

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of **CUH'S BOARD OF DIRECTORS** held on Tuesday 1 December 2009 at 08.30 in the Boardroom, Addenbrooke's Hospital.

PRESENT: Dr M Archer (Chairman)
Dr G Goodier
Dr J Ahluwalia
Dr A Alderton (Trust Secretary)
Mr R Barfield
Prof M Bobrow
Dr K Castille
Mrs F Cousins
Mr S Graves
Mr C Greenhalgh
Mr R Howe
Mr D Jones
Mr J Potter
Prof J G P Sissons
Mr D Smith
Prof P Troop

IN ATTENDANCE: Mr M Jarman-Howe
Ms E Taylor (Board Secretary)

For certain items: Mr P Dalton (for Section 4)
Mr K Day (for Section 4)
Mr M Nicholson (for Section 4)

Mr G Hackett (for Item 4.4)
Mrs A Cahn (for Item 4.4)
Mrs E Glover (for Item 4.4)

Mr G Pascoe (for Item 5.2)

There were no apologies.

The Chairman announced that CUH had been ranked in the Dr Foster patient safety statistics second in the UK after University College London Hospital, with a score of 99.32%.

Action & Target Date

257/09 A PATIENT'S STORY

Dr Alderton read out a letter from the relative of a patient which highlighted the issue of delays on the day of discharge and the impact this has on patient experience. The letter emphasised the need for staff to provide the same high standards of care at every point in the patient pathway and provoked discussion of measures that can be taken to improve the communications and processes around patient discharge.

258/09 MINUTES OF THE BOARD MEETING HELD ON 3 NOVEMBER 2009

The minutes were signed and approved as a correct record, subject to the following changes:

Minute 237/09 Agreed 1, p3

It was clarified that what was referred to was 'Public Dividend Capital' rather than a 'grant'.

Minute 247/09, p10

The item was for information. The text 'Mr Pascoe reported' was removed.

Minute 242/09 Noted 3, p8

[Removed under Section 43 of the FOI Act.]

Minute 242/09 Agreed 1, p8

The opening sentence was rephrased to read as follows:

"The Board agreed to continue the process of proceeding towards seeking planning permission."

Minute 242/09 Agreed 2, p8

[Removed under Section 43 of the FOI Act.]

Minute 244/09, Noted 4, p9

The word 'dividends' was corrected to read 'surplus'.

259/09 MATTERS ARISING FROM THE MINUTES

(A) Infection Control - *C. difficile*

Dr J Ahluwalia, Executive Medical Director reported.

Noted

The final number of cases of *C. difficile* attributable to the Trust for October 2009 was 7 cases, as one of the 8 cases reported to the Board on 3 November had since been attributed to the community.

(B) Section 106 (minute 207/09 (B))

Mr R Howe, Director of Estates and Facilities, reported that the Section 106 agreement was signed on 15 October 2009.

260/09 REPORT FROM THE FINANCE, OPERATIONS AND PERFORMANCE COMMITTEE

Received the report of the Chief Executive (Chairman, FOPC) with the attachments below. The Chief Executive reported.

Noted

1. Capital planning had been discussed at length.
2. Analysis of staff expenditure had shown an increase in bank staff and a trend towards not recruiting permanent nurses to the full establishment level was apparent in some areas.
3. The Trust's overall performance rating was at risk of being downgraded to 'weak' should there be any further target breaches in-year. The current rating was 'fair'.
4. The EP3 team would be working full-time by the end of December 2009. A quarterly report would be submitted to the Board with regard to finance and other key issues, following in-depth discussion at FOPC, at which EP3 was a top priority.

Agreed

1. Each quarter, a different key area of capital spend would be reported in detail.
2. Using data available via QlikView, it would be valuable to agree a high-level metric on patient discharge to manage in-day delays (without building disincentives into the system). It was important to improve communications and the processes around transport booking and the discharge letters required from medical staff (ensuring clear audit trails of any changes made).
3. There was a clear need to improve accommodation arrangements in oncology outpatients and to increase facilities for day cases. The Board would need to bear in mind opportunities to re-organise the clinic generally, and not just for chemotherapy, as part of the proposed new clinical cancer centre.

