

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of the **BOARD OF GOVERNORS OF CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST** held on 15 April 2010 at 17.30 in the Hexagon, Frank Lee Centre, Addenbrooke's Hospital.

PRESENT:

- Dr Mary Archer
- Mrs J Ewer (Public Governor)
- Mr D Adlam (Staff Governor)
- Mr M Bright (Patient Governor)
- Dr S Bullivant (Patient Governor)
- Mr C Carr (Staff Governor)
- Mrs M Chaloner (Patient Governor)
- Mr R Cockman (Public Governor)
- Mrs P Dansie (Public Governor)
- Mr A Dasgupta (Advisor)
- Dr M Davies (Partnership Governor)
- Ms M Donnelly (Partnership Governor)
- Mrs G Francis (Public Governor)
- Mrs M Hart (Patient Governor)
- Prof D Humber (Partnership Governor)
- Prof A Lever (Partnership Governor)
- Mrs R May (Staff Governor)
- Prof A R Michell (Patient Governor)
- CIr T Orgee (Local Authority Governor)
- Mr J O'Sullivan (Staff Governor)
- Mrs G Pharaoh (Patient Governor)
- Mr R Quince (Advisor)
- Mr E Revell (Public Governor)
- Mr A Roberts (Patient Governor)
- Professor P Smith (Public Governor)
- Ms C Young (Partnership Governor)

APOLOGIES:

- Mr C Greenhalgh (Senior Independent Director)
- Mr D Smith (Director of Finance)
- Dr J Nicholls (Partnership Governor)
- Professor P Troop (Non Executive Director)

IN ATTENDANCE:

- Dr A Alderton (Trust Secretary)
- Dr J Ahluwalia (Executive Medical Director)
- Mr C Black (deputising for Mr D Smith)
- Dr K Castille (Chief Nurse and Operating Officer)
- Mrs F Cousins (Executive Director of Information Systems & Analysis)
- Mr S Graves (Executive Director of Corporate Development)
- Mrs R Murphy (Director of Communications)
- Mr F Rogers (Head of Public Engagement)
- Mrs Rachel Slade (ACTIVE Co-Ordinator)
- Mr Jo Farncombe (ACTIVE Web Editor)
- Joel Finbow (Deputy Chairman ACTIVE)
- Oscar Newlove (Chairman, ACTIVE)
- Mrs C McLaughlin (Minute Secretary)

01/10 WELCOME

The room had a new style layout and it was hoped that seating the public closer to the Governors would be more conducive to the meeting.

Professor Patrick Smith, who had an academic and commercial background, was welcomed to his first meeting. He had replaced Brian Gerbaldi following the latter's resignation.

02/10 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the previous meeting held on Thursday 3 December 2010 were agreed as a correct record.

03/10 MATTERS ARISING FROM THE MINUTES

Strategic Developments (Minute 59/09 – iv)

Whilst the loan request from the Foundation Trust Financing Facility to build the new wing to the Rosie had been successful; fund raising would also take place as money generated would reduce the demand on exchequer funding. However, the extension could now commence without being entirely dependent on charitable sources.

Strategic Developments (Minute 59/09 – v)

The relocation of Papworth Hospital to the Biomedical Campus had been approved. The HIEC (Health Innovation and Education Cluster) bid which had been submitted by CUHP had been successful. In addition to the CUHP members (CUH, the University, Papworth and Cambridgeshire and Peterborough NHS FT) it also brought in other partners: Anglia Ruskin University the PHG Foundation, Cambridgeshire Community Services, Eastern Region Biotech Initiative, Health Enterprise East and the West Suffolk Hospital.

The main objective of HIECs was to strengthen NHS provision of education across the board and in particular nurse, AHP and medical education.

04/10 ANNUAL REPORT FROM ACTIVE

Oscar Newlove and Joel Finbow reported, supported by Jo Farncombe and Rachel Slade.

