

## CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of **CUH'S BOARD OF DIRECTORS** held on **Tuesday 30 March 2010** at 08.00 in the Boardroom, Addenbrooke's Hospital.

**PRESENT:**

- Dr M Archer (Chairman)
- Dr G Goodier
- Dr J Ahluwalia
- Dr A Alderton (Trust Secretary)
- Mr C Black
- Prof M Bobrow
- Dr K Castille
- Mrs F Cousins
- Mr S Graves
- Mr C Greenhalgh
- Mrs B Hennessy
- Mr R Howe
- Mr D Jones
- Mr J Potter
- Prof J G P Sissons
- Mr D Smith
- Mrs R Murphy
- Prof P Troop

**IN ATTENDANCE:** Mrs H McGhee (Deputy Trust Secretary)

The Chairman reported with regret that Mr Richard Barfield had tendered his resignation as a Non-Executive Director of the Trust as he had recently taken on an executive position which entailed that he resign from his non-executive appointments. As there would remain six non-executive directors, with five executive directors (following Stephen Graves' departure), on the Board, the Chairman would propose to the Governors' Nomination and Remuneration Committee that the vacancy should not be filled, but that Malcolm Nicholson be asked to take up his place on the Board as a non-executive director with immediate effect.

The Chairman noted that this was Stephen Graves' last Board meeting; he had been a Board member since January 2005. The Board wished him well in his new role as CEO of West Suffolk hospital.

### **66/10 A PATIENT'S STORY**

Dr Ahluwalia read out two stories (section removed under S36 of the Freedom of Information Act)

### **67/10 MINUTES OF THE BOARD MEETING HELD ON 23 FEBRUARY 2010**

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

#### **Minute 53/10 (B) Cambridge Fertility Centre:**

Additional point to be added to reflect the Board's agreed position:

**Agreed 3:** (removed under S43 of the FOI Act)

#### **Minute 55/10 Report of the Chairman of the Audit Committee:**

**Noted point 2:** The second sentence should state: 'During the debate, the Chief Executive recommended that a range of similar 'deep dive' audits be undertaken.'

#### **Minute 41/10 Financial performance report and commissioning update:**

**Noted point 1** Final sentence to read: 'It was proposed that 12 cases i.e. **one** avoidable bacteraemia per month, should be negotiated as the new ceiling.'

### **68/10 MATTERS ARISING**

#### **(A) Occupational Health** (minute 5010)

(Section removed under S43 of the Freedom of Information Act)

**(B) CUHP Business Plan** (minute 52/10)

Dr Alderton reported that the CUHP Board had given approval to the plan only as a strategic direction statement; a more detailed business plan would be developed.

**(C) Monitor Board-to-Board meeting** (minute 39/10)

Noted

1. Written confirmation had been received from Monitor that the Trust was not in breach of its Terms of Authorisation.
2. Mr Smith and Mrs Cousins had subsequently met Monitor to discuss the Trust's financial position in detail. Monitor had been reassured that the Board recognised its fiscal difficulties and had plans to deal with them. Plans for the voluntary severance scheme and for headcount reduction had been shared with Monitor. Monitor had advised that union involvement at national level was likely if redundancies were planned.

**(D) Cambridge Fertility Centre** (minute 53/10 B)

Noted

The Trust Secretary confirmed that the Investment Board had considered development of the Cambridge Fertility Centre. Agreement had been reached by members of the Board using Chairman's Action outside the meeting; Dr Goodier, Mr Graves, Mr Smith and Mr Jones had been involved in the debate. The Investment Board had then been disbanded, and did not subsequently meet to note the decision and report it in a minute to the Board of Directors.

Agreed

The Board's retrospective agreement to the Chairman's action taken on behalf of the Investment Board to agree the development of the Cambridge Fertility Centre would be minuted.

**(E) Report from FOPC meeting 18 February – Same Sex Accommodation compliance** (minute 40/10 (3))

Noted

1. There had been much debate between the PCT and the SHA regarding Same Sex Accommodation (SSA) compliance.
2. There had been discussion of the CUH position at the highest level in the Department of Health, and the outcome was awaited.
3. The Assistant Director of Risk and Patient Safety, Glenn Pascoe, had been asked to consider the risks involved in meeting the requirements by 31 March.
4. The Microbiology team led by Dr Nick Brown had found evidence of the usefulness of deep cleans. The evidence would be summarised and presented to the Quality Committee at its next meeting.
5. Dr Castille sought Board permission to vary the plan and declare compliance if it was evident that the Trust could carry the level of risk involved in bringing forward action to achieve compliance.