(A) FINANCIAL PERFORMANCE REPORT

Received the report of the Executive Director of Finance for the period to 31 October 2009. The Executive Director of Finance reported.

Noted

1. Mr Smith noted that one of the key headlines should be that the capital overspend is projected to be £3M.
2. The outturn for Month 11 was projected to be break-even. However, a surplus was projected for Month 12.
3. Monitor continued its monthly monitoring of the Trust's financial performance (which was currently at a Financial Risk Rating of 3).
4. Not all of the cash resulting from the over-performance of the PCT during Quarter 2 had yet been recovered from the PCT. The outstanding amount may be recovered in January 2010.
5. The corruption of a data-feed had occurred due to problems with an IT server. As a result, some of the granularity to support clinical billing was missing. It was estimated that there was a further £400K to resolve. This would not impact the Trust's FRR and did not pose any liquidity issues.

(B) NURSING, ORGANISATIONAL DEVELOPMENT AND OPERATIONS

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

**David
Smith April
2010**

**Fran
Cousins**

**Future
board
planning
discussions**

Noted

1. The total number of Whole Time Equivalents had risen by around 500 since last year. This was partly as a result of changes to the way in which maternity leave was recorded, which had not previously been incorporated into the WTE total.
2. The Trust had been issued with a performance notice by the PCT with regard to compliance with Same Sex Accommodation. Whilst there were no penalties set against this, penalties would apply in the future. The PCT had asked to see the Trust's action plan towards achieving compliance. Members requested more detail as to what areas the performance notice had been issued against.
3. There were currently 51 delayed discharges for Cambridgeshire. In order to complete the work for SSA compliance by March 2011, there would need to be two wards on rotation to continue with the deep-cleaning programme and planned refurbishments.
4. [Removed under Section 43 of the FOI Act.]
5. The Board was pleased to learn that two of the Trust's nursing teams had been finalists in the Nursing Times Awards, in the areas of Infection Control (with regard to enteral feeding) and Perioperative Care (with regard to supporting rehabilitation). The report's Appendix included an example of a Learning Disability Patient Passport which had also been submitted to the competition. The Board would like to congratulate the staff involved on their achievements.

Agreed

The Board agreed to work strategically towards addressing SSA compliance in tandem with addressing delayed discharges with the PCT. The two issues were tied together insofar as neither the capital nor the capacity required to address SSA issues were available so long as there was a high number of delayed discharges (i.e. above 15 cases for Cambridgeshire).

**Karen
Castille,
Craig Black**

(C) PERFORMANCE AGAINST PRIORITY OBJECTIVES (incorporating the Quarter 2 Performance Strategic Dashboard)

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

Noted

1. The Trust's performance rating for 2009/10 had been categorised by the Care Quality Commission (CQC) as being 'fair'. There was added pressure, in the light of this, on meeting the A&E and cancer targets.
2. There was currently significant disparity between the analysis of the Trust's performance provided by the CQC, and that provided by Dr Foster's Intelligence. This served to highlight the diverging approaches between analysis which relied primarily on process weightings, as with the CQC, and analysis focused on quality of outcome, as with Dr Foster. It would be meaningful to the public to discuss the Trust's rating of 'fair' within the broader context of the Trust's very high scoring Dr Foster results. Nevertheless, the Board did not wish to downplay the importance of meeting the A&E and cancer targets, which clearly impacted patient care and on quality of outcome. The CQC ratings would incorporate Patient Reportable Outcome Measures (PROMS) from 2010/11 onwards.
3. Local induction rates were discussed as an area for improvement. Mandatory training documentation would be recalibrated to reflect that some areas for refresher training would become biennial.

Agreed

It was important to provide a comprehensive picture of the Trust's overall performance at the quarterly Board of Governors' meeting to be held on 3

December 2009. The Board also agreed that a statement should be prepared, fully representative of the issues, for wider public scrutiny.

