

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of the Governor / Director Forward Planning Group on Wednesday 10th June 2009 in Seminar Room 7, Clinical School, Addenbrooke's Hospital.

Present:	Michael Bright (Chairman)	Patient Governor
	Susan Bullivant (Vice Chairman)	Patient Governor
	Roly Cockman	Public Governor
	Megan Davies	Partner Governor
	Angela Donnelly	Staff Governor
	Judith Ewer	Public Governor
	Gill Francis	Public Governor
	Maureen Hart	Patient Governor
	Jim O'Sullivan	Staff Governor
	Tony Roberts	Public Governor
	Lorne Williamson	Public Governor

In Attendance:	Lawrence Ashelford	Head of Planning
	Stephen Graves	Director of Corporate Development
	Andrew Leaver	University Governor
	Sally Rees	Membership Manager
	Niall O'Byrne	Committee Secretary

Apologies:	Ann Alderton	Trust Secretary
	Colin Carr	Staff Governor
	David Humber	Partnership Governor
	Helen McGee	Deputy Trust Secretary
	Bob Michell	Patient Governor
	Fraser Rogers	Head of Public Engagement

13/09 MINUTES OF THE PREVIOUS MEETING

Noted

The minutes of the meeting held on Thursday 19th March 2009 were accepted as a correct record. There were no matters arising from the minutes.

14/09 MATTERS ARISING NOT OTHERWISE ON THE AGENDA

Nil.

15/09 FEEDBACK FROM THE WORKING GROUP ON TERMS OF REFERENCE

Noted

- (i) A small working group of G/D FPG's Governors, consisting of Susan Bullivant, Judith Ewer and Lorne Williamson reviewed the current Terms of Reference. These current Terms of Reference are general terms for all Governors' groups. The working group considered whether or not new Terms of Reference, specific to G/D FPG, would be appropriate, or whether there should be amendments to the existing general Terms.
- (ii) Susan Bullivant reported.

- (iii) The Working Group decided that some points in the Terms of Reference should be specific to the G/D FPG and some would have applicability across all of the different Groups. It was agreed that the Constitutional Committee should decide whether there should be specific Terms of Reference for different Groups.
- (iv) Discussion took place about point 1.4 of the Terms of Reference. It was recommended that the existing wording should be changed to "To instigate seminars for Governors and Directors on areas of interest to Governors".
- (v) Considerable discussion took place on whether it would be necessary to have both an Executive Director and a Non Executive Director present for a meeting to be quorate. Some felt that both had to be present and others that an Executive Director must be present but that the presence of a Non Executive Director is only highly desirable. It was agreed that the Constitutional Committee should rule on this issue.
- (vi) The recommended amendments to the Terms of Reference are to be forwarded to the Constitutional Committee in time for its meeting on 12th June 2009.

Action: S. Bullivant.

16/09 DRAFT ANNUAL PLAN FEEDBACK

Noted

- (i) A number of Governors reviewed the draft Annual Plan after its presentation to the G/D FPG meeting on 19th March 2009. This was done by either one or two Governors taking one of the sections of the plan and reviewing it.

a. Patient Care:

- (ii) Maureen Hart reported, making reference to a written report, which she had forwarded to the Chairman before the meeting.
- (iii) Her review suggested mainly minor changes, although she was concerned that the tenor of some parts of the Annual Plan suggested that patient care be driven by financial considerations rather than by clinical requirements.
- (iv) Lawrence Ashelford confirmed that he had received Maureen Hart's points in time to take them into account in the final version of the Annual Plan.

b. Customer Care:

- (v) Susan Bullivant reported.

- (vi) She had suggested that the Trust's concern about the priority given to security of patient information and data (included in the body of the report) should be reflected by referring to this in the CEO's summary. This had been incorporated. She felt examples of customer care were consistently illustrated and integrated into the Annual Plan.
- (vii) Concern was expressed in the meeting at the usage of the terms "customer care" and "patient care" in the Annual Plan. After discussion it was agreed that these terms were not interchangeable. Lawrence Ashelford confirmed that there is a clear differentiation in the Annual Plan between these two terms. He also confirmed that he received the comments about Customer Care, prior to finalizing the Annual Plan.

c. Finance:

- (viii) Lorne Williamson reported.
- (ix) He wondered whether the very considerable amount of financial detail in the Annual Plan was really necessary. Lawrence Ashelford confirmed that Monitor requires this level of detail.
- (x) Concern was expressed at the tight financial management margins depicted in the plan. However, these tight financial margins are typical of the margins in previous Annual Plans. Concern was also expressed as to whether the local Patient Care Trust would be adequately funded in the coming years.
- (xi) Lawrence Ashelford confirmed that he had received the points on finance, prior to finalization of the Annual Plan.

d. Clinical Services:

- (xii) This section of the Annual Plan had been reviewed by Bob Michell, who was unavailable for this meeting. He had sent a written report to Michael Bright, prior to the meeting. Hence the Chairman reported on this section, making reference to Bob Michell's document.
- (xiii) Bob Michell expressed concern at the number of patients with appointments, who do not turn up for treatment and the waste that this entails. He recommended that ways must be found to reduce this.
- (xiv) He recommended that the section on Clinical Services should be more boldly worded to reflect Addenbrooke's high clinical prestige.
- (xv) He also recommended that end-of-life care should emphasise the desirability of home care.
- (xvi) He suggested that Addenbrooke's research programmes should be emphasised to Monitor. Addenbrooke's research targets and achievements should reflect the Trust's standing at a European level.

