

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of **CUH'S BOARD OF DIRECTORS** held on **Tuesday 27 April 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 S Armitage
- Mr C Black
- Prof G Blijham
- Prof M Bobrow
- Mr C Greenhalgh
- Mrs B Hennessy
- Mr R Howe
- Mr D Jones
- Mrs R Murphy
- Mr M Nicholson
- Mr J Potter
- Prof J G P Sissons
- Mr D Smith
- Prof P Troop

IN ATTENDANCE:

- Mr L Ashelford
- Mr J Ghosh
- Ms E Taylor (Board Secretary)

APOLOGIES:

- Dr K Castille
- Mrs F Cousins

The Chairman welcomed Mr Malcolm Nicholson to his first meeting as a new Non-Executive Director, and Professor Geert Blijham, from the Netherlands, whom the Board welcomed as its new International Advisor. The Chairman was also pleased to announce that Mr Richard Howe had been promoted to the level of Executive Director in his directorship of Estates and Facilities.

Dr Castille had offered her apologies due to her participation in her first day of the NHS Top Leaders Programme.

Mrs Debbie Morgan, Assistant Director of Commissioning, was welcomed as an observer to the meeting as part of her professional development.

94/10 A PATIENT'S STORY

Dr Archer read out a letter from the parent of a paediatric diabetic patient. The parent reflected on how beneficial it had been to participate in an interactive workshop to improve patient-carer understanding of the condition and support its effective management.

95/10 MINUTES OF THE BOARD MEETING HELD ON 30 MARCH 2010

The minutes were approved as a correct record, subject to the following amendments:

Minute reference 68/10(E)(4):
The action point should read '*C. difficile*', rather than 'SSA'.

Minute 69/10 (B2):
The following clarification was made with regard to the Frank Lee Centre:

(Section removed under S36 of the Freedom of Information Act)

96/10 MATTERS ARISING

(A) Children's Hospital Strategic Outline Case (minute 78/10)

Mr Howe reported.

Noted

1. Mrs Cousins had taken the required action to refresh the business case noted in page 10 of the minutes of the last meeting.
2. Mr Weston had drafted a letter for the Chief Executive to send to the SHA requesting a contribution towards the fees that would normally be provided ahead of transitional relief to Trusts entering into a Private Finance Initiative (PFI) process.

(B) Private Hospital Development Process; Governor Engagement (minute 79/10)

The Chief Executive and the Trust Secretary reported.

Noted

The Trust Secretary confirmed that there was no requirement to formally consult members in relation to the private hospital development process. Corporate governance guidance stipulated that as a Foundation Trust, the Trust had a duty to seek the opinions of its Governors and to ensure that Governors had the opportunity to engage in strategic debate. The Board would retain its executive power for decision-making on the proviso that Governors' views had been duly considered.

Agreed

1. The Chief Executive had formally discussed private hospital development process with Governors on two occasions and would discuss this topic again at his next quarterly meeting with Governors. It was agreed that action points (brief minutes) should be noted at these meetings.
2. It was important to discuss with Governors and the public the ways in which the development of a private hospital would benefit NHS patients.

97/10 INTEGRATED BUSINESS PLAN AND CAPITAL PROGRAMME 2010/11 – 2012/13

Received the report of the Executive Director of Finance.

Mr Smith reported.

(A) Integrated plan

Noted

1. It was proposed that break-even financial positions should be declared in the Plan for Years 2 and 3, and a modest surplus of £3M for Year 1 (2010/11). Planning for a break-even position represented a significant departure from the previous strategy for forward investment. Both Dr Goodier and Mr Potter noted their concerns about not planning for surplus positions in Years 2 and 3. The rationale for this approach was discussed.
2. The Joint Clinical and Corporate Executive (JCCE) would discuss on 29 April the priority elements of the Capital Plan, based on the risk-assessed Cost Improvement Programmes and cross-divisional considerations. Divisional Directors were being asked to decide which divisional capital commitments could be deferred, and which elements required immediate funding. Funding of £6M was available for this purpose.

