CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of **CUH'S BOARD OF DIRECTORS** held on Tuesday 30 June 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)
Mrs H McGhee (Deputy Trust Secretary)
Ms E Taylor (Board Secretary)

There were no apologies.

Professor Sissons and Mr Graves would need to leave at 12.30 in order to attend a meeting with the Treasury to discuss the Papworth Business Case. (Both were present for minutes 129/09-146/09 inclusive.)

Action & Target Date

129/09 A PATIENT'S STORY

Dr Ahluwalia shared a patient's story detailing a clinician's experience as an inpatient.

130/09 MINUTES OF THE BOARD MEETING HELD ON 26 MAY 2009

Minute 108/09 (E) Agreed.02 page 2, Audit Committee Membership

The name of a participating independent observer would be brought back to the Board for 'ratification' rather than for 'approval'.

Paragraph, beginning 'Any candidate would be brought back to the Board for approval, subject to the initial approval of the Audit Committee', would be removed.

Minute 120/09 Noted.02 page 10, Annual Report

Both references to Mr Potter would be removed from the minute and replaced with 'the Trust'.

Minute 118/09 page 10, Single Equality Scheme

It was clarified that Board members were invited to attend the next meeting of the Equality and Diversity 'Steering Group'. NB. The 25 July meeting had been cancelled; the next meeting was due to be held on Thursday 10 September.

131/09 MATTERS ARISING FROM THE MINUTES

(A) Appointment of a Participating Independent Observer to the Audit Committee

Mr Potter advised the Board that the appointment of Mr Martin West had the approval of Audit Committee members.

(B) Learning Forum

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

(C) Annual Plan Declaration

Mrs Cousins, Executive Director of Information Systems and Analysis, reported.

Noted

The Annual Plan Declaration had been submitted to Monitor; compliance with national standards and performance targets had been declared.

(D) Annual Report and Accounts

Mr Potter, Chair of the Audit Committee, reported.

Noted

The Audit Committee had approved the Annual Accounts and the Statement of Internal Control, which could be signed. The Annual Report had been reviewed by a sub-group and approved for publication. This would be sent to Monitor.

(E) Hinchingbrooke

1. A recent meeting had indicated that a procurement process for Hinchingbrooke hospital was imminent. [Section removed under Section 41 of the FOI Act.]

2. Members requested more detailed information on Efficient Patient Care (EPC) forecasts and recommended scenario planning [Section removed under Section 43 of the FOI Act.]

3. A core group of directors was actively reviewing these issues and discussing capacity options with divisional directors, including possibilities around undertaking more activity at Hinchingbrooke if capacity were made available. Increased activity at Hinchingbrooke would pose concerns around service integration and clinical governance and would require careful management.

Agreed

The Board agreed to convene a small Working Group to address the Trust's position on Hinchingbrooke. Mr Jones and Mr Greenhalgh offered to be part of this group.

132/09 REPORT FROM THE FINANCE, OPERATIONS AND PERFORMANCE COMMITTEE (FOPC)

Dr Goodier, Chief Executive, reported.

All members had been present at the meeting of FOPC held on Friday 26 June, with the exception of Professor Bobrow and Professor Sissons. Members remarked that the form of the meeting had been very helpful in facilitating discussion and as preparation for the

Board meeting.

(A) FINANCIAL PERFORMANCE REPORT – received to 31 May 2009

Noted

1. Payroll costs needed to be reconciled with Whole Time Equivalent (WTE) data. Any discrepancies between the information held by Human Resources and by Finance had to be resolved; it was intended that variations would be removed by the end of Month 4. Medical staffing information was due to be integrated into divisional budgets.

2. The cost of tracking performance targets had been raised as an issue. In Cancer Services, the number of data items requested in order to monitor progress against cancer targets had increased by 260%.

