

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 7 JANUARY 2010
AT 1PM IN CONFERENCE ROOMS 1A & 1B, GWENDOLEN HOUSE, TRUST
HEADQUARTERS, LEICESTER GENERAL HOSPITAL SITE

Present:

Mr M Hindle – Trust Chairman
Ms K Bradley – Director of Human Resources
Mrs C Emmett – Non-Executive Director
Dr K Harris – Acting Medical Director (excluding Minutes 16/10 – 20/10 inclusive)
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mr R Kilner – Non-Executive Director
Mr M Lowe-Lauri – Chief Executive
Mr J Shuter – Acting Director of Finance and Procurement
Mr D Tracy – Non-Executive Director
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:

Mr P Cleaver – Assurance Manager (for Minute 19/10)
Miss M Durbridge – Director of Safety and Risk (for Minute 19/10)
Mrs S Hotson – Director of Clinical Quality (for Minute 8/10)
Miss H Stokes – Senior Trust Administrator
Ms A Tierney – Director of Strategy
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

ACTION

1/10 APOLOGIES

Apologies for absence were received from Mr I Reid, Non-Executive Director, and Mr A Seddon, Director of Finance and Procurement (designate).

2/10 DECLARATIONS OF INTERESTS

It was noted that no member of the Trust Board nor other persons attending declared an interest in the business on the public agenda (Standing Order 7 refers).

3/10 CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew the Trust Board's attention to the following:-

- (a) the significant overall (25%) increase in Emergency Department attendances over the Christmas/New Year period, with Christmas Eve alone having seen a 42% increase compared to the previous year. This had been very challenging, and the Trust Board voiced its appreciation to Trust staff for their efforts (also to the Chief Operating Officer/Chief Nurse for her leadership on this issue);
- (b) that Dr A G H Cole was stepping down as UHL Medical Director, as of 7 January 2010. The Trust Chairman noted Dr Cole's long service in that position both at UHL and previously at the Glenfield Hospital, and outlined his very

significant contribution to clinical governance and medical training and education, noting UHL's achievement of CNST Level 2 and its position in the top 25 Trusts in terms of patient safety. With immediate effect, Dr K Harris would be Acting Medical Director at UHL for a period of at least 6 months, during which recruitment would take place for the substantive post;

- (c) that this was the final Trust Board meeting for Mr J Shuter in his capacity as Acting Director of Finance and Procurement, as Mr A Seddon would assume the substantive post from 1 February 2010. The Trust Board thanked Mr Shuter for his significant contribution during his 18-month tenure as Acting Director of Finance and Procurement, including a movement to devolved financial management, improvements to the quality of financial reporting, and achievement of level 3 in the Auditors' Local Evaluation (ALE);
- (d) confirmation from the Chief Executive that the East Midlands (Health Innovation and Education Cluster (HIEC) bid (in which UHL was a partner) had successfully been approved by the national panel. The Chief Executive congratulated those involved in the bid, particularly Professor S Petersen (University of Leicester) and Professor D Rowbotham (UHL Director of Research & Development), and
- (e) comments from the Chief Executive regarding the key importance of 2010 for UHL, including its plans to apply to be a Foundation Trust and thus take greater charge of its own destiny. The national financial cold climate would also bring its own challenges.

Resolved – that the position be noted.

4/10 MINUTES

Resolved – that the Minutes of the meeting held on 3 December 2009 be confirmed as a correct record, and signed by the Chairman accordingly.

CHAIR

5/10 MATTERS ARISING FROM THE MINUTES

The Chairman confirmed that the Matters Arising report (paper A1) highlighted the matters arising from the meeting held on 3 December 2009 and provided an update on any outstanding matters arising on the Trust Board meetings held since 16 July 2009.

Resolved – that the matters arising report (paper A1) be received and noted.

