Patient Governor)
Dr J Nicholls (University Governor)
Cllr T Orgee (Local Authority Governor)
Mr J O'Sullivan (Staff Governor)
Mr M Perry (Patient Governor)
Ms G Pharaoh (Patient Governor)
Mr E Revell (Public Governor)
Mr T Roberts (Patient Governor)
Mr J Snyder (Partnership Governor)
Cllr S Stuart (Local Authority Governor)
Mr R Quince (Advisor)
Mrs S Smith (Advisor)
Mr L Williamson (Public Governor)

IN ATTENDANCE

Dr A Alderton (Trust Secretary)
Mr J Ghosh (Head of Performance Intelligence)
Mr C Greenhalgh (Vice-Chairman)
Mr S Graves (Executive Director of Corporate Development)
Mrs B Hennessy (Director of Patient Experience and Public Engagement)
Mrs H McGhee (Deputy Trust Secretary)
Mrs R Murphy (Director of Communications)
Mr D Smith (Executive Director of Finance)
Mr R Sunley (Executive Director of Operations)
Mrs A Thompson (Assistant Director of Nursing)

APOLOGIES

Brig R Cockman (Public Governor)
Mrs P Dansie (Patient Governor)
Mrs C Young (Partnership Governor)

The Chairman congratulated Judy Ewer on her election as deputy chairman of the Board of Governors, and Susan Bullivant on her election as deputy chairman of the Governor/Director working group on Forward Planning. She also welcomed Ashish Dasgupta to his first meeting. She welcomed Stephen Graves, attending as Acting CEO in Dr Goodier's absence.

40/08 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on Thursday 3 July were agreed as a correct record.

41/08 MATTERS ARISING FROM THE MINUTES

(A) DVD footage (minute 21/08 (iii))

A DVD was available for each governor.

(B) Joint Board meeting with Papworth (minute 23/08(A))

Mr Robert Burgin reported.

Noted

- (i) Papworth was now waiting for the S106 agreements to be completed, these needed to be signed before tendering could go forward. The agreements were expected to be in place before the end of the year.
- (ii) The Deputy Chairmen of Papworth and Addenbrooke's would meet ahead of the CEO's meeting with governors on 30 September to develop the agenda for the Joint Board meeting on 2 December.

(C) End of life steering group (minute 28/08)

Prof Bob Michell reported.

Noted

The end of life steering group had held a very useful and constructive meeting and received a detailed presentation from Dr Dee Traue, and Prof Michell was happy with the progress being made.

42/08 REPORT OF THE AUDIT COMMITTEE AND EXTERNAL AUDIT

Mr Robert Ferguson and Ms Katy Ball, KPMG, attended and gave a presentation

Noted

- (i) The auditors explained their role in meeting with representatives of the Board of Directors through the Audit Committee. Their role at this meeting was to ensure that governors had assurance that the process of audit had run effectively this year.
- (ii) The auditors had a role in reviewing the Trust's use of resources. This year they had carried out their routine work and also gained an understanding of specific areas, as itemised in their report. They had examined the controls included in the new ledger introduced during 2006/07. The new Electronic

Staff Record system was now fully functional. The auditors had looked at the Trust's corporate governance documents such as the board papers and reports that third party organisations, such as the Healthcare Commission, provided to inform the auditors' overall view. Auditors had also looked at how the Board worked in conjunction with its strategic partners, such as the PCT and the SHA. The auditors had also taken into consideration the financial pressures on the local health economy. Following the opening of the ATC in 2007, the auditors had focussed on the disclosures around PFI schemes in the Trust's accounts. The auditors judgement was that they were satisfied on the basis of the information available to them that the Trust had proper systems in place for ensuring economy, efficiency and effectiveness in the use of resources.