Noted

- (i) A new website, aimed at children, had been designed and was due to be launched in June.
- (ii) The website would be accessed via the main Addenbrooke's website and divided into three sections. For patients aged six and under, the site would be very image-based with bright colours for use by children in conjunction with their parent/carer. To engage children aged six to twelve years, a different section showing cartoon characters and 'bubbleloons' would be developed and a third section would be developed for those aged twelve to eighteen with an emphasis on music and popular culture.
- (iii) The objective was to create information specifically aimed at children to help allay their fears. Lots of photographs had been taken which would be included. The website would be interactive and would encourage children to ask questions and provide feedback. It would also include a "comment of the month". It was also intended to support children with ongoing care needs, for example diabetes.
- (iv) The site required extensive user testing, which ACTIVE members were undertaking to ensure it fulfilled their brief.
- (v) A new leaflet was being designed targeted at children who were scheduled to have an operation. In addition a new group, ACTIVE Readers, had been created

to review leaflets aimed at children

- (vi) The D2 garden was to be redesigned. ACTIVE and D2 staff had met and discussed the requirements and as part of those discussions it had been agreed to use artificial grass.
- (vii) ACTIVE members had been involved in a "taste test" and had provided their views on the new menus.
- (viii) The group had undertaken visits to A&E and Clinic 6 and given their feedback to staff in those areas.
- (ix) The Board thanked Rachel Slade, who was leaving the Trust, for all her support and contribution to ACTIVE.

Action: Letter of thanks to be written to Rachel Slade

05/10 FINANCE

- (A)** Report by Eric Revell, Deputy Chairman, on behalf of the Governor/ Director Working Group on Governance and Assurance.

Noted

- (i) An additional meeting had recently been held, dedicated to a discussion regarding the Trust's financial position. The November finance report had shown a £1.3m surplus and £900k for contingency purposes. However, a £3.9m deficit was expected by the end of the 2009/10 financial year. The reasons for this situation were:
 - A shortfall in GP referrals which had an adverse effect on income; the reason for this activity reduction was unknown. However, it was noted that in future the PCT intended to reduce the number of GP referrals and increase GP care through a range of medical services.
 - There had been an increase in length of stay, and these costs could not be reclaimed.
 - The situation with delayed discharges had not improved. Paul Zollinger Read, the new CEO of NHS Cambridgeshire, was trying to improve the situation. He regularly visited the Addenbrooke's wards and spoke with staff.
 - The number of WTE staff had increased by approximately 579 between April 2008 and December 2009. Despite excellent new IT systems and HR procedures the reason for this was unclear. The situation needed to be understood as it was an inappropriate response to activity levels.
- (ii) If there was not sufficient activity the approaches the Trust was taking to address this were:
 - Vacancy freeze – there was an Executive Committee to identify which positions were essential to replace
 - Voluntary Severance Scheme - staff had until 6 May to register an interest and approximately forty staff had registered (as at 15 April 2010). Doctors in training and those not funded by the Trust, for example ACT employees, were not eligible to apply.
 - Compulsory redundancy. It was hoped that as a consequence of the first two steps, very few compulsory redundancies would be necessary.

