

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 2 July 2009 at 17.30 in the Hexagon, Frank Lee Centre, Addenbrooke's Hospital.

PRESENT:

- Dr M Archer (Chairman)
- Mr D Adlam (Staff Governor)
- Mr M Bright (Patient Governor)
- Dr S Bullivant (Patient Governor)
- Mr R Burgin (Advisor)
- Mrs M Chaloner (Patient Governor)
- Brig R Cockman (Public Governor)
- Mrs J Coston (Patient Governor)
- Mrs P Dansie (Public Governor)
- Mr A Dasgupta (Advisor)
- Dr M Davies (Partnership Governor)
- Mrs J Ewer (Public Governor)
- Mrs G Francis (Public Governor)
- Mr B Gerbaldi (Public Governor)
- Mrs M Hart (Patient Governor)
- Prof D Humber (Partnership Governor)
- Prof A Lever (University Governor)
- Mrs R May (Staff Governor)
- Prof B Michell (Patient Governor)
- Dr J Nicholls (University Governor)
- Cllr T Orgee (Local Authority Governor)
- Mr J O'Sullivan (Staff Governor)
- Mrs G Pharaoh (PCT Governor)
- Mr R Quince (Advisor)
- Mr E Revell (Public Governor)
- Mr A Roberts (Patient Governor)
- Mrs S Smith (Advisor)
- Mr L Williamson (Public Governor)
- Ms C Young (Commissioning Group Governor)

APOLOGIES

- Dr A Alderton (Trust Secretary)
- Mr C Carr (Staff Governor)
- Ms M Donnelly (PCT Governor)
- Mr W Pope (Partnership Governor)

IN ATTENDANCE

- Dr J Ahluwalia (Executive Medical Director)
- Mr C Black (Director of Commissioning)
- Dr K Castille (Chief Nurse and Operating Officer)
- Mrs F Cousins (Executive Director of Information Systems & Analysis)
- Dr G Goodier (Chief Executive Officer)
- Mr S Graves (Executive Director of Corporate Development)
- Mrs H McGhee (Deputy Trust Secretary)
- Mrs C McLaughlin (Minute Secretary)
- Mrs B Hennessy (Director of Patient Experience and Public Engagement)
- Mrs R Murphy (Director of Communications)

Prior to the commencement of the meeting there was a brief informal celebration of the fifth anniversary of Cambridge University Hospitals' achievement of Foundation Trust status.

18/09 CHANGES TO THE BOARD

Mrs Jane Coston and Mrs Rachael May were welcomed to the Board as the newly elected patient and staff governors respectively. Mrs Angela Donnelly, who had retired as a Governor, was thanked for her valuable contribution as a governor. Prof Bob Michell and Dr Susan Bullivant were congratulated on their unopposed re-election.

19/09 MINUTES OF THE PREVIOUS MEETING

With the amendment of the date, the minutes of the previous meeting held on Thursday 2 April 2009 were agreed as a correct record.

20/09 MATTERS ARISING FROM THE MINUTES

(A) Joint Board meeting with Papworth Board of Governors 2009 (minute 02/09)

It was proposed that as the Papworth Board of Governors was scheduled to meet on 24 November, a joint meeting would be arranged for that afternoon, hosted by the Trust. The agenda was currently in preparation.

(B) Timings of future meetings (minute 09/09)

Following consultation by the Trust Secretary on the timings of meetings, the proposal was for the Board to review the situation at a future meeting in respect of the timings for 2010, in view of the fact that times were fixed for 2009.

(C) ACTIVE (minute 06/09)

The Chairman reported that sadly Liam Fairhurst, who was a keen member of ACTIVE and a passionate fundraiser, having raised over £300k for cancer charities, had recently died. Governors offered their sympathy to his family.

(D) The Perry Suite

Governors were thanked for attending the inaugural fundraising event for the Perry Suite, at which £1,100 had been raised. Two paintings by John Bellany had been donated which would be auctioned at the ACT gala dinner on 22 September. In addition Mr Bellany had donated a painting to the Trust. A further fundraising event was planned for 29 August.

(E) Addenbrooke's Charitable Trust (ACT) Gala Dinner (minute 15/09)

A gala dinner had been arranged for 22 September at King's College. The format of the evening reflected the intention that it should be a corporate event. David Frost would be the host, and the opera singer Amanda Roccroft would be performing with Richard Lloyd Morgan. Alastair Compston would present a short version of the popular lecture he gave in November 2008.

