

## CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of the **BOARD OF GOVERNORS OF CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST** held on Thursday 3 April 2008 at 17.30 in the Hexagon, Frank Lee Centre, Addenbrooke's Hospital.

**PRESENT:**

- Dr M Archer (Chairman)
- Mr T Benson (Advisor)
- Mr M Bright (Patient Governor)
- Dr N Burrows (Staff Governor)
- Mrs M Chaloner (Patient Governor)
- Brig. R Cockman (Public Governor)
- Dr P Dansie (Public Governor)
- Dr M Davies (Partnership Governor)
- Ms M Donnelly (Partnership Governor)
- Mrs J Ewer (Public Governor)
- Mrs G Francis (Public Governor)
- Prof B Michell (Patient Governor)
- Dr J Nicholls (University Governor)
- Mr J O'Sullivan (Staff Governor)
- Mr M Perry (Patient Governor)
- Ms G Pharaoh (Patient Governor)
- Mr E Revell (Public Governor)
- Mr T Roberts (Patient Governor)
- Mr J Snyder (Partnership Governor)
- Ms C Young (Partnership Governor)

**IN ATTENDANCE:**

- Mrs A Alderton (Trust Secretary)
- Mrs C McLaughlin (Minute Secretary)

**APOLOGIES:**

- Mr C Carr (Staff Governor)
- Dr S Bullivant (Patient Governor)
- Mr R Burgin (Advisor)
- Mr A Dasgupta (Partnership Governor)
- Mrs A Donnelly (Staff Governor)
- Mr B Gerbaldi (Public Governor)
- Mrs N Goddard (Public Governor)
- Miss M Nathan (Advisor)
- Dr V Muir (Patient Governor)
- Mrs S Smith (Partnership Governor)
- Cllr S Stewart (Local Authority Governor)

### 01/08 APOLOGIES FOR ABSENCE AND WELCOME

- (i) The Chairman welcomed two new partnership governors, Dr Jonathan Nicholls, who had replaced Tim Mead as the University nominee, and Tony Orgee who was Keith Walters replacement as County Council nominee Governor. Two new advisors were also welcomed: Roger Quince who had replaced John Cullum as the West Suffolk Hospitals NHS Trust's representative; and Tristram Benson, who was Chair of the newly formed Children's and Young Persons Board.
- (ii) As a result of these appointments the Board had six advisors, none of whom had voting rights.
- (iii) In the public gallery the following people were welcomed: Dr Karen Castille, in her new role as the Executive Director of Nursing and Organisational Development, Dr Jag Ahluwalia, the new Executive Medical Director; and Ms

Janice Bradfield, Membership Manager designate for the Norfolk and Norwich University Hospitals Foundation Trust, who was attending as an observer.

Agreed

The Board of Governors approved the new Advisor appointments.

## **02/08MINUTES OF THE PREVIOUS MEETING**

Received minutes of the meeting held on Thursday 6 December 2007.

### **(A) Papworth Developments (minute 66/07)**

Item (iv) the name Nigel Burrows to be replaced with "the Chairman of the Governor/Director working group on forward planning".

Item (vi) should read "Dr Burrows".

### **(B) Programme Board (minute 67/07)**

Francis Solway's name was corrected to "Francis Salway".

It was noted that the 2020 Advisory Group had four external experts, the fourth being Roger Sharpley, senior partner at DE&J Levy.

Agreed

With these amendments the minutes were agreed as a correct record.

## **03/08MATTERS ARISING FROM THE MINUTES**

### **Congestion Charge and Involvement of Governors in Consultation (minute 68/07)**

Noted

Governors considered that the County Council officials were unwilling to listen to what the patients were presenting as serious concerns.

Governors had made their views clear at the seminar on 12 January. As a result Dr Goodier had sent a strongly worded letter to the County Council. The letter represented the views of everyone who had been consulted within the Trust, that to include the hospital within the congestion zone would be wholly inappropriate.