- (iii) There had been a reduction against plan in the number of patients treated, but length of stay had increased. The amount of income varied depending on the amount and type of activity, but costs were very influenced by length of stay. Allied to this were the problems associated with delayed transfer of care.
- (iv) The PCT was very conscious of good patient care and good value for money. As old people represented half of all inpatients, the PCT were working jointly with Community Care and the County Council to ensure these patients had the appropriate social and support care on discharge. It was anticipated this would reduce length of stay as they required ongoing social, rather than continuous medical, care. Paul Zollinger Read was very focused on this issue and had regular contact with the Trust.
- (v) The Trust needed to plan to be able to manage any income reduction during the next few years. A fundamental issue was activity versus capacity. During the winter months the hospital was full to capacity; this often resulted in patients being situated on incorrect wards which impacted on their care pathway and length of stay.
- (vi) Two staff meetings had recently been held, at which the financial and recruitment situation had been explained. The intention was to try and redistribute the workload to compensate for the hold on vacancies.
- (vii) The Trust had a 10% annual staff turnover, which equated to approximately 700 staff. The intention by the end of the year was to reduce the headcount by 400-500. It was anticipated that this would be achieved mostly through natural attrition and voluntary severance. In the corporate central management cost improvement measures of 20% of the pay budget had been set and in the clinical areas 7%.
- (viii) The intention was to change the approach to elective procedures by bringing patients in on the day of surgery and to increase day surgery activity. The target set of creating 120 spare beds through a reduction in length of stay had resulted in 90 being achieved. However, this number would have been 109 if it had not been for delayed discharges.
- (ix) The idea was put forward that if reduced activity was anticipated, the Trust might consider a staged withdrawal of some unprofitable services. However, as a tertiary hospital this would not been possible as the Trust was obligated to provide a comprehensive profile.
- (x) Discussions were being undertaken with Neurosciences regarding spinal services and potential opportunities as a result of a lack of capacity in other hospitals. The current tariff for this activity was potentially very profitable and the desire of the Trust was to increase its market share in this area.
- (xi) The PCT was reviewing the extent that work carried out in an acute setting needed to be continued in that location. For example, could it be performed by primary clinicians with support from secondary and tertiary clinicians for diabetic patients. The PCT was discussing this concept with all their providers, including Addenbrooke's.

- (xii) The Board of Directors and the Board of Governors were concerned about the financial deficit and were fully aware of the potential for this to escalate and acknowledged that the next three years would be particularly challenging.

06/10 PERFORMANCE

Update from Mrs Frances Cousins, Executive Director of Information Systems and Analysis.

Noted

- (i) The report showed a number of areas that had a "green" status, including the excellent work on the reduction of *Clostridium difficile* and MRSA bacteraemia. However the focus was on those with a "red" and "amber" rating.
- (ii) Despite significant efforts from the A&E team, the whole organisation and the PCT, A&E had not met their target by 0.1%. Monitor's reaction to this had resulted in Executive and Non-Executive Directors being invited to a Board-to-Board meeting to explain future plans to meet the target.
- (iii) An action plan had been developed and focused on the point at which a decision was made to admit a patient. This live action plan was updated weekly and a live monitoring tool was monitored three times daily in the Operations Centre. Currently A&E were achieving the 98% target.
- (iv) The 62-day cancer target related to the number of days between a patient being referred by their GP and the patient's first treatment. This target currently had a red status. However, the permitted process of patient reallocation was undertaken at this time of year and at the end of this it was anticipated that the target would be met.
- (v) The outpatient 13-week target related to a previous problem with clinical genetics and this had now been resolved.
- (vi) Length of stay had improved, but the Trust was reporting the status as red. The move to day admission units and the PCT project in relation to delayed discharges should improve this situation.
- (vii) As a result of a detailed patient costing system, unexplained variations could be reviewed. This related to patients with similar conditions, but who had differed in the way they were treated, including the number of tests requested. As a result of discussions with clinical directors it had been agreed that where clinically appropriate, the number of tests would be reduced without compromising patient care. An example of this was the removal of a clotting screen test from the order set. This had resulted in a £500k annual saving.
- (viii) Whilst it was acknowledged that day case surgery needed to improve the Trust had positioned itself in the challenging upper decile target against thirty other hospitals at this level. Some specialities, for example gynaecological procedures, were carried out as outpatient procedures, whereas other hospitals performed this as day surgery. This meant the Trust was actually ahead of the national performance curve, but this was not reflected in the figures and the Trust was therefore now using the British Association of Day Surgery targets to measure its performance.

- (ix) There was a dilemma for patients and surgeons whether to “take” a bed whilst it was available, rather than waiting to admit on day of surgery. A cultural and behavioural change was required, particularly as additional theatres were planned for the ATC to meet capacity constraints.
- (x) The ATC day surgery unit was due to open in May and subject to capital funding approval, another larger one was due to open during October in J3.
- (xi) The number of cancelled operations had remained low, which was excellent.
- (xii) Putting Patients First was an initiative to ensure patients received the best care pathway by looking at patients from admission through to their discharge.

