

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of **CUH'S CORE BOARD OF DIRECTORS** held on Tuesday 26 May 2009 at 08.30 in the Boardroom, Addenbrooke's Hospital.

PRESENT:

Dr M Archer (Chairman)
Dr G Goodier
Dr J Ahluwalia
Prof M Bobrow
Dr K Castille
Mrs F Cousins
Mr G Coteman
Mr S Graves
Mr C Greenhalgh
Mrs S Johnstone
Mr D Jones
Mr J Potter
Prof J G P Sissons
Mr D Smith

IN ATTENDANCE:

Dr A Alderton (Trust Secretary)
Mr R Howe (Items 113/09 to 117/09)
Ms E Taylor (Board Secretary)

There were no apologies.

		Action & Target Date
107/09	MINUTES OF THE PREVIOUS MEETING	
	The minutes were approved as a correct record.	
108/09	MATTERS ARISING FROM THE MINUTES	
	(A) Contract with the PCT	
	It was reported to the Board that the PCT had given the Trust 12 months' notice on its contract with them.	
	(B) Pandemic Flu/Major Incident Planning (minute 80/09 (B))	
	The Executive Medical Director reported. There were no suspected inpatient cases of H1N1 Influenza A in the Trust. There were some cases in the community but none relating to Addenbrooke's. An escalated programme of FIT-testing and procurement of PPE was underway. The key issue was in relation to providing antiviral therapy in the community. Under the current systems, carers came into the Trust to collect the drugs.	
	In the UK, testing was taking place in line with the European Directive, which used narrow criteria compared with the approach taken in the US where the test was used more liberally. As a result, it was possible that the number of cases in the UK was being under-reported. This would have adverse implications for both public health policy and robust epidemiological tracking.	
	<u>Agreed:</u> Antiviral therapy collection points should be agreed as soon as possible.	JA/KC, June 09

(C) Quality Accounts (minute 91/09)

The Executive Medical Director reported. The draft Quality Accounts report had been agreed. These would form part of the Annual Report for 2008/09 rather than a totally separate document. Existing metrics were also being made use of, in particular in the areas of: medication errors, HCAI, patient falls and unplanned admissions from inpatient wards ITU, etc.

Quality Account metrics, such as time from application to consent for clinical trials, would be used to support the monitoring of CUHP. CUHP sought to double the number of patients entered into clinical trials, in line with the national target.

The disaggregation of inpatient and outpatient data would be useful, and to have this by Clinical Division. Patient experience metrics would broadly focus on cleanliness, dignity and patients' willingness to recommend the Trust.

(D) Shower outlets in patient areas (minute 85/09 (A)(2))

[Section removed under Section 36 of the FOI Act.]

(E) Audit Committee Membership (minute 95/09 (C)(v))

The possible appointment of an external advisor was discussed. Members debated the added value that an external advisor would bring, the technicalities around insurance, and the need to keep any related costs to a reasonable level.

Agreed

1. The Board agreed to appoint Professor Martin Bobrow as a fourth NED member of the Audit Committee.
2. Any external advisor would be appointed as a participating independent observer approved by the Committee Chairman, the Trust Chairman, the Trust Secretary and the Executive Director of Finance. The external advisor would be expected to attend every committee, initially for the duration of one year. The enhanced input was the personal recommendation of the Chair of the Audit Committee as a means of further strengthening the work and effectiveness of the committee.
3. Any candidate would be brought back to the Board for approval, subject to the initial approval of the Audit Committee.

**AA, September
2009**

(F) Meeting with Monitor (minute 94/09)

Noted

The Chief Executive and the Executive Director of Finance had met with Bill Moyes and the finance lead for Monitor. Monitor had agreed to visit the Trust in the near future to discuss concerns with regard to capital planning.

(G) Board Approval of an Advisor to the Board of Governors

The Trust's Constitution prevented anyone from holding a Governor's

position who was already a governor of another Foundation Trust. Since this applied to Professor Pope, governor at Northamptonshire Healthcare NHS Foundation Trust, authorised in May 2009, the Board approved the temporary appointment of Professor Pope as an Advisor to the CUH Board of Governors, pending a review of the constitution.

109/09

REPORT FROM THE FINANCE, OPERATIONS AND PERFORMANCE COMMITTEE

Received A tabled report was circulated, summarising the discussions at the Finance, Operations and Performance Committee, where each of the papers under section 2 had been discussed in depth.

The Chief Executive reported.

(A) FINANCIAL PERFORMANCE REPORT

Received the report of the Executive Director of Finance for the period to 30 April 2009.