3. The Trust was ahead of the plan for 2009/10 by £900K for the year-to-date.

(B) NURSING, ORGANISATIONAL DEVELOPMENT AND OPERATIONS – received to 31 May 2009

Noted

1. The key emerging issue was the recent re-interpretation of standards for single-sex accommodation. Areas which had been previously excluded, such as Day Surgery and Chemotherapy, were now assessed against the national criteria. The report (ref. page 2) had been written prior to the re-assessment exercise and in line with the more favourable interpretation by the SHA. Following re-assessment by the DH, however, it had been evident that the Trust did not fully comply with the new interpretation of the standards. An action plan to facilitate full compliance was therefore being prepared. (AT; RH). [Section removed under Section 41 of the FOI Act.]

2. Performance against the four-hour waiting target in A&E had improved and the Trust was now on target. This achievement was the result of a great deal of work, for which staff should be congratulated.

(C) PERFORMANCE AGAINST PRIORITY OBJECTIVES

Noted

The issues had been discussed as listed in the report. Dr Gimson, Divisional Director of Medicine, had expressed concerns with regard to the extent and quality of junior doctors' experience, and was exploring the use of alternative staff groups for some of their roles.

(D) MINUTES OF RECENT MEETINGS – 22 May 2009 (agreed 26 June)

Received and noted.

133/09 INFECTION CONTROL

Received the monthly performance report for the period to 31 May 2009 and the MRSA Screening Board Assurance Framework for June 2009. Dr Ahluwalia, Executive Medical Director, reported.

Noted

1. As of Friday 26 June there had been 3 cases of MRSA for the month and a total of 7 cases for the year-to-date, one above the agreed trajectory of 6 cases. Of these, two cases had been pre-48 hours, and one had been a third recurrence in the same patient.

2. There had been 12 cases of *C. difficile* during May and 10 cases during June, bringing the year-to-date total to 35 cases. It was clear that the figure of 10 cases for June signalled a step-change in achieving control of infection; during June 2007 there had been 38 cases and during June 2008 there had been 28 cases. It was encouraging that the monthly rate was now moving towards single figures.

3. Infection Control performance in terms of time-to-isolation had deteriorated and this was a cause for concern given the provision of single rooms on the infection control wards. The operational factors impacting upon time-to-isolation were discussed and included clinical needs, the lack of available side-rooms and the availability of staff to move the patient. The Executive Medical Director had requested disaggregated information as part of a Root Cause Analysis (RCA) of the delays to time-to-isolation, which would be provided at the next Board meeting. RCA detail for MRSA cases would also be provided.

4. New checks and balances were being introduced for the monitoring of cleaning. As these had not yet been implemented, this area was rated amber rather than green.

5. There had been an increased focus on pandemic flu planning. As yet, there was no locally agreed distribution plan for antiviral therapy in the community. Anti-viral drugs were still being collected directly from Pharmacy.

134/09 SERIOUS UNTOWARD INCIDENTS

Dr Ahluwalia, Executive Medical Director, reported.

Noted

1. A live case was discussed by the Board.

2. Previous SUIs were reported. The dental junior who had been suspended and excluded from the Trust in February 2009 had been found guilty of charges of sexual assault. This had been reported to the Dental Council.

3. The detail of other SUIs under investigation would be examined by the Patient Safety Executive (PSE), which met monthly, and also by the quarterly Quality and Risk Committee.

Agreed

It would be valuable to introduce a standing agenda item from the PSE so that emerging patient safety themes could be reported to the Board on a monthly basis under Clinical Issues.

135/09 REPORT OF THE CHIEF EXECUTIVE

Dr Goodier, Chief Executive, reported.

Noted

1. The government was delaying the process of incorporating an amendment proposed by Baroness Molly Meacher which would effectively remove the Private Patient Income (PPI) cap currently applied to NHS Foundation Trusts. These changes were not likely to take place until after the next general election.