Agreed

Members concluded that it was prudent to plan for break-even/modest surplus positions in Years 2 and 3 and that this should not in any way detract from substantial efforts to achieving a range of upsides. With this in mind, the Plan would not be predicated on assumptions that these upsides would be achieved. This approach was also thought to be appropriate in the context of planned Whole Time Equivalent (WTE) reductions of 500 in

Year 1, followed by 100 in both Years 2 and 3. The successful combination of the EP3 project and of entrepreneurship would play a fundamental role in meeting these challenges.

REFERENCE	ACTION	BY	DATE
97/10 Business Plan	Decide on priority elements in the capital plan requiring immediate funding.	JCCE	29 April

98/10 REPORT FROM THE FINANCE, OPERATIONS AND PERFORMANCE COMMITTEE (FOPC) 25 MARCH 2010

Received the report of the Chief Executive (Chairman of FOPC).

Noted

1. Access to the Perinatal Loan of £30M granted by the Foundation Trust Finance Facility (FTFF) had been delayed.
2. New methodology for a national re-valuation process of hospital assets had led to a loss in fixed assets value of £4.2M. The loss reported in some other areas of the country was substantially greater.

Agreed

1. The Board agreed to follow the recommendations of FOPC in relation to the Capital programme. The 2010/11 Budget would be reviewed in detail by FOPC on 20 May and signed off at the next Board meeting to be held 25 May.
2. The Board noted the reports (detailed below) and welcomed the format and content of the new integrated quality and performance report. Members were also appreciative of the FOPC outcomes summary, prepared immediately after the meeting by the Deputy Trust Secretary.

(A) EFFECTIVENESS PROGRAMME (EP3): PROJECT UPDATE

Received and agreed priorities for the next reporting period.

Noted

1. The reported average sickness rates were discussed. It was estimated that the real sickness rate fell somewhere between 3–7% and it was understood that reporting rates would vary across different areas.
2. It was suspected that there was under-reporting in relation to junior doctor sickness absence. Internal cover would often be provided without use of a locum. On average, there had been a rise in junior doctor sickness rates since the introduction of the European Working Time Directive and the fragmented nature of shift work. These data were available at the divisional level in relation to medical staff absence arising from maternity leave/exam leave/ sickness absence.
3. The staff appraisal rate was discussed. This was currently reported at around 70%. It would be helpful to undertake a spot-check of the appraisal rates, including a quality review of the appraisals in selected areas. Members discussed linking staff pay rises to the reported completion of appraisals. The Director of Communications confirmed that a new system was being introduced in Human Resources to link managers' incremental pay rises to the appraisal of their staff. This was relevant to nursing and A&C staff: a separate appraisal system was in place for junior doctors at the deanery level, which had to be completed prior to each rotation.

Agreed

An important area of analysis in this area was the relationship between the sickness rate and the additional pay costs incurred through providing cover: this would be a valuable metric. The re-introduction of a 'return-to-work' interview, following sickness absence, would be considered by the Executive.

(B) FINANCIAL PERFORMANCE REPORT AND COMMISSIONING UPDATE

Received the report of the Executive Director of Finance for the period to 31 March 2010. The Director of Commissioning reported.

Noted

1. The position in relation to signing the commissioning contract with the PCT for 2010/11 had not changed over the past week, but it was expected that the contract would be signed soon. Attention was drawn to the major potential penalty clauses, such as in relation to the 18-week target. Total budgeted income for the year was slightly lower than would be expected, to take account of the risk of financial penalties being incurred during the year.
2. It was clarified that in cases where the organisation would not be reimbursed for breached activity (e.g. in relation to infection control), the income lost would be in relation to the spell, rather than to the total episode of care.
3. It was important to bear in mind that in addition to the corporate penalty provisions in the contract, any failure on the part of the Trust (e.g. in relation to VTE assessment) could also be pursued by patients' families. The Board discussed the VTE assessment tool and noted that demonstrating compliance tended to be a recording issue (i.e. the rate of assessment was higher than its rate of documentation). This was being addressed by divisions. A standard definition for patients eligible for VTE assessment was also required: there were currently two provided by the Department of Health.