Agreed

The Board agreed that if there was an overwhelming need to declare compliance by 31 March it would be acceptable for the Trust to take that action, following discussion and agreement between Dr Castille, Dr Goodier, and the Chairman.

REFERENCE	ACTION	BY	DATE
SSA 68/10 (E)	Invite Dr Brown to present to Quality Committee on 12 May	Dr Ahluwalia	12 May

(4)			
<b>SSA</b> 68/10 (E)	<b>Declaration of SSA compliance</b>	<b>Dr Castille to liaise with Dr Goodier and Dr Archer</b>	<b>31 March</b>

## 69/10 INTEGRATED BUSINESS PLAN AND CAPITAL PROGRAMME 2010/11 – 2012/13

Received the report of the Executive Director of Finance. Mr Smith, Executive Director of Finance, reported.

### (A) Integrated plan

#### Noted

1. The report updated the Board on progress in establishing the Trust budget for 2010/11 and agreeing the key financial components to the annual plan for the three year period to 2012/13.
2. At present, not all Divisions had been able to find the Cost Improvement Programme (CIP) which was required by the Trust; there were £15m unidentified CIPs. Executive Directors would be meeting with Divisional Directors on Tuesday 6 April to discuss CIP targets, in particular reductions in whole-time equivalent (WTE) staff. The focus would be on ensuring that the planned budget was achieved for the first three months of the financial year, to the end of June. The Executive Directors were concerned to engage Divisional Directors fully and ensure divisional accountability in the process.
3. Implementation of the proposed voluntary severance scheme was sought as soon as possible.
4. The Trust had received late information that the Flexibility and Sustainability funding (FSF) going forward would result in an additional cost pressure of £2m. A cautious budget was indicated in the current national climate as there could be further unexpected financial pressures on the Trust. There was some concern about the adequacy of the contingency provision of £9m, given known pressures.
5. (section removed under S36 of the Freedom of Information Act)
6. (section removed under S43 of the Freedom of Information Act)

#### Agreed

1. The planned budget for 2010/11 would be in place for the organisation from 1 April with an initial planned year-end surplus of £4.9m, which would be subject to further analysis to include phasing for April, May and June.
2. The Board would consider a final budget on 27 April, in the light of work being undertaken with Divisional Directors on CIPs and the outcome of contract negotiations.
3. The Trust would implement the Voluntary Severance Scheme following its review by the Remuneration and Nomination Committee later that day.

REFERENCE	ACTION	BY	DATE
<b>2010/11 Budget</b> 69/10 (A)	<b>2010/11 Planned Budget</b>	<b>Mr Smith</b>	<b>27 April Board</b>

## **(B) Capital position statement – ‘must do’ items 2010/11**

Received the report of the Director of Estates and Facilities. Mr Howe, Director of Estates and Facilities, reported.

### **B.1 Teenage Cancer Trust**

#### Noted

There had been three attempts to locate the specialist cancer unit on campus. Enabling works on a scheme to be located on ward C9 were due to start on 15 April with planned completion in December 2010 for patient occupation in January 2011. The Trust's commitment was capped at £700k.

#### Agreed

The Board agreed that the scheme should proceed with the Trust's contribution of £700k (capped). (Section removed under S36 of the Freedom of Information Act)

### **B.2 Frank Lee Centre (FLC)**

#### Noted

1. This scheme had been delayed from last year's capital programme. It had strategic importance for masterplanning going forward. The CUH contribution was incorporated within the legally binding agreement between CUH, ACT and the original Trustees.
2. (Section removed under S36 of the Freedom of Information Act)
3. (Section removed under S43 of the Freedom of Information Act)
4. (Section removed under S36 of the Freedom of Information Act)
5. (Section removed under S36 of the Freedom of Information Act)
6. (Section removed under S36 of the Freedom of Information Act)
7. (Section removed under S36 of the Freedom of Information Act)

#### Agreed

1. (Section removed under S36 of the Freedom of Information Act)
2. (Section removed under S36 of the Freedom of Information Act)
3. (Section removed under S36 of the Freedom of Information Act)
4. The project would be included in the capital plan to be considered by the Board in April.

