

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of **CUH'S BOARD OF DIRECTORS** held on Tuesday 23 February 2010 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 C Black
- Prof M Bobrow
- Dr K Castille
- Mrs F Cousins
- Mr S Graves
- Mr C Greenhalgh
- Mrs B Hennessy
- Mr R Howe
- Mr D Jones
- Mr J Potter
- Prof J G P Sissons
- Mrs R Murphy
- Prof P Troop

IN ATTENDANCE: Ms E Taylor (Board Secretary)

APOLOGIES: Mr R Barfield
Mr D Smith

		Action & Target Date
37/10	<p>A PATIENT'S STORY</p> <p>Mrs Murphy, Director of Communications, read out a letter from a member of staff who provided details of a number of concerns about their recent experiences as an inpatient. The case was being actively investigated.</p>	
38/10	<p>MINUTES OF THE BOARD MEETING HELD ON 26 JANUARY 2010</p> <p>The minutes were agreed as a correct record, subject to the following corrections:</p> <p>Minute 03/10 (B) Noted Point 2:</p> <p>[Section removed under S.43 of the Freedom of Information Act.]</p> <p>Minute 04/10 (D)</p> <p>The words "would be capped to fair" would be replaced by "could be capped to fair".</p> <p>Minute 07/10 Agreed Point 2:</p> <p>The words "had fallen to fair" would be replaced by "could be capped to fair".</p> <p>Attendance:</p> <p>Mr Black, Mrs Murphy and Mrs Hennessy had also been present.</p>	
39/10	<p>MATTERS ARISING</p> <p>(A) Monitor Board-to-Board meeting (minute 04/10)</p> <p>The Chief Executive reported.</p>	

Noted

The Trust was not in breach of its Terms of Authorisation as a result of its recent failure to meet the 4-hour A&E target. Written confirmation of this would be received from Foundation Trust regulator, Monitor, in the next few days.

(B) Statement on Care Quality Commission Ratings (minute 07/10)

Agreed

The Director of Communications would manage the internal communications process in the event of the CQC ratings deteriorating.

RM;
ongoing

40/10

REPORT FROM THE FINANCE, OPERATIONS AND PERFORMANCE COMMITTEE 18 FEBRUARY 2010

Received the tabled Outcomes Summary of the meeting held on 18 February. The Chief Executive (Chairman of FOPC) reported.

Noted

1. Performance monitoring showed that the Trust was at risk of failing on the 4-hour A&E target. Performance against cancer targets and Delayed Transfers of Care (DTOCs) had improved.
2. The Quality Committee would review Stroke Services at its next meeting.
3. The budget for Same Sex Accommodation (SSA) compliance plans was discussed. The proposal was to spend £618K on SSA works during 2009/10; the remainder had been allocated to the core capital programme for 2010/11. In order to take account of the views expressed by the Board on 26 January, it was recommended that the deep-clean programme should continue for three months before SSA-related refurbishment recommences. The Board noted recent correspondence from Monitor stating that 'no payment' would be received for care that was not SSA-compliant. [Secretary's Note: At JCCE on 16 March, it was noted that the Trust had a legally defensible position to insist on payment.] The adverse impact of DTOCs on the Trust's ability to maintain a safe decant ward (required as part of the action plan) remained a significant concern which needed to be discussed with Monitor.
4. The WLI action plan was recommended to the Board. Although the full costs of extended working had not been quantified, long-term it should prove more cost effective to manage activity within the staff establishment, moving away from an over-reliance on premium rates and private sector sub-contracting. The Board nevertheless remained mindful of the risks of increasing expenditure without increasing productivity: a process was therefore being followed at the divisional levels to reduce this risk, through agreeing the right methodologies. This would include addressing inequities across the system and using 'annualised output' as the basis for consultant contracts (an approach suggested by NHS Employers). One suggestion by some of the consultant body in order to 're-professionalise' the job planning process was to offer 11 PAs as the standard contract. Another issue discussed was the need to increase the operational flexibility required to optimise consultant time.
5. The devolution of medical staffing budgets was discussed. This was a very significant step towards further equipping divisional management. Divisional directors were concerned that medical staffing budgets, in particular those for junior doctors, were currently too complex to responsibly devolve. It was also thought to be inexpedient to devolve only the consultant budgets, since the two sets of budgets were best managed in tandem rather than under separate systems.

