

## CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of **CUH'S BOARD OF DIRECTORS** held on Tuesday 6 October 2009 at 08.30 in the Boardroom, Addenbrooke's Hospital.

**PRESENT:**

Dr M Archer (Chairman)  
Dr G Goodier  
Dr A Alderton (Trust Secretary)  
Mr R Barfield  
Prof M Bobrow  
Dr K Castille  
Mrs F Cousins  
Mr S Graves  
Mr C Greenhalgh  
Mr R Howe  
Mr D Jones  
Mr J Potter  
Prof J G P Sissons  
Mr D Smith  
Prof P Troop

**IN ATTENDANCE:**

Ms E Taylor (Board Secretary)  
Mrs D Nixon (for Item 4.2)  
Mr S Woods (for Item 4.2)

**APOLOGIES:** Dr J Ahluwalia

Mr Richard Barfield and Professor Patricia Troop were warmly welcomed by the Board as newly appointed Non-Executive Directors.

Professor Bobrow and Mr Potter were both congratulated on their re-appointment as Non-Executive Directors.

### 205/09 A PATIENT'S STORY

Mrs Cousins, Executive Director of Information Systems and Analysis, read out a letter from a long-term patient with 15 years of experience at Addenbrooke's. The patient described improvements to care over recent years. Positive changes were highlighted in the areas of nutrition, which included better management of meal times and the increased availability of food (now 24/7), improved attitudes towards pain control, which included faster response times, and the greater engagement of patients in their own care management. The letter had been shared with the appropriate wards (Wards C5 and C6).

### 206/09 MINUTES OF THE BOARD MEETING HELD ON 1 SEPTEMBER 2009

The minutes were signed and approved as a correct record, subject to the following correction:

**Minute 195/09 agreed 2, p9**

The word 'external' would be removed, since PwC were the Trust's internal auditors.

### 207/09 MATTERS ARISING FROM THE MINUTES

#### (A) Non-Executive Directors

The Chairman reported.

Action & Target Date

Noted

1. The Nomination and Remuneration Committee had established an Appointments Panel comprised of four representatives from the Board of Governors. The Committee had been advised by the external agency, Odgers, on the recruitment and selection process for Non-Executive Directors.
2. The Chairman informed the Board that Mr Derek Jones would be stepping down from his position as Non-Executive Director at the end of June 2010 and would be succeeded by Mr Malcolm Nicholson from 1 July 2010 at the earliest.
3. Mr Colin Greenhalgh would be retiring from his position as Non-Executive Director (and as Vice-Chairman of the Trust and Senior Independent Director) at the end of October 2010. [Section removed under S41 of the FOI Act].

Agreed

The Board looked forward to the refreshment that new Non-Executive Directors would bring to the work of the Trust.

**(B) Section 106** (minute 185/09 (C))

Mr Howe, Director of Estates and Facilities, reported.

Noted

1. The Section 106 agreement had now been signed. Earlier problems around access arrangements for the guided bus had been fully resolved.
2. Planning permission was due to be issued on either Friday 9 October or Monday 10 October 2009. [Section removed under S41 of the FOI Act]

Agreed

The Board expressed its gratitude to Mr Howe for his skill and hard work in seeing these crucial agreements through to completion.

**208/09 ANNUAL GENERAL MEETING**

The Chairman reported.

Noted

1. The AGM was held prior to the Board of Governors' meeting on 8 September 2009. Approximately 10-15 members of the public had been in attendance.
2. A high-profile AGM would be hosted every other year and combined with the Trust's Open Days. These events would be held during September, from 2010 onwards (rather than in May).

**209/09 REPORT FROM THE FINANCE, OPERATIONS AND PERFORMANCE COMMITTEE**

Received the report of the Chief Executive (Chairman, FOPC) with the attachments below. The Chief Executive reported.

Noted

1. The FOPC had met earlier than usual in order to consider the downside submission to Monitor which was required by the deadline of 30 September 2009.
2. The Committee had approved the Pandemic Flu statement of readiness, which had then been submitted to the Department of Health. The statement was available on the Trust's website.