07/10 PATIENT EXPERIENCE

- (A)** Report from Mrs Maureen Hart, Chairman, on behalf of the Governor/ Director Working Group on Membership and PPI.

Noted

- (i) A comprehensive report on the results of the recent survey had been received from Brenda Hennessy. Overall 96% of patients considered the Trust had met or exceeded their expectations.
- (ii) It was acknowledged that the “Meet the Governors” events were not working, but that the Focus Groups were well attended and engaged both the patients and public. Governors were now giving talks to organisations such as the Over 60s and the Women’s Institute.
- (iii) It was important to continue the relationship with LINKs and Gill Francis was thanked for her involvement. Unfortunately she was unable to continue as a representative and Tony Roberts was thanked for replacing her in this role.
- (iv) There had been a discussion regarding the “nurses allocated to bays” pilot which was due to commence in April and also the new Steamplicity food service. There had also been discussion regarding the effectiveness of the Board of Governors, but as this was only discussed prior to the Board of Governors’ meeting, feedback would be provided at the next meeting.

- (B)** Response from Mrs Brenda Hennessy, Director of Patient Experience and Public Involvement.

- (v) The recent survey had shown that patients’ main complaint was in relation to simple discharge. Karen Castille was coordinating a team focused at improving this situation, which could improve length of stay by half a day. Another problem area was noise at night and the Trust was working with Angela Thompson, the Assistant Chief Nurse, to target those wards that had been highlighted as being noisy.
- (vi) In regard to the local outpatient surveys, copies were available of both the national and local surveys that had been undertaken and there was close correlation between the two. Overall patients were satisfied with the interaction with clinical staff, although there were criticisms pertaining to

information and results delays. However, it was anticipated that the newly installed screens in the clinics would assist with some of the complaints.

- (vii) The Focus groups had been very successful and clinicians who had been involved in moving services into the community had requested in future this engagement with patients in the process. A recent rheumatoid focus group had been attended by sixty patients and every rheumatoid consultant. Another focus group with Urology had also been very successful.
- (viii) The Trust noted the concern expressed by governors that when there were financial constraints, the aspects of nursing care which made a difference to the patient experience, such as staff getting to know the patients, should not be compromised.

Agreed

In future the graphs would show previous years' data to enable trends, such as seasonal variation, to be identified.

Action: Brenda Hennessy

08/10 INFECTION CONTROL

Received: Update on infection control

Dr Jag Ahluwalia, Executive Medical Director, reported.

Noted:

- (i) An extensive programme, led by the office of the Chief Nurse, had been undertaken on infection control retraining for staff involved in the ward care of patients.
- (ii) The Trust had been set a ceiling target for 2009/10 of 24 MRSA bacteraemias and there had only been 20 cases, which represented a 31% reduction compared to last year. Clostridium difficile had a ceiling target of 240 and up to March there had only been 126 cases, compared to 296 last year, which represented a 51% reduction. Staff were thanked for this achievement, particularly ward staff, the Infection Control team and the Deep Clean programme.
- (iii) In respect to hand hygiene, the aggregate figures were very positive with 98% compliance. In areas where performance was less than 95%, the staff had been retrained. The programme required a significant investment, but resulted in tangible benefits for the patients.
- (iv) There had been a renewed focus at a national level regarding VTE and there was a requirement for all patients (except in obstetrics and paediatrics) to be risk-assessed and where appropriate for VTE prophylaxis to be given. A recent audit had shown that 65% of patient notes had VTE RAM, but that only 38% had been fully completed. 71% of patients had Clexane prescribed. It was acknowledged that further improvement was needed.
- (v) There had been a reduction in the number of patient falls and thanks were given to nursing staff for their work in relation to this achievement. Whilst it was anticipated that the new nurses pilot would reduce this figure further, it currently still equated to one fall a day. Governors requested information from

other comparator Trusts, if it was readily available.