Agreed

1. EP3 priorities as recommended to the Board by FOPC were agreed
2. The Board approved the WLI action plan. Its implementation would be monitored by the Joint Clinical and Corporate Executive and by FOPC.
3. The SSA proposals were approved as outlined in the report. Any alterations to the SSA timetable would require Board approval. [NB. Page 4 of the FOPC summary was corrected to read 'virtually compliant', rather than 'partially compliant' with SSA guidance.]
4. Whilst medical staffing budgets would not be devolved to divisions by 31 March, the budgetary devolution remained the agreed direction of travel.
5. More divisional data would be included in future finance reports.

JCCE;
FOPC
ongoing

Finance
and
Medical
Staffing,
ongoing

DS,
ongoing

41/10

FINANCIAL PERFORMANCE REPORT AND COMMISSIONING UPDATE

Noted

1. The 2010/11 commissioning contract with the PCT would incorporate a stretch target for the reduction of MRSA. Applying the national algorithm provided a ceiling of 10 cases. An outturn of 15 cases of MRSA was projected by the year-end for 2009/10. It was proposed that 12 cases, i.e. one avoidable bacteraemia per month, should be negotiated as the new ceiling.
2. Application of the national algorithm for the *C. difficile* ceiling yielded a figure of 187 cases, which was above the projected outturn of 130 cases for the year-end. It was felt that from both a clinical and moral perspective the Trust should apply a stretch target. Some members suggested achieving this through internal targets.

Agreed

The Board agreed to the Executive negotiating the *C. difficile* ceiling as part of the PCT contract for 2010/11.

Executive
team,
March
2010

42/10

PERFORMANCE AGAINST PRIORITY OBJECTIVES

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

Noted

1. The 18-week target action plan had been discussed.
2. It had been agreed that a report on Methotrexate errors would be reviewed at the next meeting of FOPC.

JA, FOPC
25 March

43/10

MINUTES OF RECENT MEETINGS OF FOPC

Received the minutes of the meeting of FOPC held on 21 January 2009 (agreed 18 February 2010) and the updated FOPC Terms of Reference.

Agreed and noted

The revised FOPC Terms of Reference were approved, subject to the amendment that membership would not include the Chair of the Audit Committee.

44/10 WAITING LIST INITIATIVE SPEND

This item was discussed as part of the FOPC summary.

45/10 INFECTION CONTROL REPORT

Received the report to 31 January 2010 and the MRSA Screening BAF report.

Noted

1. There had been 11 cases of *C. difficile* during January, and the year-to-date total stood at 105 cases. Page 6 of the report outlined the progress of the deep-clean programme.
2. During January, there had been two post-48 hour cases of MRSA. There had been one case of MRSA during February, to date. This brought the year-to-date total to four cases below the year-end ceiling.
3. There was currently one suspected case of H1N1. The staff vaccination programme was being re-energised and opened up to non front-line staff.
4. One bed had been lost due to the Norovirus since the start of February, and one ward (Ward D5: Hepatology) had been closed due to an MRSA outbreak. The MRSA outbreak had been reported to the PCT and Ward D5 had been re-opened after bay-by-bay deep-cleaning. It was noted that the DH had recommended investment in single-patient disposable blood pressure cuffs, to reduce transmission of infection. This would apply a cost pressure of £200K per annum.

Agreed

1. The Executive would review the information to be included in future aggregated Patient Safety reports.
2. The next FOPC meeting would include an update on Venous Thrombo-embolism assessment, which would be informed by the audit currently underway.

46/10 SERIOUS UNTOWARD INCIDENTS (SUIs)

The Executive Medical Director reported.

Noted

The recent outbreak of MRSA on Ward D5 had been reported to the PCT as a SUI.

Executive, Board 30 March;
FOPC 25 March

YEAR AHEAD ACTIONS – REPORT BACK FROM AWAY DAY

The Chief Executive reported.