6/10 APPLICATION FOR NHS FOUNDATION TRUST STATUS – CONSULTATION DOCUMENT

In inviting Trust Board approval for the proposed consultation document on UHL's application for Foundation Trust status (paper B), the Director of Communications and External Relations noted in particular:-

- (a) that the document did not reflect any embryonic discussions regarding the long term financial model or integrated business plan – rather it set out UHL's aspirations to become a Foundation Trust and thus detailed the proposed governance arrangements (including the proposed composition of

the Council of Governors), the Trust's vision and values, and the purpose of seeking FT status;

- (b) feedback received from UHL's Patient Advisers on the earlier draft of the consultation document, as requested by the Trust Board (Minute 260/09 of 3 December 2009 refers). That feedback had indicated that the initial document was too detailed, and that a focus on the wider picture would be preferred – subject to Trust Board approval the Director of Communications and External Relations therefore proposed to remove the detail of service concepts from paper B (eg including the 'total ED' data on pages 14-15). In discussion on this proposal, the Trust Board supported a more streamlined document, but considered that it would nonetheless be helpful to include some illustrative examples to demonstrate the benefits of FT status – the Director of Communications and External Relations agreed to incorporate these accordingly;
- (c) the timetable for the process following approval by the Trust Board – the formal 3-month consultation period would begin on 11 January 2010 and run until 11 April 2010. The Director of Communications and External Relations outlined the various planned communication activities, including briefings for the media, charities, stakeholder partners, LINKs, and bodies such as the LLR Joint Health Overview and Scrutiny Committee; internal briefings for staff; use of appropriate IT media such as webpages. The Trust Chairman reiterated the crucial importance of appropriate engagement with the public, UHL staff, and its members (latter standing at approximately 14,500 excluding staff members), and
- (d) his request for delegated authority to finalise the document ahead of the consultation launch on 11 Jan 2010 – this was agreed accordingly.

DCER

DCER

Resolved – that (A) subject to the comments above, UHL's consultation document for its application for NHS Foundation Trust status be endorsed, and

DCER

(B) delegated authority be given to the Director of Communications and External Relations to finalise the document prior to the start of the formal 3-month consultation period on 11 January 2010.

DCER

7/10

**REPORT BY THE CHIEF EXECUTIVE – MONTHLY UPDATE REPORT
JANUARY 2010**

The Chief Executive introduced paper C, updating Trust Board members on the following items:-

- (a) Swine Flu
The Chief Operating Officer/Chief Nurse advised of a fall in cases, with only 14 patients in UHL with possible swine flu symptoms as of 6 January 2010. Staff absences due to swine flu had also fallen considerably to only three. However, there had been a slight increase in ECMO (extra-corporeal membrane oxygenation) patients (currently three);
- (b) Key Issues
As his monthly report was now highlighting key topical issues to the Board, the

Chief Executive reiterated his thanks to staff for their efforts within the Emergency Department. He confirmed that despite challenging attendance figures, UHL had remained open throughout the holiday period. The Chairman noted that UHL's ED performance against the 4-hour wait standard stood at 98.7% on 7 January 2010. Progress on UHL's application for FT status was also a key issue, which would be covered later in the meeting (Minute 8/10/7 below refers);

(c) LLR Joint Health Overview and Scrutiny Committee

Paper C advised of the issues covered during UHL's meeting with the above Committee on 21 December 2009, noting the generally positive response;

(d) Patient Safety – “questions are the answer”

The above National Patient Safety Agency (NPSA) factsheet was appended to paper C, having been referred for the Trust Board's attention by the December 2009 meeting of the Governance and Risk Management Committee (Minute 9/10/2 below also refers);

(e) Health Innovation and Education Cluster (HIEC) for the East Midlands

It was noted that this matter had been covered in Minute 3/10 above, and

(f) “NHS 2010-2015: From Good to Great. Preventive, people-centred, productive”

Paper C noted the publication of the above Department of Health strategy document on 10 December 2009, and listed its key points accordingly. The NHS Operating Framework for 2010-11 had also been published on 16 December 2009, and was covered in Minute 8/10/2 below.

Resolved – that the monthly update report from the Chief Executive be received and noted.