<b>REFERENCE</b>	<b>ACTION</b>	<b>BY</b>	<b>DATE</b>
<b>Frank Lee Centre</b> 69/10 (B2)	<b>Inclusion of FLC project within capital plan; exploration of other possible sources of funding.</b>	<b>Mr Howe to discuss with Dr Goodier</b>	<b>Board 27 April</b>

### **B3 Helipad**

#### Noted

1. The Trust was committed to contribute £650k, which was expected to be replenished from donations, of which £100k had already been raised.
2. A location on 2040 land had been agreed, which would require construction of a longer access road than the original site. Lease terms had been agreed with the current

landowner (Pemberton Trustees). The Environmental Agency was investigating noise issues and this would delay the granting of planning permission for some months.

3. The provision of a helipad was important to the Trust's ambition to become the regional trauma centre. Clinical benefits, compared with the existing arrangements to use the Gog Magog golf course, were not quantified.

Agreed

1. The scheme would be re-considered and discussed with Divisional Directors.
2. It would then be considered by the Board in April as part of the final capital programme.

REFERENCE	ACTION	BY	DATE
Helipad 69/10 (B3)	The scheme to be discussed with Divisional Directors.	Divisional Directors and the Executive	Report back to Board 27 April

**B4 Research and Development**

Noted

An amount of funding of £2.5m had been received from the Department of Health and was ring-fenced for the Biomedical Research Centre. It would have to be returned if it was not spent. There was an opportunity to agree the rate of spend for 2010/11.

Agreed

This funding should also be discussed with Divisional Directors and be brought to the Board as part of the final capital programme in April.

**(C) Electoral 'purdah'**

Noted

Notification had been received from the SHA regarding the imposition of electoral 'purdah'. This was linked to local elections from 31 March and the national election from the date of announcement of the election. The Board discussed the implications, and potential communications likely to be affected by it.

Agreed

Operational commitments already in progress and reporting of financial and operational performance to the Governors were not considered to fall under the 'purdah' restrictions.

**70/10 REPORT FROM THE FINANCE, OPERATIONS AND PERFORMANCE COMMITTEE (FOPC) 25 MARCH 2010**

Received the report of the Executive Director of Information Systems and Analysis (as Chairman of FOPC). Mrs Cousins, Executive Director of Information Systems and Analysis, reported.

[Secretary's Note: Discussions related to the integrated business plan and capital programme 2010/11-2012/13 are recorded at minute 69/10; discussions related to proposed 2010/11 organisational objectives are recorded at minute 77/10.]

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

Noted and agreed priorities for next reporting period.

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

### Noted

Issues regarding staffing and contract development had been discussed under item 69/10. A risk assessment of all CIPs would be considered at the next Finance Operations and Performance Committee meeting on 22 April.

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

### Noted

The Trust had missed the A&E performance target for the year by a minimal amount, however there was improved performance on 62 day cancer and two week wait and 18 week targets. The Trust was in a good position for next year.

### Agreed

The Board agreed the Committee's recommendation that a capital commitment of £460k be provided for ward reconfigurations to create a DOSA vascular unit to help meet Trust objectives.

## **(D) 2009/10 PRIORITY OBJECTIVE PERFORMANCE REPORT**

### Noted

The improved performance by the stroke team was noted, and also that the target for cancelled operations was likely to be met.

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

### Noted

This issue had been discussed under item 68/10 (C).

## **71/10 MINUTES OF RECENT MEETINGS OF FOPC**

Received and noted the minutes of the recent meeting of FOPC held on 18 February 2010 (agreed 25 March 2010)

## **72/10 ANNUAL REVIEW OF THE BOARD ASSURANCE FRAMEWORK**

Received the Board Assurance Framework. Dr Alderton, Trust Secretary, reported.

