

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 4 December 2008 at 17.30 in the Hexagon, Frank Lee Centre, Addenbrooke's Hospital.

PRESENT:

Dr M Archer (Chairman)
Mr D Adlam (Staff Governor)
Dr M Bright (Patient Governor)
Dr S Bullivant (Patient Governor)
Mr R Burgin (Advisor)
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 B Michell (Patient Governor)
Dr J Nicholls (University 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)
Mr R Quince (Advisor)
Mrs S Smith (Advisor)

IN ATTENDANCE:

Dr J Ahluwalia (Medical Director)
Dr A Alderton (Trust Secretary)
Mr C Black (Director of Commissioning)
Mr S Graves (Executive Director of Corporate Development)
Mrs C McLaughlin (Minute Secretary)
Mr R Sunley (Executive Director of Operations)

APOLOGIES:

Mr C Carr (Staff Governor)
Mrs M Chaloner (Patient Governor)
Mr A Dasgupta (Advisor)
Prof D Humber (University Governor)
Prof A Lever (University Governor)
Cllr T Orgee (Local Authority Governor)
Cllr S Stuart (Local Authority Governor)
Mr L Williamson (Public Governor)

Dr G Goodier (CEO)

57/08 RE-APPOINTMENT OF CHAIRMAN

Mrs Judy Ewer, Deputy Chairman of the Board of Governors, reported.

Noted

- (i) Dr Archer's second term as Chairman of the Trust was due to end in October 2009. At a closed meeting on 28 October the governors agreed to re-elect Dr Archer for a third term of office which would run from 1 November 2009 until 31 October 2012.
- (ii) Dr Archer said she felt privileged to be able to continue as Chairman and welcomed the opportunity to continue to work with the Trust and its staff during

a time of unprecedented change.

- (iii) On December 1st, Addenbrookes received the Acute Trust of the Year award from the Health Service Journal (HSJ). The HSJ were particularly impressed by a number of aspects which included that patients in ED were always seen by a senior doctor, the move to outcomes and values and also the significant decrease in the number of MRSA bacteraemias. Staff were thanked and acknowledged for their considerable contribution in achieving this award.
- (iv) On behalf of the PCT, Mrs Donnelly congratulated the Trust on achieving the award.

58/08 MINUTES OF THE PREVIOUS MEETING

The minutes of the AGM held on Tuesday 16 September and Thursday 18 September 2008 were received. Minute 41/08 (C) was amended to note that it had been agreed that Dee Traue would present to governors in due course. With this amendment, the minutes were agreed.

59/08 MATTERS ARISING FROM THE MINUTES

(A) Tendering for provision of services (minute 43/08(B))

Noted

- (i) The Chairman and a number of other staff attended an East of England Chairmen and Chief Executives' meeting. At the meeting, Lord Carter, Chairman of the new National Co-operation and Competition Panel, outlined the work he was undertaking and the associated agenda and colleagues from the SHA outlined the national direction of travel for competition. The clear expectation was that many services would be reviewed by the PCT Commissioners and put out to tender in due course.
- (ii) Locally, the Diabetes service was the furthest forward in the process and a meeting was planned for the end of January. The detail would be available during 2009 and the provision of a countywide service was expected from 1 April 2010.
- (iii) The Trust's lead clinician for Dermatology, Dr Paul Norris, had met with the deputy director of public health and the medical director of the PCT to exchange views of the appropriate dermatology service model and colleagues within the PCT were consulting widely on this service.
- (iv) The PCT were designing the tenders to encourage different parts of the health service to work together so that primary physicians and independent physicians and consultants within the acute sector could contribute to services. They wanted secondary clinicians and consultants to provide input to the design of services and their ongoing monitoring.