21/09 FINANCIAL OPERATIONAL AND PERFORMANCE REPORTS

(A) Financial Report

Received: Financial report

Noted

- (i) Jim O'Sullivan reported that the Governance and Assurance Working Group had discussed the report in depth with David Smith, Executive Finance Director, prior to the Board meeting.

- (ii) The Trust was currently on target to achieve a £1m surplus. This was ahead of plan, although this was in part a result of phasing of payments.
- (iii) Mr Smith had allayed governors' concerns regarding the impact on patient quality and safety in relation to any cost improvement programmes.
- (iv) The new divisional structure, which had reduced the number of clinical divisions from thirteen to seven, became operational in April 2009. As a result of these changes, the divisions now operated as business units within the Trust and had greater autonomy over their own budgets. They also had their own finance and HR teams, but retained corporate support.
- (v) The new structure had exceeded expectations and all were taking their responsibilities very seriously and working hard to improve efficiencies.

(B) Performance Report

Received: Performance report

Mrs Frances Cousins, Executive Director of Information Systems and Analysis, reported

Noted

- (i) There had been a significant reduction in *C. difficile* cases during the year to date which indicated that the actions put in place by the Trust were significantly improving the Trust's performance.
- (ii) The significant effort invested in addressing the number of MRSA cases not only resulted in lives saved, but also reduced length of stay. Fewer patients developing infections resulted in significant savings to the Trust.
- (iii) The total number of MRSA bacteraemias to date this year was five, one above trajectory, resulting in a high risk rating, although on a small number of cases. The agreed action plan was believed to be having an effect.
- (iv) Although A&E targets were an 'amber' risk, the area had experienced a significant increase in activity levels, and had managed to achieve the A&E target for this quarter, notwithstanding that increase.
- (v) The cancer waiting time targets were new and the thresholds which would be applied to the Trust by the Department of Health would not be known until October 2009. However, the Trust was currently actioning these targets as high risks. Work would be undertaken with breast, gynaecological and urology cancer services to understand if these areas were experiencing high referral levels or whether it was clinical practices that were causing difficulties in achieving the targets.
- (vi) The number of data items required had increased by 268% which presented a challenge to ensure the quality of the data was high and that the information about the Trust's performance was good. Training sessions were currently being held to enable staff to understand the new targets and the associated data collection requirements.
- (vii) The 268% increase imposed a financial and resource overhead on the Trust. Data were now required from the point at which a GP suspected cancer through to the death or full recovery of the patient. This put additional pressure on nurses, MDT co-ordinators and specialist nurses.

- (viii) The cost of time and resource for the collection of the data was a concern and the Chief Executive was to write to Lord Darzi outlining the Trust's concerns.
- (ix) Cancelled operations were another area of concern. There was a particular issue of capacity in the two neuro theatres and the scheduling of patients was under review to identify any improvements that might be made.
- (x) The clinical genetics service had breached some targets to see patients within thirteen weeks and the reasons for this were under investigation.
- (xi) The final area of "red" concern related to non-elective patients. Despite a current increase in length of emergency stay, the aim was to achieve upper decile performance against peer hospitals by March 2011. A programme was in place across all divisions to achieve this target.
- (xii) Non-attendance of patients continued to be an issue, despite notices in outpatients showing the public the number of missed appointments.

Agreed

Governors thanked Mrs Cousins for her comprehensive report.

(C) 2008/09 Annual Health Check

Received: Annual Health Check report

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

Noted

- (i) The paper outlined the best and worst case scenarios that the Trust could encounter when the results of the annual Health Check for 2008/09 were announced in October. The Health Check framework of assessment was measured against four criteria.
- (ii) The Trust had declared compliant in all twenty-four core standards which would constitute a "fully met" measurement.
- (iii) The highest score that the Trust could achieve for "existing commitments" was "almost met" due to one underachievement and one failed. The Trust was considering whether to submit an extenuating circumstance request for the inclusion of clinical genetic service breaches for the 13-week outpatient waiting indicator as this had not previously been included in the measures. In addition the Trust was remunerated for this service by a block contract which, if this indicator had been fully met, would not have resulted in any additional income for considerably increased activity.
- (iv) Uncertainty existed for the thirteen cancer target indicators, as only six had been published; the remaining seven would be published in October. Other hospitals were experiencing similar problems in relation to the new cancer targets, particularly as there was an emphasis on inter-trust referrals and an aggregate was based on all hospitals including DGHs. The Trust was working closely with other teaching hospitals and was currently investigating the failed score for the Maternity HES indicator. The Trust had a score of 89.99%, failing to reach the required 90% by 0.01%. The Trust would submit an extenuating circumstances request for clarification on the requirements for data validation. A "good" score could apply for this component, and the worst option was a "weak" score.