2. The report reflected on the outcomes of the recent review of research governance. The MHRA had drawn the Trust's attention to the new standards for research governance, which required rigorous interpretation. Trusts were now accountable for research in new ways that moved beyond historical conventions. As such, it was important to support research staff through the transitional period towards streamlined processes for the ongoing monitoring of clinical trials. The Research Office needed to be better resourced to enable this to happen. The move towards an

integrated research office as part of CUHP was a very positive step towards achieving this.

3. Dr Ahluwalia was speaking to researchers with regard to governance and the MHRA. The reduced availability of grants had created a resource issue for supporting increased regulation. These challenges needed to be addressed through the establishment of integrated and streamlined administrative processes.

4. John Hopkins University Hospital was documenting the role of its deep-clean programme in the control of infection. Similarly, it should be a clear priority at CUH to incorporate research components into the work of the Trust wherever possible. These goals should be reflected by the recruitment processes which should proactively identify staff with research interests and strive to dovetail research opportunities with clinical work. This should be undertaken in a way that maximises the funding support available through grants from the BRC or local research networks. Wider opportunities for research fellows to secure self-initiated low-level funding were in decline. In this context, the Addenbrooke's Charitable Trust (ACT) played a key role in providing start-up funds for research projects.

5. The consultant appointment process should be used to encourage the integration of patient care with clinical research; the mapping together of these two components would help to foster the culture of applied clinical care and strengthen the framework for translational medicine.

6. Stephen Davies, Chief Operating Officer of CUHP, was due to submit a paper to the Board of CUHP on funding streams. The paper would be received by the CUH Board for information in due course.

Agreed

1. The Board supported the aim of the Trust to emulate world-class teaching hospitals such as John Hopkins University Hospital in Massachusetts. Active support for research opportunities should also be reflected in the staff appraisal process. It was understood that the commitment to facilitate research carried costs and that lack of research funding was often a limiting factor. Nevertheless, all staff should be aware of the fundamental role of research; the Trust should facilitate research at every opportunity and also encourage staff to keep up to date with the emerging research in their own specialties and across the field in general.

2. The Trust, together with other members of CUHP, needed a clearer understanding of the extent to which NHS consultants were involved in medical education as directors of studies, and the extent to which their research had protected time. It would be useful to build up a picture of the NHS contribution towards medical education and research.

3. One of the divisional academic leads had called for all research papers published by divisional staff since 2004. This approach would be helpful to roll out across other divisions. Clinical excellence profiles would be widened to reflect research activity.

136/09 RESEARCH

Dr Goodier, Chief Executive, reported.

Noted

1. The report set out the interim arrangements necessary as part of the transition towards a new research governance structure. A number of recommendations were made which underlined the need to support the Research and Development Office and senior representatives. The report had been discussed with divisional directors and Dr Bradley.

2. A director would be appointed by the University to facilitate the planning of clinical trials. The Trust currently sponsored 40 clinical trials. It was essential to establish a

fully accredited clinical trials unit against new regulatory standards, in order to be in a position to undertake the full range of investigations. Clinical trials work should be strengthened; the links with regional networks and CUHP associates as well as the possible HIEC should be maximised, and the population base further developed.

3. The management of research was a joint responsibility between partners of Cambridge University Health Partners (CUHP). CUH would take a lead role in servicing CUHP in this respect.

4. The outline recommendations addressed issues of governance, process, accountability and cost. The four new posts proposed would be covered by transitional funding from the BRC, which meant that there would be no negative impact on the Trust's Income and Expenditure margin.

5. The vision behind the AHSC application should inform the approach towards establishing a HIEC and influence the health economy for patients' benefit, including through the improved management of long-term conditions and chronic diseases. At the national level, there was scope to enhance the collaborative role of the pharmaceutical industry in the healthcare economy. [Section removed under Section 43 of the FOI Act.]

Agreed

1. The Board supported the proposals for a new clinical trials unit and an enhanced Research Support office and was committed to moving towards the AHSC structures. The time-scale had yet to be determined. Evaluation of research governance structures in their current form had shown that there were key strategic opportunities to be maximised. A more coherent and streamlined structure would facilitate the shared objectives of the CUHP partners.