A seminar paper was being prepared for divisional directors on patient safety metrics performance objectives

(D) EFFECTIVENESS PROGRAMME (EP3): PROJECT UPDATE

Received the report of the Chief Nurse and Operating Officer and the Executive Director of Information Systems and Analysis.

Noted

1. A strong range of metrics was already in place for Effective Patient Care (EPC). Metrics for Effective Patient Workforce (EPW) and Effective Patient Partnership (EPP) would be finalised by December.
2. EPW metrics should help to highlight key opportunities for cost savings. Throughout the EPW initiative it would be important to first understand optimal processes prior to analysis of an optimal workforce.
3. Appendix Two contained proposed EPP metrics which were under discussion with senior clinicians. A cost-neutral impact had been assumed for EPP. However, EPP should lead to some important changes which would benefit patient care.
4. The headline statistic for EP3 was that the bed day savings rate was currently at 140 per annum (based on 79 having been saved for the year-to-date).

Agreed

The Board looked forward to seeing a report on the potential cost savings of the EP3 initiatives. Mr Barfield agreed to meet with Mrs Cousins and Mr Jarman-Howe to consider whether or not headline operational performance data could be presented in a clearer way, in relation to clinical excellence and to finance.

(E) MINUTES OF RECENT MEETINGS

Received and noted the minutes of the meeting of FOPC held on 29 October 2009.

261/09 INFECTION CONTROL

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

Noted

1. There had been 3 cases of MRSA during October, which took the year-to-date total to 14 cases, which was at the ceiling.
2. There had been 7 cases of *C. difficile* during October, which took the year-to-date total to 71 cases against a ceiling of 140. During November, there had been 12 cases of *C. difficile* attributable to the Trust. It was anticipated that the recorded rate of *C. difficile* could be augmented during the months in which increased testing was being undertaken (i.e. as a consequence of dealing with Norovirus).
3. [Removed under Section 40 of the FOI Act.]
4. Approximately 25% of nursing staff and 48% of medical staff had now received the vaccination for H1N1 pandemic flu. The vaccination programme continued for front-line staff, with a continued high uptake of available slots. Currently, it was estimated that 20% of H1N1 cases in the UK were hospitalised.
5. [Removed under Section 36 of the FOI Act.]

**Fran Cousins,
Ruth Murphy,
December 2009**

**Fran Cousins,
Richard Barfield**

Agreed

The Board was encouraged at the progress that had been made on the control of infection over recent years.

262/09 SERIOUS UNTOWARD INCIDENTS (SUIs)

Dr Jag Ahluwalia, Executive Medical Director, reported.

Noted

1. There had been no new SUIs during October or November. The last reported SUIs had occurred during September. Details of those still under investigation were shared. Two inquests were due to be held during December, one of which would underline the need to strengthen MDT (Multidisciplinary Team review) processes.
2. Members were pleased that the Patient Safety Learning Event had been open to all staff and had shared in detail the key lessons learned from recent SUIs.
3. CUH was one of four Trusts participating in the pilot project being led by the Boston Consultancy Group on Patient Safety. The Group would meet with a range of staff.
4. The results of the Patient Safety Survey would be received at the next meeting.

263/09 R2/THE LEWIN – REVIEW OF STROKE SERVICES

Dr Ahluwalia, Executive Medical Director, reported.

Noted

[Removed under Section 36 of the FOI Act.]

Agreed

The review would be ongoing and would follow through the eventual move of stroke services to neurosciences. Some of the issues concerning neuro-rehabilitation had been longstanding. These would be discussed in further depth by the Quality Committee.

264/09 POSTGRADUATE MEDICAL EDUCATION

Received the report of the Executive Director of Corporate Development.