## **04/08FINANCIAL AND PERFORMANCE REPORTS**

### **(A) Financial Report**

Received a report from David Smith, the Executive Director of Finance.

Mr Smith reported.

Noted:

- (i) The regular pre-meeting had been held which was thought to be very constructive. However, it was proposed to change the future start time to 16.00 to prevent the hiatus between that meeting and the full Board of Governors' meeting later in the day.

- (ii) A £9.9m surplus was confirmed, which was £1.6m ahead of plan for month eleven. However, at the last quarterly report in October 2007 the Trust had been £2.7m ahead of plan, which meant there had been a £1.1m reduction in the size of the surplus.
- (iii) There were two main contributing factors to the reduction in surplus, one of which was the retention and recruitment premium of £350 for certain staff, the payment of which had resulted in an unbudgeted £700k expenditure. In October the Trust had been below headcount plan; however, as a consequence of additional nursing recruitment activity the Trust was now ahead of plan, and in workforce numbers this had resulted in additional expenditure of £350k.
- (iv) During November and December there had been a 9% increase against plan for elective admissions, which equated to an extra 67 beds.
- (v) Just prior to the Christmas period the Norovirus outbreak and deep-clean process had resulted in five wards being closed. To compensate, two and half wards of contingency beds had been opened, and as a result the length of stay for non-elective patients had increased.
- (vi) The situation in October was that elective activity was £1.1m behind plan as a result of the 18-week target. However, at month eleven, on a cumulative basis, the Trust was now £1m above plan.
- (vii) The report made reference to "PDC". This referred to public dividend capital, which was money from the Department of Health, predominantly capital equipment for research and development.

#### Agreed

It was agreed that in future the finance and performance pre-meeting would commence at 16.00.

#### **(B) Performance Report**

Received a report from Joe Ghosh, Head of Performance Intelligence.

Mr Ghosh reported.

#### Noted

- (i) The A&E performance to end February was below the 98% target. This was a result of the poor performance in Quarter 3 caused by the increased activity at that time. The performance in Quarter 4 was much improved and above the 98% target. The Healthcare Commission had published the threshold at 98% for 07/08 and it was anticipated that the Trust would meet this target by the end of the year.
- (ii) To effectively address the anticipated winter surge of activity, it was planned to increase capacity through the use of two new modular wards.
- (iii) There were issues relating to the performance of delayed transfers of care; at the end of the last quarter the Trust was on 'red' in terms of bed availability. However, a combination of effective partnership working with the PCT, the medical directorate reorganisation and work on the discharge process, had improved performance to a medium rating.

- (iv) The Trust expected to achieve the 18 week 85% target for admitted patients and 90% target for non-admitted patients. This was a significant improvement on the previous quarter.
- (v) The impact of Quarter 3 pressures had resulted in a 6% increase above projection for non-elective activity, which had a consequential negative effect on elective length of stay.
- (vi) The current DNA (did not attend) rate for outpatients was approximately 5.5%. It was believed that the Choose and Book service had contributed to an overall reduction in "no-shows".
- (vii) Two band 7 Mental Health Nurse Specialists had been recruited for a fixed one-year contract. They would work in conjunction with Jones ward, which was for patients with mental health problems who also had other medical problems.
- (viii) A joint project between the PCT and Addenbrooke's was a good example of effective collaborative working. Together they were working very hard to ensure that, when required, facilities were available in the community for patients. This should facilitate a reduction in delayed discharges, reduce the hospital acquired infection rates and reinforce the ethos that patients should only remain in hospital when there was a clinical requirement.
- (ix) It was suggested that the data on cancelled operations should be separated into avoidable and non-avoidable reasons.

Agreed

- (i) In future the data on cancelled operations would be separated into the two requested categories.
- (ii) The DNA rate for outpatients would be included in future reports.

