

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of the Governor / Director Forward Planning Group on Wednesday 17 August 2009 in the Boardroom, Addenbrooke's Hospital.

PRESENT:

| | |
|---------------------------------|------------------|
| Michael Bright (Chairman) | Patient Governor |
| Susan Bullivant (Vice Chairman) | Patient Governor |
| Ann Alderton | Trust Secretary |
| Roly Cockman | Public Governor |
| Mary Chaloner | Patient Governor |
| Angela Donnelly | Staff Governor |
| Judith Ewer | Public Governor |
| Gill Francis | Public Governor |
| Maureen Hart | Patient Governor |
| Jim O'Sullivan | Staff Governor |
| Georgina Pharaoh | Patient Governor |
| Tony Roberts | Public Governor |
| Lorne Williamson | Public Governor |

IN ATTENDANCE:

| | |
|--------------------|---------------------------------------|
| Lawrence Ashelford | Head of Planning |
| Stephen Graves | Director of Corporate Development |
| Richard Howe | Director of Estates |
| Waheed Rajah | Head of Marketing |
| Louise Sinnott | Project Manager Corporate Development |
| Deborah Whitwell | Project Manager Corporate Development |
| Simon King | Committee Secretary |

APOLOGIES:

| | |
|---------------|-----------------------------------|
| Karen Castile | Chief Nurse and Operating Officer |
| Megan Davies | Partner Governor |
| Derek Jones | Non-Executive Director |

21/09 MINUTES OF THE PREVIOUS MEETING

Noted

The minutes of the meeting held on Wednesday 10 March 2009 were accepted as a correct record. There were no matters arising from the minutes.

22/09 MATTERS ARISING NOT OTHERWISE ON THE AGENDA

Received

Governor/Director Working Groups Terms of Reference revised 12 June 2009

Noted

- (i) The work on Terms of Reference (TOR) (15/09 (i)) had been discussed at the Constitution Committee. Generic TOR for the three Governor Working Groups had been revised and agreed. The only suggested change which had not been accepted was to Paragraph 3.7. A separate appendix for each Group would not be produced; and the statement "Specific responsibilities will be assigned to individual working groups" remained.

- (ii) The feedback on the draft Annual Plan (16/09) had been very useful. Lawrence Ashelford would produce a cut-down version in future, as requested. The process this year would start in October to be ready by March 2010.

23/09 UPDATES

(A) Hinchingsbrooke Hospital

Noted

Stephen Graves reported that there had been progress. The Strategic Health Authority has now received approval to start the franchise project to run Hinchingsbrooke. The Trust had decided to respond with an Expression of Interest (EOI) at least to find out more about what was required and what the business offer would be. There was no commitment inherent in the EOI and the Trust could withdraw at any stage.

(B) Papworth Hospital

Noted

Stephen Graves reported that no further progress was possible until the Section 106 process had been completed.

(C) South Campus

Noted

Stephen Graves reported. The Rosie business case would go to the Board of Directors for approval in early November. In response to a query concerning the difficulty of recruiting the specialist midwives needed for the enhanced facility, he confirmed that this had been recognised and was addressed in the plan.

(D) Addenbrooke's Link Road

Noted

Richard Howe reported that the various planning permissions had been granted or were about to be granted; and that the project was on track to bring in the Link Road and the Guided Busway and to link them to the existing infrastructure in early 2010. Work had commenced on the new Medical Research Council road in the north of the site and this would be extended to the Link Road when planning permission had been granted. This was expected by the end of August 2009.

24/09 MARKETING AND BUSINESS DEVELOPMENT UPDATE

Noted

- (i) Waheed Rajah reported that the Trust's share of the PCT's activity had risen from 48% to 51%. It was likely that this was due to patient choice and the Trust's plans needed to take this trend into account.
- (ii) Considerable attention had been paid to the Trust's interaction with primary care. The newsletter and website made it easier for GPs to stay up-to-date on the Trust's services and these developments had been well received. Questionnaires and discharge summaries continued to provide valuable information regarding areas for improvement.

25/09 DISCUSSION – MOVING HOSPITAL SERVICES INTO THE COMMUNITY

(A) Overview

Noted

- (i) Stephen Graves provided an overview of the changes in national policy, population and user needs, which were driving the transfer of acute services.
- (iii) Some of the likely features of Integrated Care models included: direct GP access, transfer of services to primary care, educational outreach, specialist GPs/nurses, relocation of specialists and joint working between primary and secondary providers.
- (iv) Services that could be transferred included those involving Specialties such as Dermatology, Cardiology, Ophthalmology and Genitourinary Medicine; disorders of the ear nose and throat and musculoskeletal systems; and diseases such as diabetes.
- (v) The musculoskeletal patient pathway was used as an example to show how changes could be made. Historically, in some areas of orthopaedics, (70%) of referred patients needed surgery, but this had fallen to around 30% and was one of the drivers for change.

(B) Discussion

Noted

Deborah Whitwell and Louise Sinnott facilitated the discussion. At this early stage in the Trust's thinking, they were tackling four main questions:

- (i) What are the key messages for patients, the public and GPs about the new ways of working?
- (ii) How can we communicate those messages to the public?
- (iii) With whom are we developing the new services?
- (iv) What are the potential benefits/challenges of working in partnership with other organisations?

Agreed

The discussion produced a number of answers to these questions. It was agreed that it would be useful to hold the discussion with the PPI Working Group.

26/09 AGENDA POINTS FOR NEXT FPG MEETING

Noted

- (i) The question of Staff health was raised as a possible topic. It was a highly topical subject and it would be useful to know what statistics were available to compare Addenbrooke's with other Trusts. This would be put on the list for a future meeting to consider.
- (ii) Stephen Graves suggested that there was a need for Governors to assist the Trust with its thinking on strategic options (eg Hinchingsbrooke, Papworth, Research and Development, Transfer of Services) and how to prioritise them. It might also be useful to discuss how these issues could be taken to the public for discussion.

Agreed

It was agreed that prioritisation of strategic options would be considered at the next meeting. **ACTION – Stephen Graves.**

27/09 DATE OF NEXT MEETING

Wednesday 11 November 2009 at 1600 in the Board Room, Addenbrooke's Hospital.

28/09 ANY OTHER BUSINESS

Noted

Susan Bullivant commented that the £20M Challenge Prize Fund might be of interest to the Trust. She would pass the details to Stephen Graves.