Agreed

1. The Quality Committee would play an important role in monitoring these risk areas.
2. Opportunities to reduce the number of admissions would be taken wherever possible, to increase efficiency and compliance levels with documentation requirements. These options would be discussed with Divisional Directors on an ongoing basis as well as with the Medical Records Group.

(C) NURSING, ORGANISATIONAL DEVELOPMENT AND OPERATIONS (incorporating performance monitoring against the A&E target)

Received and noted the report of the Chief Nurse and Operating Officer for the period to 31 March 2010.

(D) QUALITY AND PERFORMANCE REPORT

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

Noted

1. The improved performance by the Stroke team was noted, and also that the target for cancelled operations was likely to be met.
2. Documented use of the Venous Thromboembolism (VTE) assessment tool needed to reach at least 90%. This target would be one of the CQUIN indicators within the contract with the PCT for 2010/11. The Executive Medical Director reported that cross-divisional work was underway to implement the plan for compliance with VTE assessment, involving senior nursing and operational leads. VTE assessment was being mainstreamed into the standard drug chart and daily facilitated meetings in order to operationalise this at the level of the ward. It would be important to ensure VTE assessment was factored into the pre-clerking process for elective admissions due to be in place in the summer.
3. The 18-week target had been met for March. Compliance would require specialty-level reporting going forward, which for some areas would pose a challenge.
4. An action plan was in place to improve performance against the 4-hour A&E target. Performance was currently averaging around 98% but at this time of year should be above 99% to ensure the target was achieved for the year as a whole. A review of A&E was underway and due to be completed shortly.

5. The issue of Delayed Transfers of Care (DTOCs) affected the local health economy as a whole and was being addressed in a collaborative way. The situation was under review by the SHA.

REFERENCE	ACTION	BY	DATE
98/10 (D) Quality & Performance	Examine unexplained variation in non-elective activity.	Fran Cousins	May 2010

(E) QUARTERLY REPORT ON INFORMATION SYSTEMS AND ANALYSIS

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

Noted

A programme of IT system restructuring was planned to begin in July 2010. Information governance remained a high risk area following its reassessment in March.

99/10 MINUTES OF RECENT MEETINGS OF FOPC

Received and noted the minutes of the recent meeting of FOPC held on 25 March 2010 (agreed 22 April 2010).

100/10 INFECTION CONTROL REPORT

Received the report of the Executive Medical Director, incorporating the monthly infection control performance report for the period to 31 March and the MRSA Screening Board Assurance Framework.

Noted

1. This would be the last report of its kind; it was being provided for consistency until the year end and would be covered by the Quality and Performance Report in future.
2. The year-end outturn for avoidable cases of MRSA bacteraemia attributable to the Trust stood at 20 cases against a ceiling of 24, representing a 31% reduction on the 2008/09 outturn. The agreed ceiling for 2010/11 for avoidable MRSA bacteraemias would be 10 cases.
3. The year-end outturn for cases of *C. difficile* stood at 126 against a ceiling of 240, representing a 57% reduction on the 2008/09 outturn. The agreed ceiling for 2010/11 for *C. difficile* would be 108 cases. (Section removed under S36 of the Freedom of Information Act)
4. To date, during April 2010, there had been no cases of MRSA bacteraemia and five cases of *C. difficile* attributable to the Trust.
5. The impact of Norovirus was declining: there were currently no bays closed or staff reported sick.
6. One case of Legionella had been reported, and testing had been carried out to identify the source of the infection. Samples had proved negative and further testing was now being carried out in the patient's home. The patient had contracted the 001 strain and was reported to have recovered. All C10 rooms were currently being tested for Legionella on a daily basis. As the infection had not been attributable to the Trust, it was unlikely to be reported as a Serious Untoward Incident.
7. The MRSA screening target required 100% compliance. There was no financial penalty for breaching this target, but a governance performance penalty of 0.25 points could be applied. Compliance with the screening rate was discussed. Patients declining screening could not be factored in, so compliance would almost certainly fall short of 100%. It was important to understand the clinical implications of the screening rate. There was also no means or metric in place to follow up patients who had received the decolonisation therapy to advise as to whether they had acted on it.