- (v) For the “quality of service” element the best case scenario for the Trust was a “good” rating and the worst case scenario was a “fair” rating.
- (vi) In respect of the “financial risk rating” element, the Trust anticipated a “good” rating as a result of declaring through Monitor a financial risk rating of 3. The actual rating was 2.54 and this was rounded up to 3 and was based on the prospective rating.

Agreed

Governors noted the likely outcome of the Annual Health Check.

22/09 UPDATE ON STRATEGIC DEVELOPMENTS

Mr Stephen Graves, Executive Director of Corporate Development, reported.

Noted

- (i) Final deliberations were taking place on the Section 106 agreements to provide funding for proposed developments in South Cambridge including the guided busway and the Addenbrooke’s access road. It was anticipated that these would be completed by the end of July.
- (ii) If approved, the agreements would result in the commencement by the developers of the roadway from the 2020 Addenbrooke’s access road to be completed within the next year. It would also enable the guided bus system to be linked to Robinson Way. It was anticipated that by January 2010 both the guided bus system and the Addenbrooke’s access road for that element would be completed and by summer 2010 the whole Boulevard should be concluded.
- (iii) Determining the S106 agreements would also unlock the local elements of the approval of the Papworth business case. This consisted of two core elements: the local planning issues and sign-off by the Department of Health and Treasury of the outline business case, which would enable Papworth to commence the private finance process.
- (iv) In discussions with Papworth and CUH representatives Treasury officials had confirmed that they would not commence auditing Papworth’s figures until they had seen a copy of the final Section 106 planning agreement and after this they would require six weeks to audit the Trust’s figures, the Department would then need a further two weeks to write a briefing note for the Minister.
- (v) The figures would then need to be resubmitted to Monitor, who required up to four weeks to review the Business Case. It was therefore anticipated that there would not be a ministerial decision until October 2009.
- (vi) Concern had been expressed regarding the use of PFIs. However, as a result of experiences in the health sector and elsewhere the situation had improved considerably in regard to PFIs. They had the significant advantage that despite the current recession there had been a sizeable interest from contractors.
- (vii) The master plan for both the existing and new campus was in the process of being finalised. It was important to ensure both campus layouts were aligned and that any proposed clinical plans were taken into account to ensure that clinical services were situated in the correct location.

- (viii) The master planning process had included extensive internal consultation and discussions with clinicians were now completed. The master plan had been agreed with the Trust's development partners and a meeting was planned during July with the local planning authority to share the information only, as approval from them was not required. The Chairman was planning a public presentation of the master plan in September.
- (ix) Also being taken forward was the Rosie extension, which would be financed through public funding. The money would be borrowed as the development was of a size that was within the Trust's decision-making control and could be financed through borrowing. In addition presentations to the PCT had been made regarding proposed developments to the Emergency Department, Neuro-sciences and the Children's Hospital.
- (x) A decision was awaited regarding future management of Hinchingsbrooke. The *Health Service Journal* had recently indicated that the designation of trauma centres needed to progress quickly and that Addenbrookes, with its partners, was in a good position.
- (xi) The Oasis, the new TCT facility, was now open and there would be a launch event within the next few months. The TCT facility on C9 was scheduled for completion in December 2010.
- (xii) The NHS needed to achieve a £15-20bn efficiency saving during the next few years, and the Trust needed to prepare for the impact on its finances. The PCT had recently run a scenario workshop to understand the implications and how bodies could work together to sustain improved efficiencies in all services.
- (xiii) The Trust was piloting a diabetes scheme to improve the identification and treatment of diabetic patients in the community, which would contribute to a reduction in the number of patients attending Addenbrooke's.

Agreed

Governors thanked Mr Graves for his comprehensive report.

23/09 PATIENT EXPERIENCE REPORT

Received: Improving the Experience of our Patients report

Mrs Brenda Hennessy, Director of Patient Experience and Public Engagement, reported.