Noted

1. The European Working Time Directive was currently under review by the Department of Health with regard to whether or not it was sustainable given the training limitations it imposed.
2. The Foundation Years 1 & 2 programme was under review by Medical Education England.
3. A national strategy document on the use of simulators in training was due in December 2009.
4. On 9 December interviews would be held for applicants for Health Innovation and Education Clusters (HIECs).
5. Dr Arun Gupta, Dean of Postgraduate Medical Education, was developing a regional training facility for anaesthesia, which should generate income.

265/09 STRATEGY AND FORWARD PLANNING

Keith Day, ACT Chief Executive, and Peter Dalton, ACT Director of Fundraising, joined the Board for Section 4 and to present Item 4.6, (ACT 2020 Vision Campaign Strategy).

**Quality
Committee,
February
2010**

Malcolm Nicholson also joined the meeting for Section 4 and to participate in the discussion on Item 4.3 (Hinchingsbrooke).

266/09 SITE-WIDE NAMING OPPORTUNITIES

Received the report of the Director of Estates and Facilities.

Noted

1. A list of members of the Naming Committee was tabled. Members included representatives from across the campus and from CUHP. Upcoming developments would clearly bring key naming opportunities of roads and of milestone locations. The locations were identified in the Appendix. These decisions should be made bearing in mind the range of factors laid out in the report, which included the principles of honouring philanthropic donations and recognising the service contribution of individuals.
2. It was suggested that wards should also be named which would help to make the environment more personal and easier to navigate.
3. The organisation of naming ceremonies should take account of marketing opportunities.

Agreed

The Board approved the recommendations made in the report and agreed to delegate authority to the Naming Committee for these decisions. Colin Greenhalgh would join the group.

267/09 CORPORATE STRATEGIC OBJECTIVES

Received the report of the Chief Executive.

Noted

1. Corporate strategic objectives had been discussed with the Governor/Director Forward Planning Working Group. The CIMA process set out at the Away Day had been agreed. Governors had approved of the term 'academic' being contained within the vision statement. Wherever possible, the longer version would be used, which included 'excelling in patient care, teaching and biomedical research'.
2. The NHS Operating Framework for the next three years was due to be published in December. There would be national debates over the next few months with regard to opportunities for horizontal and vertical integration. It would be important to steadily build congruence across the AHSC and the HIEC structures to support education, innovation and healthcare pathways at the regional level. These processes also need to inform the annual planning cycle for the Trust's own business plan, which should reflect the shared plans of CUHP.
3. Appendix One of the report had been discussed with divisional directors. A more focused understanding of what will be required in terms of capacity planning and extended working will start to emerge over the next few months in the light of the Operating Framework and of the outcome of the next general election. Theatres capacity needs would increase from 32 to 49 theatres over the next two years.
4. The key areas for guiding criteria for investment decisions were discussed, which included the need for EBITDA projections to be positive where possible.

Agreed

A smaller Working Group would convene under the leadership of Mr Graves to review the criteria for investment decisions which would be discussed with divisional directors. It was important to focus on patient safety and to consider clinical strategic factors. A paper would be presented at the next meeting.

**SG to
present at
February
board**

268/09 HINCHINGBROOKE

The Executive Director of Corporate Development reported.

Noted

1. The Pre-Qualification Questionnaire had been requested by 11 organisations. The SHA had reviewed our completed PQQ and had asked for clarification on a number of issues. [Section removed under Section 43 of the FOI Act.]
2. Mrs Hennessy was representing the Trust at public meetings at Hinchingsbrooke.
3. The corporate executive had met with divisional directors to discuss what approaches could be taken to pursuing the Hinchingsbrooke franchise. [Section removed under Sections 36 and 43 of the FOI Act.]
4. Hinchingsbrooke had received a low score for patient safety from the Dr Foster intelligence unit. The need to agree oversee assurance processes for clinical governance would be a significant responsibility.
5. [Section removed under Sections 36 and 43 of the FOI Act.]
6. [Section removed under Section 43 of the FOI Act.]

Agreed

1. It was necessary to evaluate per service the number of CUH consultants currently involved in service delivery at Hinchingsbrooke. [Section removed under Section 43 of the FOI Act.]
2. The Hinchingsbrooke sub-committee would continue to meet to evaluate service-delivery models and respond to the tender process.