**05/08 ACTIVE (CHILDREN & YOUNG PEOPLE'S BOARD)**

Received a presentation from Mrs Brenda Hennessy, Director of Patient Experience and Public Engagement, and a report from Mr Fraser Rogers, Membership Manager.

Noted

- (i) The Trust intended that the new Children's Hospital would be best in class. To facilitate achieving this objective, it was considered important to solicit the views of young people. A meeting had been held, attended by forty young people, children and their parents.
- (ii) This meeting resulted in the formation of the Children and Young People's Board. This consisted of 34 individuals aged between eight and nineteen who came from a mixture of backgrounds.
- (iii) At their first meeting participants had agreed the rules and organisation of the Board and elected a Chairman and Vice-Chairman so as to facilitate independence in holding their own meetings. Trust staff would be present at the meetings, but in an advisory capacity only.
- (iv) The Board planned to meet every two months and their main purpose was as an advisory group to help improve services in the future. Their current

focus related to age grouping on the wards where they considered that there were a number of things for older and younger patients, but not for those aged in-between.

## **06/08 PATIENT EXPERIENCE**

Received a report from Mrs Brenda Hennessy, Director of Patient Experience and Public Engagement.

### Noted

- (i) A number of focus groups had been created. The perinatal and neonatal intensive care group had recently met and had held a constructive meeting. Several useful comments and suggestions had been made, which should be fed back to the Midwife team. Other focus groups for the Pain Clinic, Gynaecology and Rehabilitation were planned for the future.
- (ii) A recent event had been held for staff in relation to the proposed congestion charge. The meeting was very well attended and staff expressed concerns both for themselves and on behalf of the patients. The Trust's draft response had been taken to the PPI & Membership Working Group and endorsed by that Group prior to authorisation and signature by Dr Goodier.
- (iii) Looking ahead to next winter there was concern that there could be similar activity levels to last winter without any additional capacity. Taking a ward out of action for the TCT at a time of both increased activity and increasing critical care capacity on the campus was considered to be a risk.
- (iv) Mr Stephen Graves, Director of Corporate Development, liaised regularly with the TCT and Trust staff to identify what interim facilities could be established for outpatients, counselling and dedicated facilities on wards; but also to finalise the design for the permanent facility.
- (v) There was agreement on the location of the new facility and the architects were currently engaged in the development of the design ideas. At the Teenage Cancer Patient group in the following week they would meet with the architect to discuss environment and facilities and that process was ongoing with the young patients who would use the facility
- (vi) The next stage would be to request tenders for the building work with a provisional plan to commence this once the winter pressures had subsided.
- (vii) The TCT has funded ten posts nationally to co-ordinate the development of cancer services for young people. These posts were co-terminous with the ten strategic health authorities and were based within the specialist commissioning groups. The new incumbent, who had been appointed for the East of England, took up his post on 1 March 2008.
- (viii) A review of the patient surveys in use at the Trust had been undertaken, as a number of different methods had been employed. However, it was considered that the most effective had been a one-page survey sent to all patients on discharge within a chosen month. The responses had been reported through the Operations Directorate and discussed with Directors.
- (ix) The strapline "listening, learning, improving" had been applied to illustrate what the Trust wished to gain from the survey.
- (x) The survey consisted of twenty-four questions grouped into themes and an additional area for patients to write their own comments. During November,

2007 surveys were sent out to discharged patients who were aged 16 and over and had been discharged to their own home. Of these, 1210 forms had been returned, which represented a 45% response rate.