Noted

- (i) The Trust recently received results of the national survey, which related to patients in the hospital during June and July 2008; as a result the information was not contemporaneous. The Trust had scored poorly in relation to the proliferation of posters and other literature regarding the complaints process. However, there were posters and leaflets on every ward and in clinics and information was available on the Patientline. In addition The PALS office was one of the most accessible and responsive advice and liaison services in the country.
- (ii) The Trust carried out its own survey of patients, using the same questions as the national survey, which was sent out to about 2700 recently discharged patients once a quarter and received on average a 45% response. The surveys were tested in advance to ensure that all

respondents had the same understanding of the questions.

- (iii) The local survey results provided valuable information to the Trust at a more detailed level than was possible from the national survey. It was shortly to be rolled out to Outpatients, and CUH would be one of the first Trusts to do this.
- (iv) Notice boards had been installed so staff and patients could see the survey results.
- (v) The Trust did not perform well in the survey in relation to “discharge” and Karen Castille was leading a Discharge Project to improve this aspect of patient care. She would be discussing this with governors at the next meeting of the Governor/ Director Working Group on Governance and Assurance.
- (vi) Training would be provided to ensure that at patient discharge all staff were working to the same standards, and processes were under review.
- (vii) The Department of Medicine for the Elderly had experienced an increase in the number of complaints. The Patient Experience Support Team would be holding training sessions in September for about 150 staff to improve their basic ‘customer care’ to patients.
- (viii) In conjunction with the Communications Department, monthly Staff Governor Forums had been introduced which had so far included discussion on car parking and the food available in the Concourse.
- (ix) A member of staff, with input from governor Brian Gerbaldi, was working on a project to improve wayfinding on the campus. There had been a number of improvements which included introduction of a good map in Outpatients and notice boards had been tidied up. Two electronic wayfinders were currently being trialled, free of charge, and the feedback of patients would be sought prior to consideration of a proposal to introduce them across the campus.
- (x) Approximately 500 volunteers provided support to the hospital and its patients. Dr Archer and Dr Goodier had recently presented long service awards to those volunteers who had served for 10, 15 or 20 years and longer.
- (xi) The original Chair and Vice-Chair of ACTIVE had retired as they had moved on to University. Their successors, one drawn from the older and the other from the younger age group, were due to be elected.
- (xii) As a result of the recent PEAT visits by governors, it had been agreed that the Membership and PPI Working Group would regularly receive PEAT reports to enable governors to monitor the actions taken as a result of their visits.
- (xiii) Qlickview provided detailed operational data which were available to wards, including patient experience data. The intention was to develop a scorecard for each ward.
- (xiv) The new Chair for the End of Life group was Tom Bennett, Director of Operations, who planned to start afresh and review the strategy. Governors expressed concern that this could duplicate previous work, and this was noted. The Darzi report, which noted that most patients preferred to die at home, had only recently been considered particularly in relation

to current economic challenges. There was potentially a lack of congruence between what was desirable and what was feasible and it was intended to co-ordinate with different providers including the PCT, Social Care and GPs. As a result the group was meeting more than once a month to progress these issues. Finance to improve end-of-life care could be generated through improved effective and efficient working rather than as a result of additional money.

Agreed

Members thanked Mrs Hennessy for her report. The format of her report would be considered at the next meeting of the Membership & PPI Governor/Director Working Group which would also provide an opportunity to look at the data in more detail.

24/09 INFECTION CONTROL

Received: Update on infection control

Dr Jag Ahluwalia, Executive Medical Director reported.

Noted

- (i) Nicholas Brown, Basil Matta and Angela Thompson were thanked for their hard work, the results of which were reflected in the report.
- (ii) The Trust had finished the year with 29 cases of MRSA against a ceiling of 33. Of those 29, 14 occurred 48 hours after admission, 10 prior to admission, and 5 were contaminants. The Trust needed to concentrate on in-hospital acquired cases, particularly to ensure the year-to-date figures did not continue the current trend to be above trajectory.
- (iii) A huge amount of work had been undertaken to achieve the reduction of cases of *C. difficile*. The Trust had concluded the year at 294 cases against a ceiling of 300 cases and the year-to-date figures were 36 cases with a ceiling of 60.
- (iv) Hand hygiene data in relation to Transplant services remained a concern. During April extra training courses had been run which had resulted in an improvement, but it was important that staff did not become complacent.
- (v) The Secretary of State had announced that the swine 'flu pandemic had moved from "containment" to "treatment" phase. Primary care would now take the lead in clinical diagnosis. Those displaying symptoms would be discouraged from attending A&E. So far the virus was milder than anticipated, so antivirals would be restricted to high-risk patients only. The information line number was 0800 1 513 513 or information was available from the NHS website.