- (iii) A seven stage audit approach had been used to develop an opinion on the accounts. At the start of the year, the auditors developed a plan, in consultation with the Trust. A review of controls was undertaken in January to generate the accounts later in the year, and the auditors confirmed the Trust's accounting policies to ensure that they were in line with best practice. Detailed testing of the accounts took place in May to ensure that the figures were materially correct. The reported figures had been found to be correct. The auditors had gained assurance that the figures were true and fair from management. The auditors then issued an opinion confirming that the financial statements were true and fair, and also looked at the Statement of Internal Control (SIC) which was signed and presented with the financial statements in accordance with Monitor's requirements. The auditors read and confirmed the information in the Annual Report and gave their opinion on the directors remuneration report. They had issued an unqualified opinion for the 2007/08 year.
- (iv) For the 2008/09 year the auditors had met with the Trust and planned to consider areas including the introduction of the IFRS, and were working with the Trust to ensure its conversion process on a timely basis. They were checking the FREM and information on the private patient cap to ensure that the Trust complied with new guidance from Monitor.
- (v) Governors asked whether the auditors had considered the implications for resources of the DNA (Did not attend) rate in outpatients. It was explained that the external auditors' role in such investigation was limited. However internal audit had reported to the Governance and Assurance Working Group and had looked in detail at the implications for resources and the working group had been reassured by the clear division of responsibilities between the internal and external auditors.
- (vi) There was likely to be some movement of PFI projects onto the balance sheet; this would affect many Foundation Trusts. There was a detailed timetable of the Trust's move towards IFRS (international financial reporting standards) which was required by legislation. This would involve a different accounting treatment for a number of areas including PFI schemes.
- (vii) Governors commented that if PFI was correctly negotiated it was likely to be cost neutral over a thirty year span. PFI was generally the only way of raising the capital needed for large projects.

Agreed

The Board thanked the auditors for their comprehensive report.

43/08 FINANCIAL OPERATIONAL AND PERFORMANCE REPORTS

Received: Financial report, Operational report, Performance report

(A) Financial report

David Smith, Executive Director of Finance, reported.

Noted

- (i) The Trust's finances remained strong and were improving on numbers previously reported to Governors.
- (ii) Other issues had been reported by the auditors.

(B) Performance report

Joe Ghosh, Head of Performance Intelligence, reported.

Noted

- (i) The report outlined the chief risk areas to the Trust, including cancelled operations which were being kept to a minimum.
- (ii) *Clostridium difficile* was reported under the infection control report.

(B) Operational report

Richard Sunley, Executive Director of Operations, reported.

Noted

- (i) Governor's views on what they would like to hear from the operational point of view on an ongoing basis would be welcomed.
- (ii) Mr Sunley met with Non Executive Directors to discuss the detail of the operational report and would be happy to do the same with governors, at the pre-meeting.
- (iii) DNAs were an important issue. DNAs left gaps in clinic schedules which could be filled and were considered in the NHS as a 'productivity opportunity'. They accounted for £700k cost to the Trust annually. This was based on the number of patient slots not filled during the day. However it would be wrong to assume those slots were not filled in practice, as most clinics were overbooked, to ensure that they met waiting time targets. Addenbrooke's was just short of the upper quartile for DNA rates, so it was important that patients were encouraged to use the slots.
- (iv) Up to the end of August there had been a 16% increase in GP referrals to outpatients. This was unprecedented in the last ten years. Dermatology had risen by 31% and rheumatology by 20%. The Trust was running out of physical space and staff goodwill. There was pressure on GPs to refer, and a lack of community alternatives. The outpatient pressure point was the 18 week agenda
- (v) There was a need to increase capacity in some areas such as rheumatology. A&E attendances had increased by 6%. The Trust was to

some extent a victim of its own success because of its achievement of four hour wait targets. Most of the increase was in the walking wounded.