269/09 THE ROSIE HOSPITAL NEWBUILD

Received a report from the report of the Executive Director of Corporate Development.

Noted

1. The Board had requested a comparable 'Next Best Option' (Option 3(c) at £22M) as an alternative to the preferred option (at £29.8M). The key differences between the two options were presented and discussed. The Next Best Option included the reduction of cot capacity from 58 to 44 cots, increased risks associated with higher occupancy levels, and the loss of a range of support facilities.
2. Factoring in a broad range of service interdependencies was fundamental to ensuring a successful newbuild. It was necessary to extend associated theatres and support services in tandem with increasing maternity and NICU capacity, to focus on improving working practices and to extend the research and teaching agenda.
3. It was felt that any reduction in the scale and quality of the newbuild would disproportionately and adversely impact donations and that a larger scale unit much above 60 cots would lead to difficulties with the relationship with carers.
4. The Board was pleased to note that it was planned to create a Chair of Neonatology, subject to the newbuild being approved, and that a world's first multimodal mother and baby imaging centre was also a priority.

Agreed

1. The Board approved the Full Business Case for the Preferred Option, subject to funding. The Preferred Option was recognised as the best design solution to meet the integrated service needs of maternity and neonatal services. In relation to the Trust's corporate strategic objectives, the case clearly met clinical needs and was in

line with the Trust's vision. The FBC would move forwards to full design and seeking planning permission.

2. [Section removed under Section 43 of the FOI Act.]
3. [Section removed under Section 41 of the FOI Act.]
4. Each 2020 Vision development would have its own campaign board. The Rosie campaign board sought the active involvement of all board members in supporting the fundraising process.
5. The Trust would apply to the SHA for transitional relief funding required during the build stage. It was hoped that a letter of endorsement from the SHA would be issued prior to the meeting of the FTFF on 17 December.
6. The Board agreed that working up the Next Best Option had been a valuable process.

270/09 STRATEGIC ISSUES

Received the report of the Chief Executive.

Noted

1. [Section removed under Section 43 of the FOI Act.]
2. The possibility of leading a new patient safety consultancy service at the regional level was being discussed with the SHA. It was important to be pro-active in co-ordinating strategic relationships. Mr Graves had been designated with the responsibility of overseeing and co-ordinating structured engagement with the SHA and would serve as the Trust's in-house Relationship Manager. The role was for the purposes of internal co-ordination and would not function in an external capacity.

**Stephen
Graves,
ongoing**

Agreed

1. Strategic items would be discussed at the next Away Day, with input from ACT with respect to capital planning.
2. Discussion of opportunities for a private hospital would take place at the next meeting.

**Gareth
Goodier,
February
2010**

**Stephen
Graves,
David
Smith
January
2010**

271/09 ADDENBROOKE'S CHARITABLE TRUST – 2020 VISION CAMPAIGN STRATEGY

Received the 2020 Vision Campaign Strategy.

Noted

1. The 2020 Vision Campaign Strategy provided the over-arching framework for fundraising for the Children's Hospital and for other major developments.
2. A draft statement (Appendix B) had been reviewed by the Executive.
3. Mr Potter and Dr Archer made it known that they were both Trustees of ACT. Mr Graves and Mrs Hennessy were members of the ACT's Fundraising Governance Committee in their personal capacity rather than as representatives of the Trust.
4. Informing Events for donors were an integral part of the fundraising strategy and a key opportunity to present the 2020 Vision for the future of the campus.
5. Members discussed the internal policies and governance arrangements in operation at ACT and offered to assist in reviewing those pertinent to the campaign. It was

confirmed that a policy mandating ethically-sourced donations was in place.