### Noted

1. The Board Assurance Framework (BAF) changed over time; this was its most recent iteration.
2. The Board reviewed the process for managing the BAF, as well as its content. The process envisaged that the Corporate Executive would review the BAF monthly following the Board meeting; it would also be reviewed quarterly by the Joint Clinical and Corporate Executive, escalating risk as appropriate. The Board of Directors would review it annually with the Statement on Internal Control.

### Agreed

1. The Board reviewed the BAF and agreed it subject to the following changes:
  - a. Risk 1 Voluntary Severance Scheme to be added under controls/assurance. The possibility of facilitating a self certified control process for the divisions was raised and this would be discussed at the next Audit Committee meeting on 21 April.
  - b. Risk 10 Rating confirmed as 16.
  - c. Risk 11. To read: Failure to meet contractual targets. Responsible Executive Directors were currently Dr Ahluwalia and Dr Castille, although it was recognised

that the Audit Committee had agreed that there should be a single ED risk owner for each risk. The risk would be re-cast following discussion between Dr Alderton and Mr Black, Director of Commissioning.

- d. Risk 12. Risk rating to change from red to amber.
  - e. Risk 15. Possible additional risk from non-payment of debts, for discussion by corporate executive.
  - f. Risk 17. Responsible Executive Director to be amended to CEO.
  - g. Risk 19. Dr Alderton to review and possibly re-rate risk.
  - h. Risk 20. To include reference to the voluntary severance scheme.
  - i. Risk 22. Confirmed.
  - j. Risk 24. Dr Castille to review, and possibly re-rate risk.
  - k. Risk 31 Possibly amalgamate with risk 16.
  - l. Risk 36. Rating to be reviewed by Dr Alderton and Mr Smith.
2. A new risk would be added to reflect the risk that because of financial constraints the Trust would have difficulty in maintaining excellent patient care. The Trust Secretary to draft a form of words for consideration by the corporate executive.
  3. The Board agreed the future process for managing the BAF.

REFERENCE	ACTION	BY	DATE
BAF 72/10	Review of BAF identified risks as shown above.	Dr Alderton Mr Smith Dr Castille & Mr Black	Report back to Board 27 April

## 73/10 INFECTION CONTROL REPORT

Received the report of the Executive Medical Director, incorporating the monthly infection control performance report for the period to 28 February and the MRSA Screening Board Assurance Framework. Dr Ahluwalia, Executive Medical Director, reported.

### Noted

1. The greatest risk concerned with healthcare infections (HCI) going forward was to targets for MRSA screening. If the Trust failed to achieve the targets for three successive quarters it would receive an automatic red risk rating.
2. Likely outturn figures at the year end were 20 for MRSA bacteraemias (compared with 29 last year) and 127 for *C. difficile*, which was a reduction of over 56% on last year's figure. Other Trusts had also improved their performance.
3. There was some concern that the number of *C. difficile* cases was rising since the cessation of the deep clean programme in October.
4. Norovirus was still prevalent and there had been two deaths from H1N1 in the Trust. It was not clear why norovirus was continuing to be significant this year.
5. The ability to isolate patients with *C. difficile* was discussed. Such patients could only be identified retrospectively, however nursing staff were adept at identifying them and isolating them within 24 hours of presentation.

### Agreed

The Board noted the report.

#### 74/10 MID-STAFFORDSHIRE NHS FOUNDATION TRUST – RESPONSE TO THE FRANCIS REPORT

Received the report of the Executive Medical Director, the Director of Patient Experience and Public Engagement and the Trust Secretary.

##### Noted

1. Areas where work was under way were noted.
2. The Boston Consulting Group was assisting the Trust with its response at no cost to the Trust.

##### Agreed

The Trust's full response to the Francis report would be an item for the Quality Committee to consider at its meeting on 12 May and the Trust Secretary would ensure that it was added to the agenda.

REFERENCE	ACTION	BY	DATE
Mid-Staffs 74/10	Consideration by the Quality Committee of the Trust's full response to the Francis report	Dr Alderton	12 May Quality Committee

#### 75/10 SERIOUS UNTOWARD INCIDENTS (SUIs)

The Executive Medical Director reported.

##### Noted

There had been three SUIs during the period. (Section removed under S36 of the Freedom of Information Act)

#### 76/10 PANDEMIC FLU – LESSONS LEARNED FROM THE H1NH1 SWINE FLU PANDEMIC

Received the report of the Chief Nurse and Operating Officer. Dr Castille, Chief Nurse and Operating Officer, reported.

