

## **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)  
Brig. R Cockman (Public Governor)  
Mrs P Dansie (Patient Governor)  
Mr A Dasgupta (Partnership Governor)  
Dr M Davies (Partnership Governor)  
Mrs A Donnelly (Staff 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)  
Cllr T Orgee (Local Authority Governor)  
Mr J O'Sullivan (Staff Governor)  
Ms G Pharaoh (Patient Governor)  
Mr W Pope (Partnership Governor)  
Mr E Revell (Public Governor)  
Mr L Williamson (Public Governor)

### **APOLOGIES**

Mr T Benson (Advisor)  
Ms M Nathan (Advisor)  
Ms M Donnelly (Partnership Governor)  
Mr A Roberts (Patient Governor)

### **IN ATTENDANCE**

Dr J Ahluwalia (Executive Medical Director)  
Dr A Alderton (Trust Secretary)  
Dr K Castille (Chief Nurse and Operating Officer)  
Ms V Clifton (ACTIVE)  
Mr J Ghosh (Head of Performance Intelligence)  
Mr S Graves (Executive Director of Corporate Development)  
Ms L Kostov (ACTIVE)  
Mr F Rogers (Head of Public Engagement)  
Mrs H McGhee (Deputy Trust Secretary)  
Mrs R Murphy (Director of Communications)  
Mr G Pascoe (Head of Risk and Patient Safety)  
Ms R Slade (ACTIVE Coordinator)  
Mr D Smith (Executive Director of Finance)

## **MALCOLM PERRY**

The Chairman paid tribute to Malcolm Perry, Patient Governor, who died in December 2008. Malcolm had been a Patient Governor since December 2005 and was re-elected in 2008. He was a committed member of the Board of Governors, attending meetings right to the end. He was a member of the Membership and PPI Governor/Director working group and also provided a link with the PSA Prostate Cancer Support Association National Executive and the PSA Anglia branch, both of which he chaired. In addition to his role as Governor, he was an Assistant District Commissioner in the Scouts Association and Chairman of Thriplow Village Hall Management Committee.

The Chairman was pleased to report that the new Bereavement Room being created by the Trust (funded partly by the King's Fund, partly by ACT, and by fundraising by governors) would be named the Perry suite, in commemoration of Malcolm.

Governors participated in a minute's silence in tribute to Malcolm.

## **APOLOGIES AND CHANGES TO THE BOARD**

The Chairman welcomed Professor Will Pope to his first meeting as the appointed partner governor from EEDA. Governors noted that the Board of Directors had reappointed Robert Burgin as Advisor to the Board of Governors.

Apologies had been received from Maureen Donnelly and Tony Roberts.

Gareth Goodier was unable to attend this meeting as he was on holiday; Stephen Graves was present as Acting Chief Executive.

The Chairman reported the progress on elections. There were two candidates for one position as staff governor created by Angela Donnelly's retirement. For the public constituency, there were four candidates for three positions. For the patient constituency, Prof Bob Michell and Dr Susan Bullivant had been re-elected unopposed, together with Jane Elizabeth Coston, a new candidate. Ballot papers for the staff and public constituencies would be circulated on 29 April; the results would be announced on 21 May and the new governors would take up their positions on 1 July.

## **01/09 MINUTES OF THE PREVIOUS MEETING**

With the addition of Brig. Roly Cockman and Dr Pamela Dansie to the list of those present, the minutes of the previous meeting held on Thursday 4 December 2008 were agreed as a correct record.

## **02/09 MATTERS ARISING FROM THE MINUTES**

### **(A) Joint Board meeting with Papworth 2 December 2008 (minute 65/08)**

Noted

A number of governors were thanked for completing the feedback questionnaire. Their comments would be taken into account by the Deputy Chairmen of CUH and of Papworth when arranging future Joint Boards, which it was anticipated would take place annually.

### **(B) Governors' Constitution Committee (minute 67/08)**

Noted

The next meeting of the Governors' Constitution Committee would be held on 21 April.

Secretary's Note Following the Board meeting it was agreed that the Committee would next meet on 12 June, at which all business would be considered.

