

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

BOARD OF GOVERNORS

ANNUAL GENERAL MEETING

The minutes of Part 1 Annual General Meeting of the Board of Governors of Cambridge University Hospitals NHS Foundation Trust held on Tuesday 8 September 2009 at 17.30 in the Hexagon, Frank Lee Centre, Addenbrooke's Hospital

PRESENT

- Dr M Archer (Chairman)
- Dr G Goodier (Chief Executive)
- Ms J Ewer (Deputy Chairman)
- Members of the Board of Governors
- Members of the Board of Directors
- Members of the Public

36/09 REVIEW OF THE PAST YEAR AND PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS

Received: Presentation from the Chairman and Annual Report and Accounts

Noted

Dr Mary Archer, as Chairman of the Trust, welcomed those present to the 6th Annual General Meeting of the Board of Governors of Cambridge University Hospitals NHS Foundation Trust

The full presentation would be made available on the Trust website.

Highlights

- (i) Patient safety was at the heart of all the Trust's work. Last December, the Trust had been pleased to be named as Acute Organisation of the Year by the Health Service Journal.
- (ii) However, the Trust was more concerned to improve than to impress. During the year it had pursued its medium-term strategy and priorities to ensure clinical excellence and effectiveness. A new structure, replacing 13 clinical divisions with seven, had been introduced to give a more business-like approach. Our new nursing and midwifery strategy had been launched in September 2008.
- (iii) With our partners, Liberty and Countryside Properties, we were developing the 2020 Vision into reality. Ten major clinical research themes were associated with the Cambridge Biomedical Research Centre, one of five in the country. The masterplan would be launched later this month, showing a campus which was green, tranquil and easy to find your way around. The S106 agreement which would bring the Papworth hospital onto the campus was in the course of being signed. The designation as an Academic Health Science Centre of CUH with its partners the University of Cambridge, Papworth Hospital NHS FT and CPFT was an important recognition and a driver for more rapid innovation.
- (iv) Looking at highlights of the year, Trust researchers had developed the world's first desensitisation therapy for severe peanut allergy. The Rosie was 25 years old in October 2008, and over 100,000 babies had been born there; adding a new wing to the building would be part of the next major building project. In February, Olivia Newton-John had visited the Trust to launch our breast cancer research appeal.
- (v) Finally Dr Archer drew the public's attention to the Annual Report and in particular the Accounts, which began on page 71 of the report. The balance sheet was in good health and the surplus for the year, which was important to sustain future investment, was £4.9m.

- (vi) The Trust looked forward to another year of refinement and consolidation of its achievements.

37/09 THE GOVERNORS' YEAR

Received: Presentation from the Deputy Chairman, Mrs Judy Ewer.

The full presentation would be available on the Trust's website.

Noted

- (i) The presentation focussed on interaction with members and the wider community and the policies and projects with which the governors had been involved, and their priorities for the coming months.
- (ii) Governors paid tribute to Malcolm Perry, a former patient governor who had suffered from prostate cancer and had been a prime mover of the patient support group and a tireless fundraiser. The new Bereavement Suite was to be named the Perry Suite in his memory, and governors were raising £10,000 to equip it.
- (iii) Judy thanked retiring governors Angela Donnelly, John Snyder and Sheila Stuart for their contributions and welcomed Jane Coston, Rachael May, William Pope and Clare Blair to the Board.
- (iv) This year the Board had celebrated five years as a Foundation Trust. Governors continued to meet with Directors on a regular basis in working groups, and had valued the opportunity to attend Board Awaydays. The patient experience of the Trust must be of a 'kind, safe and excellent' organisation, and governors had taken part in focus groups on this issue.
- (v) Governors were trying to reach as many sections of the population as possible. Their priorities were to develop engagement with members, and to support directors and staff as 'critical friends' of the Trust. Both the financial constraints and demand pressures were challenging to the Trust. Governors thanked the staff for all their hard work in the face of such pressures, and looked forward to another active year.