2. The Board would need to give further consideration to the lines of reporting around a Trust Research Board and decide on whether this would be a Board sub-committee, or an Executive Committee. These questions would be discussed by a core group and reflected in the Terms of Reference. It was expected that academic leads would form their own sub-committees to report to this group.

3. Research, education and training would feature as a regular item on the Board's agenda. A position statement on the process of accreditation of the Clinical Trials Unit by April 2010 would need to be brought back to the Board.

4. Quality research in nursing and AHP groups was suggested as a future discussion item.

137/09 DOWNSIDE PLANNING – A PRELIMINARY VIEW

Received the report of the Executive Director of Finance, who reported.

Noted

1. Monitor had asked the Trust to submit a downside planning document by July. The deadline had now been extended until 30 September. The Annual Plan may also be needed two months earlier in 2010; the planning cycle would be brought forward.

2. On 8 July a meeting with clinical and corporate directors was due to be held to discuss what was achievable within EPC. It was understood that EPC alone would not close the gap. Since there was uncertainty at the national level with regard to the tariff, Monitor had refrained from issuing prescriptive advice for downside planning. [Section removed under Section 36 of the FOI Act.]

3. On 17 July a scenario planning session would be held, which would make use of the lessons from the 'perfect storm' event hosted by the PCT. Stefan Scholtes had identified an MBA student to test a range of business models in the macro-economic context, based on public domain information.

4. In terms of staff pay costs, the proposals for staff to have the right to take additional leave, unpaid, had been fully agreed by all parties. Analysis of current waiting list initiatives was also underway. It was important for this to be managed sustainably, whilst protecting the goodwill of staff.

5. In terms of activity, the Trust had limited powers to turn activity away but would be able to develop some areas of activity further.

Agreed

Dr Castille would present a paper to the next Board around the 18 weeks target in order to discuss the options.

138/09 ORGANISATIONAL OBJECTIVES

Received the report of the Executive Director of Information Systems and Analysis.

Noted

The measurement of overall staff sickness rates over 365 days per year (as opposed to just staff absence rates) had been approved.

FC to speak with BH and utilize available data

Agreed

1. Consideration for carers should be explicitly included as being an integral part of improving patient care.

2. More information should be included on Outpatients as part of patient experience surveys. This component would be more fully incorporated into the 2010/11 organisational objectives.

139/09 ANNUAL HEALTH CHECK

Received the Annual Health Check for 2008/09.

Noted

The Annual Health Check had been noted at FOPC. The Trust's rating for 2008/09 could be adversely affected by the re-application of performance against clinical genetics targets and of HISS data. A decision was due to be made on 17 July which would confirm the Trust's rating as either 'good' or 'fair'. An appeal had been submitted which highlighted the extenuating circumstances which had impacted Maternity Services during the course of the year.

140/09 MASS INFLUENZA VACCINATION PLAN

Received the Mass Influenza Vaccination Plan.

Noted and agreed

The Board agreed to accept Proposal 1, page 4 on the proviso that the associated problems for night staff and weekend-only staff were resolved.

KC to ask Geraldine to resolve this and report back to the next meeting

141/09 CAMBRIDGE UNIVERSITY HEALTH PARTNERS LTD – Approval of Members' Agreement, Articles and Memorandum of Association

Received the report of the Trust Secretary.

Noted

1. The paper outlined the proposed corporate governance arrangements for CUHP, including a proposed Members' Agreement and Memorandum of Association. The

setting up of a subsidiary company was a matter reserved to the Board. It was clarified that CUHP would not be able to set up its own subsidiary businesses on behalf of CUH.

2. Members cautioned that the stipulation for a unanimous decision for the appointment or removal of the Chair could invite difficulties; it would be more prudent for a majority decision to be required.