- (vi) Key information, such as hand hygiene metrics, would now be displayed on boards outside wards. It was hoped this would be a powerful driver to improve performance.
- (vii) In future, the next infection control report would first be discussed at a Membership and PPI meeting and feedback would be provided at the Board of Governors' meeting.

09/10 STRATEGIC DEVELOPMENTS

- (A)** Received Report from Mr Michael Bright, Chairman, on behalf of Governor/ Director Working Group on Forward Planning

Noted

- (i) An update had been provided to the Group from the Executive Director of Corporate Development on the potential for a private hospital on the campus. A dedicated working group had been created to look at this and to meet with the short-listed bidders.
- (ii) In relation to the proposed franchise to run Hinchingsbrooke it had been decided as a result of various consultations and visits that the potential benefits of integrating the two hospitals were low and the risks high. In addition there was an enormous amount of management time required for other activities such as the efficiency savings and relocation of Papworth. Therefore the Directors had decided to withdraw the Trust's application and the Governors fully supported this decision.
- (iii) Governors had been updated on the annual plan and Monitor's new guidelines. Some Governors were initially going to consider strategic issues and at a later date, when information should be available, financial aspects and the budget.
- (iv) Papworth had received unofficial news regarding their relocation to the Campus and once official this would enable the PFI process to commence. There would be a two-year procurement process and the build time would be approximately three years.
- (v) It was important that the care pathways of CUH and Papworth were aligned and a key element was the joint working of the respiratory and cardiology teams and aligning the support clinical services to ensure the best synergies. The two organisations needed to be transparent to patients, which required careful and thorough planning.
- (vi) Stephen Graves, who was leaving the Trust, was thanked for his support of the Governors, in particular of the Director/Governor Forward Planning Group. He was congratulated on his appointment as CEO of the West Suffolk Hospital.

10/10 GOVERNORS' CONSTITUTION COMMITTEE

Received: Minutes of the meeting held on 4 March 2010

Dr Megan Davies reported

Noted

- (i) One of the major activities had been the Governors' effectiveness review, which had led to the proposed action list that all the working groups had now discussed. There had been a useful discussion prior to the Board of Governors meeting where there had been general endorsement from the groups of the action plan. There was a proposal to increase the Governors' activities in respect to the quality agenda and adding that to the remit of the Membership and PPI Group, which would be renamed in due course.
- (ii) A second area of focus was to further develop mechanisms for involvement in strategy across the piece, both in terms of campus development and also the financial challenges.
- (iii) The Board-to-Board discussions, which would take place later in the year at the Away Day, would facilitate developing additional ways to enable the Governors to hold the Directors to account.
- (iv) All items for action would be progressed in various ways and the Governors' Constitution Committee later in the year would be able to assess how these were advancing.
- (v) A consultation would be required on the appointment of the Board of Directors Vice-Chairmen and also the Senior Independent Director. The Governors wished to be engaged in the recruitment process for these two positions, particularly that of the Senior Independent Director, who was considered a vital link between the Board of Directors and the Board of Governors.
- (vi) Both roles needed to be filled by November 2010 to correspond with Colin Greenhalgh's retirement. At the Governors' Nomination and Remuneration Committee meeting on 7 April there had been a useful discussion regarding possible candidates. Governors' views would be sought between now and the September Board of Governors' meeting, when the final appointments would be confirmed. The Board-to-Board in July would provide the opportunity for Governors to engage with non-executive directors and consider potential candidates.

**11/10 ISSUES ARISING FROM GOVERNOR/ DIRECTOR WORKING GROUPS
(not covered under reports above)**

There were no additional issues raised.

12/10 CHAIRMAN'S DIARY OF EVENTS

Received and noted the Chairman's report.

The diary of events was noted

13/10 REPORT TO BOARD OF DIRECTORS FROM DEPUTY CHAIRMAN OF GOVERNORS

Received and noted: Report from Deputy Chairman.