38/09 THE YEAR AHEAD – PATIENT SAFETY AT THE HEART OF ALL WE DO

Received: Presentation from the Chief Executive, Dr Gareth Goodier.

The full presentation is available on the Trust's website.

Noted

- (i) The forthcoming year was likely to be one of refinement and consolidation, rather than major change.
- (ii) This time last year the Trust had launched its values, and in January 2009 this was built on in 'Our Way', describing the vision, purpose, priorities and values of the Trust.
- (iii) The Trust was recognising the excellent work of the staff and encouraging innovation through monthly 'You Made a Difference' awards. Dr Goodier gave an example of work undertaken in the Maxillofacial department, where a pioneering device had been invented to take the pressure off the brain of the victim of a motorcycle accident transferred from London. The device had allowed the brain to recover from near-collapse, so that the patient was able to regain speech, and begin to plan his wedding.
- (iv) Patient safety was at the heart of the Trust. The national picture showed that one in ten patients were the victims of an unintentional error and 50% of these could have been avoided. The Trust was proud of, although not

complacent about, its dramatic reduction of MRSA and *C. difficile* cases.

- (v) The Trust had one of the best standardised mortality rates in the country, due to its wonderful staff; however we could always do better. Patient safety was everyone's responsibility, including the patients. A three-year patient safety strategy had been introduced. Patients and carers were being encouraged to challenge staff. The Trust was taking a board-to-ward approach.
- (vi) The Trust's vision for the future was to deliver the best possible care for all our patients.

39/09 QUESTIONS & ANSWERS

A number of questions were asked by members of the public attending the meeting, as follows:

Question 1: There was increasing concern about the problem of elderly patients being discharged into the care of elderly carers – what was the Trust doing to help solve this?

Response from Dr Goodier:

Dr Goodier, CEO, responded that the Trust was taking issues around discharge extremely seriously and had established a group of senior staff from local primary care trusts, the local mental health trust and county council and GP representatives to consider the issues around discharge of elderly patients. He recognised the importance of this issue, and he was encouraged by the cooperation and partnership with other organisations involved. This was a complex area, where it was important to have the right patient in the right place with the right care.

Dr Castille, Chief Nurse and Operating Officer, thanked the questioner for an extremely important question on something which the Trust was particularly concerned about. There were many projects going on across the Trust on the system of discharge but we could still do more within the hospital. Dr Castille had met a working group of governors last week to talk through the issues, and look at where we could improve within the Trust and where we could work with partners. New areas of work had been identified which would be carried out through winter and beyond to change care pathways. The important thing was for 7000 staff to do the right thing at the right time. These were simple things like having an expected date of discharge and a proper care plan in place, which would be monitored. Dr Castille would be happy to meet the questioner to expand on her answer if it would be helpful.

Question 2: The local community was very proud of the Trust and wished the Trust well in its developments, but asked whether the Trust was aware of the difficulties which this caused local residents in terms of contractors' parking in local streets, - was the Trust aware of the problem and taking action on it?

Dr Archer thanked the community for its support; as a large neighbour the Trust endeavoured to minimise problems with traffic during developments. She was concerned to hear that contractors were not being considerate in their parking.

Mr Wyn Hughes, Assistant Director of Estates and Facilities, explained that the Trust was able to manage the campus but had no jurisdiction off-campus, which fell under local authority and police control. Contracts were being changed to advise contractors where to park, and the policies and procedures regarding contracts were currently being re-written. This issue would be considered as part of the contracts.

Question 3: The questioner applauded the concentration on safety. Regarding the accounts he noted that the public capital was unchanged at £114m but the dividend had risen by 15% from 5.9m to 6.8m – why was this?

Mr David Smith, Executive Director of Finance, explained that this reflected the results of complex calculations by the Department of Health. He would be happy to give the questioner further detailed information after the meeting.