Noted

1. The Executive was thanked for the high-quality information provided at the Away Day held on 22 February. The day was a valuable opportunity to review work underway to reconcile activity estimates with the realities of demand. Expert input from Boston Consultancy Group (BCG), sponsored by Monitor, had helped to develop high-level operational tools for clarifying the Board's major areas of focus on improving patient safety. These areas included re-allocation of medical and nursing staff, investing in junior doctor engagement, and continuing patient safety walkabouts.
2. The afternoon session with ACT had enabled useful discussion of the fundraising strategy in relation to clinical priorities and the sequencing of the 2020 developments. It had been beneficial to meet with the Trustees. The 2020 Co-ordinating Committee would continue to work collaboratively across ACT, CUH and CUHP.

3. [Section removed under S.43 of the Freedom of Information Act.]

Agreed

1. [Section removed under S.43 of the Freedom of Information Act.]
2. [Section removed under S.41 of the Freedom of Information Act.]
3. The recommended action charters developed in partnership with BCG would inform the work programme of the Patient Safety Executive. The Board would be regularly updated on progress against the objectives.
4. The measures required to reduce expenditure and bridge the remaining Cost Improvement Programme gap in the 2010/11 budget were being actively developed in close partnership with each of the divisions. Where unidentified CIP remained, a reduction in headcount would need to be considered.
5. Investing in junior doctor engagement was a key priority. Educational methodology also needed to be adapted to reflect the relative paucity of hours resulting from the European Working Time Directive.
6. The Board recognised the continued need to take a blended approach towards investing in both its tertiary and secondary care services. The Trust's ability further enhance its tertiary services was broadly contingent upon ensuring upper decile efficiencies across secondary care services.

**JA/G.
Pascoe /S.
Robinson**

**Executive
with
divisions**

CIMA SCORECARD – UPDATE THE STRATEGIC POSITION

Received the report of the Executive Director of Corporate Development.

Noted

It was recommended that a 'blended model' balancing tertiary and secondary services (discussed above) should be explicitly addressed and that this balancing should be understood as being a perpetual process. A core objective was clearly to provide an excellent standard of care across all services, and it was important to articulate this. Strategically, however, the organisation should aspire to focus on developing its tertiary services.

Agreed

1. The process of updating the scorecard, and a suggested time-table for updating the Board, was agreed. It was recognised that the EP3 initiative

was integral to delivering the business model.

2. The Board agreed to remove the 'CIMA' reference from the strategic scorecard, since the document belonged to the Trust. The guiding principles outlined on page 2 would continue to inform the priorities for Executive focus. The scorecard would be updated for the July Board meeting, following the general election. Many of the objectives would be reflected as part of the Annual Plan for 2010/11.

**July Board meeting;
executive to be assigned**

49/10

STRATEGIC ISSUES

Received the report of the Chief Executive and the Terms of Reference for the Pathology Sub-Group and the Private Hospital Sub-Group.

Noted

1. [Sentence removed under S.43 of the Freedom of Information Act.].
2. The Board acknowledged the Chief Executive's investment of time in developing entrepreneurial activity. More needed to be done at the Executive level to support entrepreneurship. This included the need to reinvigorate the International Activities Committee, through updating its Terms of Reference and increasing its membership. This Committee would serve to facilitate income-generating opportunities. The Board agreed to hold an open debate with regard to the cost benefits and governance processes surrounding this work. The Trust Secretary also noted the need to remain compliant with the NHS Act 2006, which stipulated that all activity should support the Foundation Trust's principal purpose, which was the provision of goods and services for the purposes of health services in England.
3. Guidance from Monitor recommended that project-related task and finish sub-groups of the Board should have a majority membership of Non-Executive Directors.

