

**CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST**

Minutes of the meeting of **CUH'S BOARD OF DIRECTORS** held on Tuesday 26 January 2010 at 08.30 in the Boardroom, Addenbrooke's Hospital.

**PRESENT:**

- Dr M Archer (Chairman) (left after Item 4.3)
- Dr G Goodier
- Dr J Ahluwalia
- Dr A Alderton (Trust Secretary)
- Mr R Barfield
- Prof M Bobrow
- Dr K Castille
- Mrs F Cousins
- Mr S Graves
- Mr C Greenhalgh (Chairman from Item 4.4)
- Mr R Howe
- Mr D Jones
- Mr J Potter
- Prof J G P Sissons
- Mr D Smith
- Prof P Troop
- Mrs Ruth Murphy
- Mr Craig Black
- Mrs Brenda Hennessy

**IN ATTENDANCE:** Ms E Taylor (Board Secretary)

For certain items: Dr Sue Broster (for Item 4.6; minute 17/10)

There were no apologies.

The Chairman led the Board in warmly congratulating Mr Graves, Executive Director of Corporate Development, on the recent news of his appointment as Chief Executive of West Suffolk Hospital, Bury St. Edmund's.

		<b>Action &amp; Target Date</b>
<b>01/10</b>	<p><b>A PATIENT'S STORY</b></p> <p>Dr Ahluwalia, Executive Medical Director, read out a letter from a patient who gave positive feedback about the quality of care given in Outpatient Surgery and at the Breast Unit.</p>	
<b>02/10</b>	<p><b>MINUTES OF THE BOARD MEETING HELD ON 1 DECEMBER 2009</b></p> <p>The minutes were agreed as a correct record.</p>	
<b>03/10</b>	<p><b>MATTERS ARISING</b></p> <p><b>(A) HIEC INTERVIEWS</b> (minute 264/09)</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. Representatives had attended an interview on 9 December and on 21 December it was confirmed that 17 of 21 applications for status as a 'Health Innovation and Education Cluster' (HIEC) had been successful, including the Cambridge bid. The Norfolk &amp; Waveney HIEC, which includes Norfolk and Norwich NHS Foundation Trust and the University of East Anglia, had also been successful.</li> <li>2. [Section removed under s43 of the FOI Act.]</li> </ol>	

**(B) ROSIE HOSPITAL NEW BUILD** (minute 269/09)

[Section removed under S43 of the FOI Act.]

04/10

**REPORT FROM THE FINANCE, OPERATIONS AND PERFORMANCE COMMITTEE 21 JANUARY 2010**

The meeting had been chaired by the Executive Director of Information Systems and Analysis. Directors who had not been present at the meeting were invited to ask questions with regard to the following reports.

**(A) EFFECTIVENESS PROGRAMME (EP3): PROJECT UPDATE**

Received the report of the Chief Nurse and Operating Officer and the Executive Director of Information Systems and Analysis.

Noted

1. The CIP had been revised in light of the NHS Operating Framework and now stood at £38–39M. This represented an increased cost pressure of approximately £5.7M, which resulted primarily from the marginal funding rates applied to emergency activity, among other tariff changes.
2. The cost of 7-day working arrangements and of discharge arrangements had both been raised as a concern and were highlighted on the EP3 Performance Monitoring Dashboard.

**(B) FINANCIAL PERFORMANCE REPORT AND COMMISSIONING UPDATE**

Received the report of the Executive Director of Finance for the period to 31 December 2009 (including November).

Noted

1. Financial indicators were generally moving in the wrong direction, towards a forecast deficit of £2.8M by the year-end. The position had been adversely impacted by recent spend on the Waiting List Initiative, which was £400K above plan. Mitigating action was being taken to break even or ensure a surplus by the year-end, which included tightening the approval processes for WLI spend to ensure workforce planning was cost-effective.
2. The Director of Commissioning had provided a detailed commissioning update at the meeting.

