

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of **CUH'S BOARD OF DIRECTORS** held on Tuesday 28 July 2009 at 08.30 in the Boardroom, Addenbrooke's Hospital.

PRESENT:

Dr M Archer (Chairman)
Dr G Goodier
Dr J Ahluwalia
Mr C Black
Prof M Bobrow
Dr K Castille
Mrs F Cousins
Mr G Coteman
Mr S Graves
Mr C Greenhalgh
Mrs B Hennessy
Mr R Howe
Mr D Jones
Mrs R Murphy
Mr J Potter
Prof J G P Sissons

IN ATTENDANCE:

Mrs H McGhee (Deputy Trust Secretary)
Ms E Taylor (Board Secretary)

APOLOGIES:

Dr A Alderton (Trust Secretary)
Mrs S Johnstone
Mr D Smith

Professor Sissons would need to leave at 11.00 in order to attend a meeting and would return later on. Dr Ahluwalia would also need to leave the meeting briefly.

| | | Action & Target Date |
|---------------|---|-------------------------|
| 156/09 | A PATIENT'S STORY | |
| | The Director of Patient Experience and Public Engagement read out a letter from a relative of a multiple-sclerosis patient, detailing both the strengths and weaknesses of the care given during the patient's stay in different areas of the organisation. | |
| 157/09 | MINUTES OF THE BOARD MEETING HELD ON 30 JUNE 2009 | |
| | The minutes were <u>signed</u> and <u>approved</u> as a correct record. | |
| 158/09 | MATTERS ARISING FROM THE MINUTES | |
| | (A) Hinchingsbrooke Working Group (minute 131/09 (E)) | |
| | The Executive Director of Corporate Development reported. | |
| | <u>Noted</u> | |
| | 1. The SHA was due to advertise for advisors for the franchise procurement process. Bidders were encouraged to share their views as part of the discussion phase. The expected time phases were for responses to the invitation to tender to be received by April 2010, for a full business case (FBC) to be produced with the preferred bidder, followed by consultation and contracting by January 2011 with a view to new management being in place by 1 April 2011. | |

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

Agreed

1. The Trust's current engagement with Hinchingsbrooke needed to be appraised against 2-3 possible scenarios. The Board had agreed to set up a Working Party on Hinchingsbrooke that would be action-orientated and serve as a sub-committee of the Board. Mr Greenhalgh and Mr Jones would be among the members.
2. The Working Group would need to inform CUHP partners as well as Monitor of its interest in the management franchise for Hinchingsbrooke. The group would need to analyse projected costs and risks and consider an overall communications strategy.

(B) Pandemic flu – Antiviral Therapy (minute 133/09)

The Executive Medical Director reported.

Noted

1. The national flu service was now operational. Tamiflu was now available from Camdoc in Chesterton and other dispensing points were arising in the community for anti-viral therapy.
2. Additional funds for swine flu measures were being released by the Treasury. The Trust intended to approach the SHA to discuss capital spend for swine flu measures, in particular in preparation for 'peak week', which was anticipated in the first week of September. Approximately £700K of investment in swine flu-related equipment, notably ventilators, had been made.

(C) Research Governance (minute 136/09)

The Chief Executive reported.

Noted

(D) Cambridge University Health Partners (minute 141/09)

The Chairman reported.

Noted

CUHP was working towards incorporation on 1 November 2009. Members of the CUH Board had recently debated which matters should require unanimous agreement and which should only require the agreement of the majority of directors or CUHP members.

Agreed

The Members' Agreement, Memorandum of Association and Articles of Association of CUHP needed to be ratified by the CUH Board at its September meeting. The Board agreed that the Trust would need to retain the right of veto over any resolution that would expose the Trust to financial risk to which it did not willingly consent.

(E) Communications between Boards (minute 143/09)

The Chairman reported.

Noted

1. The Chairman had attended a meeting organised by the Foundation Trust

**SG to draft
Terms of
Reference
for the
Hinchings-
brooke
Working
Party**

Sep 09

Network on the subject of open and closed board of directors' meetings and on how to improve board-to-board communications. At CUH it was likely that more could be done to improve communication between the two boards, in particular in terms of the flow of information from governors' meetings to directors.

2. Directors regularly attended quarterly Board meetings and also Governor/Director Working Groups. However, the Board of Governors set the agenda for those meetings and needed to gather what was on governors' minds through other interactions. Judith Ewer, Deputy Chairman of the Board of Governors, held a quarterly lunch with the chairs and vice chairs of all working groups prior to the informal meeting with the Chief Executive. It would be useful to have feedback from those lunch meetings as well as from the governors' meetings with the Chief Executive.