- (xi) The first category related to "Assurance" and included the questions "were the staff friendly and polite" "did the nursing staff and doctors clean their hands", "did the staff respect your dignity". The results were particularly encouraging as they related to the period when activity was exceptionally high and staffing levels were not at the optimum. Over 90% of patient's expectations had been met or exceeded.
- (xii) In the category "Reliability", questions were asked that related to the information given to the patient and whether their admission and discharge process went smoothly. Generally the feedback was good, but highlighted a requirement to improve the discharge process.
- (xiii) Questions in the category "Responsiveness" pertained to whether the staff were there when needed, were happy to help, and if patients felt comfortable talking with staff. Overall the results were very positive, particularly taking into account the staffing issues at that period.
- (xiv) Patients were asked how important each aspect of their care was to them. Whilst information of ward round timings scored low for the patient, it was acknowledged relatives and visitors might have different views on this issue.
- (xv) Very good scores were received for the category on "empathy". This asked whether the staff were kind and caring, were the patients basic needs catered for, were patients listened to and treated as individuals.
- (xvi) The responses dealing with cleanliness were very encouraging and Angela Thompson would be considering these results in relation to the Nursing Operational Performance report.
- (xvii) The intention was to run the survey every quarter and the process had just been completed.
- (xviii) It was intended to create a survey team and to widen the implementation to outpatients and GPs. The advantage of an in-house team was the ability to run focus surveys. It was accepted that it would be useful to supplement, rather than replace questions, as this would make it easier over time to compare responses and identify trends.
- (xix) Despite an improvement in the food quality and its delivery, there had been a 20% score for the patient's perception of food quality. This was considered disappointingly low.
- (xx) The confidence of patients to recommend the hospital to another person would become particularly pertinent with extended choice from 1 April, which empowered patients to choose wherever they wanted for their care. The average recommender score was 8.3 out of a maximum of 10.
- (xxi) The importance of learning from the survey results was recognised and the long-term aim was to reduce the amount of red on the graphs. The establishment of a training programme was part of the Development Team's intention to facilitate achieving this objective.
- (xxii) It would be an ongoing process to improve and to learn from the data. There would be regular feedback to the Board of Governors, Board of Directors and in-depth work with the PPI Group and Operations Directorate. It was also intended to create an improvement group that would include an

analysis of PEAT inspections, surveys, audits and complaints. This would be fed back to each of the service delivery units on a regular basis. The improvement team would also be reviewing these results to identify and target specific training.

- (xxiii) It was acknowledged that the number of complaints and concerns was increasing, but it was accepted that this was a combination of increased activity and that feedback was welcomed so as to improve services in the future.

## **07/08 INFECTION CONTROL**

Received a report from Mrs Angela Thompson, Assistant Director of Nursing.

### Noted

- (i) The information was based on February's data.
- (ii) There had been some issues with MRSA bacteraemias but as at February the Trust was on target for meeting the 60% reduction which was required over three years from base line. There had been forty cases by the end of February, against a year-end trajectory of fifty cases. Each MRSA incidence had a full root cause analysis undertaken. From these investigations a number of actions and issues were identified, for example a review of documentation.
- (iii) During February an intra-vascular catheter audit was undertaken and the results would be presented at the Executive Board.
- (iv) It was confirmed that the *Clostridium difficile* target related to the over-65 age group only. Not all cases could be transferred to isolation side rooms, but these occurrences were always clearly documented.

### Agreed

Mrs Angela Thompson and her team were thanked for their considerable efforts in reducing the incidence of MRSA bacteraemias.

## **08/08 LAUNDRY OUTSOURCING**

Received presentations from the Director of Estates and Facilities and from representatives of UNISON

The Chair welcomed Richard Howe – Director of Estates and Facilities, Martin Booth - Chair of Cambridge Health branch of UNISON and a clinical lead in theatres, Andy Graham - Branch Convenor for support staff for the Union and a Physician's Assistant at the Trust and Danny Bates, - a senior member of the laundry staff at Fulbourn.

### Noted

- (i) The views of the Board of Governors regarding the future of the Trust's laundry services were sought, prior to the decision being made at the Board of Directors' meeting on Tuesday 8 April.
- (ii) There were two stages to the current laundry process: sort, wash, dry, repair, iron and fold services were provided by Fulbourn at Capital Park. It was then returned to Addenbrooke's for distribution. Currently

approximately 100,000 items per week were processed.