Agreed

Analysis of medical staffing in terms of annualised output and Waiting List Initiative costs would be reviewed at the next meeting.

**(C) NURSING, ORGANISATIONAL DEVELOPMENT AND OPERATIONS**

Received the report of the Chief Nurse and Operating Officer for the period to 31 December 2009 (including November).

Noted

1. Recognition was given to the tremendous efforts in nursing over the past six weeks during the period of adverse weather conditions, the Norovirus outbreak and the build-up of delayed discharges. There were currently 122 delayed discharges across the organisation, which, due to their adverse impact on capacity, placed at risk the achievement of the 4-hour A&E target. An action plan to improve patient flows was in place and

FC  
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regular meetings were being held with partner organisations to address the significant backlog of delayed discharges. The Board noted the additional pressure on beds in the community due to a local nursing home being closed down. It was also apparent that patients were being admitted from nursing homes in order to receive end-of-life care in an acute setting, raising concerns about the level of palliative care available in the community.

2. The PCT had requested that the Board agree an action plan in the light of the Mid-Staffordshire Review. This was being overseen by the Trust's Patient Safety Executive.

Agreed

Reducing delayed discharges as well as unnecessary admissions were of critical importance; joint meetings would continue to be held on a regular basis between the senior executives of CUH, the PCT, the Cambridgeshire Council, and Cambridgeshire Community Services. Partnership working with the Ambulance Service would also continue. These issues had been escalated to the SHA.

**(D) PERFORMANCE AGAINST PRIORITY OBJECTIVES**

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

Noted

The Board was due to meet with the Foundation Trust regulator, Monitor, on 10 February, to discuss immediate and long-term issues. Key targets had been missed for Quarter 3 which meant that the Care Quality Commission rating to be applied during October could be capped to 'fair'.

**(E) INFORMATION SYSTEMS AND ANALYSIS QUARTERLY REPORT**

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

05/10

**MINUTES OF RECENT MEETINGS OF FOPC**

Received and noted the minutes of the meeting of FOPC held on 26 November 2009 (agreed 21 January 2010).

Agreed

The Terms of Reference for FOPC as well as for Audit Committee would need to be ratified at the next Board meeting.

06/10

**CIMA SCORECARD – UPDATE THE STRATEGIC POSITION**

Received the report of the Executive Director of Corporate Development.

Noted

1. The key themes of the PCT's 5-year strategy were discussed, which included increased funding for secondary care and greater budgetary responsibility among GP groups to improve demand management.
2. The increased focus on Long-term Conditions (LTCs) such as diabetes and heart disease was in line with our own view and the proposed changes should serve to improve the overall efficiency of the local health economy. There would also be opportunities for the HIEC to help improve healthcare pathways.
3. The Board noted that there would be four PCTs across the East of

**PSE  
Ongoing**

**Chief  
Executive  
Ongoing**

**BoD  
meeting  
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England, as the two Hertfordshire PCTs were due to merge. Cambridgeshire Community Services (CCS) had been approved to become a Trust from 1 April 2011.

Agreed

1. It was important to seek clinical agreement across the county with regard to practice-based commissioning.
2. Dr David Simmons, Consultant Diabetologist, would be invited to present on managing diabetes in the community to the FOPC. It was felt that this was an excellent illustration of what needs to be achieved in secondary care.
3. A Working Group was formalising the CIMA statement, which would be discussed at the next meeting.

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2010**

**07/10**

**STRATEGIC ISSUES**

Received the report of the Chief Executive.

Noted

Compliance with national targets was discussed. A number of targets were under considerable pressure, including the 2-week wait for cancer referrals. The challenge to meet some targets was compounded by factors outside of the control of the Trust, which included receiving referrals late in the pathway and the choice of patients not to attend appointments offered within a given time period. It was not considered in the best interests of the patient to pursue any options to 'stop the clock' for cancer referrals, as was the case with prostate cancer. Rather, it would be better to encourage GPs to relay to patients the importance of attending appointments as soon as possible.