##### Noted

1. The Board should be assured that the vaccination programme for staff had met an appropriate standard.
2. The programme had been successful in the Trust, with uptake comparing satisfactorily to the national uptake. The distribution had also been satisfactory with staff in the critical care area having a high uptake, as required.
3. Professor Troop reported that she was a member the World Health Organisation (WHO) group reviewing the response to the pandemic.

##### Agreed

The Board was assured that the vaccination programme for staff had been of an appropriate performance standard and this would be communicated to the NHS East of England.

REFERENCE	ACTION	BY	DATE
Pandemic Flu 76/10	Communication with the SHA with regard to the vaccination programme.	Dr Castille	April 2010

## 77/10 PROPOSED 2010/11 ORGANISATIONAL OBJECTIVES

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

### Agreed

1. The proposed objectives, measures and targets were agreed.
2. The new corporate dashboard reporting quarterly to the Board and a monthly 'Quality and Performance Report' were agreed.
3. It was important that reports were not duplicated in different fora. The Executive Director of Information Systems and Analysis and the Trust Secretary would review the reports provided to Board committees to ensure that the correct metrics were considered in each forum.

REFERENCE	ACTION	BY	DATE
<b>Organisational Objectives</b> 77/10	<b>Review of the metrics reported to each committee and forum.</b>	<b>Dr Alderton &amp; Mrs Cousins</b>	<b>April 2010</b>

## 78/10 STRATEGIC OUTLINE CASES: UPDATING/REFRESHER PROCESS

Received the report of the Executive Director of Corporate Development and of the Operational Projects Consultant. Mr Graves, Executive Director of Corporate Development, reported.

### Noted

1. Following discussion with the SHA about the schemes for the Children's Hospital, Neuroscience and the Emergency Department, the SHA have confirmed that their priority would be the Children's Hospital, the rationale being that the East of England is the only region without a Children's Hospital.
2. In order to proceed, the Board's agreement was sought to refresh the Strategic Outline Case, and other steps outlined in the paper.
3. Historically, the SHA and Department of Health gave a 2% allowance to Trusts undertaking major PFI developments. PFI schemes avoided VAT. Members queried whether the scheme could proceed if this was not available.
4. The SHA was fully supportive and both the PCT and SHA would be asked to serve on the Project Steering Board.
5. It was possible that the CUHP partners would take an interest in the other capital projects (neurosciences and the emergency department) and these could be moved forward under a different aegis.
6. It was likely to take nine months to refresh the SOC and gain approval for the scheme. There would not be a requirement to re-tender for the work as this was updating an existing scheme (Section removed under S43 of the Freedom of Information Act)
7. Paediatrics was a major research theme in the University and the hospital would therefore have a strong research base.
8. (Section removed under S36 of the Freedom of Information Act)
9. (Section removed under S36 of the Freedom of Information Act)

### Agreed

1. The Board agreed that the project team should carry out a rapid in-house refresh of the assumptions and calculations of the original Strategic Outline Case (SOC).
2. At the same time, discussions should be held with the SHA regarding whether the 2% funding would be available for the scheme.

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

REFERENCE	ACTION	BY	DATE
<b>Strategic Outline Cases</b> 78/10	<b>Action as stated in above Agreed Points 1–3.</b>	<b>Mr Graves</b>	<b>April 2010</b>

## 79/10 STRATEGIC ISSUES

Received the report of the Chief Executive, and approve the Terms of Reference of the International Activities Committee.

Dr Goodier reported.

### Noted

1. Funding of clinical academics was under review and it was confirmed that the Trust would only fund the service element of clinical academics' activities.
2. CUHP progress and structure would be reviewed at the CUHP Awayday in April.
3. Dr Archer's name should be added to the membership of the International Activities Committee.
4. (Section removed under S43 of the Freedom of Information Act)
5. The development was important to give the Trust access to the market in treatment of international patients which was currently dominated by London-based organisations.
6. Governors had raised questions in the Governor/Director Working Group on Forward Planning about the use of executive time in taking forward this development and about the use of NHS facilities by private patients. Governors had previously considered the annual plan which contained reference to the private hospital and had been kept informed of discussions through the Forward Planning group.
7. The three to five year plan going forward would be discussed with governors.
8. It was important to maintain informal communication about developments, as well as formal consultations, with governors going forward. Dr Goodier confirmed that the subject of a private hospital usually arose at his informal quarterly meeting with governors.