Agreed

A short quarterly report would be prepared for the Board of Directors on issues of concern to governors. This would give directors greater insight into governors' priorities and concerns.

(F) CEO responsibilities outside the Trust (minute 154/09)

The Chairman reported.

Noted

The Chief Executive had sought the views of the Board with regard to his invitation to undertake consultancy work in China. The Chairman had collected the views of Non-Executive Directors and the Trust Secretary the views of Executives and Directors. There was a strong consensus that Dr Goodier should respond positively to the invitation. It was felt that as well as being of personal development benefit the involvement would help to raise the profile of the Trust and lead to business opportunities.

**MA to
discuss
with AA**

Agreed

It was thought inappropriate to draft guidelines about the time senior managers might commit to work outside of the Trust; it should be sufficient to discuss professional and study needs within the standard framework of the terms and conditions of employment.

159/09 REPORT FROM THE FINANCE, OPERATIONS AND PERFORMANCE COMMITTEE

Received the report of the Executive Director of Information Systems and Analysis (Deputy Chairman FOPC) with the following attachments:

(A) FINANCIAL PERFORMANCE REPORT

Received the report of the Executive Director of Finance for the period to 30 June 2009. The Executive Director of Information Systems and Analysis reported.

Noted

1. Risk assessments on the divisional CIPs had been carried out. Medical records were to be reviewed again at the Joint Clinical and Corporate Executive in the coming months.
2. The Financial Risk Rating (FRR) of the Trust was 2. Divisional directors had

another month to demonstrate that performance against the budget was on plan. Proposals for incentive schemes were under further review.

3. Business performance advisors were focusing on long-term planning.

(B) NURSING, ORGANISATIONAL DEVELOPMENT AND OPERATIONS

Received a report from the Chief Nurse and Operating Officer for the period to 31 June 2009.

Noted

The 18-week target was under considerable pressure. There had been a 15% increase in outpatient referrals and the demand placed on the organisation continued to grow. Specialties at risk of breaching targets included Orthopaedic Services, which were revising their action plan accordingly. The PCT's action plan for listed patients was also under discussion.

(C) PERFORMANCE AGAINST PRIORITY OBJECTIVES

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

Noted

1. The focus on Efficient Patient Care (EPC) targets was fundamental to divisions in moving towards upper decile performance. Divisions were aware that the data were being recalibrated for upper decile performance. Action plans were being developed at the divisional level to achieve this.
2. The Quarter One Governance Declaration to Monitor would declare an amber status for the control of MRSA.
3. A range of GP referral rates by specialty and practice had been identified and factors for high rates of referrals were being evaluated in partnership with the PCT. The Board felt that this was the right direction of travel and that the shared problems around capacity required a joint solution at the level of the local health economy.
4. The Trust was applying for a £10M loan from the Foundation Trust Finance Facility (FTFF). This would improve the Trust's liquidity and had already been approved within the plan.
5. Four different capacity scenarios were being modelled focussing on different outcomes over the next five years. A medium-term plan was being revised in the light of a 10–15% year-on-year increase in activity and other assumptions (e.g. norovirus) were being factored in. Additional capacity for short-stay procedures at Hinchingbrooke was being considered.
6. Dr Gimson was reviewing the care pathways for elderly care to factor in the role of GPs and care in the community.
7. Plans for a Children's Assessment Unit were being worked up in order to provide a solution for paediatric bed shortages.

(D) MINUTES OF RECENT MEETINGS

To receive the unconfirmed minutes of the recent meeting of FOPC:
26 June 2009 (to be agreed 23 July).

(E) VACCINATION PLAN – APPENDIX 3

A 'reasonable worst case scenario' had been considered by the Trust. It had been confirmed that pandemic flu would require a total of two vaccinations per person: seasonal flu would require one separate vaccination. The SHA had not yet confirmed the funding status for this initiative.

Agreed

The Board agreed the recommendations of FOPC with respect to the new investment arrangements.

160/09 INFECTION CONTROL

Received from the Executive Medical Director the monthly performance report for the period to 30 June 2009, the MRSA Screening Board Assurance Framework for July 2009 and the report on Compliance with Time-to-Isolation.