Agreed

1. It was essential to continue to improve operational processes within our control.
2. A statement would be prepared which would clearly illustrate the context in which the rating of the Trust could be capped to 'fair'.

**GG/FC/RM  
ASAP**

**08/10**

**PATHOLOGY COLLABORATIONS**

Received the report of the Executive Director of Finance.

Noted

1. Market research indicated a level of competition in this area.
2. [Section removed under S43 of the FOI Act.]

Agreed

1. The Pathology Sub-Group would examine the strategy for Pathology collaborations, develop a comprehensive business case, and make recommendations to the Board.
2. The Sub-Group would be formally serviced. Its Terms of Reference would state that it is time-limited, as with a 'Task and Finish' group, and set out the limits of its delegated authority. Its minutes would be brought to the Board. The membership would include no fewer than two Non-Executive Directors. Mr Smith would draft the Terms of Reference for consideration at the next Board meeting.
3. Mr Jones, Mr Potter and Professor Bobrow offered to be part of the Sub-

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Group, which would also include in its membership the Executive Director of Finance and the Director of Estates and Facilities. It would be chaired by the Chief Executive.

09/10

### **DEVELOPMENT OF A PRIVATE HOSPITAL ON THE CAMBRIDGE BIOMEDICAL CAMPUS**

Received the report of the Executive Director of Corporate Development and the Executive Director of Finance.

#### Noted

1. Market soundings for developing an onsite private hospital had taken place with a number of potential private sector providers.
2. The report set out the proposed time-table for development, with a view to beginning a competitive dialogue process by the end of this financial year.
3. Members requested market research data to demonstrate the levels of national and international demand. [Sentence removed under S43 of the FOI Act]. The Board currently needed to consider the case for a private hospital 'in principle'. The next task would be to short-list the bidders and evaluate the cases submitted.

#### Agreed

1. A Private Hospital Sub-Group would be established, to include the Executive Director of Corporate Development and the Executive Director of Finance.
2. The development process would need to take into consideration the Academic Health Science Centre (AHSC) setting and have input from the Clinical School. Accordingly, the Regius Professor of Physic would be a member of the Sub-Group, or nominate a representative.
3. The Board was mindful of the Private Patient Income cap, which would possibly be lifted by March 2011. It was necessary to have early discussions with Monitor about the implications of the capital plans.
4. Members agreed that the development of an on-site private hospital was aligned with the corporate strategic objectives of the Trust and recognised that this formed part of the 2020 Vision, outlined in 1999. At the same time, members acknowledged the reputational risk attached to establishing a private hospital, which included the need to ensure that NHS patients were not disadvantaged as a consequence. The potential impact on recruitment and retention would also require careful management.
5. The Terms of Reference for the Private Hospital Sub-Group would be reviewed at the next meeting.

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February**

10/10

### **PRIVACY AND DIGNITY – SAME SEX ACCOMMODATION (SSA)**

Received the report of the Chief Nurse and Operating Officer and the Director of Estates and Facilities.

#### Noted

1. The PCT required monthly progress updates with regard to SSA. Monthly reporting would be incorporated into the Nursing and Operations report.
2. Refurbishment work to achieve compliance with national SSA guidance was on target.