Noted:

- (i) A report was currently being prepared for the Board of Directors meeting on 27 April. It would include key points from the three working groups and the Board of Governors' pre-meeting.
- (ii) The paper submitted to the Board of Directors in January raised an issue that Governors should have greater involvement with the Non-Executive Directors, many of whom the Governors had appointed, but had not yet met. It had been agreed to organise a Board-to-Board meeting on 8 July and suggested that a small working group established to ensure that the benefits of the Governors, Executive Directors and Non-Executive Directors meeting together were achieved.
- (iii) It was intended to organise seminars for both the Governors and Non-Executive Directors which would consider aspects such as the role of the PCT and care of diabetes in the community.
- (iv) The first meeting had taken place with Ann Alderton and the Chairman at which the papers for discussion at the previous Board of Director's meeting had been considered. A mechanism needed to be identified for sharing relevant information with the Governors.

14/10 REPORT FROM THE NHS FOUNDATION TRUST GOVERNORS' ASSOCIATION

Mrs Georgina Pharaoh, the Trust's representative on the FTGA, reported.

Noted:

- (i) Georgina Pharaoh and Rachael May had attended an FTGA meeting in March. The key speaker, Peter Hunt, spoke on the future of Governors and public service reform six years on. A copy of the overheads was available as they contained pertinent questions that the Governors might wish to consider for their review.
- (ii) The annual FTGA membership was to be reduced from £3700 to £3400 and whilst the benefits of the Trust being a member were questioned, it was considered that the advantages were justified, particularly as all Foundation Trusts would be experiencing problems and it would be useful to have contact and discourse with them.
- (iii) The contract for the operational support for the FTGA had been with the King's Fund, but this ceased in 2010. The re-tendering process had commenced and was being supported by the Trust's Head of Procurement.
- (iv) A discussion policy paper, included as part of the FTGA meeting pack, raised the question again of whether Board of Director's meetings should be held in private or in public. This had been prompted from Monitor as a consequence of the Mid-Staffordshire report. This paper was on the agenda to be discussed at the Governance and Assurance Working Group; however due to insufficient time at this meeting it had been agreed to defer this until the next quarterly meeting with the Chief Executive.

15/10 BOARD OF DIRECTORS' MINUTES (REDACTED)

Noted: available minutes of Board of Directors' meetings.

16/10 UPDATE OF REGISTER OF GOVERNORS' INTERESTS

Noted: that the register has been updated; copies were available from the Secretary.

17/10 FUTURE EVENTS

Received: tabled list of future events

18/10 DATE OF NEXT MEETING

The date of the next meeting was confirmed as:

Thursday 1 July 2010 at 17.30 in the Hexagon, Frank Lee Centre

19/10 ANY OTHER BUSINESS

- (i) The first term of membership for both the Governors' Nomination and Remuneration Committee and the Governor's Constitution Committee was due to end in July. Members had the option to remain for another term or to step down and allow their alternates to become the principal member.
- (ii) In addition, alternates were required for Dr Megan Davies as the stakeholder representative on the Constitution Committee and Dr Jonathan Nicholls as the stakeholder representative on the Governors Nomination and Remuneration Committee. Volunteers were asked to submit their names to the Trust Secretary.
- (iii) Mary Chaloner and Pamela Dansie were not standing for Board of Governor re-election and they were thanked for their significant contribution.
- (iv) Professor Will Pope, who was the EEDA Partner Governor, had recently been appointed Chairman of EEDA. Discussions would be held shortly to identify his replacement.
- (v) There were inaccuracies in the recent reporting in the Cambridge Evening News regarding the pay of the Chief Executive. For the financial year 2008/09, the Chief Executive had received a 7.5% increase. For both 2009/10 and 2010/11, the Chief Executive, Executive Directors and Non-Executive Directors had received a pay freeze. During the same three-year period, staff on Agenda for Change contracts had received a pay increase upward of 7.4%.
- (vi) There would be no direct replacement for the Executive Director of Corporate Development; his responsibilities would be allocated to several other staff members. In addition, Richard Howe had been appointed Executive Director of Estates and Facilities.