Agreed

Governors thanked Dr Ahluwalia for his presentation.

25/09 CHAIRMAN'S DIARY OF EVENTS

Received: Chairman's report.

The report was noted.

26/09 RE-APPOINTMENT OF THE EXTERNAL AUDITORS

Mr Jim Potter, Chairman of the Audit Committee, reported

Noted

KPMG had been appointed by the Board in 2006 as the Trust's external auditors for a five year period after a competitive tendering process. Governors were required to reappoint the auditors annually. KPMG's performance had been satisfactory for the past three years. As Chairman of the Audit Committee, Mr Potter recommended the reappointment of KPMG to the Board.

Agreed

Governors accepted Mr Potter's recommendation, and agreed that KPMG be re-appointed.

27/09 CONSTITUTIONAL ITEMS

Received: Minutes of the meeting held on 12 June 2009, report from GCC 12 June 2009

Dr Megan Davies, Chairman of the Governors' Constitution Committee, reported.

(A) Items for information and consultation

Noted

- (i) Independent Audit Ltd had concluded their effectiveness review of the Board of Directors. The draft report had been considered by the Directors at their Away-Day in June. The Governors' Constitution Committee had concluded that the forthcoming review of the Board of Governors would be useful to the Trust.
- (ii) The Board of Directors had discussed and created their objectives at the Away-Day. These were in addition to the Trust's corporate objectives, and were tabled for governor's information. Board of Directors meetings now included the presentation of a five minute patient story which helped to set the Board's discussions in context.
- (iii) The Committee had agreed that attendance by the non-Executive Directors at the "meet the members" meetings was not good use of their time and they would therefore not be expected to attend these in future.
- (iv) There was a lengthy discussion regarding the process for the reappointment of the Chairman and the following changes were made.

(B) Items for approval

B.1 Chairman's appointment – review of process

Agreed

The proposed wording of the policy for the Chairman's reappointment was agreed as follows, with the word underlined added:

'A process of open competition will ensure compliance with this code although this requirement may be waived, subject to approval by the Board of Governors, if considered to be in the best interests of the Trust. A chairman who has already

served for nine years or more may be eligible for reappointment only if a change of chairman at that time would be of major disadvantage for the Trust and only for a final twelve month term.'

B.2 Changes to the Constitution

A number of changes to the Constitution were agreed by the required majority of three quarters of governors present and voting. These changes will now be proposed to Monitor for ratification.

B.2.1 Constitution 8.10.1, 8.10.1A and 8.10.2 (c)

Noted

It was not considered to be in the best interests of the Trust for a number of experienced governors to leave the Board at the same time; the proposed change to these clauses would ensure that their departure was staggered.

Agreed

Following discussion, this clause would now read: Public/Patient/ Staff governors 'may not compete for re-election if they have held office for nine or more consecutive years' replacing 'may not hold office for longer than nine successive years'.

B.2.2 Constitution 8.12.1 (h)

Noted

Previously governors were not permitted by the Trust's Constitution to be a governors of other Foundation Trusts. The proposal considered was to amend the Constitution to remove this restriction, provided that there was no conflict of interest.

Agreed

The wording proposed was agreed, with the addition of the wording underlined, as 'the nature of whose business may give rise to potential conflicts of interest of a personal or prejudicial nature to such a degree as to prevent the person from the proper exercise of their duties as a Governor of this Trust. This may include other Foundation Trusts'.

B.2.3 Constitution 8.17.1, 8.17.2

Agreed

The proposed changes to the constitution to acknowledge the new position of deputy chairman were agreed, namely the two clauses to read:

'The Chairman of the Trust or in his absence the deputy chairman, if any, of the board of governors or in his absence the vice-chairman of the Trust or another non-executive director is to preside at meetings of the board of governors and will have a casting vote

Where the chairman , deputy chairman, vice chairman and other non-executive directors are all absent or have a conflict of interest, a representative appointed from amongst the governors attending that meeting of the board of governors shall preside at the meeting and shall have a casting vote.'

B.2.4 Constitution 8.19.1 and 8.19.2

Agreed

The proposed changes to the constitution to strengthen the section on conflict of interests to include Committees of the Board of Governors was agreed, the two clauses to read:

8.19.1 If a governor has a pecuniary interest, whether direct or indirect or where there could be a perception of conflict of interest in any contract , proposed contract or other matter which is under consideration by the board (or any committee or sub-committee established under paragraph 8.18) he shall disclose that to the rest of the board or committee as soon as he is aware of it...etc.