3. A number of directors were concerned that whole-ward deep cleaning had been revised to cleaning one bay at a time and queried whether over time this might prove less effective in reducing the spore-load across wards. The Chair of the Infection Control Committee had raised these concerns. It was also a concern that delaying refurbishment until the end of the summer, in order to re-instigate whole-ward deep cleaning, could adversely impact capacity over the autumn and winter.
4. The Trust's multi-factorial approach to the control of infection was discussed: whilst there was not the evidence base to objectively single out any one variable as the most effective, it was felt that hydrogen peroxide fumigation was likely to have significantly reduced the levels of infection over the past 18 months in particular.
5. Phase One of the SSA programme had been approved, i.e. the expenditure of £350K. This first amount did not include planned refurbishments to the R2 and the Lewin: the remaining £800K was still under discussion as part of the capital programme for 2010/11.
6. [Sentence removed under S36 of the FOI Act.] Directors felt that the potential impact on infection control of plans to comply with SSA legislation had not been explicitly highlighted as part of the decision-making process. Dr Ahluwalia, Executive Medical Director, and Non-Executive Directors Professor Martin Bobrow, Professor Pat Troop and Mr Colin Greenhalgh each voiced serious concerns about the possible implications of the proposed programme for SSA compliance for patient safety, and called for a better understanding of the wider context, including the need for this to be discussed with the PCT.
7. In terms of the capital programme, £680K of the refurbishment programme had been attributed to spend for 2009/10, which would ensure the majority of wards were SSA-compliant by March 2010. The refurbishment of R2, A5 and the Lewin would be the most problematic for the deep-clean programme.

#### Agreed

1. Whilst appreciating the benefits of progress in the area of SSA, several members of the Board were concerned about the possible adverse impact of the protracted cessation of the deep-clean programme, and questioned whether or not the risk to patient safety might be disproportionate to the benefits gained in terms of improved patient experience.
2. It was necessary to have an open dialogue with the PCT and the SHA about this issue. It was possible that the difference between the efficaciousness of bay-by-bay cleaning, as opposed to whole-ward cleaning, was negligible, but there was no guarantee of this. It was suggested that one approach could be to carefully monitor the rates of infection and that if there was any indication of rates starting to rise, agreed contingency plans should be in place that would not incur any penalties resulting from delayed compliance with SSA legislation. Such contingency plans should be agreed pro-actively rather than reactively. A letter would therefore be sent to the PCT explaining that should infection levels start to rise in the areas under refurbishment, the SSA programme would be suspended on grounds of patient safety.
3. In the light of this contingency proposal, the Board agreed to continue with the refurbishment programme and with the bay-based deep clean programme, whilst carefully monitoring infection levels.
4. Three Board members formally disagreed with this decision: the Executive Medical Director challenged the rationale for taking a decision that would not be made on clinical grounds, or in the interests of patient safety. Mr Potter and Professor Bobrow also formally noted their objections to pursuing a course of action that was not in the patient's best

interests.

5. The deep-clean programme was a material measure of risk control that would need to be amended on the Board Assurance Framework.
6. The remaining expenditure of £1.3M which had not yet been formally approved by the Board would be discussed in detail at the Finance, Operations and Performance Committee (FOPC) on 18 February. Following this, an outline of the impact on capital, deep clean and delayed discharge would be considered by the Board on 23 February as part of one report, with a view to ratifying the course of action recommended by FOPC.

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18  
February**

**11/10**

**HICHINGBROOKE**

Received the report of the Executive Director of Corporate Development.

Noted

[Section removed under S43 of the FOI Act.]

Agreed

1. The Board agreed to withdraw from the process as a solo bidder and to remain open to pursuing a solution in partnership with a private sector bidder, which would be discussed in detail by the Hinchingsbrooke Working Group.
2. [Section removed under S43 of the FOI Act.]
3. Authority was delegated to the Hinchingsbrooke Working Group as a Sub-Committee of the Board.

**Chief  
Executive  
Ongoing**

**12/10**

**INFECTION CONTROL**

Received from the Executive Medical Director the monthly performance report for the period to 31 December 2009 and the MRSA Screening Board Assurance Framework.