- (vi) In the maternity area, births at the Rosie had risen to 6000 per year, in a unit designed for 3000 opened 25 years ago. Capacity was needed to manage risk to ensure that local people could continue to access the service.
- (vii) Governors agreed that it would be useful to have capacity as a regular item at one of the working groups. The appropriate forum would be discussed at the Governors' development day on 24 November.
- (viii) Governors were concerned about the distress caused by the small percentage of operations which were cancelled. They asked whether it was possible to discriminate between unavoidable and avoidable cancellations and to reduce length of stay wherever possible. It was explained that operations were cancelled when emergency cases had to be admitted or other operations overran. All patients cancelled on the day were re-booked and operated on within 28 days. Nobody ever wanted to cancel patients; the cancellations were always unavoidable. The Trust was attempting to reduce length of stay for non-elective surgery and also to improve DOSA (day of surgery admission) rates to reduce pressure on beds.
- (ix) Non- elective length of stay had reduced to the lowest for many years. This relied on good community support. However it was noted that when day surgery rates for elective surgery rose this led to an increase in the overall length of stay, because the more difficult cases required longer stays in hospital.
- (x) In answer to governors' questions regarding the effect of clinic overbooking on patients it was explained that the 16% increase was unprecedented, or the Trust would have planned for this. Clinics were running into evenings and weekends. The level of activity was not sustainable in the long term, and was being focussed upon.
- (xi) Mrs Donnelly, speaking on behalf of NHS Cambridgeshire, explained that the organisation was very concerned about the level of GP referrals. This was a national problem as such referrals had risen by 15%. This was for a range of reasons and the organisation was hopeful that it would be back on track by the end of the year, and was investigating to analyse why such an increase in referrals was happening. It was considered that the 'walking wounded' were attending Addenbrooke's as a consequence of the shorter hours being worked by GPs. NHS Cambridgeshire had re-negotiated with GPs and by the end of October 50% were expected to offer longer working hours to 2000. NHS Cambridgeshire would like to extend this and put in place more 7 day a week, 0800 to 2000 service. It was hoped that this would reduce the number attending the Trust. The aim was to achieve the best value service for the people of Cambridgeshire.
- (xii) Governors queried whether Addenbrooke's had considered offering primary care services off-site. Mr Graves explained that the Trust was planning shifts in care to support the PCT with the PEC chair and the chief nurse setting up a joint group to oversee key areas where services such as dermatology could be provided in the community, and a sub-group had been established to work up a clinical model to put out to tender.
- (xiii) The Trust wanted to be part of the discussion to ensure clinicians were happy with the model of care. The Trust was not intending to tender to

provide primary care services but to work alongside GPs providing services. Tenders were out for new services in St Neots and Haverhill. However if there was a call for tenders for support services such as radiography the Trust would consider providing a service in the community.

- (xiv) Governors considered that there would be benefits for patients in seeing that a GP practice was providing a badged Addenbrooke's service as a standard of excellence. The PCT was working closely with the Trust to develop divisional pathways to ensure that expertise was available in the community. Governors observed that Addenbrooke's could provide a significantly enhanced service, such as in diabetes care.
- (xv) The Board of Directors would be taking the opportunity at its Awayday in October to fast-track discussion and decision on proposed developments in perinatal care, amongst other outline cases. Comments were being sought from those involved across the organisation, and governors' input was sought.

Agreed

Governors congratulated the operations team on targets met and exceeded.

44/08 CONSULTATION ON THE NHS CONSTITUTION

Received: Report from the Trust Secretary

The Trust Secretary reported.

Noted

Governors were invited to send in comments by 7 October for inclusion in the Trust response which was required by 17 October.

45/08 SMOKING POLICY

Received Report on smoking policy

Mrs Ruth Murphy, Director of PR and Communications, reported.

Noted

- (i) The Trust's existing policy was for no smoking anywhere on the site, and had been established in 2007.
- (ii) Although staff were complying well, patients and the public continued to smoke on site, in particular near the entrances. Staff were not allowed to smoke when wearing uniform.
- (iii) The Trust was aware of the need to be compassionate to those who might have recently received bad news, or otherwise be in distress.
- (iv) The Trust would continue to make every effort to discourage people from smoking on site and uphold the policy except for designated smoking areas.