8/10 QUALITY, FINANCE AND PERFORMANCE

8/10/1 Care Quality Commission (CQC) Registration

The Director of Clinical Quality attended to brief the Trust Board on CQC registration requirements (paper D) (these arrangements also having been discussed in detail during the Trust Board development session on the morning of 7 January 2010). The Health and Social Care Act 2008 (Registration Requirements Regulations 2009) had introduced new essential standards for quality and safety across health and social care – where relevant, UHL needed to demonstrate that it was meeting these new standards in order to register with the Care Quality Commission. For registration as of 1 April 2010, the application required submission by 29 January 2010, and delegated authority was therefore sought by the Acting Medical Director and the Director of Clinical Quality to complete the form accordingly.

**AMD/
DCQ**

Paper D outlined the new process, which differed significantly from that for the former core standards and required continuous assessment. Certain costs were associated with registration (£75,000), as also detailed in the report. In a change to the locations stated in section 5.1 of paper D, the Director of Clinical Quality advised that the renal satellite units would be covered as a variation to the licence in April 2010, rather than included in UHL's January 2010 submission. She also noted the need for a Trust 'statement of purpose' detailing the services provided

and their locations, which would require regular updating.

Noting the challenging timescale and complex issues involved, the Trust Board endorsed the recommendations at paper D.

Resolved – that (A) the details of the process and timescale for CQC registration be noted, and

(B) authority be delegated to the Acting Medical Director/Director of Clinical Quality to finalise and submit the Trust’s application for registration (in consultation with the Chairman and Chief Executive) by 29 January 2010.

AMD/
DCQ

8/10/2 2010-2011 NHS Operating Framework

Paper E advised the Trust Board of the key messages within the NHS Operating Framework 2010-11, noting that this should be read in conjunction with the 2010-15 strategy referred to Minute 7/10/1 above. The Chief Operating Officer/Chief Nurse noted the national expectation of very significant efficiency gains coupled with a 0% uplift to tariff, which was likely to necessitate hard choices. She also noted the impact of national tariff incentives on areas such as ED, where activity would be capped and extra activity therefore paid at less than full tariff. The Operating Framework also outlined the budgetary allocation for quality issues (through CQUIN), in addition to covering pay and workforce elements (which would be discussed with Staff Side as appropriate, including issues relating to the third year of the current NHS pay deal). The Chief Operating Officer/Chief Nurse also drew the Board’s attention to the need to improve the interface between primary and secondary care and links also with both social care and commercial partners. She further advised of her intention to map out UHL’s current position against the targets detailed in paper E, together with the Trust’s anticipated projections for quarter 1 of 2010-11, for discussion at the February 2010 Trust Board meeting.

COO/
CN

In discussion on the NHS Operating Framework for 2010-11, the Trust Board queried the likely quantified impact of tariff capping. Although a detailed assessment had not yet been undertaken, the potential impact would likely be lessened somewhat due to the local pricing arrangements already in place (although the impact would still probably exceed £1m). UHL’s awareness of the future flatcash scenario, and its planning work on this basis, would also be helpful. Discussions were also in hand with Commissioners to explore the scope for local flexibility on activity.

Resolved – that (A) the report on the 2010-11 NHS Operating Framework be noted, and

(B) a report on UHL’s position against those targets be presented to the Trust Board on 4 February 2010.

COO/
CN

8/10/3 Emergency Support Team (EST) Review

The Chief Operating Officer/Chief Nurse reported verbally on the Emergency Support Team’s ‘systems review’ of emergency care provision in LLR. Following receipt of the final report from the EST, it would be circulated accordingly to the Trust Board in February 2010. The Chief Executive confirmed that as the EST had performed a systems review, its recommendations would therefore apply to a

COO/
CN

number of organisations – he did not foresee any difficulty in taking forward any recommendations applying specifically to the Emergency Department. He further noted the EST’s view that the current emergency care system in LLR did not quite ‘stitch together’.

Resolved – that (A) the position be noted, and

(B) the report from the Emergency Support Team review be provided to the Trust Board in February 2010.