Noted

1. There had been three cases of MRSA during June, one of which had been avoidable. The rate of MRSA was above trajectory and currently stood at 8 cases to the end of June and 11 cases for the year-to-date, five of which had been classed as unavoidable. Root Cause Analysis was ongoing. Further guidance had been issued to wards to increase compliance with policies. The documentation of compliance with policies and procedures for the control of MRSA needed to improve.
2. There were eight cases of *C. difficile* cases during June and seven cases for July to date. This indicated substantial improvement on the rate of *C. difficile* in previous years (28 cases during June 2008 and 38 cases during June 2007). There had been 43 cases for the year-to-date against a ceiling of 80 cases to the end of July. Data had been provided per division rather than by service areas.
3. Over the past three months neither MRSA nor *C. difficile* had been identified under Part 1 on any death certification, which now required the counter-signature of a consultant. Regular audits of death certification were also performed.
4. The Board continued to receive an assurance framework for MRSA screening. The screening rate continued to move towards the compliance target of 95% or greater.
5. The report, 'Compliance with Time-to-Isolation', outlined the difficulties in achieving full compliance with targets. These included competing demands for single rooms and the high volume of patients with suspected infective diarrhoea (729 during June 2009, of which 310 cases were suspected *C. difficile*-associated diarrhoea (CDAD) and of which 8 cases were confirmed). Action was being taken to increase the number of patients in isolation within a clinically appropriate time-frame. Delay factors included cleaning requirements and the problem that side-rooms were not ideally located for medical wards.
6. Members were debating with the PCT the definitions 'avoidable' and 'unavoidable' used to record cases of MRSA.

Agreed

1. Encouraging progress had been made in the year-on-year reduction of the rate of *C. difficile*.
2. A report on compliance with time to isolation would be shared with the PCT.

161/09 PATIENT SAFETY EXECUTIVE QUARTERLY REPORT

Received the report of the Executive Medical Director.

Noted

1. There had been no 'never events' (against eight nationally agreed criteria) during

Quarter 1. There had been eight Serious Untoward Incidents since 1 April 2009.

2. Data collection around SUIs continued to grow. Many of these data fulfilled the Trust's statutory reporting obligations. The collection of other data should be reviewed to ensure that they added value. This would be debated by the Patient Safety Executive. The complementarity of the Quality and Risk Committee and the Patient Safety Counsel was under continued review.

Agreed

The Quality and Risk Committee would discuss the role of performance reporting and performance management metrics at its September meeting, and would then bring recommendations to this Board on 6 October.

JA to ensure PSE reviews performance metrics.

Q&R to bring a recommendation to the October Board.

162/09 QUARTERLY PATIENT EXPERIENCE REPORT

Received the report of the Director of Patient Experience and Public Engagement.

Noted

1. A patient response-line had been set up for the families of the 120 babies affected by the SUI relating to tongue-tie procedures. Of all children testes none had contracted an infection as a result of the procedure.
2. Outpatient surveys had commenced across several clinics to ensure that a feedback system was in place for the 500K annual outpatient attendances. Members welcomed the extension of patient surveys to Outpatients.
3. The QlikView business intelligence system was being used to identify the top 10 performing wards for patient experience each quarter. It was necessary to ensure complaints were dealt with effectively as soon as they arose. In addition to this, feedback given by patients 2–3 days after discharge needed to be meaningfully assessed and acted on.
4. Staff from the Patient Experience and Support Team (PEST) had met with delegates from the John Lewis Partnership to share best practice in customer service. Over 200 members of staff had recently been trained by PEST in customer service which had made use of real feedback received via surveys and complaints.
5. New developments to improve patient experience included the piloting of electronic screens in Outpatients to provide information on clinic waits.

Agreed

The Board congratulated Mrs Hennessy and her team on their pioneering work at the national level in using in-house patient experience surveys to improve patient care and customer service. It would be helpful to increase analysis at ward level to assess overall trend-lines.

163/09 SERIOUS UNTOWARD INCIDENTS

The Executive Medical Director reported.

Noted

There had been one new incident in July which was under live investigation.

164/09 SAFEGUARDING CHILDREN

The Director of Patient Experience and Public Engagement reported.

Noted

1. The Trust was required by the Care Quality Commission (CQC) to complete a self-

assessment on its compliance with legislation for safeguarding children. The report identified key issues at the Trust and provided benchmarking data against the Trust's peer group.

2. All Trust policies and procedures for safeguarding children were reviewed by the local Safeguarding Children's Board. Level 1 training was part of the corporate induction package and e-learning at Levels 1 and 2 had been produced by the Learning Development Team. At Board level, Mrs Hennessy was the Executive Lead for safeguarding children and Dr Goodier was ultimately responsible.