- (xvii) Lawrence Ashelford confirmed that he had received the points on Clinical Services.
- (xviii) The Chairman thanked both Lawrence Ashelford and the Governors for their work on the Annual Plan.

17/09 PANEL DISCUSSION ON DRAFT ANNUAL PLAN FEEDBACK

Noted

Received: "Annual Plan 2009-2010" (This document is a shortened version of the full Annual Plan.)

- (i) Lawrence Ashelford distributed copies of the above mentioned document to members of the meeting. He explained he had produced this down-sized version of the Annual Plan with the aim of reaching a wider audience than the Annual Plan itself reaches. In its current form, this document is essentially a prototype. Having perused the document, the meeting then discussed its various aspects.
- (ii) A range of views was expressed about the document and how and where it might be used:
- It was suggested that it might be placed on either Addenbrooke's or Monitor's web sites but it would need to be set in the context of other documents produced by the Trust
 - A view was expressed that it might be sent to GPs and other local organisations or, if placed on the web, GPs and other organisations could read selected sections relevant to their interests
 - It might be used as a public relations document. In this case, photographs should be added and the document could be further reduced in size
- (iii) The document does not conflict in its purpose with the "Annual Report" and, as it is a reduced version of the Annual Plan, its production costs are low. It was agreed that its title should be changed to "Forward Look 2009-2010 and Beyond".

18/09 UPDATES

Noted

- (i) Stephen Graves reported. He gave an initial overview of the NHS's financial outlook over the coming years, which served as a background to three updates below. The Annual Report from the NHS indicates that efficiency gains of £15-20 billion will be required. This budget shortfall will force change. Although this year's settlement has been for a 5.5% increase and the settlement for 2010-11 should also be for 5.5%, the period after that is uncertain. There is unlikely to be any further growth in the NHS. Given the

gravity of the financial situation, it is necessary to begin efficiency improvements now, rather than wait until post 2010-11.

- (ii) Addenbrooke's and the local Primary Care Trust are working on these issues together. The risk scenarios being considered, which have been issued by Monitor, are 'downside' but Monitor may issue further, more 'downside' scenarios.

a. South Campus:

- (i) Stephen Graves reported.
- (ii) Amongst the eight potential schemes, the £28M extension to the Rosie will have first priority for spending, design is currently underway and the business case will be ready in autumn 2009.
- (iii) Three schemes, from amongst the remaining seven, have been selected for priority. These are: the Emergency Department, the Children's Hospital and Neurosurgery. There will be a further selection to establish which of these three schemes has top priority. However, some work will continue on all the service areas to ensure that the Trust has the capacity to deliver services over the next decade.

b. Papworth Hospital:

- (i) Stephen Graves reported.
- (ii) The final stages of Section 106 planning approval are now agreed. The legal documents are currently going through the agreement process. (Given that there are now new representatives in place as a result of local elections, it is hoped that this will not cause further delay.) Treasury approval could be before the Parliament's summer recess, or shortly after that.
- (iii) The European Union's new funding directive, which the British government will sign, will ease any potential finance issue between the Department of Health and the Treasury.

c. Hinchingsbrooke Hospital:

- (i) Stephen Graves reported.
- (ii) There has been no change since the last report. The Strategic Health Authority prefers an operational franchise. This operational franchise option was passed to the Department of Health in July 2008 and on to the Treasury. A decision is still awaited after which a two year procurement process will then commence. There remains an issue about retained employment, which has yet to be resolved.

19/09 DATE OF NEXT MEETING

Wednesday 19th August 2009 at 1600h in the Board Room, Addenbrooke's Hospital.

20/09 ANY OTHER BUSINESS

- (i) The Chairman suggested that some practical topics be investigated for the next agenda. It was agreed that a presentation on moving hospital services into the community be investigated.

Action: S. Graves.

- (ii) It was agreed that bringing Business Development and Marketing back onto the agenda be investigated.

Action: N. O'Byrne.

- (iii) The subject of pain relief may also form part of a future agenda.

- (iv) As this was Angela Donnelly's last G/D FPG meeting, the Chairman and the committee thanked her for all of her work during the past five years.