**COO/
CN**

8/10/4

Quality Finance and Performance Report – Month 8

Members received the quality, finance and performance report for month 8 (month ending 30 November) (paper F), which included red/amber/green (RAG) performance ratings and encompassed quality, HR, finance, commissioning and operational standards. Additional background information was also included on how the various targets and thresholds were structured, in addition to a new ‘heat map’ showing Directorates’ detailed positions on the range of indicators. Work would continue to refine this heat map, and the Chief Operating Officer/Chief Nurse noted the intention to monitor each Directorate’s performance on a monthly basis – the proposed vehicle for this would be chaired by either herself or the Chief Executive (terms of reference awaiting finalisation). She noted that any comments on the heat map would be welcomed.

In terms of the quality aspects of the month 8 report, the Chief Operating Officer/Chief Nurse particularly noted the following key areas by exception:-

- (a) challenges nationally regarding the breast cancer 2-week wait targets, although UHL was confident of meeting these requirements. Discussions were underway with primary care to try and address the high level of cancellations for these appointments, focusing particularly on the communication with this patient group. In response to a query, the Chief Operating Officer/Chief Nurse agreed to discuss the likely reasons for the high cancellation rate with the Director of Communications and External Relations outside this meeting, noting that patients might not always be completely aware of the potential outcomes being screened for at such appointments, and
- (b) an additional page within the report showing theatre utilisation rates, which was welcomed by Trust Board members. The Chief Operating Officer/Chief Nurse confirmed that she would also provide trend lines by specialty for this indicator in future (beginning with the pilot sites). At its development session on 7 January 2010, the Trust Board had received information on the TPOT initiative (‘the productive operating theatre’), aiming to increase theatre efficiency. The challenges of revising job plans were recognised, however.

**COO/
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CN**

In discussion on the quality aspects of the report, the Trust Board:-

(1) queried why the thresholds for operations cancelled by the Trust varied between Directorates, and how those thresholds were originally set. In response, the Chief Operating Officer/Chief Nurse noted the higher thresholds for different types of patient group, and confirmed that thresholds related either to national targets (if applicable), or to current performance and appropriate stretch targets. In response

to a further question, she confirmed that where an appointment was changed to provide an earlier date for a patient, this was still classed as a cancellation. She advised that work was underway to refine these indicators to make them more meaningful;

(2) queried the scope to accelerate the timescale for delivery of the TPOT initiative. Members welcomed the Chief Operating Officer/Chief Nurse's response that a shorter, 12-18 month delivery timescale would be desirable and that she anticipated significant efficiency gains in 2010-11 from this project, and

(3) commented on the lack of detail on patient polling, and suggested that the Trust Board should receive a Directorate breakdown and trend information even though the GRMC discussed the detailed results. The Chief Operating Officer/Chief Nurse agreed to incorporate this accordingly, noting the likely need for more frequent patient polling to meet CQC requirements. She advised that she and the Director of Clinical Quality had been in discussion on this issue with Picker Institute colleagues. As a result of related discussion, the Chief Executive noted his former role as a Picker Institute Director until summer 2009.

AMD/
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In respect of UHL's financial performance as at month 8, the Acting Director of Finance and Procurement noted a surplus position of £2.6m prior to impairment, which was £1.3m above forecast. UHL's expenditure in month 8 had been significantly less than anticipated (although income had been as forecast), and the Acting Director of Finance and Procurement advised that the impairment (linked to the revaluation of UHL's estate) would have no overall impact on the Trust's 2009-10 financial position. He further noted that December 2009 income seemed likely to be slightly above forecast due to Emergency Department activity. The 3-month forecast anticipated a small year-end surplus, although February would be a key month due to the lower number of working days. The Trust currently remained in deficit against its original plan, however, as that plan had been predicated on a Commissioner transfer of activity which had not taken place.

Further to Minute 247/09/3 of 3 December 2009, the Acting Director of Finance and Procurement advised that ECMO funding of £4m had now been formally confirmed for the LLR healthcare economy.

Although month 8 had seen an increase in the level of identified CIP (cost improvement programme), a shortfall remained on the full £25m delivery. UHL's cash position had reduced to £11.93m, due to the draw down (at the start of January 2010) of £5m of monies received in-year. The Trust's cash position had subsequently improved in January 2010 however, following receipt of a Commissioner payment. The Acting Director of Finance and Procurement emphasised the crucial importance of cash during 2010-11, and reiterated the absolute requirement to hit 2010-11 CIP delivery targets from month 1. Failure to do so would place the Trust's cash position in jeopardy as early as July 2010. In discussion, the Trust Board commented on the significant cash movements between October – December 2009, although noting the response that UHL had begun the 2009-10 year with a very positive cash position.