- (iii) Laundry, including bed linen, scrubs and manual handling aids, was taken to Capital Park, cleaned and returned to site at a cost of 38p per item.
- (iv) During the 1980s the Fulbourn Hospital facility had become a district laundry service which resulted in the closure of other NHS laundry facilities including those at Addenbrooke's.
- (v) During the 1990s the asset was transferred to Addenbrooke's on a 125-year lease. The wash and dry process was refitted in 1993 with a single stream due to capacity constraints within the premises.
- (vi) The subsequent sale of Capital Park had resulted in the site being redeveloped and the laundry was now the only industrial unit on the site and expansion of the facility might be problematic as a result.
- (vii) There were now a number of issues with the current laundry facilities:
  - A requirement to meet new stringent standards
  - Age of the current equipment
  - Capacity constraints
  - Anticipated increased activity levels at Addenbrooke's
  - Loss of linen
  - Business continuity, resilience and disaster recovery requirements
  - Staff washing uniforms at home at insufficient temperatures.
- (viii) There were two proposed strategic options to address these issues:

#### Option 1 – Relocation of Existing Laundry

- Relocation of the laundry to new larger premises, for example to Haverhill, where there are a quantity of good-quality industrial units and where a number of the current laundry staff reside.
- The new equipment would enable 300,000 items to be cleaned per week, although the current requirement was only 100,000.
- The new facilities would ensure that the service would include not only linen, but also blues from specialist areas such as IC and NICU and manual handling aids.
- It would have the capability to provide a laundry service to other NHS establishments, thereby generating an income. However to compete as an NHS laundry, the facility would have to comply with the national framework standards which included providing disaster recovery support, competitive pricing and a full linen service. It was also acknowledged that many East Anglian NHS organisations had existing laundry contractual commitments that were not due to expire in the near term.
- This option would require an estimated £4.6m capital outlay. This was based on machinery that would double the current capacity and would be depreciated over 15 years. There would be a £2.7m annual revenue expenditure. This would result in a £700k increase on current expenditure.
- The laundry cost would be 51p per item.

#### Option 2 – Outsource the Laundry Service

- To utilise the NHS PASA Framework to engage an NFA Service provider to replace the service provided by Fulbourn. A linen room for repair and sewing would be retained and potentially a launderette installed at Addenbrooke's to launder manual handling aids and uniforms.
  - An estimated £141k capital outlay would be required for this option (including the onsite launderette) and an approximate annual revenue cost of £250k which added to the contract costs, totalled £1.92m. This would result in a £48k decrease on current expenditure.
  - The laundry cost would be 37p per item.
- (ix) Thirty-one staff were currently employed at the laundry. The Trust formally commenced consultation with them in November 2007 and the discussions were based on the two proposed options. There would be a potential reduction of 15 staff and it was envisaged that as most of these positions were Band one and two, it should be possible to secure alternative employment within the Trust for them.
- (x) UNISON welcomed the opportunity to be involved with the consultation and voiced their concerns regarding growing privatisation within the NHS. They believed that this situation provided an opportunity to develop and expand the current service and that this would be a strategic decision with long-term benefits. This was reflected in Scotland where an NHS laundry had become a public sector provider with control over standards which were not dictated by the demands of commercial enterprises focused on profit.
- (xi) Members of the laundry staff and UNISON had visited a well-known private sector laundry provider and had concerns regarding the standards, storage and quality of the service compared to that which they currently provided. However, it was understood that this was not the intended provider for Addenbrookes.
- (xii) Whilst it was acknowledged that retaining the service in-house would require a significant financial commitment, it was considered that the benefits of in-house quality control, staff allegiance to Addenbrooke's and the provision of an end-to-end service would vindicate these costs.
- (xiii) Concern was raised regarding the management of the service, particularly if the quality was sub-standard. It was explained that, as with other Addenbrooke's suppliers, contractual penalty clauses existed that would be invoked for non-compliance with the contract. The linen would be subject to strict microbiology tests and reports on the service would be through the usual reporting channels.
- (xiv) The sentiment from many Board of Governors' members was that Addenbrooke's needed to focus on its core business. Other services had been outsourced, for example cleaning, and this was considered to be successful. It was accepted that other commercial organisations, for example Boeing, also outsourced non-core activities.
- (xv) The preferred choice of UNISON was to pursue Option 1, based on the opportunity to expand the service to other NHS organisations which would generate additional income, and assure the quality of the laundering, and the high level of service provided.
- (xvi) The recommendation from Estates and Facilities to the Board of Directors, based on capital, revenue, resilience and business continuity, would be to pursue Option 2. This view was supported by the Board of Governors.