Noted

1. The meeting of FOPC had been held on 22 May 2009. The contract with the PCT was signed afterwards. Management actions in place to mitigate the top ten financial risks would be discussed in detail at the next FOPC.
2. Several comments were made at FOPC about the phasing of the budget, which would have to be recalibrated to establish a harsher trend-line over the next 2–3 financial years. [Section removed under Section 36 of the FOI Act.]
3. Benchmarking against the performance of other Trusts was being undertaken. A detailed analysis of drug expenditure and staffing had also been requested.
4. The strategic implications of headcount forecasts for Years 2 and 3 were discussed. The Annual Plan stated the intention to increase headcount during Year 1, but to decrease it the following year. With significant tariff reductions in Years 2 and 3, it was expected that the headcount would have to be reduced accordingly.
5. The impact of changes to the level of funding available to the local healthcare economy would be significant. There were questions around the level of provision that would be available to patients in the community following discharge. Patient tariffs were expected to be recalibrated to reflect upper quartile or upper decile Length of Stay performance; patient stays longer than this would therefore accrue a loss. In the light of this, the Trust's trend-lines were being recalibrated to reflect upper decile LoS performance across the Trust, in order to achieve its planned financial targets.
6. Concerns were expressed over the potential reduction of headcount in clinical areas. The Board affirmed that it would be essential to apply the right metrics to maintain an optimum skill mix across clinical services and ensure that the quality of patient care continues to improve.
7. Effective Patient Care (EPC) would be fundamental to delivering the budget for Years 2 and 3. However, it was understood that the main impact of EPC would be on clinical income rather than on headcount.
8. Members discussed the scope to improve private patient income.

[Section removed under Section 43 of the FOI Act.]

Agreed

1. The Staff Vacancy Authorisation Panel had been disbanded and devolved to the divisional levels.
2. The Annual Plan would be submitted to Monitor with the disclaimer that it would undergo further revision. A covering letter would be enclosed explaining that the Board recognised the planned efficiency gains for Years 1, 2 and 3 required further review. The budget for Years 1—3 would be downsized in July 2009 and re-submitted in a revised Annual Plan.
3. The revised Terms of Reference for FOPC (attached at Appendix 1) were agreed.

DS, July 2009

(B) OPERATIONS REPORT

Received a report from the Chief Nurse and Operating Officer for the period to 30 April 2009.

Noted

1. Investigative sciences had a block contract for clinical genetics that was under-funded by at least £500K per year. Work was in progress to move away from this arrangement and towards charging on a cost-per-case basis.
2. The Chief Nurse and Operating Officer was overseeing the response of the Trust to the letter from the DH which had requested retrospective counting of breaches during January–March 2009 against the 13- and 18-week targets for clinical genetics. It was anticipated that the 18-week target would be met, but possibly not the 13-week target. A new phase of contracting would begin in April 2010. Negotiations with the Specialist Commissioning Group with respect to the 2009/10 contract for clinical genetics were underway. A small group was reviewing the management of the A&E target. The action plan would be reviewed by the Audit Committee in a few months' time.

KC, September 2009

(C) NURSING AND ORGANISATIONAL DEVELOPMENT REPORT

Received a report from the Chief Nurse and Operating Officer for the period to 30 April 2009.

Noted

The DH was considering the range of commissioning options in relation to the flu vaccine. It was possible that the Trust would need to vaccinate at least 95% of staff.

(D) ORGANISATIONAL PERFORMANCE REPORT 2008/09

Received and noted a report from the Executive Director of Information Systems and Analysis and the Head of Performance Intelligence.

(E) MINUTES OF RECENT MEETINGS

Received and noted the minutes to the recent meetings of FOPC:

27 March 2009 (agreed 24 April), 24 April 2009 minutes (agreed 22 May)

110/09

INFECTION CONTROL

The Executive Medical Director reported.

Noted

1. During April there had been two cases of MRSA bacteraemia, both of which were pre-48 hours. Pre-48 hour cases of *C. difficile* were assigned to the PCT. (These inconsistencies had been raised with the PCT and would be raised again.) There had been 16 post-48 hour cases of *C. difficile*, against a monthly ceiling of 20 cases. This was the first month there had been fewer than 21 cases since records began. The reasons for the fall were unclear.
2. During May there had been two MRSA bacteraemias, one of which was post-48 hours. There were 9 cases of *C. difficile* to date for May. Double-testing had not yet started. Counting methodology in relation to day 1 and day 2 was also due to change.
3. The Department of Health had been invited to visit the Trust to assess infection control measures. Their observations had included the need to improve documentation. The 'never-event' approach towards HCAs had been re-emphasised; the Executive Medical Director was also sympathetic towards this view. Members were encouraged by the real progress made in infection control and agreed that HCAI rates should continue to be driven down 'until there is nowhere else to go'.