Agreed

1. The Board recognised the importance to our young patients and to the organisation of ensuring that appropriate safeguarding procedures were in place and agreed that it was satisfied that the Trust was complying with its legal requirements in this regard. This statement would be published on the Trust's website.
2. It was accepted that further assurance was required in relation to Level 2 compliance with legislation. Ongoing training was being provided across the Trust. Clearer data were required to confirm the level to which staff had already been trained.
3. It would be helpful to the Board to receive a quarterly report in the first instance.

165/09 QUARTERLY UPDATE FROM THE CLINICAL SCHOOL

The Regius Professor of Physic reported.

[Section removed under Section 41 of the FOI Act.]

166/09 REFRESHING AND CONSOLIDATING OUR STRATEGY

Received the report of the Chief Executive.

Noted

1. The report articulated a strategy for a panoramic view of growth sensitive to identifying areas for selective growth and a reduction of services where appropriate. Stefan Scholtes from the Judge Business School was testing financial business models which to help support the planning process. It was important to employ a consistent vocabulary around strategic planning.
2. The strategic objectives of the organisation were to be the hospital of choice, the educator of choice and the research institute of choice. The three main dimensions of quality were patient experience, clinical excellence and value for money. The organisation also sought to be sustainable. The branding of the organisation also had a role of play.
3. It was understood that some Trusts would not attain Foundation Trust status by December 2010. This would raise significant opportunities at the regional level in terms of building solid research and patient flow links with a ring of District General Hospitals.
4. Win-win situations should be sought in the wider health economy, particularly in relation to research and chronic disease management. The region was more suited to partnerships than to competition.
5. This was an uncertain period within which to manage a complex health system. The consequences for the training of junior doctors of pursuing a strategy of selective growth also needed to be taken into account; it was important to retain access to secondary care training with solid rotations.
6. The consolidation of a quality framework was an invaluable means of bringing

together distinct elements of managing the organisation, from leadership, processes, staff, customers and sustainable performance. A holistic approach, including an intelligent application of QlikView, would help ensure the quality agenda was tangible at every level of the organisation.

Agreed

1. At the Board's Away Day on 12 October there would be discussion of 4–5 strategic objectives and of the implications of these for each division. Input from the divisions was being sought to facilitate this. Divisions were continuing to think through scenarios that had been considered at the divisional directors' Away Day held on 19 July.
2. Partnerships and alliances could be as formative as mergers and acquisitions. It was not the aim to simply grow the market share in general terms but, rather, to grow in selective areas where it was appropriate for the Trust to take a leading role in the health economy and to reduce services where it was not relevant for the Trust to take the lead, whilst still working collaboratively.

**Away Day
12 October**

167/09 LAND AND PROPERTY MATTERS

Received the reports of the Director of Estates and Facilities.

(A) SECTION 106 UPDATE

Noted

1. A deal had been brokered between the developers and the County Council which was approved on 7 July. This resolved a problem which had arisen during May with respect to the Section 106 legal arrangements for land ownership near to the Trumpington Park and Ride site. It was expected that the two Section 106 agreements which supported the access road would be signed in the week beginning 10 August.
2. There had been no change from the previous paper in terms of the major financial contributions required.

Agreed

It was hoped that the agreements would be signed in August to prevent any delay to promulgating the masterplan. Mr Howe and his team were thanked for their hard work in forging the agreements.

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

168/09 CARE QUALITY COMMISSION REGISTRATION STANDARDS

The Executive Director of Information Systems and Analysis reported.

Agreed and noted

The approach outlined in the report was agreed. Registration would be discussed again at the October meeting. The Board agreed it was not necessary to perform an internal audit for the half-year point.

169/09 REPORT OF THE AUDIT COMMITTEE

The Chair of the Audit Committee reported.

Noted

1. An additional meeting had been held to discuss patient safety and risk and to consider the lines of reporting between committees and staff as well as the management responses to emerging issues.
2. The final internal audit report on budgetary control had been received. Significant progress had been made to address the issues raised in February but some areas still required attention.

Agreed

1. The chart on patient safety reporting would be reviewed by the Board in October.
2. The report would be brought to the Board in September. Budgetary control would be reviewed again in January 2010.

JA, CG to clarify patient safety lines of reporting

JP, DS

170/09 INVESTMENT ARRANGEMENTS IN THE NEW DIVISIONAL STRUCTURE

The Executive Director of Corporate Development reported.