3. The Trust had declared itself non-compliant with local staff training standards for Safeguarding Children. However, the Trust had been judged compliant against national standards.
4. Members discussed the procedural changes to investment decisions following the disbandment of the Investment Board. The new arrangements were centred on a robust process of business planning within and across the divisions. Investment decisions of £100K and above would require Board approval for as long as the Trust's Income and Expenditure position remained unfavourable. The procedural changes that had been agreed were being incorporated into the revised Standing Financial Instructions (SFIs) and a revised Scheme of Delegation.
5. [Section removed under S43 of the FOI Act].

**Ann Alderton,  
Trust Secretary,  
to update SFIs and Scheme of Delegation by 3 Nov 09**

#### **(A) FINANCIAL PERFORMANCE REPORT**

Received the report of the Executive Director of Finance for the period to 31 August 2009. The Executive Director of Finance reported.

#### **Medical Records**

##### Noted

Following the recommendation at the Quality and Risk Committee (9 September) of investment in Medical Records, a recommendation had been made to the Joint Clinical and Corporate Executive (JCCE) the next day. An investment of £600K was required to implement the proposed action plan to improve medical records and reduce the identified risks to patient and staff safety. The need for urgent investment in this area was recognised and agreed by divisional directors, who understood that the associated costs fell outside of the Plan and of the divisional budgets for 2009/10.

##### Agreed

Investment in Medical Records was necessary. It was understood that the primary sources of funding for this would be via savings generated by the Efficient Patient Care (EPC) initiative together with the Effective Workforce project, for which a dedicated team was being established. The consequences of inaction would entail a minimum cost of £300K, plus high-risk health and safety issues and this was not considered an option.

#### **Revised Capital Programme**

##### Agreed

1. The remaining £6M of the capital programme for 2009/10 would be released, subject to the financial performance report to 30 September 2009 being as expected.
2. The Executive team was evaluating how the capital spend should be structured and this would be debated at FOPC. [Section removed under S43 of the FOI Act] The FOPC would need to apply an agreed methodology for prioritisation within the revised capital programme, and to make recommendations to the Board. The prioritisation process would be informed by comprehensive risk assessment.

**FOPC  
29 October**

#### **(B) CONSIDERATION OF DOWNSIDE SUBMISSION TO MONITOR**

The Chief Executive reported.

##### Noted

The downside submission had been approved by FOPC and subsequently signed by

the Executive Director of Finance and the Chief Executive.

**(C) NURSING, ORGANISATIONAL DEVELOPMENT AND OPERATIONS**

Received a report from the Chief Nurse and Operating Officer for the period to 31 August 2009.

Noted

1. The Board was supportive of the plans outlined for an Effective Workforce project and the establishment of a dedicated resource. The appointed team would focus on improving the skill mix in clinical staffing and be critically selective in implementing a small number of those projects anticipated to have the greatest impact.
2. There had been a recent sharp increase of 16% in Trauma and Orthopaedic activity. [Section removed under S43 of the FOI Act] Analysis showed that the Trust was dealing with a relatively high proportion of the more complex cases requiring multidisciplinary input. The Board hoped to see a reduction in T&O referrals from November 2009 onwards. Permanent investment in T&O would reduce reliance on the independent sector. T&O activity was currently high throughout the UK and other Trusts were facing similar challenges.
3. The nursing metrics were under continued review. Non-Executive Directors requested that specific targets and actions be linked to the metrics.
4. Regular review meetings were being held to better facilitate patient discharge.
5. [Section removed under S40 and S41 of the FOI Act]
6. [Section removed under S36 of the FOI Act].
7. Professor Troop asked about the level of staff appraisals, which she felt could be a useful indicator of the extent to which staff follow other systems. An audit had already been commissioned to assess the level of under-reporting of staff appraisals. This would confirm whether or not the low levels were a reporting issue.
8. The Board noted that the Board-to-Board meeting with the PCT had been deferred from 19 November 2009 until the New Year. A new Chief Executive was due to be appointed in the near future.

Agreed

1. Non-Executive Directors would continue to lobby for improved demand management and to strengthen dialogue with the PCT.
2. The Board was pleased to hear details of the Effective Workforce programme which would be jointly overseen by Dr Castille and Mrs Cousins.

**(D) PERFORMANCE AGAINST PRIORITY OBJECTIVES**

Received a report from the Executive Director of Information Systems and Analysis.