## **09/08 CHAIRMAN'S ITEMS**

The Chairman reported.

### Noted

- (i) Nominations to Governor elections closed on 3 April and there would be a contested election for all three constituencies. The formal statements for all candidates would be available from Tuesday 8 April.
- (ii) Robert Burgin and Dr Archer had proposed that a joint meeting between the two Boards of Governors of Addenbrooke's and Papworth should be held in the autumn when Papworth should have received approval for its outline business case for relocation.

## **10/08 DRAFT GOVERNORS STATEMENT FOR THE HEALTHCARE COMMISSION DECLARATION AND PROCESS FOR FINAL APPROVAL**

Received a draft statement from the Head of Governance and a process outline from the Membership Manager.

Mr Fraser Rogers reported.

### Noted

- (i) Due to timetabling constraints a slightly different process was proposed from last year. The Board's approval was sought for the change to the process.
- (ii) On 10 April there was an event scheduled to discuss both the annual plan and the Healthcare Commission declaration and the Governors' responsibility in that process. Glenn Pascoe, the Head of Clinical Governance for the Trust, had suggested that representatives from each of the Governor constituencies met with Mr Pascoe prior to the meeting. Together they could work through an online system of evidence supporting what the Trust intended to declare in the Healthcare Commission Commission's declaration.
- (iii) Based on the evening meeting, Governor comments and looking at the evidence, the Membership Manager would draft a governor statement. The following week it was proposed that due to the tight timescales, and in conjunction with Dr Megan Davies, Chairman of the Governors' Constitution Committee, and at least one elected governor who attended the meeting on 10 April, that the Chairman would use Chairman's Action to sign off the final statement.

### Agreed

The proposal for the revised Healthcare Commission declaration process was approved.

## **11/08 RECOMMENDATIONS FOLLOWING GOVERNOR EFFECTIVENESS REVIEW**

Received a report from the Chairman of the Governors' Constitution Committee

Dr Megan Davies reported.

### Noted

- (i) The Membership Manager was thanked for his considerable contribution in conducting this review; an in-house approach had been adopted. This had resulted in a significant amount of work for Mr Rogers, and the Trust Secretary, who had provided guidance, but a very good report had been generated as a result.
- (ii) To ensure the momentum of the report was maintained, the Constitution Committee had identified actions that were grouped into three categories (appendix 6). The first were actions that could be taken forward immediately, the second required the chairmen of various committees and working groups to take ownership for. The third category were areas that required greater engagement and it was proposed that the planned Governor induction/refresher day in September be utilised to discuss these issues in greater detail.
- (iii) It had been suggested the chairmen of the main committees of the Board of Directors and the Chair of the Board of Governors should meet annually.

### Agreed

The issues had been identified and the action plan outlined in appendix 6 was appropriate. A joint meeting of committee chairmen would be welcomed.

## **12/08 GOVERNORS' CONSTITUTION COMMITTEE MEETING**

### **(A) Minutes of meeting held on 28 January**

These were received and noted.

