

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of the **BOARD OF GOVERNORS OF CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST** held on 3 December 2009 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)
- Mr R Burgin (Advisor)
- Mr C Carr (Staff Governor)
- Mrs M Chaloner (Patient Governor)
- Brig R Cockman (Public Governor)
- Mrs J Coston (Patient Governor)
- Mrs P Dansie (Public Governor)
- Mr A Dasgupta (Advisor)
- Dr M Davies (Partnership Governor)
- Ms M Donnelly (Partnership Governor)
- Mrs J Ewer (Public Governor)
- Mrs G Francis (Public Governor)
- Mrs M Hart (Patient Governor)
- Prof B Michell (Patient Governor)
- Cllr T Orgee (Local Authority Governor)
- Mr J O'Sullivan (Staff Governor)
- Mrs G Pharaoh (Patient Governor)
- Mr E Revell (Public Governor)
- Mr A Roberts (Patient Governor)
- Mr L Williamson (Public Governor)

APOLOGIES

- Dr S Bullivant
- Mr B Gerbaldi
- Dr A Lever
- Mrs R May
- Dr J Nicholls
- Mrs S Smith
- Mr R Quince

- Dr G Goodier (Chief Executive)
- Mr C Greenhalgh (Vice Chairman)

IN ATTENDANCE

- Dr A Alderton (Trust Secretary)
- Dr K Castille (Chief Nurse and Operating Officer)
- Mrs F Cousins (Executive Director of Information Systems & Analysis)
- Mr S Graves (Acting CEO)
- Mrs R Murphy (Director of Communications)
- Mr J Potter (Non-Executive Director)
- Mr F Rogers (Head of Public Engagement)
- Mrs A Thompson (Assistant Director, Nursing)
- Mrs H McGhee (Deputy Trust Secretary)

53/09 A PATIENT'S STORY

Governors heard a patient's story presented by Dr Alderton.

54/09 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the previous meetings held on Thursday 8 September 2009 (AGM and regular Board meeting) were agreed as a correct record.

55/09 MATTERS ARISING FROM THE MINUTES

No matters arising were identified which would not be dealt with under other agenda items.

56/09 FINANCIAL AND PERFORMANCE REPORTS

(A) Financial Report

Received: Financial report

Mr David Smith, Executive Director of Finance reported. Mr Jim O'Sullivan, Chairman of the Governance and Assurance Working Group, commented on the report, followed by general discussion.

Noted:

- (i) Two key themes were discussed. The first related to the year end outturn. One key issue discussed had been the expected year end outturn. The year to date surplus was £1.7m, £800k above plan. For the remainder of the year the Trust expected to remain £800k ahead of plan. Phasing had been considered in a previous meeting. When the Board next met in April, the Trust was not likely to have signed off a set of accounts, and it would receive reports based on month 11 figures. A break even position was expected.
- (ii) The second theme was the relationship between the Cost Improvement Programme and the flow of surpluses into cash and capital. If the Trust was able to generate an £8m surplus, with depreciation of £22m, this would generate cash to provide available capital of £30m. However, the current funding requirement for the capital programme was around double that. The challenge was to achieve a capital programme which was affordable. Capital investment was important to improve patient safety long term and this had prompted debate at the working group meeting.
- (iii) Governors had commented that they were reassured that the Trust continued to make a surplus at this stage in the year and now had a better understanding of the Cost Improvement Programme and its relationship to capital. It was noted that moving forward decision making would be devolved to the divisions to a greater degree.
- (iv) Governors had been concerned to hear that the requirements of pay increases under the Agenda for Change nationally negotiated pay system would lead to around a 6% increase in pay costs, which would require a greater Cost Improvement Programme. It was explained that the effective workforce programme was to consider ways of being more robust in remunerating staff, and the proportion of staff in each band was under scrutiny.
- (v) The working group would have the opportunity to consider the budget in detail at its next meeting, and to explore options for the future.
- (vi) The effective workforce programme, one of the three subsets of EP3, was at the top of the Board of Directors' agenda, and would be shared with governors in an appropriate forum, probably in one of the working groups.

Scenarios were being explored across the Trust. Progress on scenarios would be shared with governors at future meetings.

- (vii) Trust strategy was developed with governors' input through the Forward Planning Group.

Agreed

David Smith was thanked for his report. The Secretariat would investigate whether it was possible to change the date of the April Board meeting to consider the end-of-year accounts, for 2011 if not possible for 2010.

Action: Trust Secretary

(B) Performance Report

Received: Performance report to 31 October

Mrs Frances Cousins, Executive Director of Information Systems and Analysis, reported. Mr Jim O'Sullivan, Chairman of the Governance and Assurance Working Group, commented on the report, followed by a general discussion.