### Agreed

1. The executive would discuss the possibilities and process for developing a private hospital outside the meeting, following which the Board would receive a full briefing.
2. These major strategic decisions required full discussion with and the support of the governors; the Trust Secretary was asked to investigate whether formal consultation of governors or members was required.
3. Membership and terms of reference of the Private Hospital Sub-Group would be reviewed to consider engagement with governors, and to include reference to the hotel and forum developments as well as the private hospital.

REFERENCE	ACTION	BY	DATE
<b>Strategic Issues</b> 79/10	<b>Action as stated in above Agreed Points 1–3.</b>	<b>Dr Alderton &amp; Mr Weston</b>	<b>27 April</b>

## 80/10 CAMBRIDGE UNIVERSITY HEALTH PARTNERS (CUHP)

Received the report of the Chief Executive.

- (A) Minutes of the CUHP Board meeting held on 25 January 2010
- (B) Briefing paper: Funds flow between the School of Clinical Medicine, Cambridge University Hospitals NHS Foundation Trust and the wider NHS
- (C) Briefing paper: The 2020 Vision: Origins and Evolution

Dr Goodier reported.

### Noted

Strengthening the partnership in various ways was under consideration. One proposal was that clinical academic leads from each Trust would have responsibility for the three areas of education, research and clinical outcomes across the Trusts. This would lead to a loss of sovereignty but an efficiency gain for the partner Trusts, as if, for example, the clinical academic lead from CPFT took on research, they would take responsibility for the Trust's research governance.

### Agreed

The Board was generally content with the proposal to strengthen the partnership, and looked forward to receiving detailed proposals through the CUHP Board.

## 81/10 QUARTERLY REPORT ON RESEARCH AND DEVELOPMENT

Received the report of the Director of Research and Development; R&D finance summary.

Dr Bradley, Director of Research and Development, reported.

### Noted

1. Dr Bradley outlined the financial activity and challenges. Over the past four years there had been a substantial increase in income. The Trust had been a substantial beneficiary of Flexibility and Sustainability funding (FSF). This was very heavily weighted to senior researchers and the Biomedical Research Centre. Twenty-one of two hundred senior investigators in the UK were in Cambridge. Of the fifteen of those associated with the Trust, fourteen were employed by the University. There was close synergy with the University. FSF funding was reducing, funding from the CLRN increasing. A number of capital projects were pending, but it was anticipated that the growth in income would level off for the future.
2. R&D activity to date was reviewed; patients recruited to all studies had risen from c9000 to c32000 over the year.
3. A key challenge related to regulatory compliance. The Clinical Trials Unit was unlikely to be fully established before inspection. The Trust must continue to invest in research governance activities. The Biomedical Research Centre funding was due for renewal in March 2012. Targets must be met prior to renewal, including on capital schemes.
4. Dr Bradley's team were congratulated in raising public awareness and understanding of research in Trust hospitals.
5. The national position regarding R&D funding going forward was discussed. The BRC had had an important effect on the ability to carry out translational research in the Trust. Provided the BRC continued to be well-placed, it should compete for a bigger share of the money available; however the need to co-operate between research centres was acknowledged. UK expertise now lay in providing small scale clinical trials close to the patient, rather than in large scale trials.
6. The Clinical Trials Unit was vital to drive compliance. The key issue was not finance, but finding suitable staff. There were currently discussions regarding land for an expanded CRF and these would be reported to the Board in due course.

7. The relationship with CUHP partners was good. An Awayday had been held with CPFT to discuss engagement. However each Trust was bound by its own regulatory framework and held separate licenses. Papworth preferred to defer discussion until it moved onto the same site.
8. The main risk associated with R&D was identified as the MHRA inspection. However the department was in a much better position to meet MHRA requirements than previously.

Agreed

1. The risk of non-renewal of funding to the BRC and the MHRA inspection would be added to the BAF.
2. The Board would receive a quarterly report from R&D, including a progress report on the establishment of the CTU.