The Acting Director of Finance and Procurement further advised that UHL would underspend on its 2009-10 capital programme, and confirmed that the Trust could carry its capital forward. He noted that the December 2009 Finance and Performance Committee had agreed to the proposal not to identify further bring-

forward capital schemes, and rather to use the underspend for urgent capital schemes if required (and appropriate).

Resolved – that (A) the quality, finance and performance report for month 8 (month ending 30 November 2009) be noted;

(B) the Chief Operating Officer/Chief Nurse be requested to discuss the potential reasons for the high cancellation rate on breast cancer appointments, with the Director of Communications and External Relations outside this meeting; COO/CN
/DCER

(C) the Chief Operating Officer/Chief Nurse be requested to include trend information in future iterations of the theatre utilisation data, and COO/CN

(D) appropriate information on UHL’s patient polling results be included in future quality, finance and performance reports. COO/CN
MD

8/10/5 Financial Year-End Forecast

Paper G updated the Trust Board on the financial year-end forecast for UHL and the wider Leicestershire health economy, noting that much of the information had been covered in Minute 8/10/4 above. The Acting Director of Finance and Procurement confirmed that the forecast was coming back into balance by year-end. In discussion, the Chief Operating Officer/Chief Nurse noted that (as requested by Commissioners) UHL had reviewed its 2009-10 income position against waiting list targets, and shared the specialty quantum with Commissioners. The Chief Operating Officer/Chief Nurse noted that any such measures would impact on 2010-11 waiting list times, however, which concern had also been shared with Commissioners. The Trust Board would be kept informed of UHL’s discussions on this issue. COO/CN

The Chief Executive also reiterated his thanks to Mr Shuter for his work as Acting Director of Finance and Procurement.

Resolved – that (A) the financial year end forecast 2009-10 be noted, and

(B) the Trust Board be kept appropriately informed of discussions with Commissioners regarding waiting list targets. COO/CN

8/10/6 Finance and Performance Committee

In the absence of Mr I Reid, Non-Executive Director and Chairman of the Finance and Performance Committee, the Chief Executive noted that the key points arising from the meeting held on 26 November 2009 were as detailed in paper H (Minutes of that meeting). In respect of Minute 149/09 of that meeting, he considered that UHL had clearly and transparently demonstrated flexibility in assisting achievement of the overall LLR financial position for 2009-10, and the UHL Chairman welcomed the Trust’s more positive relationship with Commissioners.

Key issues from the Finance and Performance Committee meeting held on 23 December 2009 were summarised in paper I, as formal Minutes from that meeting would be submitted to the Trust Board on 4 February 2010. IR/
STA

Resolved – that (A) the Minutes of the Finance and Performance Committee meeting held on 26 November 2009 be received, and the recommendations and decisions therein endorsed and noted respectively, and

(B) the Minutes of the Finance and Performance Committee meeting held on 23 December 2009 be submitted to the Trust Board on 4 February 2010.

IR/STA

8/10/7

Integrated Business Planning, Long Term Financial Model and Foundation Trust Application 2009-10 Programme – Highlight Reports

Paper J provided assurance of progress (November-December 2009) against plan for UHL's FT application and also its Integrated Business Planning process. Financial workshops had now been completed with all Directorates, and the Director of Strategy had received the first draft of their long term financial models (LTFM). Efforts were now focused on quantifying the strategic plans, which work would also incorporate the identification of key efficiencies and savings targets. Further efficiency opportunities for Corporate Directorates were also being explored. The Director of Strategy noted the scale of the 2010-11 planning work required before 31 March 2010, which was being prioritised accordingly by General Managers. A confirm and challenge process would take place in the first week of February 2010. Potential disinvestment issues were also being explored at part of the overall IBP process. It was noted that the IBP process was currently rated as green, with development of the LTFM rated as red – the Director of Strategy recognised this latter workstream as a key risk.