8. The Board noted that the first team award in the “You Made a Difference” staff award programme had been given to the Deep Clean Team. It also noted that an academic paper was being prepared which explored the relationship between deep cleaning and the *C. difficile* spore count.

Agreed

A formal decision should be made on an internal, clinically justifiable target for the MRSA colonisation screening rate, which should be debated at the Quality Committee. The Board was required to review compliance with the MRSA screening target on a monthly basis. This would be incorporated into the Quality and Performance Report.

REFERENCE	ACTION	BY	DATE
100/10	Discuss MRSA Colonisation Screening Rate internal clinical targets.	Quality Committee	12 May

101/10 SERIOUS UNTOWARD INCIDENTS (SUIs)

The Executive Medical Director reported.

Noted

There were currently no new SUIs to report.

102/10 QUARTERLY REPORT ON PATIENT EXPERIENCE

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

Noted

1. Ward Boards displaying performance data to patients, staff and visitors were now in place across the organisation. The display focused on patient experience and patient safety, and included infection control rates.
2. Inpatient surveys would be updated on a quarterly basis. Survey results had identified noise at night as a problem on the wards. This would be explored at the level of each ward to see if more could be done to reduce noise. There was a degree of variation in patients reporting whether or not they thought they had been seen by a doctor. This led to discussion of the need to improve visual means of identifying different professional groups. Large typeface on lanyards was already used in NCCU and NICU but was not used everywhere. Options around colour coding uniforms according to staff group could also be explored.
3. The cost effectiveness of a new inpatient food pilot beginning in May would be monitored and reported back to the Board.
4. The Trust had performed well overall in the National Outpatients Survey. Problem areas highlighted included communications around waiting times and arranging appointments.
5. Delay factors to patient discharge were discussed. Work was being done to pre-populate discharge letters as far as possible and to ensure that prescriptions arrived in Pharmacy earlier in the day.
6. Members discussed the issue of patient identification on above-bed whiteboards in the context of data protection. This area was being reviewed by the Assistant Director of Nursing, the Director of Patient Experience and Public Engagement, the Chief Nurse and Operating Officer and the Head of Patient Services.
7. From May, a new qualification through the Institute of Customer Service Awards would enable Outpatients staff to receive training in customer care and communication. This would be administered by Human Resources.
8. It was confirmed that the Board would receive advance notification of any high-profile inquests.

9. The Patient Experience Committee was responsible for reviewing inpatient and outpatient data by ward and clinic, and reported to the Quality Committee on a regular basis.

Agreed

1. Mrs Hennessy thanked Mr Potter and Professor Bobrow for their time recently spent in the Patient Advice and Liaison Service (PALS) department.
2. It was important to agree a hospital-wide policy with regard to naming patients on the above-bed whiteboards. Mrs Hennessy would advise the Board of the outcome of review by the group listed in Point 5.
3. Mrs Hennessy would circulate to members the detailed data which supported the Outpatients report.
4. Members would welcome information with regard to statistically significant standard deviation bars.

REFERENCE	ACTION	BY	DATE
102/10 Naming patients on whiteboards	Propose a hospital-wide policy.	BH, KC, AT and SW	Report to May meeting
Inpatient survey data	Circulate detailed data.	BH	A.S.A.P.
Staff group identification	Explore options for expanding the use of staff group lanyards and for adapting laundry contracts to support standard uniform colours for different staff groups. The required investment/contractual changes to be reviewed.	RH	Report to May meeting.

103/10 QUALITY ACCOUNTS – PROGRESS REPORT

Received the report of the Executive Director of Information Systems and Analysis. Mrs Cousins, Executive Director of Information Systems and Analysis, reported.