Agreed and noted

Option 3 had been agreed at the FOPC. The paper would also be reviewed by the FOPC at a later date. An examination of the past role of the Investment Board would be included.

171/09 QUARTER ONE GOVERNANCE DECLARATION

The Executive Director of Information Systems and Analysis reported.

Agreed and noted

The Quarter One Governance Declaration had been discussed at the FOPC. The Board agreed that Declaration Two would be signed.

172/09 MEMORANDUM OF UNDERSTANDING BETWEEN THE UNIVERSITY OF CAMBRIDGE AND ADDENBROOKE'S CHARITABLE TRUST FOR THE 2020 VISION FUNDRAISING CAMPAIGN

Received and noted.

173/09 ANNUAL REPORT OF THE REMUNERATION AND NOMINATION COMMITTEE 2009

Received and noted.

174/09 QUARTERLY COMMUNICATIONS REPORT

Received and noted the report of the Director of Communications.

175/09 DIVISIONAL ORGANISATIONAL STRUCTURE

Received the report of the Director of Communications.

Noted

The report outlined the new structure including the meetings structure and lines of reporting.

Agreed

1. The terminology 'divisional boards' rather than 'divisional teams' should be used consistently.
2. There was a need to clarify which Directors of Operations were attached to which divisions and to ensure that appropriate status was conferred to support this.

KC to action and report to next

176/09 MEDICINES MANAGEMENT ANNUAL REPORT

Received the report of the Chief Pharmacist. Mrs Helen Howe, Chief Pharmacist reported.

Noted

1. Medicines management was monitored by the Care Quality Commission. The Trust's Pharmacy had a whole-sale dealer licence and was registered with the MHRA for aseptic production. However, the business case for its registration as a manufacturer was on hold. With manufacturer registration the Pharmacy would be in a position to compete with the commercial sector. Registration would also bring benefits in terms of research application. A business case for operating on a dispensing basis for research was being developed. Currently, labelling for export took place via Ipswich. There was no space for labelling onsite.
2. Clinical Pharmacy service development was currently at risk. A report was due to be considered by the Joint Clinical and Corporate Executive with a view to developing divisional Service Level Agreements. It was hoped that the benefits of divisional investment in clinical pharmacists would be recognised.
3. In terms of partnership working, the Pharmacy was represented on the Patient Safety Board of the Strategic Health Authority and was also involved in the implementation of the Darzi agenda. Internationally, the Pharmacy was one of seven UK hospitals working in partnership with the World Health Organisation to address risk.
4. Antibiotic internal audits had found a lack of indication of stop-review dates on drug charts. A letter had been issued to remind staff of this responsibility.
5. Increased drug cost pressures had recently been discussed at the Executive Forum. Analysis of cost pressures was ongoing and took into account drugs for which the patent had expired. Overall, the principal savings were to be made through reduced Length of Stay rather than in reductions in drug costs. There was also an estimated (total) saving of £13K per avoided case of MRSA.
6. The quantities of drugs dispensed at the point of discharge were under review in the light of changes to legislation.
7. The Chief Pharmacist, together with members of the Executive, was due to visit Birmingham Hospital to learn about their e-prescribing system which had been developed in-house. Newcastle Hospital was procuring a commercial product from the University of Pittsburgh. Overall, the UK represented an immature market in this area which made it difficult to take e-prescribing forward.

Agreed

The issues surrounding the Pharmacy's registration as a manufacturer needed to be addressed as part of an updated business case. Clinical trial registration with the MHRA was not part of the existing business case, but would also be incorporated.

177/09 DIARY OF RECENT EVENTS

Received and noted the report of the Chairman and Chief Executive.

178/09 MEDICAL AND DENTAL SUSPENSIONS

There was nothing further to report.

179/09 SEALING OF DOCUMENTS

There was nothing to report.

180/09 CHAIRMAN'S ACTIONS

There was nothing to report.

181/09 DATE OF NEXT MEETING

1 September 2009

182/09 ANY OTHER BUSINESS

One of the members of the Integrated Arts Committee had recommended that Alan Baker be invited to join the committee as a representative of the City Council. The Board agreed that it would be appropriate in this case for an elected City Councillor to join a Trust Committee should he so wish.

Ann Alderton, Trust Secretary, and Helen McGhee, Deputy Trust Secretary, would both be away from 3–14 August. It was intended that Fraser Rogers would act as Trust Secretary in their absence. [Secretary's Note: Following discussion, the role of Acting Trust Secretary was later conferred on David Smith, Executive Director of Finance.]