- (v) The executive planned to introduce a smoking area at the back of the concourse.
- (vi) Discussions were ongoing with staff about the provision of extra designated areas on site.
- (vii) Governors remarked that road accidents killed 3,000 people a year, deaths attributed to smoking were 100,000. Some governors considered it retrograde and hypocritical to rescind the smoking ban.
- (viii) The Trust was conscious of the need to work, and to move smokers away from the entrance.
- (ix) Some patients had made a decision to continue smoking. This had to be balanced against other dangerous habits which the Trust was able to influence, such as drug taking. The Trust could not curtail people's freedom to smoke, although it could take all steps to discourage them. The Directors had considered possible alternatives and a designated outdoor smoking area had been reluctantly agreed.
- (x) Some governors considered that it was not practical to eliminate smoking from the whole site. Governors could seek members feedback through 'meet the governors' meetings.
- (xi) Governors agreed that they would prefer people not to smoke. The cost to the NHS was acknowledged as considerable. NHS Cambridgeshire had a budget for smoking prevention programmes. The Trust would work jointly with NHS Cambridgeshire to incorporate anti-smoking material and actions within the Trust's activities. However, many patients did not want to give up but wished to continue to smoke through a stressful period.
- (xii) Governors noted that there were other health issues such as obesity and salt consumption which cost the health service a great deal.
- (xiii) Governors considered it reasonable not to expect total abstinence at a time of maximum stress; this was a sensible compassionate compromise. However some governors considered that this was the thin end of the wedge, taking the example of the bedridden patient who wished to smoke. However it was clarified that it was national policy that no smoking was allowed within the building. It was legal to smoke in the open air.

Agreed

The Board had had a very useful discussion and majority of governors considered that the action proposed was a pragmatic way forward. Governors' views were similar to those expressed by the Board of Directors. Governors' suggestions were noted by directors present.

46/08 PATIENT EXPERIENCE REPORT

Received: Quarterly patient experience report

Mrs Brenda Hennessy reported.

Noted

- (i) The interim results of the HCC emergency department survey were noted. The Trust appeared to be good in comparison with other organisations using quality health.
- (ii) The inpatient survey was given in detail. This had now run for four months and was working well. The Trust was looking at how results were used by the operational teams to drive improvement in service and to identify particular areas for intensive training.
- (iii) Formal complaints had not increased significantly, but there had been a steady rise in concerns referred to the PALS team. These were picked up whilst the patient was in hospital, and this was a good opportunity to retrieve the reputation of the hospital. It was in part due to the good access which the Trust provided to the service, which was important to patients.
- (iv) The Trust was exploring the opportunities offered by the Institute of Customer Service, a not for profit organisation with 300 members.
- (v) Thanks were due to the Estates and Facilities team for providing a tasting of hospital food for the Governor/ Director working group on Membership and PPI. This had been much enjoyed and been educational. A taste of hospital food would be provided at the AGM.

Agreed

The Board thanked Mrs Hennessy for her report, and congratulated Medical Photography on their recent achievements. Medical Photography hoped to put on a display of their winning photographs in due course.

47/08 INFECTION CONTROL

Received: Update on infection control

Mrs Angela Thompson reported

Noted

- (i) The Trust was on target with 15 cases of MRSA by the end of August. The target had been revised to 33 cases to the end of the year. The outturn had been 41 cases last year, and a 20% reduction had been agreed.
- (ii) *Clostridium difficile* cases were 7 cases over the target trajectory. The Trust was working closely with the PCT with a remedial action plan in place, including an enhanced cleaning programme.
- (iii) The HCC had visited the Trust in the previous week. Staff groups had been found to be very knowledgeable, and on the whole the practices observed were compliant with national policy. The level of cleanliness was high. The HCC intermediate report would be available shortly and the final report was due in some 12 weeks time.
- (iv) Further work was being done on the MRSA decolonisation policy and the Trust was working closely with PCT partners.

- (v) The SHA HCAI infection control team would be carrying out a follow up visit on 23 September to ensure that actions had been put in place following their January visit.
- (vi) National Infection Control week would begin on 13 October.

Agreed

- (i) Those governors wishing to be involved in infection control should contact Angela Thompson as volunteers.
- (ii) Thanks were recorded to Angela Thompson and her team for their work leading the Trust through the HCC visit

49/08 CHAIRMAN'S REPORT

Received the report of the Chairman.

Noted

The Chairman did not have anything to add to her written report and her report was noted.

50/08 CONSTITUTIONAL ITEMS

Received Proposed changes to the Trust Constitution.

Dr Megan Davies, Chairman of the Governors' Constitution Committee, reported.