Noted

1. There had been no cases of MRSA bacteraemia during the past eight weeks, bringing the Trust back in line with its trajectory.
2. [Section removed under S41]
3. The 13-week wait national target for clinical genetics had not been met during Quarter 1. Following changes to the Trust's recording methodology there had

been a rise in discharge days. The national target for discharge days (of no more than 3.5% of total bed days) was likely to be breached. Breaches in delayed discharge were shared with community care services which ensured greater partnership working across the health community.

4. Members discussed the possibility of holding a joint seminar with the PCT Board to focus on delayed discharge. However, given that stakeholder meetings were already held quarterly to discuss discharge planning, it was felt that a better focus of the joint meeting should be demand management.
5. If the Trust fails on two or more national targets the Trust cannot be awarded an overall rating of any higher than 'fair' for 2009/10. Missing the targets by narrow margins of 0.5% and 1.0% would still incur a fail, since the targets were absolute.
6. The ability to track patients through the care pathway was crucial and action was being taken to recruit Multidisciplinary Team Co-ordinators to support patient tracking.
7. A greater limit to capacity was theatre availability rather than beds.
8. Members of the Board recalled instances where low-cost discharge wards had been used in the past: on F4 and at Ida Darwin. The Executive would need to reflect on these past experiences as part of the forward planning process.

#### Agreed

1. The Board recognised that Cancer waits as well as delayed discharge were both serious issues requiring urgent action. The Executive would continue to work closely with the Oncology Board and team to improve waiting times.
2. The next joint Board-to-Board meeting with the PCT would focus on demand management.
3. Following the presentation to FOPC by Mr Richard Miller, Divisional Director of Surgical Services, a number of key strategic areas raised required further debate at FOPC. These were: 1. the ring-fencing of surgical beds and the means of releasing capacity to support this, 2. the need to consider establishing low-cost social care facilities (e.g. for end-of-care patients) and 3. the organisational structures for the management of Occupational Therapy and Physiotherapy (e.g. whether or not the best structure was central management with Service Level Agreements).

**FOPC  
29 October**

#### **(E) MINUTES OF RECENT MEETINGS**

To receive the minutes of the recent meeting of FOPC:

**27 August 2009 (agreed 24 September).**

#### **210/09 INFECTION CONTROL**

Received from the Executive Medical Director the monthly performance report for the period to 31 August 2009 and the MRSA Screening Board Assurance Framework for September 2009. Dr Castille, Chief Nurse and Operating Officer, reported.

#### Noted

1. There had been no cases of MRSA during September 2009 (against a ceiling of 2 cases) and no cases of *C. difficile* (against a ceiling of 20 cases). There were also no pending results in the Pathology laboratories. The Trust's rate of *C. difficile* was currently on trajectory for 150 cases by the year-end.
2. The SHA had sought to reduce the Trust's *C. difficile* ceiling down from 240 cases to

216 cases, via an in-year amendment to the 2009/10 contract with the PCT. Mr Black, Director of Commissioning, and Dr Ahluwalia, Executive Medical Director, had met with the PCT to confirm the Trust's position that it did not wish to renegotiate this aspect of the contract in-year. Non-Executive Directors expressed the opinion that it was not appropriate for executive time to be taken up by these discussions and hoped that no further time would need to be spent on this.

3. [Section removed under S40 of the FOI Act]. The Board wished to see more data on incidences of swine flu, both locally and nationally, as part of the standard monthly report.

Agreed

Ongoing monthly performance reports on infection control would incorporate detail on swine flu both locally and nationally.

**Dr Jag  
Ahluwalia,  
November  
Board**

**211/09 SERIOUS UNTOWARD INCIDENTS**

Dr Castille, Chief Nurse and Operating Officer, reported.

Noted

[Section removed under S36, S40, S42 and S41 of the FOI Act]

1. A view was expressed that SUI reports should be finalised within 4 weeks.
2. All SUIs were reported to the PCT, with whom regular reports and updates were shared.
3. [Section removed under S36 of the FOI Act]

**212/09** [Section removed under S36, S40, S41 and S42 of the FOI Act]

**213/09 QUARTERLY PATIENT EXPERIENCE REPORT**

Received the report of the Director of Patient Experience and Public Engagement.