Noted

1. There had been 2 cases of MRSA and 12 cases of *C. difficile* during November 2009 and 1 case of MRSA and 11 cases of *C. difficile* during December 2009. The total number of *C. difficile* cases for the year-to-date was 94 against a ceiling of 180 (representing a 40% reduction) and there were 17 cases against ceiling of 18 for MRSA.
2. There appeared to have been a national decrease in H1N1; there was currently one case in PICU. The virus continued to disproportionately affect children under the age of 5. Vaccination for under 5s was available in the community.
3. To date, 3,000 front-line workers had been vaccinated against the H1N1 virus, representing 47% of medical staff and 33% of nursing staff. It was hoped that the remaining 2,000 vaccinations could be offered to non front-line staff. There had been comparatively lower take-up of the vaccination for seasonal flu.
4. Two wards were currently closed due to the Norovirus. At its peak in December up to 27 beds had been lost at any one time; this number was currently at 5-6 beds. Relatively few staff had been absent due to the Norovirus. The Norovirus had caused issues for some patients requiring community packages as part of their ongoing care.

13/10

**QUARTERLY PATIENT SAFETY REPORT**

Received the report of the Executive Medical Director.

Noted

1. There had been no never events during the last quarter and seven cases for the year-to-date. Appendix One showed the current measures in place to mitigate risk and outlined the work plan of the Patient Safety Executive which included review of the safer surgery checklist, Clinical Area Safety Assessments (CASAs) and reporting action plans for Serious Untoward Incidents. An early version of the patient safety dashboard was included.
2. The response of the Trust to national patient safety requirements was on target. A useful meeting had been held with deputy divisional directors to discuss patient safety strategy.
3. The Health Safety Executive (HSE) had visited the Trust to review the control measures in place to mitigate the risk of Legionella colonisation in water pipes. [Sentence removed under S42 of the FOI Act].
4. The SHA was due to launch a Quality Observatory on 1 February 2010.

Agreed

1. The Board agreed to continue to testing for Legionella in the interest of public health.
2. The Trust had agreed to work with the SHA to provide advice on patient safety strategy and management to five Trusts in the region.

14/10

**SERIOUS UNTOWARD INCIDENTS (SUI)**

The Executive Medical Director reported.

Noted

1. The outbreak of the Norovirus had constituted a Serious Untoward Incident and regular strategy meetings had been held to oversee its management.
2. [Removed under S40 of the FOI Act.]
3. [Removed under S41 of the FOI Act.]
4. [Removed under S42 of the FOI Act.]

15/10

**QUARTERLY PATIENT EXPERIENCE REPORT**

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

Noted

1. Volunteers were being recruited to support self-management care pathways.
2. Recent patient experience surveys had highlighted noise at night as an issue on some wards; work was underway to address this. Approximately 17% of patients had felt that the discharge processes could be improved. This was also under review.
3. An Outpatients survey had been conducted in October to gather information about clinics. Some of the questions for this survey would be revised following review.

4. The methodology of the surveys was discussed and the particular challenges for some patient groups were acknowledged.

Agreed

Patient experience data was very valuable to the Trust and important to evaluate. Members recommended incorporating year-on-year comparisons as part of the report, and also requested data on outliers for the data on Outpatient clinics.

**BH next quarterly meeting**

**16/10**

**BIANNUAL CHILD PROTECTION REPORT**

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

Noted

1. The Serious Case Review Panel had been pleased with the quality of the Trust's reports. The SHA was undertaking further review of one case in Maternity Services. The PCT continued to monitor the Trust's compliance with child protection standards.
2. There had been very good uptake of child protection training at Level 2, which had been linked to local and national excellence awards. Staff mandatory training had been changed to every two years and could now be undertaken electronically. There had been 100% compliance with child protection training at Level 1.

Agreed

The Board was encouraged to hear about the progress made in this area.

**17/10**

**PATIENT SAFETY SURVEY RESULTS**

Received the report of the Executive Medical Director and a presentation by Dr Sue Broster, Consultant Neonatologist, who joined the meeting for this item.

Noted

1. The key findings of the Baseline Safety Climate Survey were presented. It was the first time this survey had been conducted. The results were encouraging in that approximately 88% of staff respondents felt that the patient safety culture had become more important over the past three years. There was however an indication that the perception of a safety culture was slightly less embedded among medical staff than among nursing staff: the results suggested the need to engage junior medical staff to encourage the reporting of patient safety incidents and to ensure a constructive culture of accountability.
2. The Patient Safety Executive would make use of the survey as part of its wider patient safety strategy and would cascade emerging information and recommendations to frontline staff.