Agreed

1. An error on page 2 was corrected: "5%" should be replaced with "90%".
2. The changes to previous versions of the Quality Accounts were outlined: some fields had been removed, others remained the same. Divisional Directors had discussed and agreed their role in delivery.
3. Members asked whether it would be possible to align the Quality Accounts directly with the Care Quality for Innovation Standards (CQUINs) in order to move away from process-driven monitoring. It was noted that whilst there was some overlap, the Quality Accounts were the "public-facing" document.
4. Senior members of the Executive team were working with the PCT to improve shared understanding of effective partnership potential, DTOCs and of HSMR sub-specialty groups. A document outlining a set of core principles had previously been provided for discussion by the Executive Medical Director and collaborative efforts were being made to achieve meaningful impact on patient outcome using measures open to influence through best practice.

Agreed

1. The CQUIN indicators and Quality Accounts were an important means of focusing priorities and encouraging longer-term engagement for realising improvements. In the light of this, members agreed that it would be valuable to seek to further align them over time.
2. Members agreed that the proposed reduction of moderate drug errors target of 10% should be made more of a stretch target.
3. More clarity was needed before the targets could be finally approved. It was also important to tighten defining criteria (such as distinguishing between “avoidable” and “unavoidable” cases or events where appropriate). The Quality Accounts would be brought back to the next meeting.

REFERENCE	ACTION	BY	DATE
103/10	Finalise Quality Accounts	JW / JA	May 2010

104/10 STRATEGIC ISSUES (incorporating Bulgarian Diagnosis Related Group (DRG) and Hospital Management Project)

Received the report of the Chief Executive.

Noted

1. The challenges facing the health sector both nationally and regionally were considerable and of a different order of magnitude to those experienced in recent years. It was estimated that across the East of England a significant amount of public sector jobs could be lost as part of efficiency savings, and that this translated to about 700 jobs at CUH. The QIPP (Quality, Innovation, Productivity and Prevention) aimed to save £755M regionally. Dr Goodier had been invited to chair the CEO Group of the Provider-Led Workstream for this campaign, a role expected to last at least 1–2 years.
2. The main strategic challenge behind workforce planning was to ensure the optimum deployment of staff, rather than to focus simply on headcount. Optimum staff deployment was essential to meeting the 18-week target without employing additional staff. The Board noted that it was important to be mindful of substantive staff taken on in relation to Trauma & Orthopaedic elective/discretionary spend, since this ratio was likely to alter.
3. Members discussed Waiting List Initiative (WLI) spend, average SPAs recommended by the British Medical Association and the challenge of delayed starts to theatre lists. The formalisation of the extended working day was designed to overcome inefficiencies, but could also risk increased billing for over-running lists. With this in mind, medical staff job planning needed to become more “output-based within time-based constraints”. This could be achieved through the use of annualised contracts, which in some specialties could involve seasonal variation. The core contract needed to be commensurate with how much medical staff are paid.
4. WLI spend had been discussed within divisions by senior consultants. There was significant support for abandoning WLI scheme in favour of a new and more equitable system, although this support was not universal. An alternative scheme to the WLI system would be proposed by clinicians to be discussed by JCE and by the Board. An important consideration as part of this proposal would be the related arrangements for support services. The Board needed to understand in greater detail to what extent any reduced WLI spend would be offset by increased payment for new working patterns.
5. Members discussed collaborative work across the local health economy which tied in with the Effective Partnerships element of EP3. Tangible results were needed in relation to Delayed Transfers of Care (DTOCs). Some of the difficulties apparently related to the PCT provider services, currently undergoing the process of becoming a Trust.
6. It was estimated that the reduction of 500 WTEs would affect about 170 nursing posts. Nursing made up 42% of staff costs. It was essential to have a clear understanding of the role of the Nurse Hours per Patient Day (NHPPD) metric and to discuss this among the Executive.

Agreed

The Board was supportive of Dr Goodier's appointment as Chair of the Provider-Led Workstream for QIPP. This would entail half a day's commitment per month and it also complemented the Chief Executive's role in relationship management with the SHA.