### **03/09 FINANCIAL OPERATIONAL AND PERFORMANCE REPORTS**

Received: Financial report, Performance report

Noted

- (i) Jim O'Sullivan, Chairman of the Governor/Director working group on Governance and Assurance, reported that the finance and performance reports had been considered by the working group at their meeting on 30 March, at which governors had had an opportunity to make comments in detail, instead of the previous arrangement of consideration at a pre-meeting.
- (ii) There had been few questions on the finance report, as governors were aware of the financial situation from previous meetings such as the governors' informal meeting with the Chief Executive.
- (iii) The main item discussed from the performance report was the failure to meet the four hour target in A&E, and the link with the norovirus outbreak and cancelled operations. Governors had requested a seminar on A&E and this had been arranged for May, focussing on the ongoing question of what could be done to reduce pressure on A&E. Governors requested that the next quarter's performance report contain a breakdown of the figures for cancelled operations into those cancelled for clinical reasons and for other reasons.
- (iv) No further comments were received from governors.

Agreed

- (i) The experiment of having these reports considered in the Governance/ Assurance working group had been successful and this would continue for a further meeting.
- (ii) The performance report would be amended to provide a breakdown of figures for cancelled operations.

### **04/09 GOVERNOR INPUT TO HEALTHCARE COMMISSION DECLARATION**

Tabled: Final draft governors' statement for inclusion in the Healthcare Commission declaration.

Glenn Pascoe, Head of Risk and Patient Safety, reported.

Noted

- (i) A small group of Governors had assisted in developing the governors' statement to be included in the Trust's declaration against Healthcare Commission standards. He was grateful to Michael Bright, Judy Ewer, Gill Francis and Georgina Pharaoh for their input. The governors had reviewed six of the twenty four standards. The resulting statement had been

discussed at the meeting of the Governance and Assurance Working Group on 31 March, and had subsequently been updated.

- (ii) Governors had found the process very thorough and had been active in choosing the standards to investigate to ensure the Trust's declaration was valid.
- (iii) The non-executive directors would also undertake a similar spot-check.

#### Agreed

Governors agreed the statement, and congratulated Glenn Pascoe and his team on a robust and transparent process.

### **05/09 UPDATE ON STRATEGIC DEVELOPMENTS**

#### Received

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

#### Noted

- (i) The Trust was extremely pleased to be part of the partnership which had put forward a successful bid to become an Academic Health Science Centre (AHSC), to be called Cambridge University Health Partners, consisting of CUH, Papworth Hospital NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust (the county mental health Trust) and Cambridge University. The intention was to reflect the NHS tripartite mission of research, education and care with the intention of moving research into care. Of the seven shortlisted partnerships, five had been successful in the national competition. The accolade did not currently bring with it any funding.
- (ii) The partnership was expected to become a legal entity shortly, and to develop a programme of work. The partnership was expected to progress over the next five to ten years, and draw in other partners both on the campus and others such as community care. It was a notable and exciting development.
- (iii) The Trust had been working hard on masterplanning and this would now be more widely shared with governors and other partners. This was looking at where research and clinical developments would be focussed on the campus.
- (iv) The Trust was frustrated that development of the campus was being delayed by the failure to sign the required planning agreements, the S106. However it was understood that the local authority and development partners were close to signature. The MRC had gained planning permission outside that agreement and work had begun on the new MRC building.
- (v) The access road and the guided bus were expected to be fully open by the early part of 2010.
- (vi) Work on the Southern Campus continued, and discussion continued at the Board of Directors and other fora. The economic environment had changed for large developments. It was right to have a clear strategy and decide on the elements of it to carry out first. It would take six to nine months to discuss with partners such as the PCT, patients and the public when there

was clarity about which scheme to develop first. Work was continuing on the necessary expansion of the Rosie, which was expected to cost around £28m. The project was on track to deliver a full business case during the early part of the autumn.