Agreed

1. The Board offered its thanks to Dr Sue Broster, and to the advisory Patient Safety Counsel for its work.
2. The Communications Team would continue to support the work of the Patient Safety Executive.

**18/10 QUARTER THREE GOVERNANCE DECLARATION TO MONITOR**

Received the report of the Executive Director of Information Systems and Analysis and the Head of Performance Intelligence.

Noted and agreed

The Board agreed the declaration as discussed at the FOPC.

**19/10 CARE QUALITY COMMISSION REGISTRATION**

Received the report of the Chief Nurse and Operating Officer.

Noted

1. The 2008 Health and Social Care Act required the Trust to register with the Care Quality Commission. Consultation on the registration process, (particularly with regard to the annual regulatory fee of £60,000 per annum) was due to close soon. The Foundation Trust Network thought that the fee was reasonable but had requested more information as to whether the funds raised would be re-invested into service delivery.
2. A correction was made to Appendix One as it had been clarified that the Acute Neonatal Transfer Services (ANTS team) did not need to be registered.

Agreed

The Board approved the declaration of compliance required as part of the registration process, and was content to be notified via email by the Chief Nurse and Operating Officer as to when the registration was successful.

**KC to  
update  
Board**

**20/10 NHS CONSTITUTION COMPLIANCE**

Received the report of the Trust Secretary.

Noted

1. The Trust was required by law to consider the compliance of the Trust with the NHS Constitution: evidence was needed to demonstrate that the pledges and rights laid out in the Constitution were being fulfilled.
2. A State of Readiness Group had been set up at a national level.
3. In reference to waiting times, a subset of provisions in the Constitution, was currently out to consultation. It may be the case that if targets such as the 18-week target could not be met alternative provision would need to be facilitated by the PCT.

Agreed

The Board approved the draft statement of compliance with the Constitution.

**21/10 QUARTERLY REPORT OF THE BOARD OF GOVERNORS**

Received the report of Mrs Judy Ewer, Deputy Chair of the Governors, who joined the Board for the remainder of the meeting.

Noted

1. Congratulations were offered on behalf of the Board of Governors to Mr Graves on his new appointment as Chief Executive of West Suffolk Hospital.
2. Governors were keen to participate in an Away Day at which there would

be an opportunity to formally meet with new Non-Executive Directors. A discussion took place as to when such an event could be held.

3. Maureen Donnelly had recommended that a seminar on the PCT could be held for NEDs and Governors which would enable an exploration of interface issues.
4. The news was conveyed that a new Governor, Professor Patrick Smith, had been appointed, to fill the vacancy left following the recent resignation of one Governor.
5. The Board of Governors wished to reconsider its membership of the Foundation Trust Governors' Association (FTGA), which currently cost £3,700 per year. It also recommended the formation of a Standards Committee.
6. The new format for the meeting held on 3 December 2009 had been popular among Governors. Changing the time of the meeting was not thought to be appropriate, since it would make attendance harder for Governors in full-time employment.
7. The Board of Governors had requested opportunities to explore in depth the 2020 Vision and the question as to how to manage the tensions between vision, and the reality of financial challenges. The Board recommended that Governors be given the opportunity to hear from Dr David Simmons on the management of diabetes in the community.

Agreed

1. The consensus among the Board of Directors was not to delay holding an Away Day with the Board of Governors until July. Rather, it would be valuable to discuss with Governors the implications of financial and operational pressures and to ensure that Governors were kept well informed of these challenges. The Board needed to consider its approach for engaging with the wider community and dialogue with Governors was an important tool for achieving this.
2. It would be beneficial to formalise an approach for ensuring standards among Governors were clearly communicated and upheld. The means for managing this would necessarily be different for Governors than for Directors (including Non-Executive Directors).