REFERENCE	ACTION	BY	DATE
104/10 WLI scheme	Discuss alternative spend arrangements to WLI funding	Divisional Directors & Executive team	May 2010
NHPPD	Continue analysis of NHPPD	Executive Team	Ongoing

(B) Bulgarian Diagnosis Related Group (DRG)

Noted

1. Members asked for a background paper explaining the context of the detailed report, to set out the relationships, benefits, risks (including reputational risk) and financial information.
2. (Section removed under S43 of the Freedom of Information Act)
3. (Section removed under S43 of the Freedom of Information Act)

Agreed

The Board agreed that the International Activities Committee should bring a recommendation to the Board on this project, together with a background paper detailing the commitment required in terms of senior management time and the expected Return on Investment (RoI).

105/10 DRAFT ANNUAL PLAN 2010/11

Mr Ashelford, Assistant Director of Planning and Development, and the Trust Secretary reported.

Noted

1. Monitor had changed the requirements of the Annual Plan and the draft had been adapted to reflect this. By the end of May, the Plan would include financial statements and declarations closer to the format of Annual Plans used in earlier years. As a result of these changes, the Plan would be less marketing-oriented and more specific, measurable and comprehensive.
2. The draft strategic summary was discussed. Innovative areas on page 22 in terms of service development had not yet been signed off, as these formed part of the contract. Clinical quality indicators and capital were both being refined.
3. Governors had reviewed the draft Annual Plan from a range of perspectives and had recommended that more text be included in relation to patient care and patient participation and involvement. The draft document had been discussed by the Governor/Director Working Group on Forward Planning and reviewed by all GDWG Chairs and Vice-Chairs.
4. The deadline for submission to Monitor was 31 May, which would allow for its final review at the FOPC on 20 May and approval by the Board on 26 May.

Agreed

1. Members would submit detailed comments to Mr Ashelford over the course of the next week.

- It was agreed that the wording in relation to Dr Foster scores would be revised (to state that CUH had been ranked second highest in the country) and that the statement about the year end financial position would be strengthened.

REFERENCE	ACTION	BY	DATE
105/10 Annual Plan	Revise range of statements as noted above	DS / LA	May 2010
	Submit detailed comments to Mr Ashelford	All > LA	A.S.A.P.
	Discuss the draft at the next Corporate Executive meeting, including actions required before review at 20 May FOPC	Corporate Executive; FOPC	4 May; 20 May

106/10 UPDATE FROM THE AUDIT COMMITTEE – following the meeting held 21 April.

Mr Potter reported.

Noted

- The Audit Committee had advised that in terms of the Trust's compliance with its Terms of Authorisation, the Trust was rating itself as 'amber' (medium risk) for financial compliance. This declaration would be incorporated into the Annual Plan. There was a clause in the working capital facility agreement with Barclays that allowed for the withdrawal of capital should performance decline (e.g. to a Financial Risk Rating of 2 or below, or to an amber governance rating). The Trust was highly dependent on this facility.
- Cash flow needed to be strengthened as the perinatal loan is drawn down.
- The updated Risk Management Strategy was still being finalised due to additional NHSLA requirements that needed to be incorporated. Mr Potter expressed his concerns that the Statement of Internal Control could not be signed until this happened. The Trust Secretary confirmed that the existing Risk Management Strategy was sufficient for this purpose and that it was currently being updated by the Assistant Director – Risk and Patient Safety in time for the next Audit Committee meeting.

Agreed

Members agreed that the proposed financial compliance rating should be further discussed by Mr Smith and Mr Potter, taking into account the impact of the Perinatal loan on the Trust's financial liquidity.

REFERENCE	ACTION	BY	DATE
106/10 Audit Committee – Financial compliance	Discuss the statement for inclusion in the Annual Plan, in the light of the Perinatal loan.	DS / JP	A.S.A.P.
Risk Management Strategy	Revise the Risk Management Strategy before the next Audit Committee meeting.	GP / AA	Audit Committee 26 May

107/10 QUARTER FOUR GOVERNANCE DECLARATION TO MONITOR

Received the report of the Executive Director of Information Systems and Analysis. Mr Ghosh, Head of Performance Intelligence, reported.