- (vii) There was nothing additional to report on the Papworth development. Everything was in place to go forward as soon as the S106 agreement was in place. It was hoped that this would be resolved this month.
- (viii) Work continued on the link road. Completion of this was aligned with the S106 agreement but provided that was agreed the whole road would be open by next year.
- (ix) The TCT development would involve a major development of Ward C9, next door to Adult Oncology. The plans to move transplant to allow the development had been agreed. The ward was on track to be handed over to TCT colleagues in December. A TCT advice centre was to be provided in the residencies, and would be opened in June.
- (x) Governors commented that the attribution of AHSC status gave an opportunity to draw in the veterinary school and animal health trust, as well as other university departments, through the Clinical School, into this exciting venture.
- (xi) It was confirmed that the plans for more Intensive Care beds were continuing.

#### Agreed

Governors applauded the attribution of AHSC status, and congratulated the Chairman for her contribution.

The Chairman thanked governors and congratulated the team involved, in particular Stephen Davies, the project manager, who had assembled the application.

### **06/09 ANNUAL REPORT FROM ACTIVE**

Tabled: Annual report from ACTIVE

Lizzie Kostov and Victoria Clifton, ACTIVE members, reported, assisted by Rachel Slade.

#### Noted

- (i) The Board had been working on how children felt about hospital, communication and on improving their stay.
- (ii) The Board had developed ideas on the D2 garden with the help of an outside organisation which had implemented ACTIVE members' ideas to improve the garden, including a message board.
- (iii) The Board was working on a DVD designed to improve communication between hospital staff and children, involve children in decisions about their treatment and to help staff to communicate.

- (iv) A 'Who's Who' in the hospital had been produced to help patients. Posters to help children would be put up round the hospital showing the different uniforms worn by staff.
- (v) ACTIVE had done a 'walkabout' of the hospital and noticed that there was not much in the waiting areas for the teenage age group; a questionnaire was going out about which magazines that group would like to see.
- (vi) ACTIVE had agreed that it would be more comfortable for children to wear their own pyjamas rather than gowns to make the experience of being in hospital a bit less alien and this would have a six-week trial.
- (vii) ACTIVE had its own stand at the Open Day and had also been involved in the AGM.
- (viii) The team had gone bowling to celebrate its first year, and this had been covered in the press.
- (ix) Some departments had asked the team's opinion on how to treat their child patients and to get involved in developments. ACTIVE would be publicised in the next issue of Matters. ACTIVE was involved in feedback projects through a website to help children who were coming in for surgery know what to expect.
- (x) Governors suggested that ACTIVE should be involved in the design of the TCT facility.
- (xi) ACTIVE planned to link up with any other groups of young people elsewhere in the hospital and work with them.
- (xii) The group was planning now for its next 12 months, and had received some funding from ACT for its work so far, and hoped that would continue.

#### Agreed

Governors were impressed by the breadth of ACTIVE's work and congratulated the members of ACTIVE on a busy and productive first year. They asked to be kept up to date at each meeting about the initiatives being taken.

## **07/09 INFECTION CONTROL**

Received: Update on infection control

Dr Jag Ahluwalia reported

#### Noted

- (i) The MRSA bacteraemias' ceiling for the Trust was 33 cases for the year 08/09, and as at the end of February there had been 25. The Trust hoped to end the year with a total of not more than 27 cases, below the ceiling. The number of cases had fallen consistently for the last four years, which was evidence of how hard staff had been working to reduce infection, and the success of the enhanced cleaning programme.
- (ii) The year end ceiling for *C. difficile* was 300 cases. There had been 292 cases to the end of March, and the Trust was likely to come in under the ceiling, 25% below last year's total.