The Director of Strategy drew the Trust Board's attention to a specific resource constraint within her team, although noting possible remedial measures to address this.

In respect of UHL's FT application, the Director of Strategy noted the action plans being developed in response to the Department of Health state of readiness report. Monthly assessments were also underway with NHS East Midlands. UHL was working with a number of external corporate companies to assist in the development of clinical service plans and cross-cutting corporate (HR, finance, estates and IT) strategies. The current red rating of the FT process had been anticipated by UHL. In discussion, the Trust Board requested that future FT progress reports be fleshed out with key milestones for the next 3 months, in respect of the specific issues from the state of readiness report. The Director of Strategy acknowledged this point and suggested that these be picked up via the monthly quality, finance and performance report.

DS/
COO/CN

Resolved – that (A) the highlight report on UHL's integrated business planning, long term financial model, and FT application 2009-10 be noted, and

(B) the Director of Strategy and the Chief Operating Officer/Chief Nurse be requested to discuss how best to include progress on the issues from the FT state of readiness (eg within the monthly quality, finance and performance report).

DS/
COO/CN

8/10/8

Proposals for the Governance and Resourcing of Major Strategic Change

The presentation attached to paper K outlined a proposed governance structure

(and capacity) for delivering the major strategic change(s) identified in UHL's integrated business plan. In light of discussions on the available internal capacity, the Director of Strategy also now recommended that external capacity should also be explored where required (with resulting skills transfer). In discussion on the proposals, the Trust Board:-

- (a) advised that the £1m threshold for projects requiring such change team support was too low, and should be changed to £5m; DS
- (b) suggested that the Trust Executive (rather than the change team) should be responsible for driving improvement in respect of projects below that agreed threshold;
- (c) noted the need for an appropriately responsive and agile process;
- (d) queried whether it would be preferable to establish a steering group to oversee the process for major strategic projects, rather than using the Trust's (albeit revamped) existing governance structure (eg IMC route). The Director of Corporate and Legal Affairs suggested it would be helpful for Executive Directors to consider this further, taking appropriate account of the need to link with normal business, accountability, and decision-making flows, and of the anticipated new role of the revamped Trust Executive. It was agreed that this matter would be discussed further at the Operational Group meeting on 12 January 2010, with the views from that meeting subsequently communicated to the Trust Board by 19 January 2010, and DCLA/
DS
- (e) noted it would be helpful to see a plan covering the key projects and their timescales/milestones, from which any resource gaps could be identified. This information was lacking at present. In response, the Director of Strategy advised that a shortlist of the major strategic change programmes would be provided to the Trust Board on 4 February 2010, with a view to starting delivery as of 1 April 2010. DS

Resolved - that (A) the Director of Strategy be requested to amend the proposed governance structure for delivering the major strategic change identified through the IBP, as detailed above; DS

(B) further discussion on point (d) above take place at the Operational Group meeting on 12 January 2010, and be advised to the Trust Board by 19 January 2010, and DCLA/
DS

(C) the proposed shortlisted programme of major strategic change(s) be discussed by the Trust Board on 4 February 2010. DS

9/10 **MINUTES FOR INFORMATION**

9/10/1 Audit Committee

The Trust Chairman thanked Mr D Tracy, Non-Executive Director, for assuming the interim Chairmanship of the Audit Committee.

Resolved - that the Minutes of the Audit Committee meeting scheduled for 23 February 2010 be submitted to the Trust Board meeting on 4 March 2010. STA

9/10/2 Governance and Risk Management Committee (GRMC)

Paper L detailed the Minutes of the Governance and Risk Management Committee (GRMC) meeting held on 15 December 2009, with the key points from that meeting itemised on the front cover sheet. UHL's existing safety report was currently under review in light of the National Patient Safety Agency factsheet (discussed at that meeting and appended to the Chief Executive's monthly report at Minute 7/10 above), and as the GRMC Chair, Mr D Tracy, Non-Executive Director, suggested that the Trust Board should again receive details of patient stories (this was agreed).