Noted

1. Eight thousand surveys had been sent to outpatients who had attended within the same month. This was a new development in patient surveys which until now had focused on the experience of inpatients. Analysis of the results would be more complex, given the spread of specialties involved for some patients. It was suggested that a statistician could be commissioned to review the data and provide advice on the minimum sample sizes necessary to produce statistically significant data for future surveys.
2. The Patient Experience Support Team (PEST) was training staff in the Department of Medicine for the Elderly (DME) at their request.
3. The Wayfinding Project was discussed. A pilot of two interactive digital podscreens was being carried out. The pods were being hired free of charge for the first 2-3 months. It would be helpful to ensure that these were tested with older patients.
4. Campus partners had contributed money towards large external maps due to be installed at key sites around the campus.

Agreed

Whilst the Wayfinding pods were thought to be innovative, they should complement

clear and comprehensive signage throughout the campus, rather than serve as a substitute.

**214/09 SAME SEX ACCOMMODATION (SSA)**

Received a report from the Director of Estates and Facilities and the Chief Nurse and Operating Officer.

Noted

1. The levels of compliance with Department of Health guidance on Same Sex Accommodation in patient areas had been comprehensively assessed by a number of parties. Triangulation of the results had confirmed it was not possible to declare full compliance with the guidance with regard to sanitary facilities.
2. A two-phase investment was proposed which would enable full compliance across all areas by March 2011. The priority treatment areas identified were Chemotherapy, Endoscopy and the Pain Clinic which would be fully compliant with the guidance by the end of March 2010. [Section removed under S43 of the FOI Act]
3. Compliance with SSA guidance was part of the CQC operating framework. The Trust had not been approached by the Foundation Trust regulator, Monitor, in relation to its SSA compliance. However, plans for a phased implementation of compliance would need to be discussed with Monitor.
4. Non-Executive Directors suggested that the methodology for prioritisation of capital expenditure should require correlation with the quality of outcomes for patients. Given the number of red-rated risk areas highlighted on the Trust's risk register members questioned whether investment in SSA should be a priority in a resource-constrained environment. It was felt that the phasing of implementation was appropriate within the broader context.
5. The option of moving towards single sex wards was debated as one means by which compliance could be declared at an earlier date. The Chief Nurse and Operating Officer outlined several significant operational inhibitors to this which included the additional limitations it would place on capacity and the efficiency issues it would cause for specialty teams.

Agreed

1. The Board agreed that areas with the greatest identified need would be fully compliant by March 2010, (Phase One of investment in the report). The Board delegated decision-making for the detail of Phase One to the Finance, Operations and Performance Committee and was mindful of the limited capital available for investment across a number of areas, which included IT and medical equipment.
2. The Board agreed it would be valuable to consult with governors and members on this issue, to more accurately understand the extent to which Same Sex Accommodation impacted on patient experience. The Board would consider, at a later date, the second phase of the investment proposed for full compliance with SSA guidance, in the light of this consultation.
3. [Section removed under S36 of the FOI Act]

**215/09 STRATEGIC ISSUES**

Received the report of the Chief Executive.

Noted

1. It was imperative that the Trust builds and supports an effective workforce. An Effective Workforce Project (EWP) team was being established to provide a dedicated resource to facilitate this.

**Membership Team, Brenda Hennessy, to oversee consultation**

2. At a national level there was a serious threat to the funding streams for medical education and training. It was hoped that potential around Health Innovation and Education Clusters would help to maintain the medical education budget to an extent.
3. It was understood that there was wide variation across SHAs of funding arrangements for medical education and training.
4. [Section removed under S41 and S43 of the FOI Act]

Agreed

CUHP would have an important role to play in championing the case for protecting funding for medical education and training.

**216/09 TOWARDS AN ELECTRONIC PATIENT RECORD**

Received the report of the Executive Director of Information Systems and Analysis and a presentation by Di Nixon, Head of IT Programme Management, and Simon Woods, Head of IT Technical Services.