(B) Update on developments in perinatal care (minute 43/08(C))

Noted

- (i) Perinatal care was one of a number of clinical developments which had been reviewed by the Trust. As a result of this process, an outline business case had been prepared. The size of the preferred option was below some of the more major reporting requirements which meant the Board could move forward very quickly. The Board of Directors had approved the perinatal case to move forward to a full business case. The scheme would deliver increased

capacity for the midwifery led birthing unit, fetal medicine and neonatal intensive care.

- (ii) In addition, there were concerns regarding the increased local population and a requirement to centralise more complicated births. The SHA and PCT strategies for Essex were to bring Level II and Level III baby cases to the Rosie.
- (iii) It was anticipated that by the end of 2009, a build contract would commence at a capital cost of approximately £27.7m.

(C) Changes to the Constitution (minute 50/08)

Noted

The changes to the Constitution that had been recommended by Monitor had been made and the latest version was available on Monitor's website.

60/08 FINANCIAL AND PERFORMANCE REPORTS

The Chairman informed the Board of Governors that the Executive Director of Operations, Richard Sunley, had been appointed Chief Executive of the Scarborough and East Yorkshire Trust and would be leaving the Trust in early 2009.

(A) Financial report (Month 7)

Received Finance report

Mr Craig Black, Director of Commissioning, reported.

Noted

- (i) The details of the financial report had been discussed during the pre-meeting with governors.
- (ii) The key points were that the surplus at month seven was £4.2m, which was slightly adverse to the internal plan to deliver a £9.2m surplus by the end of the financial year.
- (iii) The plan submitted to Monitor was for a surplus of £7m and it was anticipated that at the end of the financial year the final figure would be between £7m and £9.2m.
- (iv) The Trust were currently reporting a risk rating of 4.
- (v) Clinical income was ahead of plan. This was a reflection on activity levels undertaken and expenditure was above budget and reflected the cost of delivering the increased activity.
- (vi) Interest receivable was ahead of plan, although this had reduced in October due to a cautious treasury policy. A significant amount of money had been repatriated to safe areas in response to the current change in the economy.

(B) Performance report

Received Performance report

Mr Joseph Ghosh, Head of Performance Intelligence, reported.

Noted

- (i) The report had been compiled prior to the Norovirus outbreak.
- (ii) Meeting the four hour performance target in A&E had changed from a low to a medium risk, although the Trust was ahead of target entering the winter period.
- (iii) The rate of *Clostridium difficile* infection had reduced to a low risk from the previous high.

(C) Operations Report

Received Operations report

Mr Richard Sunley, Executive Director of Operations, reported.

Noted

- (i) The norovirus outbreak had resulted in a number of ward closures to avoid the virus spreading further. The first case had been identified three weeks ago and appropriate actions were quickly taken. At the height of the crisis thirteen wards were closed; this had affected only Medical wards and patients.
- (ii) The key focus in all decision making had been to minimise infection to patients and staff and to limit the spread of the contamination.
- (iii) The ward closures were likely to have a significant impact on targets. The Emergency Department was already under pressure to comply with the four-hour wait target and the outbreak had made matters worse.
- (iv) Three surgical wards were changed to medical wards during the management of the outbreak. The impact of this on elective surgical procedures was 138 (expected to increase to approximately 250) cancelled operations during the outbreak, compared to 176 over the whole of the previous seven months.
- (v) The outbreak was also likely to compromise the 18-week target, both with HCC and Monitor. Up to October the targets were 90% but the Trust had been ahead of targets at 95% which would minimise some of the adverse effects of the outbreak although they were month-on-month targets. The need to re-book cancelled patients would put the target under further pressure.
- (vi) Historically the process for breaching HCC and Monitor targets was to submit a mitigating circumstances case; however limited success had been achieved with this in the past.
- (vii) A further risk was identified in relation to the contract with the PCT which included financial penalties for failing to meet certain targets. The intention was to discuss with the PCT the mitigating circumstances of the breach. The PCT had a constructive attitude to the situation and whilst it was a national requirement to impose penalties, it was not mandatory. Discussions were ongoing between the Trust and the PCT regarding this issue.