Agreed

The Infection Control team was congratulated for the progressive and sustained improvements in bringing down HCAI rates. The Board hoped this progress would continue.

111/09

SERIOUS UNTOWARD INCIDENTS (SUIs)

The Executive Medical Director reported.

Noted

1. Details of the SUIs from April 2009 onwards were discussed.
2. The Board debated the contributory factors towards the individual SUIs as well as towards the general increase in the overall number of SUIs. The SUIs were the result of a range of different issues and there was no one common denominator or theme. In general, the SUIs reflected professional lapses rather than process or system issues.

3. The Chief Executive discussed proposals to introduce a new walkabout scheme to encourage clinical staff to refresh their knowledge of the chosen topic of the week, e.g. the hand-washing policy. Directors would visit a range of wards each Friday to discuss the topic with staff and raise awareness of the need for all staff to consistently adhere to professional standards. The Chief Nurse and Operating Officer would oversee the planning for the scheme. The Trust Secretary would ensure that policies were updated with a cover-page summarising the five key points to remember. The scheme would serve as a valuable teaching tool and was not intended to be a pejorative system.
4. The Board noted that a healthy reporting culture had brought the SUIs to light and queried whether some SUIs might have been brought to attention sooner. The Quality and Risk Committee would receive further details of the SUIs under investigation, which would include Root Cause Analysis.
5. The Board also received a statement on older SUIs no longer under investigation.

KC, July 2009

AA, August 2009

JA, September 2009

Agreed

The review of patient documentation would continue, in the hope that demands on clinical staff to complete any documentation that did not add value would be halted.

112/09

THE REPORT OF THE CHIEF EXECUTIVE

The Chief Executive reported.

Noted

The Chief Executive expressed the intention to discuss the issue of care for the elderly at a future board meeting, in particular, in relation to the redesign of rehabilitation services in the community.

113/09

HINCHINGBROOKE – STRATEGIC OPTIONS

Received the report of the Executive Director of Corporate Development, who reported.

Noted

1. The Board discussed in detail the strategic options in relation to Hinchingsbrooke. The report mapped the associated financial issues around the current situation, which included errors around the Market Forces Factor and a historical trend towards over-activity per head of population. [Section removed under Section 36 of the FOI Act.]
2. The SHA was waiting for an outcome from the DH and the Treasury with regard to the process on the future of Hinchingsbrooke. The outcome was expected in two months' time.
3. The Board would need to understand what information was required to enable a clear decision to be made. The cultural dynamic around medical and nursing quality at Hinchingsbrooke, and the role of clinical governance, also required consideration.
4. [Section removed under Section 43 of the FOI Act.]

114/09

ORGANISATIONAL OBJECTIVES

The Executive Director of Information Systems and Analysis reported.

Noted

Organisational Objectives had been discussed in detail at FOPC. It had been agreed that this would be reviewed again at the following meeting of FOPC.

115/09

ANNUAL PLAN 2009/10

Received the Annual Plan for 2009/10

Noted

The Annual Plan was approved with the proviso that there was a change in sentiment to reflect the Trust's recognition of the severity of the economic downturn. The expected impact of capital constraints on A&E and cancer targets had been highlighted; actions to mitigate the associated risks had been proposed. The Annual Plan would be submitted to Monitor by 31 May 2009.

116/09

LEARNING FORUM

[Section removed under Section 43 of the FOI Act.]

117/09

LAND AND PROPERTY OPTIONS AGREEMENTS – HOSPITAL EXPANSION

Received the report of the Director of Estates and Facilities.

Noted

1. The Land and Property options agreements were coming to a conclusion; outline planning permission was due to be granted in June.
2. Conclusions set out in the report included the requirement to participate in a public art strategy, to engage in transport planning and to participate in a through-traffic restriction programme to deter 'rat-running' using number-plate scanning technology. The capital demands of the public art strategy were still to be agreed.
3. The Section 106 agreement had not been affected as a result of the economic downturn. [Section removed under Section 41 of the FOI Act.]
4. The developer was in a position to begin construction of the boulevard, subject to judicial review. This should not affect Papworth.

Agreed

1. The through-traffic restriction programme would rely on enforcement by the local police constabulary. It would be valuable to seek assurance that enforcement would be a priority.
2. The Board approved the Section 106 planning agreement and thanked Mr Howe for his work in negotiating this with the developers two years ago.