Noted:

- (i) The Dr Foster good hospital guide had focussed on 'how safe is your hospital' this year. The guide, published at the end of November, rated the Trust as second in the country behind UCL, scoring 99.3%. It focussed on indicators of patient safety such as hospital standardised mortality rates. The Trust was pleased with the accolade, but not complacent, and a programme of work was being led by Jag Ahluwalia, the Medical Director, to focus on the quality of care going forward. The data represented a trend towards measuring quality and outcomes rather than processes such as waiting times. The Trust welcomed the trend. The Care Quality Commission (CQC) was following this trend and would publish its rating methodology for 2010 shortly.
- (ii) There had been discussion about the Trust's potential rating by the CQC. There were concerns around delayed discharges and the 13-week outpatient target. If the CQC continued to use this year's methodology the Trust was at risk of a 'fair' rating. However the Trust's performance on this issue had recently improved.
- (iii) Issues around performance on cancelled operations had also been considered by the group. This was under consideration within the EPC programme, and governors would be kept informed of progress.
- (iv) The Chairman shared governors' pleasure that the Trust had performed so well in the Dr Foster guide and all those who had maintained the relentless focus on patient safety were to be congratulated, in particular Angela Thompson, Jag Ahluwalia, Karen Castille and Gareth Goodier.
- (v) Governors had sought clarification on the number of cases of mislabelling of blood samples. It was explained that the mistakes had been picked up at an early stage in the process. No patients had come to harm as a result of the errors identified. Four points of identification were required for labelling, and the samples were often missing one of them. This was not misidentification but incomplete information, and mistakes were

identified by robust processes in the laboratory. The NHS number was the point which had caused the greatest problem. This was a national issue, identified by the Audit Commission. The Trust's IT system was being audited to check whether it could hold NHS numbers. The national tracing system for patients where data was not complete was not robust and this was under discussion with the SHA.

- (vi) Governors were informed that mislabelling of samples involved in the transfusion process was the biggest danger to patients and blood was now electronically tracked and heavily monitored to achieve the lowest possible risk to patients. Governors were reassured that the process was secure. An Audit Commission had produced a report in 2007 identifying mislabelling of samples as a national issue.

57/09 PATIENT EXPERIENCE REPORT

Received: Improving the experience of our patients report

Mr Fraser Rogers, Head of Public Engagement, reported on behalf of Mrs Hennessy, Director of Patient Involvement and Public Engagement. Dr Pamela Dansie, Vice Chairman of the Membership and PPI working group, commented.

Noted:

- (i) This report contained the first results of the quarterly outpatients survey, to complement inpatient data. Next year the Rosie's inpatient and outpatient results would also be included in the quarterly programme, which could also be extended to children's services.
- (ii) Governors had taken an active role in the PEAT discussions, and had noted various points, including problems with window cleaning and the distribution of menu cards.
- (iii) Following the example of Salford, ward boards were to be provided in each ward showing the detailed performance of that ward over a period of time so that patients and visitors could see how the ward was performing.
- (iv) Governors noted that PEST, the Patient Experience Support Team, delivered training to staff on behaviours and attitude on a rolling basis.
- (v) Governors were meeting with LINKs representative to discuss discharge planning.
- (vi) Governors welcomed the outpatients' data and made various suggestions regarding additional questions, including the opportunity to identify things done well which could be used as examples for other areas to follow, and questions on wayfinding. The provision of visuals was welcomed as a good way of engaging with the public.
- (vii) Governors welcomed patient engagement sessions like that held on 23 November, which had been very well attended by over 80 patients and had proved a valuable way of engaging with the public.
- (viii) During the year the number of items where Trust performance was below expectations had reduced in all categories, which indicated that the trend of responses was moving in the right direction. It was encouraging that these were not random fluctuations.

Agreed

Governors thanked Fraser Rogers for his presentation of the report.

58/09 INFECTION CONTROL

Received: Update on infection control

Mrs Angela Thompson, Assistant Director, Nursing, reported.

Noted:

- (i) The CQC unannounced inspection in October had gone very well. There were no major issues reported.
- (ii) The report presented to this Board meeting included reports on organisms other than MRSA and *C. difficile*, at governors' request. There had been 20 cases of swine flu (H1N1) in total. MSSA (Methycillin sensitive staphylococcus aureus) was an organism carried by 30% in the community. It was not reported in a standardised way, and there were no clinical data but there were some positive samples.
- (iii) The trend on MRSA was on trajectory. Cases had markedly decreased since 2005/06. Cases of *C. difficile* were 49% below trajectory, at 71 cases compared with a ceiling of 140. The Trust was not complacent and was aiming for 'no avoidable infection'.
- (iv) Presently two wards were shut with norovirus. The Trust was monitoring the situation carefully; the infection was rife in the community.
- (v) Hand hygiene compliance by doctors had improved. Incidences of non-compliance were being followed up with the individuals concerned.

Agreed

- (i) Angela Thompson was thanked for her presentation of the report.
- (ii) It was agreed that a report on venous thrombolytic embolism (VTE) (blood clots) would be of interest to governors and would be added to the report

59/09 STRATEGIC DEVELOPMENTS

Tabled: Minutes of the Governor/Director working group on forward planning held on 11 November. Mr Stephen Graves, as Director of Corporate Development, reported. Mr Michael Bright, Chairman of the working group on Forward Planning, commented.

Noted:

- (i) Hinchingsbrooke had been discussed. The Trust had responded to the pre-qualification questionnaire (PQQ), and was expecting to hear by the end of the year whether it had been shortlisted for the next stage in the process.