### **(B) Report from the Trust Secretary on issues arising from the meeting on 28 January.**

The Trust Secretary sought approval on the proposed amendments to the Constitution which were considered ready to be presented to Monitor. The Constitution Committee had already approved the changes.

### Agreed

Governors approved the proposed amendments.

### **(C) Proposal from the Trust Secretary regarding the Deputy Chairman**

The Board considered the proposal for a substantive Deputy Chairman of the Board of Governors. It was suggested that the Deputy Chairman should not be Chairman of any of the Board of Governors sub-committees or working groups, and should not be members of the Nomination and Remuneration Committee to avoid a conflict of interest.

The Constitution Committee had already agreed these recommendations.

### Agreed

It was agreed to approve the concept of a Deputy Chairman and progress this once the elections were over.

## 13/08 GOVERNOR/DIRECTOR WORKING GROUPS

### (A) Report on meetings of the Governor/Director Working Groups

The Chairmen of the working groups reported as follows.

#### **Forward Planning held on 18 March**

##### Noted

The minutes from the previous meeting were not yet available. However, it had been a very constructive meeting which focused on the criteria the Trust were considering to prioritise strategic developments. There were resultant ongoing discussions on how Governors could provide useful input to these decisions.

#### **Governance and Assurance held on 19 March**

##### Noted

At the meeting there had been a lengthy discussion regarding the budget setting process and the integrated business cycle for the Trust. There was also a presentation on the lessons learnt by the Trust and plans arising from Exercise Halogen. It was recognised that the future of this group would be influenced both by the change in the Governance structure of the Trust and the amalgamation of the two Executive Director positions. There would be a need to continue to review how this group fitted in with the new structure and to develop objectives in line with the Board of Governors' effectiveness review.

### (B) Report on LINKS from the Chairman of the Membership and PPI Working Group

Mrs Chaloner, Chairman of the Working Group, reported.

##### Noted

- (i) In reference to the Local Involvement Network, Mrs Chaloner had attended two LINKS meetings with Brenda Hennessy. It was accepted that the concept was good, but the remit was huge, with every patient group in Cambridgeshire expected to possess a "loose link" with each other. Many of the people at the meeting were ex-PPI members and there was a perceived hostility towards Foundation Trust Governors.
- (iii) A website had now been established and a recent press release in the Cambridge Evening News had provided some publicity for LINKS.
- (iii) During April, Mrs Chaloner planned to attend a meeting where LINKS would be discussed in greater detail by the Committee for Public Scrutiny, run by Warwick University.

## 14/08 DATES FOR 2009

Dates for Board meetings in 2009 were agreed as:

Thursday 2 April (avoiding Easter week – Easter Sunday 12 April)

Thursday 2 July

Tuesday 8 September

Thursday 10 September (AGM)

Thursday 3 December.

#### **15/08 REPORT FROM THE NHS FOUNDATION TRUST GOVERNORS' ASSOCIATION**

The Board's representatives, Judith Ewer and Brian Gerbaldi, reported.

##### Noted

- (i) Although the group had not met recently, the Executive had held a meeting. The Guidance Manual was tabled and a correction made that Mrs Ewer had not contributed to the document.
- (ii) Mrs Ewer noted her intention to stand down as one of the Trust's two representatives on the Association to make an opportunity for another governor to succeed her.

#### **16/08 REGISTER OF GOVERNORS' INTERESTS**

To note that the register has been updated; copies were available from the Secretary.

#### **17/08 FUTURE EVENTS**

A list of future events was tabled.

#### **18/08 DATE OF NEXT MEETING**

Thursday 3 July 2008 at 17.30 in the Hexagon, Frank Lee Centre

#### **19/08 ANY OTHER BUSINESS**

Sponsorship was available online through the ACT website for Ann Alderton, Trust Secretary, who was running in the Paris Marathon.

Dame Edna Everage would be opening the Addenbrooke's Open Day on 10 May.