NHS
Cambridge
University Hospitals
NHS Foundation Trust

Summary of the meeting of the Board of Directors held on 13 May 2020

Due to the COVID-19 pandemic, meetings of the Board of Directors are not being held in public until further notice. Copies of the papers will be posted on the Trust website ahead of each meeting and a summary of the key issues discussed will be published following the meeting.

The Board of Directors met on 13 May 2020. All members except for Patrick Maxwell were present.

1. Patient Story

The Chief Nurse presented two patient stories about the experiences of inpatients being treated at Addenbrooke's Hospital prior to, and during, the COVID-19 outbreak.

2. Chair's report

The Chair paid tribute to all Trust staff for their skill and expertise, their extraordinary care and compassion, and their mutual support to each other over the past few weeks. The wider Management Executive, senior leaders and health and care partners were also thanked for their leadership and stewardship during this very challenging period.

3. Finance report

The Chief Finance Officer presented the finance report and noted that the Trust had achieved its 2019/20 financial plan. The Board agreed that it was important for the Trust to be able to continue to demonstrate efficient use of resources despite the significant challenges of the pandemic.

4. Nurse safe staffing

The Chief Nurse presented the latest nurse safe staffing report which focused on critical care nursing. The Board was updated on the steps taken by the Trust to maintain staffing resilience and ensure continued high quality of care for patients. In discussion the Board acknowledged the importance of effective communication and engagement in maintaining the trust of staff.

5. Chief Executive's report: COVID-19 update

The Chief Executive updated the Board on the current position and response of the Trust in relation to the COVID-19 pandemic. The Board received assurance that the Trust was working with partners to achieve the objectives of maximising survivorship among both COVID and non-COVID patients and protecting the safety of staff. The Board discussed the impact on patients of activity which had

been postponed during this period and the Trust's plans to reconfigure the hospitals and re-commence services as quickly as possible while maintaining patient and staff safety. The Board also noted ongoing work to review the Trust's strategy for the next 18-24 month period to reflect the impact of the pandemic.

6. Board Assurance Framework and Corporate Risk Register

The Director of Corporate Affairs presented a report on the Trust's risk management arrangements during the pandemic including a review of the Trust's risk appetite statement. It was noted that the usual process of monthly review of the Corporate Risk Register and the Board Assurance Framework had been suspended temporarily in March 2020, but that a lighter touch review arrangement remained in place alongside a focus on risks associated with management of the pandemic. The Board also noted that the Board Assurance Framework would be reviewed following the review of the Trust's strategy.

7. Learning from deaths – quarterly report

The Board received the quarterly learning from deaths report and noted that the mortality data for the Trust remained stable. Assurance was provided that the Trust was closely monitoring the impact of COVID-19 on mortality.

8. Written questions from the public

The Board received and noted four questions which had been received from members of the public ahead of the meeting of the Board of Directors. The Board noted the questions and answers which are attached at Appendix 1.

Appendix 1: Written questions

Four questions were received from members of the public for the meeting on 13 May 2020. The questions and responses are listed below.

Q1 In the papers for the meeting of 13 May we noted the following:
Chair's Report 2.4:
'co-operation with the independent sector has been an important aspect of our strategy…'
We assumed that this referred only to strategy during the Covid emergency but it was then followed by:
CEO Report Slides under 'Elective Activity':

- **Phase 1: 'some activity moved to the independent sector' and, specifically: '101 surgeries in April'**
- **Phase 2: 'plans to maximise (our italics) utilisation [of the independent sector] being developed'**

We can understand resorting to the private sector in times of emergency but will the Board please define the scope of 'maximisation' in this context and confirm that use of private* healthcare providers will remain a last resort during post-Covid need and that there is no intention for it to become a default option?
In these Board papers the use and meaning of the word 'private' seems to have been replaced by 'independent'. Is this now CUH policy when referring to 'for profit' organisations?

The terms private and independent sector are synonymous in this context. Contractual arrangements between the NHS and the independent sector have been determined and agreed nationally.

In line with Government policy, we are utilising all available capacity across Cambridgeshire in order that we can treat as many patients as possible during the course of the CoViD-19 outbreak.

We know that we will all be living with CoViD-19 for a sustained period of time and we need to plan on that basis.

As the pandemic progresses, we will continue to assess and evaluate our approach. Post-CoViD we would aim to deliver care to our patients within CUH wherever possible.

Q2 In very small print in the Integrated Report p.19, following notes on phone and video consultation, there are the following:
'Developing a new outpatient service' and 'This is great opportunity to redesign outpatients in line with NHS long-term plan ambitions'
What are those 'long term ambitions' and can we be assured that CUH remains firmly committed to face-to-face outpatient consultations with its own senior NHS clinicians and held on CUH premises?

The NHS Long Term Plan committed to reducing face-to-face appointments by up to a third over the next five years for the benefit of both patients and the NHS. From a patient perspective it saves money, time and effort on travel and means that friends or relatives do not need to arrange for time off work to accompany patients. It also reduces pollution and traffic congestion as well as allowing the NHS to save money to use on other patient care. As well as being committed to changing to this method of consultation where this is at least as good for patients, we remain committed to face to face outpatient consultations when this

is required delivered by our own staff both on CUH premises and, as we have done for many years, in satellite locations around the region.

Q3 Has CUH received, or managed so far to source, all the PPE that they need? Are they now reliant on centralised procurement outsourced to the private sector? And is that now providing all that is required?

CUH has been able to provide appropriate PPE equipment to all staff where it is required. We primarily rely on the nationally sourced and distributed stock but have, for stock lines that are known to be in shortage, increased our resilience by sourcing locally from distributors, working with local manufacturers, and partnering with Cambridge University to source donations.

Q4 Please can you explain how day care treatment will be re-started for those patients who have had there treatment cancelled or postponed until further notice, such as various cancer treatments , and day surgery's or treatment for serious conditions i.e. Heart or Lung issues and when this will happen and is there a date for it to commence.
Also what on-going contact is being made with patients who's condition could or possibly will deteriorate during the delay, which is in some cases is already three months or more to reassure them as not only do they have the worry of there illness but of covid19.
Which makes it extremely stressful?

We are endeavouring to provide care to as many CoViD and non-CoViD patients as possible, whilst keeping both staff and patients safe. This is expanding week on week at present.
This presents a number of challenges including social distancing, infection control, testing, rigorous segregation of the hospital into CoViD and non CoViD areas and personal protective equipment.
Clinical teams are prioritising their cases on clinical need, matched to available capacity and communicating with patients accordingly.