- (iii) There were changes in the regulatory landscape, with the Care Quality Commission, which came into being on 1 April, replacing the Healthcare Commission. The Trust had declared full compliance with the hygiene elements of the new code.
- (iv) The government was focussing attention on the screening of patients coming into hospital. There had been 11 MRSA bacteraemias during February across the East of England, but it would be costly to eliminate the last few cases. Screening results would not be available until the patient had left hospital so it would be up to colleagues in primary care to follow up.
- (v) A recent audit of hand hygiene had shown a steady performance across the Trust with only one group having less than 95% compliance (many London Trusts set their target at 85%). Any doctors who were found to be non-compliant received a formal warning on their record. Attention was never diverted from this issue.
- (vi) Improvements in figures for MRSA since September 2008 were considered to be due to improved cleaning.
- (vii) The next year's ceiling for *C.difficile* would be 240 cases, which is a maximum of 20 cases per month rather than 25. Achieving this would be a challenge and the Trust would need to ensure that staff and visitors were compliant with existing policies.
- (viii) There was more work to be done on antibiotic usage, working with colleagues in primary care to ensure that the Trust was not overusing them.
- (ix) In answer to questioning, Dr Ahluwalia explained that there was no gel product which was effective against both MRSA and *C. difficile*.
- (x) Dr Ahluwalia had invited a Department of Health intensive support team into the Trust at the end of April to give advice on how to further reduce infections.
- (xi) The recent norovirus outbreak had been a severe example of an episodic event. The Trust was engaged in developing an early warning system for such events across the region.
- (xii) Dr Ahluwalia confirmed that there was a determination to ensure that all staff complied with hand washing and other infection control measures throughout the Trust.
- (xiii) In answer to governors' questions regarding isolation facilities, Dr Ahluwalia explained that there would be an increase in these facilities next year.
- (xiv) Finally, Dr Ahluwalia thanked governors for their contribution to the efforts of the Trust through their involvement in relevant inspections and audits.

#### Agreed

Governors appreciated the efforts which staff were making to control infection, and encouraged them to challenge poor hand hygiene behaviour wherever they found it.

## **08/09 PATIENT EXPERIENCE REPORT**

Received: Improving the experience of our patients report

Mr Fraser Rogers, Head of Public Engagement, reported; Mrs Brenda Hennessy's apologies were noted.

### Noted

- (i) The Trust was planning to roll out local inpatient surveys to outpatients and was currently considering what questions to include in surveys.
- (ii) Governors made a number of comments on the clarity of the format, and Mr Rogers reported that this was being re-visited at present to improve the presentation to wards. There was concern that the comment card process attracted some spurious comments.
- (iii) The end-of-life steering group had met at the end of January and identified much work to be done. The position of national finances might affect the Government's commitment to improving end-of-life care at home. The new chairman of this group was expected to be Tom Bennett, Director of Operations.
- (iv) There had been considerable discussion at the Membership and PPI working Group on the question of planning the discharge process. The issue of not receiving prescriptions in a timely manner for discharge had been discussed, and might be re-visited in a focus group.
- (v) Dr Castille explained that there had been a great deal of work around discharge planning. This had focussed on 'lean thinking', that is, ensuring that staff and facilities such as pharmacy were where they needed to be at the right time, with the aim of mapping where the delays occurred. Delays often occurred in areas where there were complex care packages. The Directors of Operations were focussing on becoming more efficient in this area.
- (vi) Governors raised wayfinding as a difficulty for patients. It was noted that a wayfinding focus group was planned, and a project to improve this was under way. It was important that this encompassed other campus partners particularly as the campus increased in size. It was confirmed that patients received information about where to park when they were invited to attend.

### Agreed

- (i) Mr Rogers would re-visit the local inpatient survey charts to improve their clarity.
- (ii) Improvements in wayfinding were urgently needed, and governors welcomed the wayfinding project. There were good examples which could be drawn on from elsewhere. For example, Princess Marina Hospital in Gabarone made good use of symbols rather than words.

## **09/09 CHAIRMAN'S REPORT**

Received: Chairman's report.

Noted

- (i) The Chairman sought governors' views on the timing of meetings. The Chairman would welcome informal views from governors.
- (ii) Diversity was an issue, as was the need to attract younger governors, and to have regard to difficulties some experienced in attending after 17:00.

Agreed

The Trust Secretary would undertake a consultation to see where the balance of views lay.