- (viii) Another consequence of the norovirus outbreak was an increase in the amount of testing, which would also identify an increased number of *Clostridium difficile* cases.
- (ix) All patients and staff were required to be clear of norovirus for 48 hours before an affected ward could be considered for reopening. The ward would then be emptied and a deep clean undertaken.
- (x) The emphasis throughout the incident had been on managing patient care, and not on targets. Medical and ward staff had been very accommodating and responsive to the outbreak and staff, in particular Infection Control, were thanked for all their support and hard work.
- (xi) Professor Michell stated that the effect of the outbreak on information was counter-productive and would create distortions when comparing data from year to year. Normal data would become distorted and a separate report on how the crisis had been managed would be more productive.

61/08 UPDATE ON STRATEGIC DEVELOPMENTS

Mr Stephen Graves, Executive Director of Corporate Development, reported.

Noted

- (i) An extensive presentation on the South Campus had been given at an earlier Joint Papworth and Cambridge University Governors meeting.
- (ii) In November 2007 the Trust had received outline permission for the 2020 Master Plan. Discussions were ongoing with the Trust's partners- Liberty, Countryside and the Local Authority - regarding the Section 106 legal agreement, which had a greater impact on colleagues at Papworth.
- (iii) During the next couple of months the situation should be clarified, although the financial position had changed significantly and constructive discussions were ongoing with Liberty Countryside, the County Council and City Council in respect of the infrastructure coming into the site. Discussions were underway between these parties regarding phasing the financial payments for the guided busway and new access road. In parallel to the detailed Section 106 was a second planning application to link the new road to the campus and this had been broadly agreed.
- (iv) Some of Addenbrooke's buildings were over forty years old. F&G wards were half the physical size of a modern NHS ward that would also include ensuite facilities. The ability to isolate patients appropriately was consequently very limited.
- (v) It was therefore considered timely to undertake a master plan of the campus to ensure that the construction of any new buildings was situated in an appropriate location. The Trust had engaged the services of Devereux/Allies and Morrison to assist with the planning. The work should be completed by mid-2009 and the direction of travel should be clear by the end of the financial year.
- (vi) Work had been undertaken to consider eight different developments, one of which was Perinatal. Strategic outline cases had been completed on the remaining seven and the finance element was going through its third iteration. This would then be discussed at the Board Away Day at the end of February. Difficult decisions would need to be made, but the Board had set a number of clear markers and were mindful of achieving a balance of possessing sufficient information and not over-analysing data.

- (vii) Due to the size of the developments the final decisions would also require the approval from a combination of colleagues in primary care, the SHA, Monitor and potentially the Department of Health.
- (viii) Papworth was currently waiting for a decision on PFI finance expenditure. The Trust had been informed that all the technical requirements had been satisfied, but that the delays with Section 106 were impeding the overall process.
- (ix) The planners for the campus masterplan intended to engage in a wide consultation with a broad number of constituent groups which included current incumbents, local authorities and taking the opportunity to speak at local conferences. The intention was to create a group of lead people on campus to work with Liberty Countryside. This would have the potential to create an Academic Health Sciences Centre, as portrayed in the Darzi report.
- (x) In addition it was suggested that it would be beneficial to create an ability for professionals to meet either on a formal or informal basis on the new campus.
- (xi) The Trust had encouraged Liberty Countryside to appoint a "Science Tsar" to lead the promotion of the campus. The ideal incumbent would possess both a science background and the expertise to promote commercial enterprises.
- (xii) One agreed tenet was that partners located on the campus should be those that related directly or indirectly to healthcare. It was not considered necessary to widen occupancy to non-biomedical organisations. Discussions between Liberty Countryside and the local authority regarding Section 106 had also emphasised the importance of the type of occupants.

62/08 INFECTION CONTROL

Received Infection Control report.

Dr Jag Ahluwalia, Medical Director, updated the Board of Governors.