Noted

1. The Trust currently spent on average less than 1% of its annual turnover on IT. As a result, both the infrastructure and the staff team were over-stretched. The strategic challenge ahead was the replacement of the legacy systems in an optimal manner. The range of options were 1) the systematic replacement of all systems with one supplier, 2) 'buying the best' for each application, or 3) replacing the legacy system in a systematic way and placing a clinical portal on top of this. It was felt that Option 3 could present the best approach in a resource-constrained environment.
2. A presentation was given of the clinical portal that would be created through following Option 3. The system would use portlets through which data from the supporting applications could be viewed and brought together in one place. This would build on the single-sign on technology and context management, and provide inter-operability with other systems. The clinical portal would be designed to enhance patient safety and reduce risk through a range of innovative features including an admissions checklist, relevant hyperlinks e.g. to the BNF, an audit trail of tasks completed, pre-populated order forms, the use of clinical algorithms and the automatic display of existing test results. For example, prior to submitting a request for a Full Blood Count, the previous results would appear. It was hoped that the improved management of test requesting would lead to substantial savings, through ensuring that tests were requested appropriately.
3. Procurement options for future systems were being pursued jointly with Papworth Hospital NHS Foundation Trust. This would also open up the possibility of sharing information with the wider health community and to focus on elderly care and safeguarding through dialogue with the PCT.
4. The move towards a viable paperless environment was discussed. The phased reduction of the printing of results and data had already begun. Radiology was pioneering this approach. The risks around relying on paperless processes were related to the resilience and reliability of the IT systems, which would require 24/7 support and a robust infrastructure. The SHA's Innovation Fund would be explored as a route of funding although substantial funds were unlikely to be available.

Agreed

The Board agreed in principle to Option 3 as the approach to the replacement of legacy systems. The time-scale for developing an EPR would depend on the rate of investment.

**Mrs Cousins  
to develop  
and co-  
ordinate  
bid the  
programme  
to replace  
legacy  
systems**

**217/09 CAMBRIDGE UNIVERSITY HEALTH PARTNERS (CUHP)**

Received for approval the self-certification to Monitor on the Trust's participation in CUHP and for ratification the terms of the Trust's participation in CUHP as stated in the Members' Agreement, including Schedule 1, the Memorandum of Association and the Articles of Association, in preparation for the incorporation of CUHP on 1 November 2009.

Noted

1. An updated version had been circulated which fully responded to Monitor's questions. Outstanding actions had been resolved. A majority decision (rather than a unanimous decision) would now be required for the removal of the Chairman.
2. The revised documents provided assurance that the financial and time costs required for the running of CUHP would not be detrimental to CUH.
3. The documents had been approved by the Governance Group.

**218/09 APPOINTMENT OF INTERNATIONAL ADVISOR TO THE BOARD OF DIRECTORS**

Received the report of the Chairman.

Noted

1. The paper outlined the proposed job description for an International Advisor to the Board of Directors. The creation of this position would allow high-calibre international candidates to contribute to the work of the Board in a capacity other than as Non-Executive Director (since Monitor's Code of Conduct stipulated that NEDs had to be FT members).
2. Members discussed whether an international advisor could be shared with CUHP to begin with. It was felt that the job description was specific to this Trust and that the two posts would have different requirements, as well as a longer induction time at CUH.

Agreed

1. The Board agreed to appoint an International Advisor through an appointing panel. As part of the appointment, panellists would need to be aware of the healthcare system within which the candidate had gained their experience. The position would be held for one year in the first instance, with the possibility of renewal by mutual consent.
2. [Section removed under S36 of the FOI Act]

**Dr Mary  
Archer,  
Chairman,  
November  
2009**

**219/09 QUALITY AND RISK COMMITTEE**

Received the following reports:

**(A) Minutes of the meeting held on 9 September 2009, including the report of the meeting held on 1 September.**

Mr Colin Greenhalgh, Chair of the Quality and Risk Committee, reported.

Noted

1. Discussions were taking place with a view to the Board Assurance Framework (BAF) being overseen by the Audit Committee rather than by the Quality and Risk Committee.
2. The core objectives of the Quality and Risk Committee had been debated at recent meetings. It had been agreed that the primary role of the committee was to oversee patient safety, patient experience and clinical effectiveness. However, there was some uncertainty about the extent to which, or way in

which, the Committee was required to consider financial risk as an important aspect of corporate governance, without duplicating the work of the Audit Committee or of the Finance, Operations and Performance Committee.

Agreed

Dr Alderton, Dr Ahluwalia and Mr Pascoe would explore a range of solutions, with advice from Mr Greenhalgh, and report back in due course.

**(B) Update on the Trust's significant operational risks**

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

Noted

The number of significant operational risks had been reduced from 12 to 6. The identified red risks remained a key focus of attention.