Agreed

1. It was important to assure donors of the commitment of the Board to taking major capital developments forwards. The Board should serve as a resource for the work of ACT and in particular should help to identify prospective donors.
2. A presentation would be given to Non-Executive Directors prior to the February Away Day. Significant time would be given to ACT at the Board's Away Day.
3. With regard to naming rights, ACT was in a position to make recommendations but it was the prerogative of the Trust to approve these.
4. [Section removed under Section 41 of the FOI Act.]
5. There were no formal lines of reporting from ACT to CUH, since ACT existed as an independent charity. In this context, it was essential to make the most of opportunities for open dialogue and strong communications between the two organisations.

272/09 BOARD EFFECTIVENESS – REVIEW OF BOARD ATTENDANCE ARRANGEMENTS

Received and noted the report of the Chairman.

The Board agreed with the Chairman's recommendation that the four non-voting directors reporting directly to the Chief Executive should attend all Board meetings.

273/09 FINAL MID-YEAR DECLARATION TO THE CARE QUALITY COMMISSION (CQC)

Received the report of the Assistant Director of Risk and Patient Safety.

Noted

1. Evidence of compliance with all 24 standards had been submitted. The declaration had also been reviewed by Professor Bobrow and Mr Greenhalgh, who had looked at sample data.
2. The Trust's formal registration with the CQC was underway. However, the Board was informed that the registration process had recently changed: more information on this would be available in January.

Agreed

The Board approved the Mid-Year Declaration to the CQC.

274/09 BOARD ASSURANCE FRAMEWORK

Received the report of the Trust Secretary.

Noted

The BAF would be reviewed by the Audit Committee and discussed at the following Board meeting.

Agreed

Executive directors agreed to comment on any areas missing from the current document.

275/09 CORPORATE GOVERNANCE FRAMEWORK – DOCUMENTS FOR APPROVAL

Received and approved the following two documents:

**ALL
January
2010**

1. The Scheme of Delegation
2. Quality Committee – Terms of Reference.

276/09 QUALITY COMMITTEE REPORT

The Chairman of the Quality Committee reported.

Noted

1. The reporting committee structure had been reviewed and simplified. The review of the John Farman Intensive Care Unit was ongoing.
2. The Committee remained concerned about the implementation of recommendations of the Pagano review, including the need to identify lead consultants. It was expected that a report on the progress made would be completed in February 2010.

277/09 FINAL AWAY DAY NOTES – 12 OCTOBER 2009

Received the notes of the Away Day held on 12 October.

Noted

The notes were agreed as a correct record.

278/09 DIARY OF RECENT EVENTS

Received the report of the Chairman and Chief Executive.

Noted

Dr Goodier was congratulated on the award of an honorary degree by Anglia Ruskin University.

279/09 CORRESPONDENCE FROM MONITOR

Received and noted the following responses from Monitor (NB. A corrected version was tabled):

Response to the CUHP self-certification – 17 November 2009

Response to the Downside Planning submissions – 19 November 2009

280/09 MEDICAL AND DENTAL SUSPENSIONS

There was nothing to report.

281/09 DIARY OF RECENT EVENTS

Received and noted the Diary of Recent Events of the Chairman and Chief Executive.

282/09 UPDATE ON THE PRIVATE PATIENT INCOME CAP

Received the report of the Chairman. The Chairman reported.

Noted

A modestly positive result had been achieved in relation to the Private Patient Income cap during the passage of the Health and Social Care bill 2009 through Parliament.

283/09 MEDICAL AND DENTAL SUSPENSIONS

There was nothing to report.

284/09 SEALING OF DOCUMENTS

There was nothing to report.

285/09 CHAIRMAN'S ACTIONS

There was nothing to report.

286/09 DATE OF NEXT MEETING

Tuesday 26 January 2010

287/09 ANY OTHER BUSINESS

Professor Sir Leszek Borysiewicz had been nominated as the next Vice-Chancellor of the University of Cambridge. Professor Borysiewicz was presently Chief Executive of the Medical Research Council. Subject to the approval of the Regent House, the University's governing body, he would succeed the present Vice-Chancellor, Professor Alison Richard, at the end of her seven-year term on 1 October 2010.