Noted

- (i) The Medical Director expressed his thanks to staff for their support during the norovirus outbreak.
- (ii) The number of MRSA bacteraemias was below the ceiling target. There had been zero cases for October and only two during November, one of which was subject to appeal. There had been an increase during the last quarter of *Clostridium difficile*, but this had now reduced and the Trust was on target to achieve the ceiling target.
- (iii) Much of the reduction was a result of the deep clean programme which, although disruptive to patients and staff, did result in long-term benefits.
- (iv) The SHA and HCC had visited the site and whilst the need for decontamination needed to be improved, overall they considered the Trust was improving.
- (v) The results of a recent audit reported poor performance on hand hygiene compliance, particularly from certain groups of staff.

63/08 PATIENT EXPERIENCE REPORT

Received Patient Experience report.

Mr Fraser Rogers, Head of Public Engagement, reported.

Noted

- (i) The details of the report had been discussed during the pre-meeting.
- (ii) The results of the Emergency Department questionnaire commissioned by the Healthcare Commission were recently received.
- (iii) The latest quarterly internal inpatient survey results up to October were available, as were the results from the comment cards which enabled feedback to be deposited in boxes located at over a hundred places on the campus. The results were then distilled to the relevant area for appropriate actions to be taken.
- (iv) The ACTIVE group had been involved in a number of work streams. In the New Year they would be involved in the revamp of the D2 garden. The group had also been involved with new posters to be used on wards to explain which uniforms were worn by whom.
- (v) During September and October there had been a number of concerns regarding the new Outpatients Appointment Centre and the figures were exacerbated due to a PALS decision to record every comment regarding the new centre, however minor.
- (vi) The "environment" category had received significant negative feedback, the reasons for which were unknown.
- (vii) Whilst there were only two categories that scored in the "green" band, the results were for the previous quarter and many areas had since improved, for example the opening of the new car park.
- (viii) It was agreed that further information would be provided to a future meeting on the reasons for negative feedback under the "environment" category.

64/08 CHAIRMAN'S REPORT

Received Chairman's report.

Dr Mary Archer, Chairman, reported.

Noted

- (i) St Edmundsbury council was undertaking a review which included the siting of the West Suffolk Hospital in Bury St Edmunds. Many of the buildings, due to their age, would need to be replaced in the near future and it had been decided a new site would be identified by spring 2009, for a complete new hospital due to anticipated difficulties in rebuilding facilities on the current site.
- (ii) Also located on the campus was a much respected hospice which was in the process of considering its long-term options.
- (iii) The Academic Health Science Centre (AHSC) bid was making swift progress. The date for initial submission was 16 January with full submission by February 18. A significant amount of work was being undertaken between the Trusts and the University to consider the models of engagement.
- (iv) Whilst it was a government initiative, the advantages of becoming an AHSC were not clear at this stage. It was not expected to generate any additional

funding though had the potential for being a channel for funding in the future. The proposed model of integration between Trusts, University and the community, which represented a cultural and social shift, was apolitical.

65/08 JOINT BOARD MEETING WITH PAPWORTH 2 DECEMBER 2008

Mrs Judy Ewer, Deputy Chairman of the Board of Governors, reported.

Noted

- (i) A productive meeting had been held between the two Boards of Governors, which had provided a bridge-building exercise and a learning opportunity for both Trusts.
- (ii) The feedback was that there were a number of issues that required to be considered and these could be best addressed through the formation of small groups to work together.
- (iii) A questionnaire would be compiled by both boards to ascertain the most appropriate way to progress.

66/08 MEETING OF CHAIRMEN OF BOARD OF DIRECTORS' COMMITTEE AND GOVERNOR/DIRECTOR WORKING GROUPS 5 NOVEMBER 2008

Received Report from the Trust Secretary.

Dr Ann Alderton, Trust Secretary, and Mrs Judy Ewer, Deputy Chairman of the Board of Governors, reported.