Noted

1. Non-compliance was being declared for Quarter 4 as a result of breaches in relation to the Cancer 62-day wait target and the A&E referral target. A provisional amber rating meant that corrective action plans would be externally reviewed by Monitor.
2. Actions to reduce the 18-week referrals backlog had been effective and performance was now in a better position for Quarter 1 going forward. The operational relationship between lead medical personnel, nurses and administrative and clerical staff was being reviewed and improved. Referrals needed to be "cohesively managed under one team leader". The number of staff available at peak time was being adapted.
3. The desktop business intelligence tool CHKS showed performance against targets in real-time data that were refreshed every 30 minutes.
4. There was good awareness among A&E staff of their performance against targets, and strong communications. It was important to ensure that A&E performance was viewed as a "Trust-wide performance issue" to secure a strong level of organisational buy-in.

Agreed

The Board approved the Quarter Four governance declaration of compliance as outlined in the report.

108/10 DECLARATION TO THE CARE QUALITY COMMISSION

Received and noted

Agreed

The Board approved the declaration of compliance as outlined in the report.

109/10 QUARTERLY REPORT OF THE BOARD OF GOVERNORS

Received the report of the Deputy Chairman of the Board of Governors, including the minutes of the meeting held on 15 April 2010.

Mrs Ewer reported.

Noted

1. The Board-to-Board meeting due to be held on 8 July would be an important opportunity for frank and open discussion across a range of issues.
2. Mr Potter and Mr Greenhalgh were thanked for organising an additional meeting of the Governor/Director Working Group on Governance and Assurance. The possibility of holding additional seminars had been discussed. Joint seminars with the PCT (focusing on DTOCs) and also with Dr David Simmons on diabetic care in the community were proposed.
3. Governors were elected by the Trust's members and in turn were involved in the appointment of Non-Executive Directors. As such, they had an important role to play in steering the strategic direction of the Trust.
4. A Board effectiveness review of the Board of Governors had been undertaken and an action plan would be discussed at the Board's next quarterly meeting in July.
5. Issues recently discussed by the three working groups included performance against the A&E targets. Governors had asked to be kept well informed of Monitor's appraisal of this performance area and of any issues subject to an escalation meeting with Monitor. At all working groups, Governors had highlighted the importance of keeping patient safety at the centre of decision-making around nursing levels.

6. Governors were interested in adapting the role of the GDWG on Membership and Public and Patient Involvement and had suggested that this link more to the work of the Quality Committee. It had also been proposed that the name and remit of this group and also of the Governance and Assurance Working Group be reviewed. Suggestions included "Patient Care and Assurance" and "Governance and Finance".
7. Mrs Ewer had attended the staff forum on end-of-life care at which junior doctors had requested more training. Members recognised the need for this, as well as for more training for nurses in palliative care.
8. Governors had expressed concerns that the Trust was losing money as a result of lost equipment and suggested increasing the use of bar-coding for asset management.

Agreed

1. It was agreed that two of the Governor Director Working Groups (named above) would be reviewed. New Terms of Reference would be drafted and discussed by both groups. Mrs Hennessy and Professor Troop would assist.
2. The Board recommended that Governors be given the opportunity to discuss end-of-life care in more detail with Sara Booth, Tom Bennett (who chaired the steering group), Bob Michell (Governor member), and Dee Traue, who continued to chair the Programme Board.
3. Governors would be given the opportunity to hear more about the interface between public and private medicine. The Chief Executive would include this area of discussion in his quarterly meetings with Governors.
4. Governors should be kept well informed of any escalation meetings held with Monitor.
5. More use should be made of bar coding for asset management. This area would be reviewed by the Medical Equipment Committee.

REFERENCE	ACTION	BY	DATE
109/10 Board of Governors	To liaise with Dr David Simmons re presentation at one of the GDWGs on diabetic care in the community.	AA	Summer 2010
Board-to-Board meeting	Small working group to propose an agenda for the meeting to be held on Thursday 8 July.	AA / CG / JE	June 2010
Bar-coding for asset management	Richard Howe to discuss with Peter Jarritt and Paul Norris (Chair of Medical Equipment Committee). A paper was proposed.	RH / PJ / PN	June 2010

110/10 DIARY OF RECENT EVENTS

Received and noted the report of Chairman and Chief Executive.