**AA, JA, GP  
and CG to  
evaluate a  
range of  
solutions**

**220/09 PANDEMIC FLU PREPAREDNESS – EXERCISE OF EMERGENCY POWERS**

The Board noted that emergency powers had been exercised to complete and approve the Trust's statement of preparedness for Pandemic Flu.

**221/09 MANAGEMENT LETTER FOR 2009**

Received the management letter for 2009 from the External Auditors.

Noted

The Management Letter from the external auditors, KPMG, was circulated in the form of a hand-out of the PowerPoint presentation which had been given at the Governor/Director Working Group on 3 September 2009.

**222/09 MINUTES OF REPORTING COMMITTEES**

Received the minutes of the following committees:

**Governor/Director Working Group on Forward Planning – 17 August 2009**

**Governor/Director Working Group on Membership and PPI – 24 August 2009**

**Governor/Director Working Group on Governance and Assurance –  
3 September 2009**

**Equality and Diversity – 10 September 2009**

**223/09 DIARY OF RECENT EVENTS**

Received and noted the Diary of Recent Events of the Chairman and Chief Executive.

**224/09 FINAL BOARD AWAY DAY AGENDA**

Received the final agenda for the Away Day on 12 October.

Noted

1. Away Day papers would be circulated later the same day and would include information on Hinchingsbrooke. The SHA had begun its informing process.
2. Following the formal business of the Away Day, a dinner would be held to thank former Non-Executive Directors Mr Gerald Coteman and Mrs Shona Johnstone for their substantial contributions to the work of the Trust as former Non-Executive Directors.

3. The Board expressed a view that, subsequent to Mr Jones' stepping down at the end of June 2010, links with Anglo American, Land Securities, the John Lewis Partnership and BP would be maintained.

**225/09 QUARTERLY COMMUNICATIONS REPORT**

Received the report of the Director of Communications.

Noted

A case study on CUH branding and Our Way had been published in a document produced by the Foundation Trust Network (FTN) called 'Branding Matters – a Guide to Branding for Foundation Trusts'.

**226/09 QUARTERLY REPORT ON FREEDOM OF INFORMATION**

Received and noted the report of Mrs Ellerbeck, Information Governance Lead.

**227/09 NON-EXECUTIVE DIRECTORS' COMMITTEE AND GROUP MEMBERSHIPS FOR 2009/10**

Received and noted the report of the Trust Secretary.

Agreed

Non-Executive Directors would send any corrections and/or additions with regard to their membership of groups directly to the Trust Secretary.

**228/09 REPORT OF THE DEPUTY CHAIRMAN OF THE BOARD OF GOVERNORS**

Received the report of Mrs Judith Ewer, Deputy Chairman of the Board of Governors.

Noted

Members were pleased to receive the first report of the Deputy Chairman of the Board of Governors which had been introduced in order to bring to the Board of Directors' attention those issues which were of highest priority to the Governors.

Agreed

In future, this item would be taken under the Corporate Governance section of the agenda. This would allow more time for discussion.

**229/09 MEDICAL AND DENTAL SUSPENSIONS**

There was nothing to report.

**230/09 SEALING OF DOCUMENTS**

Items 128-134 were noted in the Register.

**231/09 CHAIRMAN'S ACTIONS**

There was nothing to report.

**232/09 DATE OF NEXT MEETING**

**3 November 2009**

**233/09 ANY OTHER BUSINESS**

The Euro Health Consumer Index 2009, Health Consumer Powerhouse, was commended by the Chief Executive and copies were made available to members.

**BoD  
Business  
Calendar –  
quarterly  
greater  
Board (ET)**

## **Institute of Medical Illustrators – The Media Studio**

### Noted

Five staff members of the Media Studio attended the Board lunch, during which the Chairman spoke about the studio's recent achievements at the Annual Awards Ceremony of the Institute of Medical Illustrators. The winning photographs were on display.

The Board congratulated the team on their outstanding work which had received a total of 25 awards. This included the Platinum Award, won by Graham Newton for the Nursing and Midwifery Strategy Booklet and the Student Award, won by Abbey Staplehurst for her photograph, 'Trauma'.

Other medallists also congratulated on their work were Kim Baxter, Stacey Bone, Jaclyn Swindell, Catherine Lamoon and Jeremy Nayler.