Noted

- (i) As a consequence of the Board of Governors' evaluation, the principle of the meeting was to improve communication between the Board of Directors and the Board of Governors.
- (ii) The intention was for the Board of Governors to emulate the Board of Directors' way of working, whereby the chairs of the three committees were also members of the other committees.
- (iii) It was intended that the chairs and vice-chairs of the committees would meet a couple of times a year in future.
- (iv) This approach would ensure a reduction in duplication and meetings. The Trust Secretary, as a separate exercise, was reviewing the number of meetings held.

67/08 REPORT FROM THE GOVERNORS' CONSTITUTION COMMITTEE

Received Report from the GCC.

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

Noted

- (i) The process for inviting governors to join particular committees within the Trust had been reviewed. The Constitution Committee had recommended a proposed change.
- (ii) The intention in future was to align the meetings with the business calendar to improve support to the Trust.

- (iii) There had been different interpretations of the process for the reappointment of the Chairman; it had therefore been proposed to clarify the wording. However after due discussion there was still concern regarding word ambiguity and interpretation, particularly in relation to words such as "rarely" and "exceptional".
- (iv) The creation of the post of Deputy Chairman of the Board of Governors provided an opportunity to review the term of office and role. How the Deputy Chairman related to the governor/director working groups was also reviewed. Whilst the Deputy Chairman was unable to be a member of the Nomination and Remuneration Committee, it was proposed that he/she be able to attend all working group meetings.

Agreed

- (i) The Board supported the proposed selection process for appointing Governors to special interest groups.
- (ii) The Constitution Committee to review proposed wording for the chairman reappointment process.
- (iii) The changes to the Deputy Chairman role were approved.

68/08 GOVERNOR/DIRECTOR WORKING GROUPS

(A) Governance and Assurance held on 25 November

Received Minutes of the meeting 25 November.

Mr Jim O'Sullivan, Chairman of the working group, reported.

Noted

- (i) Dr Trevor Baglin had given a presentation on the Safety First project and it was evident he was very passionate and committed to the project. In future he would attend meetings and a suitable standing item would be created on the agenda.
- (ii) It was proposed, for a trial period, to subsume the Finance and Performance pre-meeting of the Board of Governors into the standing items of this working group. The dates for next year's meetings for this group would be altered accordingly.

(B) Membership and PPI held on 18 November

Received Minutes of the meeting 18 November.

Mr Brian Gerbaldi, Deputy Chairman of the working group, reported.

Noted

- (i) There was concern pertaining to the item in the report from the Patient Experience Committee regarding children being treated in Outpatients corridors and in front of other children.
- (ii) The Committee had been pleased to report that the SHA had funded the Trust's senior membership to the Institute of Customer Service for one year. Cambridge University Hospitals NHS Foundation Trust was currently the only Trust in the region to have joined.

- (iii) It was perceived that the Department of Health expected two Governors from the Foundation Trust to be permanent members of the local LINK's committees. However clarification was necessary on the membership requirements.
- (iv) To address the issue of both poor response and attendance at seminars it had been agreed that in future acceptance would be the default and governors would have to provide notification in a timely manner if they were unable to attend.

(C) Forward Planning to be held on 10 December

The next meeting was scheduled for 10 December and it was planned to discuss the Academic Health Sciences Centre at this meeting.

69/08 REPORT FROM MEDICAL DIRECTOR

Received Report from Medical Director.

Dr Jag Ahluwalia presented his first Annual Report as Medical Director.