111/10 QUARTERLY REPORT ON COMMUNICATIONS

Received the report of the Director of Communications.

Noted

1. A BBC documentary had been filmed in the Neuro Critical Care Unit (NCCU) over the past few weeks and previewed by a small group of staff. The documentary followed the journey of three patients' fight for life, with a focus on the way in which patients were involved in decision-making around their care. Mrs Murphy reported that it made

compelling viewing and that the subject matter had been sensitively handled. It was due to be broadcast within the next fortnight; staff would be informed of the date as soon as it was confirmed.

2. It was reported that the Communications Team had been depleted in number and that staff were prioritising their workloads in order to help facilitate stronger communications across the organisation through equipping other staff to be more effective (e.g. through training more people as Connect pages administrators).
3. Members noted that the Outpatients' Play Service had recently been closed. It was felt that more corporate awareness about this issue prior to this decision would have been valuable.
4. The Open Day originally planned for September 2010 had been deferred to 2012, which would be the 50th anniversary of the opening of the new Addenbrooke's Hospital by the Queen. The rationale behind this decision was to conserve the considerable time and funding required for a successful Open Day in order to focus limited resources on core activity.
5. Executive walkabouts continued to take place weekly in three groups of three, focusing on the "policy of the week". It was encouraging that the walkabouts had shown that staff actively referred to and used the Connect pages.

Agreed

1. The Board congratulated Mrs Murphy and her team on the installation of the new wall panels (graphics displaying Our Vision, Our Purpose, Our Way, Our Values and Our Priorities) in the main entrance.
2. Members looked forward to seeing the BBC documentary, which was also recognised as a valuable means of educating the public about the important work of CUH's front-line clinicians.

REFERENCE	ACTION	BY	DATE
111/10 BBC Documentary on NCCU	Communicate to Trust staff the date and time the documentary will be broadcast.	RM	Broadcast pending confirmation by the BBC

112/10 QUARTERLY REPORT ON FREEDOM OF INFORMATION REQUESTS

Received and noted the report of the Trust Secretary.

113/10 MINUTES OF REPORTING COMMITTEES

Received and noted

Governor/Director Working Group on Governance and Assurance 12 April 2010

114/10 NOTES OF THE AWAY DAY HELD ON 22 FEBURARY 2010

Received and noted.

115/10 REVISED BUSINESS CALENDAR FOR 2010/11

Received and noted.

116/10 DATES FOR 2011

Received provisional meeting dates for 2011.

Noted and agreed

The dates would be revised to avoid the Easter weekend and half-term weeks.

117/10 MEDICAL AND DENTAL SUSPENSIONS

There was nothing to report.

118/10 SEALING OF DOCUMENTS

Noted the sealing of documents as follows:

Document 151: Agreement between Messrs A. F. Pemberton, P. R. W. Pemberton, E. A. Bromet, W. R. B. Edwards and Sir F. W. W. Pemberton and CUH in relation to boulevard works at Cambridge Biomedical Campus, Cambridge.

Document 152: Joint Contracts Tribunal, Agreement to the Design and Build Contract (Revision 2007 with Attestation Update).

Document 153: Licence to underlet and grant gas easement to Sanctuary Housing Association.

119/10 CHAIRMAN'S ACTIONS

There was nothing to report.

120/10 DATE OF NEXT MEETING

Tuesday 25 May 2010

121/10 ANY OTHER BUSINESS

Noted

1. Papworth Hospital's full business case for New Papworth (enabling its relocation to the Cambridge Biomedical Campus) had received formal approval from the Department of Health but still awaited final sign-off from the Treasury. It was understood that final approval (which meant that the government would underwrite the capital loan) had been delayed until after the General Election. Other hospitals were known to be in the same situation.
2. Appointment to the position of Deputy Chief Nurse post awaited confirmation, following the informal acceptance by a successful candidate.
3. The Addenbrooke's League of Nurses had published a booklet of reminiscences which would be available in the Directors' Meeting Room. A copy would also be provided to the hospital archives.
4. Dr Alderton, Trust Secretary, thanked Board members for their personal charitable support for her run in the London Marathon on 25 April 2010.