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

Agreed

1. The finalisation of corporate governance arrangements for CUHP would be delegated to the Chairman and the Chief Executive, subject to advice from the Trust Secretary and from the Trust's solicitors. The Governance Group would reconvene to review this. This group would also include Mr Potter, Mrs Cousins and a governor. The recommendation was that CUHP should be established as a company limited by guarantee that was capable of assuming charitable status at a later date.

2. The Board requested to see the Members' Agreement in full prior to its ratification. The documentation needed to be signed off by the end of July. Since the next Board meeting would be too close to this date the documentation would be circulated in the interim for comments.

142/09 REPORT OF THE CLINICAL AND CORPORATE GOVERNANCE COMMITTEE

Received the report of Mr Greenhalgh, Chair of the Quality and Risk Committee (formerly CCGC).

Noted

1. At the meeting of CCGC held on 13 May the committee had discussed its new name and revised terms of reference. The new name had been approved by the Board on 28 May. The revised terms of reference had now been finalised taking into account the new divisional structure and associated new processes for the review of significant risk issues.

2. Mr Greenhalgh noted the strength of the senior membership of the Committee and number of attendees, which was appropriate for a committee at this level.

3. Strategic discussion of medical records would be led by Mrs Cousins at the 9 September meeting. Proposals for resourcing Electronic Patient Records would be considered. A seminar on this topic would also be held prior to the Board meeting on 28 July.

Agreed

The Board agreed the revised Terms of Reference of the Quality and Risk Committee.

143/09 REPORT OF THE AUDIT COMMITTEE

Received the report of Mr Potter, Chair of the Audit Committee.

Noted

1. Dr Ahluwalia, Executive Medical Director, and Mr Pascoe, Head of Risk and Patient Safety, were preparing a paper on clinical risk structures which would be discussed with divisional directors in July and which would clarify the role of the Patient Safety Executive.

2. The audited accounts had been finalised. [Section removed under Section 41 of the FOI Act.]

AA and MA to consider ways to enhance cross-Board communicati-ons &

	3. There had been a £2.1M shortfall against the £7M surplus planned for 2008/09. 4. The Committee was actively addressing nurse rostering issues through internal audit and under the leadership of Mrs Macfarlane, Director of Operations. 5. The re-appointment of the external auditors for another year would be recommended at the Board of Governors' meeting on 2 July. Mid 2010 the Board would need to consider whether or not to instigate a competitive process for external auditors. 6. Members discussed the extent to which the Board was aware of the concerns of governors. The Governor/Director Working Groups helped to strengthen the relationship between the two Boards. The minutes to Board of Governors' meetings were also received by the Board. 7. The report covered the issue of car-parking charges. A letter had been sent Cambridge News outlining the Trust's policy.	**encourage the NED-governor relationship** **MA to report**
144/09	**BOARD LEVEL CHAMPION FOR SUSTAINABLE DEVELOPMENT** <u>Received</u> the report of the Chairman**.** <u>Noted</u> and <u>agreed</u> Mrs Johnstone was nominated as the Board Level Champion for Sustainable Development. Mrs Johnstone was already a member of the Sustainable and Environment and Strategy Group.	
145/09	**QUARTERLY REPORT ON DEVELOPMENTS AND MARKET CHANGES** <u>Received</u> the report of the Executive Director of Corporate Development. <u>Noted</u> 1. It was suggested that information be presented to display the costs and benefits of different projects. 2. Mr Jones and Mr Coteman would meet to discuss development options set out in the report. 3. Mr Jones would keep the Board updated with regard to the Cambridge Heart Clinic.	
146/09	**FOUNDATION TRUST FINANCING FACILITY** <u>Received</u> and <u>noted</u> for information, the report of Mr Potter, Chair of the Audit Committee.	
147/09	**DIVISIONAL ORGANISATION STRUCTURE** <u>Received</u> and <u>noted</u> for information, the report of the Chief Executive. <u>Agreed</u> The Board requested a comprehensive outline across all divisions of medical and nursing appointments, Human Resources staff and Business Performance Analysts in order to view the wider divisional frameworks.	**RM to publish divisional outlines to Connect**
148/09	**DIARY OF RECENT EVENTS** <u>Received</u> and <u>noted</u> the report of the Chairman and Chief Executive.	