## **10/09 GOVERNOR/DIRECTOR WORKING GROUPS**

### **Reports from the meetings of Governor/Director Working Groups**

#### **(A) Governance and Assurance held on 30 March 2009**

Received: Minutes of the meeting held on 30 March

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

Noted

- (i) The group had explored financial issues in depth, in particular the challenges being faced in the budget-setting process.
- (ii) These were tough financial times. The impact of financial constraints had to be set against risk and safety issues, but should also take into account other factors which affected the patient experience.
- (iii) Trevor Baglin, Clinical Lead for Patient Safety, would be invited to attend a future meeting to consider quality of care as well as safety.

#### **(B) Membership and PPI held on 9 March 2009.**

Received Minutes of the meeting held on 9 March

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

Noted

- (i) She had recently attended a seminar on LINKS. Coordination with LINKs was extremely important and governors would welcome more information on developments. She welcomed the representative of LINKs who was attending the meeting.
- (ii) The PEAT inspection had revealed improvements going ahead with feeding. Car parking had also been discussed.
- (iii) Mobile phones had been discussed. The consensus was that they should always be on silent. They were considered impossible to ban, so allowing their use was considered reasonable. However, some governors expressed concern that many mobile phones incorporated cameras, which could be

misused and impact on patient privacy and dignity. The privacy issue was under consideration by Trust management. It was recognised that Patientline (now named Hospedia) was very expensive for patients. There were arguments on both sides.

**(C) Forward Planning held on 19 March 2009**

Received: Minutes of meeting 19 March

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

Noted

- (i) The Group had considered agenda items related to the Annual Plan 2009/10. This was to be divided into themes and governor volunteers would be sought to consider these in detail and comment upon them to Lawrence Ashelford, Head of Planning. Hinchingsbrooke developments were also considered.
- (ii) In conjunction with the other groups, three governors would review the Terms of Reference of the Group, and consider whether they needed to be amended to reflect its particular agenda.

**11/09 REPORT FROM THE NHS FOUNDATION TRUST GOVERNORS' ASSOCIATION**

Mr Brian Gerbaldi reported.

Noted

- (i) The Association now had 66 members. FTGA/ FTN joint training days were being held around the country and were very helpful to new governors. The FTGA had held meetings with Ben Bradshaw, Secretary of State for Health, and Mike Penny, Andrew Lansley's second in command. Funding for specific projects was suggested to them and the reaction had been positive. He encouraged governors to make use of the essential briefs provided by FTGA. A dictionary of NHS jargon was in production, and he was involved in a working group on communications. Feedback from governors on the FTGA website would be welcome.
- (ii) He had met the Chairman of the East of England SHA, who was very positive in support of the governor voice.
- (iii) There would be an FTGA governors' development day on 22 April. Judy Ewer and Lorne Williamson would be attending, as Brian was involved as Vice-Chairman.
- (iv) The work of ACTIVE had aroused a great deal of interest in other trusts and would be the subject of one of the seminars at the development day.

**12/09 DATES OF MEETINGS IN 2010**

The dates of meetings in 2010 were agreed.

**13/09 BUSINESS CALENDAR 2009/10**

The calendar was noted.

#### **14/09 UPDATE OF REGISTER OF GOVERNORS' INTERESTS**

Noted

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

#### **15/09 FUTURE EVENTS**

Noted

A list of future events was tabled.

##### **Addenbrooke's Charitable Trust (ACT) Gala Dinner**

This would be taking place in King's College on 22 September and all governors would be very welcome to attend this fundraising dinner, which would be hosted by Sir David Frost.

##### **Pathology event**

A new pathology venture between the Trust and Siemens would be launched by the Chairman on 23 April; all governors were invited.

#### **16/09 DATE OF NEXT MEETING**

The date of the next meeting was confirmed as:

**Thursday 2 July 2009 at 1730 in the Hexagon.**

#### **17/09 ANY OTHER BUSINESS**

##### **Addenbrooke's Abroad**

Governors welcomed the development of Addenbrooke's Abroad and supported its excellent work, which benefited both staff and patients.

##### **Thanks to all staff**

Stephen Graves recorded thanks to all staff for their efforts during the unprecedented levels of activity of the past few months. There had recently been one of the busiest days ever in A&E. He thanked all for coping and providing the highest level of cover possible.