118/09

SINGLE EQUALITY SCHEME

Received the report of the Chief Nurse and Operating Officer.

RH, July 2009

Noted

1. The Single Equality Scheme represented an important tool by which the Trust would strengthen its support of the principles of equality and diversity, and of human rights. It also took the Trust 'above and beyond the legal requirements' in this area. The SES was available to view on the website and had been through a process of public consultation. Comments received from the public, as well as from staff and patients, had been taken into account.
2. Mr Coteman asked for deferral of the item to allow for fuller discussion at a subsequent meeting. He queried the position of the item under the umbrella of corporate governance and felt that it would be better placed under strategy. Work in partnership with the Anne Frank Trust would help to implement the SES in terms of strengthening staff awareness and respect for equality and diversity.

Agreed

The Board approved the SES as it stood. Rather than defer the item for future discussion, one or two additional Board members would attend the next meeting of Equality and Diversity and report back to the following Board meeting.

KC, July 2009

119/09

NON-EXECUTIVE DIRECTORS APPOINTMENTS

The Trust Secretary reported.

Noted

1. Copies of the advertisement and candidate briefings for the role of Non-Executive Directors would be circulated. Feedback to the Trust Secretary on the advertisement was requested by the end of the week.
2. An Away Day workshop with Independent Audit was due to be held on 22 June. This would be a useful opportunity to review what was most required in the new complement of NEDs and to reflect on the dynamic of the whole Board.
3. Candidates for the role of Non-Executive Director were required to be members of the Foundation Trust. This criterion would be removed from the advertisement to avoid deterring applicants from further afield, who could be made members if necessary.
4. Non-Executive Directors requested guidance from the Trust Secretary on the processes for re-applying.

AA, June 2009

120/09

ANNUAL REPORT

The Trust Secretary reported.

Noted

1. The deadline for the Annual Report was 5 June 2009. Final comments should be submitted to the Trust Secretary by the end of the week, excluding any comments on the Annual Accounts.
2. Mr Potter had been asked by Monitor to provide a draft quality report in Section 8 of the Annual Report so that this could be used as a draft template to inform the thinking at the DH around the direction for the national template. Mr Potter was granted the permission to go ahead with this after 29 May.

Agreed

<p>121/09</p>	<p>1. The Board delegated the responsibility for the approval of the final audited accounts to the Audit Committee at its meeting of 1 June.</p> <p>2. A sub-group of the Board of Directors would review the draft text of the Annual Report, following which the Annual Report and Accounts would be submitted to Monitor by 5 June.</p> <p>ANGLIA CANCER NETWORK</p>	<p>Audit Committee 1 June 2009</p> <p>AA, 5 June 2009</p>
	<p>The governance map and the Terms of Reference for the Anglia Cancer Network were <u>received</u> and <u>noted</u>.</p>	
<p>122/09</p>	<p>MINUTES OF REPORTING COMMITTEES</p>	
	<p>The minutes of the Audit Committee held on 22 April 2009 were received. There were no emerging issues for escalation.</p>	
<p>123/09</p>	<p>ANNUAL REPORT OF THE CLINICAL AND CORPORATE GOVERNANCE COMMITTEE 2008/09 (Quality and Risk Committee as of 28 April 2009).</p>	
	<p><u>Received</u> the Annual Report of the Clinical and Corporate Governance Committee 2008/09.</p>	
	<p><u>Noted</u></p>	
	<p>The Board had approved at the previous meeting that the committee would be renamed the Quality and Risk Committee. The Terms of Reference were under further review and would be brought back to the Board following approval at the next meeting of Q&RC, due to be held on 9 September.</p>	
<p>124/09</p>	<p>DIARY OF RECENT EVENTS</p>	
	<p><u>Received</u> and <u>noted</u> the diary of recent events attended by the Chairman and by the Chief Executive.</p>	
<p>125/09</p>	<p>MEDICAL AND DENTAL SUSPENSIONS</p>	
	<p>The Executive Medical Director reported.</p>	
	<p><u>Noted</u></p>	
	<p>Following the suspension of a member of staff in July 2008 the excluded member of staff would be attending a Crown Court trial beginning on 15 June. Six members of staff had been called to give evidence.</p>	
<p>126/09</p>	<p>SEALING OF DOCUMENTS</p>	
	<p>Items 123–124 were noted in the register.</p>	
<p>127/09</p>	<p>CHAIRMAN'S ACTIONS</p>	
	<p>There was nothing to report.</p>	
<p>128/09</p>	<p>DATE OF NEXT MEETING</p>	
	<p>The next meeting (core board) will be held on 30 June 2009</p>	