**Meeting of  
GDWG on  
Governance  
and  
Assurance  
24 February**

**22/10**

**COMMUNICATIONS REPORT**

Received the report of the Director of Communications.

Noted

A conference on the initiative 'Addenbrooke's Life' had been held on 25 January and was attended by over 70 people. The initiative was focused on engaging and communicating with staff on a range of issues, including healthy living, and on cultivating a sense of community among the workforce.

Agreed

The Board congratulated the Director of Communications on her positive report and extended its encouragement to her team.

**23/10**

**QUARTERLY REPORT OF ESTATES AND FACILITIES**

Received the report of the Director of Estates and Facilities.

Noted

This was the first quarterly report on Estates and Facilities. The report included information about car-parking and the contracts in place with

vendors such as Burger King in the Food Court area. In relation to contracts with commercial vendors, the Board was keen to ensure that going forward contracts supported healthy living and excluded any commerce (including advertising) at odds with this objective.

Agreed

1. The issue of commercial contracts would be discussed in greater detail at the FOPC, following which recommendations would be brought to the Board.
2. [Section removed under S43 of the FOI Act.]

**RH 23  
February**

**24/10 QUARTERLY REPORT OF THE CLINICAL SCHOOL**

Received and noted the report of the Regius Professor of Physic.

**25/10 QUARTERLY REPORT ON FREEDOM OF INFORMATION REQUESTS**

Received and noted the report of the Trust Secretary.

**26/10 QUARTERLY REPORT ON CONSULTATIONS**

Received and noted the report of the Trust Secretary.

**27/10 UPDATE ON 2020 VISION CAMPAIGN**

Received the report of Addenbrooke's Charitable Trust (ACT).

Noted

Some members queried whether the seminar offered by ACT to NEDs was necessary in addition to the session that would take place at the Away Day.

Agreed

The need to hold the additional session prior to the Away Day would be discussed with ACT.

**28/10 DRAFT AGENDA FOR THE BOARD AWAY DAY – 22 FEBRUARY 2010**

Received the draft agenda for the Away Day.

Noted

1. It would be necessary to dedicate a substantial amount of time to addressing the financial situation in the current economic climate. This would be fundamental to the strategic discussion due to take place later in the day.
2. Strategic discussion would focus on medium-term plans and the year ahead. [Section removed under S36 of the FOI Act.]

Agreed

1. Approximately three hours would be set aside for reviewing finance.
2. The afternoon would be set aside for a session with the Boston Consultancy Group and with Addenbrooke's Charitable Trust (ACT). It would be valuable to focus on the capital programme with ACT and to follow this with an opportunity for informal discussion from 16.00.

**29/10 DATES FOR 2010**

Received and noted.

30/10

**DIARY OF RECENT EVENTS**

Received and noted the report of the Chairman and Chief Executive.

31/10

**MINUTES OF REPORTING COMMITTEES**

Received for information the minutes of the following meetings:

**Governor/Director Working Group on Forward Planning**

- 11 November 2009

**Governor/Director Working Group on Membership and PPI**

- 23 November 2009

**Governor/Director Working Group on Governance and Assurance**

- 30 November 2009

Noted

It had been recommended at the GDWG on Membership and Patient and Public Involvement that new NEDs participate in PEAT inspections.

32/10

**MEDICAL AND DENTAL SUSPENSIONS**

There was nothing to report.

33/10

**SEALING OF DOCUMENTS**

The sealing of documents 139–142 was noted.

34/10

**CHAIRMAN'S ACTIONS**

There was nothing to report.

35/10

**DATE OF NEXT MEETING**

**Tuesday 23 February 2010**

36/10

**ANY OTHER BUSINESS**

**The National Standard for Intermediate Care**

An article from the Health Service Journal, 3 December 2009, was tabled for information.

**Shona Johnstone, Former Non-Executive Director**

The Chairman shared details of a thank-you card to the Board received from Mrs Johnstone.