Noted

The Governors' Constitution Committee recommended agreement of the changes proposed to the Constitution, which were relatively straightforward. These included a number of technicalities suggested by Monitor, and a change to the dispute resolution procedure to involve the Deputy Chairman.

Agreed

Governors agreed the changes to the Constitution outlined in the paper before the Board which would now be proposed to Monitor.

51/08 GOVERNOR/DIRECTOR WORKING GROUPS

Reports from the meetings of Governor/Director Working Groups

(A) Forward Planning held on 10 September 2008

Mr Michael Bright, Chairman of the Forward Planning Working Group, reported.

Noted

- (i) The Group's main discussion had been on issues relating to next year's annual plan. Governors sought to encourage an emphasis in next year's plan on the Trust's position as a centre of excellence for teaching and

research, as well as clinical excellence. Such an emphasis would encourage recruitment and retention of staff.

- (ii) Waheed Rajah, Head of Marketing, reported on business developments and marketing.
- (iii) Stephen Graves reported on the South Campus developments, the relocation of Papworth and the current situation at Hinchingsbrooke.

(B) Governance and Assurance held on 8 September 2008

Mr Jim O'Sullivan, Chairman of the Governance and Assurance Working Group, reported.

Noted

- (i) The Group had received a presentation from the external and internal auditors, who had responded to questions.
- (ii) The meeting had provided an helpful opportunity for governors to question the auditors in-depth.

(C) Membership and PPI held on 9 September 2008.

Mrs Mary Chaloner, Chairman of the Membership and PPI Working Group, reported.

Noted

- (i) The group had discussed LINKS the new patient and public involvement mechanism to be launched on 25 September, which replaced the PPI forums, and would operate on a county wide basis. LINKS were established through the County Council as a statutory body. The LINKS would have some regulatory power, in that they could inspect the Trust without prior notice, although the Trust had asked to be given notice wherever possible.
- (ii) There would be a seminar on resuscitation on 3 November, which it was hoped would have a good attendance.
- (iii) Governors' links with the media would be discussed at the development day on 24 November.
- (iv) Governors' briefing packs were being updated to reflect the new arrangements.

Agreed

Mrs Hennessy would circulate information on LINKS through the Group.

52/08 REPORT FROM THE NHS FOUNDATION TRUST GOVERNORS' ASSOCIATION

Mr Gerbaldi reported.

Noted

- (i) All party spokesmen were keen to canvass governors views and governors were encouraged to get involved with the FTGA via its website.

- (ii) The FTGA AGM would be held in Leeds in October. Training days were being organised through the Foundation Trust Network and one would take place in the East of England in early 2009, which governors were encouraged to attend. Governors from new FTs including mental health trust were being coopted on to the executive.
- (iii) The Association had made a small surplus, which was being used to produce essential governor briefings.
- (iv) Governors would be canvassed about whether they would like to establish regional associations
- (v) Georgina Pharaoh would take over from Judy Ewer as the Trust's second representative on the FTGA after the October AGM.

Agreed

The Board thanked Mr Gerbaldi for his participation in the FTGA.

53/08 ARRANGEMENTS FOR PART TWO OF THE MEETING

Noted

- (i) The Chairman noted that in addition to the usual presentations there would be a presentation from the new Deputy Chairman of Governors.
- (ii) The Chairman thanked Dr Karen Castille for the Nursing and Midwifery strategy which she had generated, and which would be launched on the day of the AGM.

54/08 UPDATE OF REGISTER OF GOVERNORS' INTERESTS

Noted

The Register of Governors' Interests had been updated and copies were available from the Secretary.

55/08 FUTURE EVENTS

Noted

A list of future events was tabled. The Chairman drew members attention to the lecture being given by John Major under the auspices of the Leadership Forum on 22 September.

Dr Bullivant drew governors' attention to the Winston Churchill memorial trust fellowships of up to £5k available for projects in various categories of benefit to the community, of which she had details.

56/08 ADJOURNMENT OF MEETING

The meeting was adjourned to Thursday 18 September 2008 at 19.15 in the Atrium, ATC (Addenbrooke's Treatment Centre).