8.19.2 interests which should be regarded as relevant and material would include but are not limited to (text continues as previously).

and

(c) A material interest through share holdings in organisations likely or possibly seeking to do business with the NHS

B.3 Changes to the AGM

It was proposed and agreed that the format of the AGM would be changed so that it be combined on alternate years with the Trust's Open Day, which would henceforth be held in September. The AGM this year would be held as part of the governors' scheduled meeting on Tuesday 8 September.

27/09 GOVERNOR/DIRECTOR WORKING GROUPS

Reports from the meetings of Governor/Director Working Groups

(A) Forward Planning held on 11 June 2009

Received: Minutes of meeting of 11 June2009.

Mr Michael Bright, Chairman of the Forward Planning Working Group, reported.

Noted

- (i) A number of governors were thanked for their contribution to the possible changes to the terms of reference.
- (ii) Members of the group had already studied the draft annual plan and their comments were incorporated in the plan prior to its being sent to Monitor. Members' comments on finance, customer care, patient care and clinical services in relation to the plan were discussed.
- (iii) Stephen Graves had provided an update on the Southern Campus, Papworth and Hinchingsbrooke hospital developments.

(B) Governance and Assurance held on 29 June 2009

Mr Jim O'Sullivan, Chairman of the Governance and Assurance Working Group, reported.

Noted

- (i) The minutes from the 29 June meeting would be distributed following the current Board meeting.
- (ii) The Group had received presentations on patient safety. An update was provided on the Safety First Agenda, which would be formally launched in September.
- (iii) In depth discussion of the Finance and Performance Reports in this forum had replaced the pre Board of Governors' meeting. This was considered very beneficial and would continue.
- (iv) Dr Karen Castille, Chief Nurse and Operating Officer, had given a presentation on organisational development issues particularly around financial challenges and the impact on the Efficient Patient Care programme and the ongoing problems with delayed discharge. She would give a separate seminar on this subject to the next meeting on 3 September.

(C) Membership and PPI held 8 June 2009.

Received: Minutes of the meeting held on 8 June 2009.

Mrs Mary Chaloner, Chairman of the Membership and PPI Working Group, reported.

Noted

- (i) There was now involvement with the local LINK organisation through governors Pamela Dansie and Gill Francis who had volunteered to attend LINK meetings.
- (ii) Governors had been interested to hear about the Anne Frank Programme. The results of a staff focus group on Concourse food prices were reported.
- (iii) ACTIVE were performing well and it was intended there would be an opportunity to see their work.
- (iv) The poor attendance at the "Meet the Governor meetings" was discussed and the plan was to target specific groups, such as playgroups and Women's Institute, to achieve higher attendance.

28/09 TRUST GOVERNANCE MATTERS

Received: Report from the Trust Secretary, Board of Directors objectives (tabled)

Helen McGhee, Deputy Trust Secretary, reported.

Noted

- (i) The report informed Governors of changes to the Board of Directors committee structure and associated sub groups.
- (ii) In future, minutes of the Board of Directors would be available on the public website, obviating the need for a specific Board Update for governors.

- (iii) The Chairman had tabled the Board of Directors' objectives, for governors' information.

29/09 REPORT FROM THE NHS FOUNDATION TRUST GOVERNORS' ASSOCIATION

Mr Brian Gerbaldi reported on behalf of the Board's representative.

Noted

There were now seventy-four Member Trusts and three more had applied to join from September. New governors in particular were encouraged to make use of the briefing papers available from the Foundation Trust office.

30/09 BOARD ASSURANCE FRAMEWORK

Noted

The Board received an annual update and the report, which monitored principal risks to the Trust and was for information only. Comments could be emailed to either Dr Archer or Dr Alderton.

31/09 UPDATE OF REGISTER OF GOVERNORS' INTERESTS

The Register of Governors' Interests had been updated and copies were available from the Secretary.

32/09 FUTURE EVENTS

Noted

A list of future events was tabled.

33/09 DATE OF NEXT MEETING

The date of the next meeting, which would combine the AGM and a Board of Governors' meeting was confirmed as:

Tuesday 8 September 2009 at 1730 in the Hexagon, Frank Lee Centre

34/09 ANY OTHER BUSINESS

There was no further business.