Agreed

1. The Terms of Reference for the Private Hospital Sub-Group were agreed. In selecting NEDs to sit in this group, the Trust needed to consider input from the NEDs who were yet to join the Board rather than ones who were about to step down. The Terms of Reference would be expanded to include as a general duty the need to actively tap into the market, by 'examining the market for regional, national and international patients'. The frequency of the meeting would be 'monthly, or as required'.
2. Dr Archer would join the Private Hospital Sub-Group in her capacity as a Non-Executive Director.
3. The Private Patient Income Cap was recognised as a potential hurdle for the private hospital and the Board would remain mindful of this as part of its resource- planning.
4. Following discussion as to whether or not the Private Hospital Sub-Group should be part of a broader umbrella group geared towards entrepreneurship, it was decided that it would be best to operate single issue groups (such as the Hinchingsbrooke Working Group) that were time-bound.
5. The Terms of Reference for the Pathology Sub-Group were agreed.
6. The Terms of Reference of the International Activities Committee would be reviewed to ensure adequate executive input into entrepreneurial initiatives.
7. Synergies with CUHP's objectives should be part of the consideration of entrepreneurial activities. Mr Davies, Chief Operating Officer of CUHP,

would therefore be part of these discussions.

8. Any international programme being pursued would need to take into account associated reputational risk.

50/10

OCCUPATIONAL HEALTH – REVISED BUSINESS CASE

Received the report of the Chief Nurse and Operating Officer.

Noted

1. [Section removed under S.43 of the Freedom of Information Act.]
2. A fully worked-up business case had been refreshed and the return on investment time-scale had been shortened to eight years, taking into account efficiencies and opportunities to provide OH services in partnership with other organisations. The income assumptions provided a positive Net Present Value.
3. [Section removed under S.43 of the Freedom of Information Act.]

Agreed

1. The Board approved the revised business case presented.
2. Occupational Health services would need to be run as a business unit and overseen by a Chief Operating Officer.

51/10

HINCHINGBROOKE

Received the report of the Executive Director of Corporate Development and the Executive Director of Finance.

Noted

The Trust had withdrawn from the bidding process for the Hinchingsbrooke franchise as a solo bidder.

Agreed

The Trust remained open to opportunities to support a private sector partner in the operation of the Hinchingsbrooke franchise.

52/10

CAMBRIDGE UNIVERSITY HEALTH PARTNERS (CUHP) – DRAFT BUSINESS PLAN

Received the report of the Executive Director of Corporate Development

Noted

1. The business plan identified the resources required to mitigate shared risks across the CUHP members. As a result, the plan had a bearing on the Trust's resources. Mr Davies, Chief Operating Officer of CUHP, would attend the Board meetings of the two other partner organisations and would produce a final draft Business Plan for CUHP for review at its next meeting on 18 March.
2. A core objective of the CUHP was to retain its AHSC designation. The remainder of the plan was not prescriptive and its implementation would rely on the discretion of CUHP members.

Agreed

1. CUHP was not empowered to commit CUH to financial expenditure without its explicit approval.

2. The Board delegated final approval of the CUHP business plan to the Chairman and Chief Executive of CUH.
3. The Board thanked Mr Graves, Professor Troop, Dr Alderton and Mr Ashelford for their work in reviewing the business plan on behalf of CUH.

53/10

PROPERTY ISSUES

(A) CAMBRIDGE CENTRE FOR APPLIED LEARNING

Received the report of the Director of Estates and Facilities.

Noted

1. On 26 May 2009 the Board reviewed proposals for an Applied Learning Centre for 14-19 year olds and recommended working up a Full Business Case. [Section removed under S.41 of the Freedom of Information Act.] The Board remained committed to the direction of travel towards developing a Learning Centre and it was intended that the Centre would provide training for ancillary staff in an NVQ environment.
2. The current locations of Learning Centres 1 and 2, shown in the Appendices, were considered and three options were compared. [Section removed under S.43 of the Freedom of Information Act.]
3. The bid of the Cambridge Regional College had been successful. The proposed site did not compromise the masterplan, and would generate income for the Trust [sentence redacted under S43 of the FOI Act].
4. Development of the Learning Centre would be pursued under the umbrella of the Health Innovation and Education Cluster. Members asked whether this meant the project could be undertaken on a risk-share basis.
5. The County Council's deadline for opening the Learning Centre was September 2011.
6. There was still scope to widen the remit of the Learning Centre and to incorporate space for clinical skills training. This would need to be factored into the design specification, so that there could be separate entrances and fire exits for different cohorts.
7. There would be no additional parking provision as part of this scheme.