AMD

The December 2009 GRMC meeting had also particularly discussed the following:-

- (a) continuing work to render all of the Clinical Directorate risk registers fit for purpose. The Chief Operating Officer/Chief Nurse advised that all but two of the Clinical Directorates had now provided copies of their updated risk registers, and
- (b) UHL's apparently plateaued patient polling results. The GRMC was keen to see results improve, and the Chief Executive had agreed to assist in this. Varying views were expressed as to the best way forward, and the Director of Communications and External Relations agreed to discuss this further with the Chief Operating Officer/Chief Nurse, including the issue of appropriate Directorate priorities and focus.

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Resolved – that (A) the Minutes of the Governance and Risk Management Committee meeting held on 15 December 2009 be received, and the recommendations and decisions therein be endorsed and noted respectively;

(B) the Acting Medical Director be requested to present patient stories to a future Trust Board meeting, and

AMD

(C) further discussion be held on how best to improve UHL's patient polling results, including Directorate prioritisation of issues.

AMD/
DCER/
COO/
CN9/10/3 UHL Research and Development Committee

In presenting the Minutes of the UHL Research and Development Committee meeting held on 14 December 2009, the Trust (and Committee) Chairman particularly noted discussion on the East Midlands HIEC bid (Minute 3/10 above also refers) and on a proposal that research and development aspects be included within the Directorate presentations to the Finance and Performance Committee.

Resolved – that the Minutes of the UHL Research and Development Committee meeting held on 14 December 2009 be received (paper M), and the recommendations and decisions therein be endorsed and noted respectively.

10/10 **TRUST BOARD BULLETIN**

Resolved – that the following papers circulated with the January 2010 Trust Board Bulletin be noted:-

(A) UHL briefing note on the Boorman Report on the health and wellbeing of NHS staff, and

(B) declaration of interest from Ms J Wilson, Non-Executive Director (Board Chair of the Leicestershire and Rutland Probation Trust).

11/10 CORPORATE TRUSTEE BUSINESS

11/10/1 Charitable Funds Committee (CFC)

Resolved – that the cancellation of the Charitable Funds Committee meeting scheduled for 21 December 2009, and the date of the next meeting as 8 February 2010, be noted.

12/10 DATE OF NEXT MEETING

Resolved - that the next Trust Board meeting be held on Thursday 4 February 2010 at 1pm in **Rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.**

13/10 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

There were no queries/comments from members of the public in relation to the business transacted at the meeting.

14/10 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 15/10 – 22/10), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

15/10 DECLARATION OF INTERESTS

It was noted that no member of the Trust Board declared an interest in the business on the private agenda (Standing Order 7 refers).

16/10 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the meeting held on 3 December 2009 be confirmed as a correct record and signed by the Chairman accordingly.

CHAIR

17/10 MATTERS ARISING FROM THE CONFIDENTIAL MINUTES

In addition to those items discussed below, members noted the Matters Arising report circulated at paper O.

17/10/1 Report by the Director of Corporate and Legal Affairs (Minute 257/09/1)

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of legal privilege.

17/10/2 Report by the Chief Operating Officer/Chief Nurse (Minute 259/09)

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could prejudice the effective conduct of public affairs.

17/10/3 Report by the Chief Executive (Minute 262/09)

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests.

18/10 **REPORT BY THE DIRECTOR OF STRATEGY**

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could prejudice the effective conduct of public affairs.

19/10 **REPORT BY THE MEDICAL DIRECTOR**

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could prejudice the effective conduct of public affairs.

20/10 **REPORT BY THE TRUST CHAIRMAN AND THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS**

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could prejudice the effective conduct of public affairs.

21/10 **REPORTING COMMITTEES**

21/10/1 Governance and Risk Management Committee (GRMC)

Resolved – that the confidential Minutes of the GRMC meeting held on 15 December 2009 be received, and the recommendations and decisions therein endorsed and noted respectively.

21/10/2 Remuneration Committee

Resolved – that the Minutes of the Remuneration Committee meeting held on 7 January 2010 be submitted to the Trust Board on 4 February 2010.

DCLA

22/10 **ANY OTHER BUSINESS**

There were no items of any other business.

The meeting closed at 5.15pm

Helen Stokes
Senior Trust Administrator