149/09 QUARTERLY REPORT ON CONSULTATIONS

Received and the report of the Trust Secretary.

Noted

1. Due to the high volume of publications out to consultation, a process of prioritisation would be introduced to reduce bureaucracy. The Care Quality Commission had launched a document of 262pp outlining future developments. Mrs Cousins and Mr Pascoe would bring a proposal to the July meeting as to how the Trust should respond.

2. Mr Coteman suggested that specific consultations could be allocated executive director champions.

150/09 MEDICAL AND DENTAL SUSPENSIONS

There was nothing to report.

151/09 SEALING OF DOCUMENTS

There was nothing to report.

152/09 CHAIRMAN'S ACTIONS

There was nothing to report.

153/09 DATE OF NEXT MEETING

28 July 2009 (full Board meeting)

154/09 ANY OTHER BUSINESS

Noted

1. Board members were asked to read through the two tabled strategy documents 'Enterprise Governance: Getting the Balance Right' and 'CIMA Strategic Scorecard: Boards engaging in Strategy' ahead of the September Board meeting where a more substantive discussion would be held. It would be of added value if members could read the documents before the July Board meeting.

   GG to propose the process, timelines and a strategic scorecard

2. Mr Malcolm Stamp, Chief Executive of Coventry Hospital (and former Chief Executive of CUH) had asked whether one of his EDs could attend a Board meeting, as the Trust was applying for Foundation Trust status. The Board would decline the request but NEDs would be available to meet their counterparts.

3. Dr Goodier, Chief Executive, noted the process of consulting with the Remuneration and Nomination Committee in the event of his being asked to take on additional responsibilities outside of the core work of the Trust. Generally speaking, this would be for activities requiring more than one week's worth of time and attention. Dr Goodier informed the Board that he had been invited to participate in an accreditation programme for hospitals in China, which could require in excess of one week's work. More detail of the commitment entailed was requested by the Chairman. Members were invited to discuss their views with the Trust Secretary in the first instance. It was important to ensure the right balance was struck between steering the work of the Trust and contributing to the global health community.

   MA to report

[Secretary's Note: The Chairman had to leave the meeting at 12.35 to attend another appointment. Mr Greenhalgh, Vice-Chairman of the Trust and Senior Independent Director, chaired the remainder of the meeting.]

155/09 ISSUES ARISING FROM THE BOARD MEETING to bring to the attention of:

1. STAFF

Noted

1. Members discussed whether or not to disseminate to Trust staff the stated Board objectives, within the framework of 'Our Way'. It was concluded that since the Board's own objectives were more pertinent to the operational work of the Board, the Trust's existing values and priorities were sufficient in summarising the fundamental objectives of the Trust. Any attempts to cascade the Board's technical objectives may therefore not be appropriate for a wider audience. However, it would be reasonable for these to be received for comment by the Board of Governors.

2. Staff should be informed of the Trust's influenza vaccination plan.

3. The Trust's improved performance on the control of infection, in particular of *C. difficile,* should be communicated.

4. The increased role of staff walkabouts should be communicated.

5. Staff should be made aware that full Board minutes were published to the public website minus any exemptions under the Freedom of Information Act. However, since the minutes would need to be agreed at the subsequent Board meeting for accuracy, publication would be approximately one month following each meeting.

2. GOVERNORS

Governors would receive copies of the Board's objectives.

Agreed

Dr Alderton, Trust Secretary, and Mrs Murphy, Director of Communications, would assess what other issues arising from the meeting should be communicated to staff and governors.