REFERENCE	ACTION	BY	DATE
Research & Development 81/10	Monitor establishment of Clinical Trials Unit.	Board	Ongoing
	Update BAF to incorporate funding renewal risk.	Dr Alderton	April 2010

**82/10 QUARTERLY REPORT ON POSTGRADUATE MEDICAL EDUCATION**

Received a presentation from Dr Arun Gupta.

[Secretary's Note: The presentation is circulated for information as an attachment to these minutes.]

Dr Gupta, Head of Postgraduate Medical Education, reported.

Noted

1. The recruitment position was noted. Issues arising from deanery school visits were being resolved.
2. New posts were being advertised for heads of the School of Medicine and School of Surgery, which would have a major influence on education in the region. Five of the fourteen heads of school presently came from Addenbrookes.
3. Although funding for the programme of Darzi fellows (senior trainees for leadership roles) had not become available, an individual had been identified from each Division and was being given training through the Judge Business school. The training was cost-neutral.
4. The commissioner/provider split in medical education resulted in the deanery as the commissioner of training, other organisations being providers.
5. The Health Innovation and Education Cluster (HIEC) included the Learning Centre/Forum development as a key element.
6. (Section removed under S36 of the Freedom of Information Act)
7. (Section removed under S43 of the Freedom of Information Act)

Agreed

1. The Board welcomed the update and supported moves to progress the education centre. Members looked forward to hearing of progress through the CUHP Board.
2. The Board confirmed that PGME should operate as a separate business unit.

REFERENCE	ACTION	BY	DATE
Postgraduate Medical Education 82/10	Operation of PGME as a separate business unit.	David Smith	ASAP

**83/10 HEALTH AND SAFETY POLICY**

Received and approved the Health and Safety Policy (reviewed by the Quality Committee on 17 February).

**84/10 RECENT EVENTS**

Received and noted the report of Chairman and Chief Executive.

The Chairman was pleased to report that the Trust had recently won the Sunday Times award as the best hospital employer in the public sector.

**85/10 MINUTES OF REPORTING COMMITTEES**

Received and noted

**Quality Committee** – 17 February 2010

**Governor/Director Working Group on Governance and Assurance** 24 February 2010

**Governor/Director Working Group on Membership and PPI** – 15 March 2010

**86/10 DRAFT ANNUAL BUSINESS CALENDAR 2010/11**

Noted

Dates for the receipt of papers had been included in the calendar. Dr Alderton would consider how best to ensure timely receipt and distribution of papers.

Agreed

Members would send their comments to Dr Alderton following the meeting and a revised calendar would be circulated to the next Board meeting.

REFERENCE	ACTION	BY	DATE
Annual Business Calendar 86/10	Send revisions to Dr Alderton for circulation at the next meeting.	All	27 April

**87/10 NOTES OF THE AWAY DAY HELD ON 22 FEBRUARY 2010**

This item was deferred to the next meeting on 27 April.

**88/10 UPDATE ON APPOINTMENT OF INTERNATIONAL ADVISOR AND SCHEDULE OF NON-EXECUTIVE DIRECTORS' RESPONSIBILITIES**

Received the report of the Trust Secretary.

Agreed

In the light of Mr Barfield's resignation, this paper required revision and would be updated.

REFERENCE	ACTION	BY	DATE
Schedule of NEDs responsibilities 88/10	Revision of schedule as noted above.	Dr Alderton	25 May

**89/10 MEDICAL AND DENTAL SUSPENSIONS**

There was nothing to report.

**90/10 SEALING OF DOCUMENTS**

Noted the sealing of documents 146-150 in the Register.

**91/10 CHAIRMAN'S ACTIONS**

There was nothing to report.

**92/10 DATE OF NEXT MEETING**

**Tuesday 27 April 2010**

**93/10 ANY OTHER BUSINESS**

**Hinchingbrooke**

Mr Graves reported that three bidders had been identified for the franchise; Circle, Ramsay Healthcare; and Serco with Peterborough (who had not been included in the first round).

**Leadership Forum 22 April**

Mr Michael Portillo had agreed to speak at the Leadership Forum on 22 April.