Noted

- (i) Dr Robert Winter, the previous Medical Director, was thanked for his legacy of excellence.
- (ii) The Patient Safety Executive had been created to improve the delivery of patient safety. Related to the Patient Safety Executive was the Patient Safety Counsel that acted as a test of reasonableness and two governors had accepted positions on this council.
- (iii) The revalidation and recertification of medical staff from 2009/2010 would be a major change. Issued by the GMC, it included 360 degree feedback from patients, although the full details had not yet been released.
- (iv) Historically due to the length of its medical training course, doctors from Cambridge University had graduated at a different time to the rest of the country.
- (v) The University had recently lengthened its course to bring it in line with the rest of the UK. However this had resulted in fourteen of the students who graduated in February and had completed their mandatory rotation to decline a further extension. This situation might potentially occur again in 2010, but not in 2011.

70/08 REPORT FROM THE NHS FOUNDATION TRUST GOVERNORS' ASSOCIATION (FTGA)

The Board's representatives, Mr Brian Gerbaldi and Mrs Georgina Pharaoh, reported.

Noted

- (i) A meeting of the Executive Committee was held on 28 November. The balance sheet showed that a small profit of £6,400 had been achieved, which enabled membership fees to be held and to produce an extra 'essential brief'. However, as a result of comments made at the AGM, the finances had been reviewed and a more in-depth balance sheet would be available to all the delegates.
- (ii) A presentation from Nick Goodwin of the King's Fund regarding practice based commissioning and changes to PCTs, community FTs and provider services was

very well received. Consequently Mr Goodwin had been requested to provide an updated version of the presentation at the Development Day in April and then to publish it on the website for all governors.

- (iii) For year two the new priorities, objectives and directions had been considered, including frequency of meetings and financing the executive.
- (iv) Membership of the association was encouraging. Although two Trusts had left the FGTA, another four had joined making a total membership of fifty-six. Three Trusts in the Region that had not yet joined were Cambridge and Peterborough, Norfolk and Norwich University Hospital and Luton and Dunstable Hospital.
- (v) Joint Governor Development days were taking place on regional basis in partnership with the FTN and FTGA. The meetings were very useful, particularly for newer Governors. In June a meeting was planned for the East of England, details of which would be circulated shortly.
- (vi) The FTGA encouraged holding regional fora and these were intended to meet more regularly than the national FTGA and also to provide feedback into the FTGA.

71/08 GOVERNORS' AUDIT OF HAND HYGIENE COMPLIANCE

Received Report on Hand Hygiene compliance

Noted

- (i) The results of the audit were very positive. There was obvious evidence on the wards of compliance, which on M4 included hand-wipe tissues on the tray.
- (ii) The auditors were impressed with the general ward cleanliness on F4, although there were problems with the sachets being transported to the ward, which meant some patients were not offered cleaning tissues.
- (iii) D7 was considered generally very good; the only exceptions were a patient being taken away during their meal for investigations and the serving trolley was in the way.

72/08 FEEDBACK ON HCC DECLARATION

Received Feedback on HCC declaration

Dr Ann Alderton, Trust Secretary, reported

Noted

The HCC had provided feedback on the declaration made by the Governors. Although the Trust had achieved an "excellent" rating in both categories, the Trust's declaration was brief compared to other Trusts. A sub-group would consider this in future.

73/08 UPDATE OF REGISTER OF GOVERNORS' INTERESTS

Noted

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

74/08 FUTURE EVENTS OF INTEREST TO GOVERNORS

A list of future events was tabled.

75/08 ANY OTHER BUSINESS

Noted

- (i) The long service awards ceremony had been deferred due to the norovirus outbreak.
- (ii) Mr John Snyder, appointed by the East of England Development Association, was relocating to the North of England and therefore had to step down as a Governor. He was thanked for his contributions and hard work on the Board.
- (iii) The next Chariots of Fire race was scheduled for 20 September 2009 and governors were encouraged to participate in a governors' team.
- (iv) Mr Stephen Graves reiterated his thanks to all the staff, senior clinicians, Dr Jag Ahluwalia and Mr Richard Sunley for their support and management of the norovirus outbreak.

76/08 DATE OF NEXT MEETING

The first meeting of 2009 will be held on:

Thursday 2 April at 17.30 in the Hexagon