Agreed

1. Members cautioned against further delays to developing the proposed Applied Learning Centre [sentence redacted under S.36 of the FOI Act]. Development of a Learning Centre was an important collaborative project with the County Council, since it would provide young people in the local community with vocational career pathways.
2. The relocation of LC2 to a floor of the Learning Centre, would be considered as part of the Capital Programme for 2010/11 [sentence redacted under S.43 of the FOI Act.] Until then, the Board favoured the more economical approach outlined at Section 7.1.3.2 of the report, which recommended that LC2 be relocated to an adjacent residential building.
3. The Board sought assurance that the courtyard approach and space for bike sheds were going to be incorporated, since the developer's brochure did not appear entirely consistent with the masterplan.

(B) CAMBRIDGE FERTILITY CENTRE

Received the report of the Executive Director of Corporate Development.

Noted

1. The report presented the marginal costs for the development of a Fertility Centre, which did not factor in the salaries of existing members of staff.
2. Section 6 of the report outlined an action plan which could be pursued in the event of not winning the tender. There were currently 3 to 5 service provider competitor applicants for the East of England.
3. The Fertility Centre could undertake private work which would count against the Private Patient Income Cap, which was currently under-spent. [Sentence removed under S.43 of the FOI Act.]
4. The Fertility Centre Business Case had been examined and approved 'in principle' by the Investment Board in 2008.

Agreed

1. The establishment of a Fertility Centre would have a bearing on the integration of fertility services and continuity of care (although some low-risk pregnancies would be delivered elsewhere).
2. It was intended that the Fertility Centre be run profitably as a business unit.
3. The Board agreed to enter into a lease in accordance with the Heads of Terms in Appendix 2.

AA to circulate decision trail for reference

54/10

DEVELOPMENT OF PROTON BEAM THERAPY

Received a report from the Executive Director of Corporate Development and the Assistant Director of Planning and Development.

Noted

Submission of an application to support a proton beam therapy facility was required by 12 March by the DH.

Agreed

1. The Board approved the submission of the Trust's expression of interest in acquiring proton beam therapy facilities.
2. Governors would be briefed about this application at the next Governor/Director Working Group on Forward Planning.

SG, next Forward Planning Group meeting

55/10

REPORT OF THE CHAIRMAN OF THE AUDIT COMMITTEE

Received the report of Chairman of the Audit Committee, including the minutes of the last meeting and the Terms of Reference.

Noted

1. The Terms of Reference had not been changed, but had been included for annual review and approval by the Board.
2. At its last meeting, the Committee had discussed the issue of financial controls. A recent audit had shown a relative lack of appropriate controls in relation to Waiting List Initiative spend. During the debate, the Chief Executive recommended that a range of similar 'deep-dive' audits be undertaken on a regular basis, as opposed to relying primarily on a sampling approach. High-risk areas of expenditure needed to be audited in-depth. Mr Potter, Audit Committee Chairman, and Mr Smith, Executive Director of Finance, were discussing this with the auditors.
3. It was recommended that in general, identified risks should have a single

63/10 CHAIRMAN'S ACTIONS

There was nothing to report.

64/10 DATE OF NEXT MEETING

Tuesday 30 March 2010

65/10 ANY OTHER BUSINESS

Quality Committee

The Chairman of the Quality Committee reported.

Noted

1. The Outpatients Department facilities were overcrowded and clinics tended to be over-booked, leading to long waiting times for patients on the day of their appointment. Activity had continued to rise and capacity was under immense pressure. The Committee had agreed to escalate this issue for the urgent attention of the Board.
2. Review of the implementation of recommendations following the Pagano Case had shown improvements were still to be made in the area of lead consultant identification. A recent audit revealed a lack of congruence between the five main sources of data identifying a patient's lead consultant, which averaged at 98% congruence across two primary sources, but at only 77% across all five sources, including the HISS.

Agreed

The Board noted the issue of Outpatients overcrowding and agreed that the Quality Committee should examine this in greater depth at its next meeting.

360 degree reviews

Noted

The response to requests for 360 degree peer reviews of Non-Executive Directors (excluding new NEDs Professor Troop and Mr Barfield) had been relatively poor. The web-based questionnaires would be available to the end of the month, and directors were encouraged to respond to requests to provide reviews.

**Quality
Committee
12 May
2010**