- (ii) The Board of Directors had considered proposals for the expansion of the Rosie Hospital and had approved the expansion subject to agreement by the Foundation Trust Financing Facility (FTFF) to loan the Trust £30m to build the development.
- (iii) A major part of governors' discussions had been the developments around Hinchingsbrooke and this was considered as an example of the prioritisation of strategic options. They supported the Trust's response to the PQQ, which did not imply commitment. Other possible developments discussed had been the emergency department and neurosciences.
- (iv) Governors had received an update on the relocation of Papworth. The group heard that Cambridge University Health Partners (CUHP) had been legally constituted and a bid made for HIEC (Health Innovation and Education Cluster) status. Finally, the group had discussed its terms of reference for consideration by the Governors' Constitution Committee.
- (v) Jim Potter explained the FTFF process. When Foundation Trusts had been established an independent committee had been created to decide on lending government funds to FTs, consisting of ten non-executive directors (including Mr Potter) from around the country. To date, funding of £1bn had been approved. The Department of Health was in the process of revising the criterion to assess applications. The Trust was thought to have a good case; however the Trust had a financial risk rating of 3 and although the clinical need for the project was outstanding, loan financing was less readily available than formerly. However, the Trust had a good chance of receiving the loan.

Agreed

Governors thanked Stephen Graves for his report.

60/09 ISSUES ARISING FROM GOVERNOR/DIRECTOR WORKING GROUPS

Noted:

As previously identified in minutes 56/09 to 59/09. In addition, the Governance and Assurance group had received a presentation from the internal auditors.

61/09 GOVERNORS' CONSTITUTION COMMITTEE

Received: Minutes of the meeting held on 23 October 2009, report from Chairman of the Committee.

Tabled: Revised terms of reference

Dr Megan Davies, Chairman of the Governors' Constitution Committee, reported.

Noted:

Governors were urged to respond to the Board effectiveness review to ensure that it was a useful exercise.

Agreed

- (i) The proposals for the election of chairman of the working groups to be held on a first past the post system and then followed by the election of the deputy chairman were agreed unanimously. In the event of a tie for either

post the deputy chairman of the Board of Governors would decide on the post.

- (ii) It was agreed that henceforth attendance at all the groups would be for each governor to decide; there would be no core memberships.
- (iii) Governors agreed unanimously the proposal that chairmen and deputy chairmen would be able to serve for a second term, but no longer than four years in total in that office.
- (iv) Governors agreed that the groups would normally meet for two hours (but this could be extended if necessary).

62/09 CHAIRMAN'S DIARY OF EVENTS

Received and noted the Chairman's report.

Noted:

The opening of the Perry Suite had gone very well, and thanks were due to governors, in particular Judy Ewer, for their assistance in fundraising for this amenity.

63/09 REPORT TO BOARD OF DIRECTORS FROM DEPUTY CHAIRMAN OF GOVERNORS

Received and noted: Report from Deputy Chairman.

Noted:

- (i) The Board of Directors was very pleased to receive this report and governors' views were of considerable interest to the Board of Directors.
- (ii) The governors' interest in the EP3 programme was welcomed by the Board. It was a high priority for the Trust to improve the financial position.
- (iii) Judy Ewer would attend the relevant part of the January meeting of the Board of Directors to present her report.
- (iv) The governors' next opportunity to give feedback was prior to their 18 January quarterly meeting with Gareth Goodier.
- (v) Governors were thanked for attending the Joint Board meeting with Papworth governors, which had been well attended.

Agreed

A governors' awayday would be considered early in 2010, but cost was an issue.

64/09 BOARD OF DIRECTORS' MINUTES (REDACTED)

Received and noted: Redacted minutes of Board of Directors' meetings 1 September and 6 October.

65/09 REPORT FROM THE NHS FOUNDATION TRUST GOVERNORS' ASSOCIATION

Mrs Georgina Pharaoh reported.

Noted:

- (i) The Association now included representatives of 80 Trusts. The keynote speaker at the FTGA's recent meeting had been Chris Ham of the Department of Health Policy Unit in Birmingham, focussing on the challenges of providing health care in a difficult financial climate.
- (ii) There had been three workshops, on patient safety, hospitals under pressure and membership representation, followed by the AGM.
- (iii) The AGM had focussed on future management of the FTGA, currently undertaken by the King's Fund. There would be a re-tendering exercise in August; the King's Fund would not re-tender. The next meeting of the FTGA would be 10 March 2010.

66/09 ACTIVE MINUTES

Received and noted ACTIVE minutes; the format and content was admired.

67/09 UPDATE OF REGISTER OF GOVERNORS' INTERESTS

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

68/09 FUTURE EVENTS

Noted

A list of future events was tabled, and a number of events highlighted including the event on end of life care on 18 January 2010. It was noted that the NHS Constitution was currently under review, giving an opportunity to reflect on its contents.

Feedback on the new format of the Board meeting would be welcomed by the Secretariat.

69/09 DATE OF NEXT MEETING

The date of the next meeting was confirmed as:

Thursday 15 April 2010 at 1730 in the Hexagon, Frank Lee Centre