Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 26 APRIL 2012 AT 10AM IN ROOMS 1A & 1B, GWENDOLEN HOUSE, LEICESTER GENERAL HOSPITAL SITE

Present:
Mr M Hindle – Trust Chairman
Ms K Bradley – Director of Human Resources
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mrs K Jenkins – Non-Executive Director
Mr R Kilner – Non-Executive Director
Mr M Lowe-Lauri – Chief Executive
Mr P Panchal – Non-Executive Director
Mr I Reid – Non-Executive Director
Mr A Seddon – 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:
Ms M Harris – Divisional Manager, Acute Care (for Minute 140/12)
Mrs H Harrison – FT Programme Manager (for Minute 141/12)
Dr D Skehan – Divisional Director, Acute Care (for Minute 140/12)
Ms H Stokes – Senior Trust Administrator
Dr A Tierney – Director of Strategy
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

ACTION

122/12 APOLOGIES

No apologies for absence were received.

123/12 DECLARATIONS OF INTERESTS

There were no declarations of interests relating to the items being discussed.

124/12 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised that today's meeting bridged both the previous 2011-12 financial year and the current 2012-13 year. As a proposed model for future Trust Board meetings, he noted his intention to change the running order of this meeting and take views from the Chairs of the appropriate Trust Board reporting Committee when discussing financial and operational performance.

125/12 MINUTES

Resolved – that the Minutes of the meetings held on 30 March 2012 and 5 April 2012 be confirmed as a correct record, noting an update now provided by the Director of Finance and Procurement on the finalised revaluation figure (Minute 15/12 of 30 March 2012).

126/12 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising, particularly noting those without a specific timescale for resolution. In discussion on the matters arising report the Trust Board noted in particular:-

(a) Minute 98/12 – risk 15 of the UHL's Strategic Risk Register would be updated by the end of May 2012, to incorporate a date for development of the plan to strengthen Divisional/Directorate infrastructure; **DHR**
(b) Minute 100/12/2 – the timescale for developing a strategic solution to improve HDU capacity would be confirmed to members outside the meeting (linked to ongoing work by the LLR Reconfiguration Board); **DS**
(c) Minute 100/12/2 – work to assess the effectiveness of appraisals was being reported to the June 2012 Workforce and Organisational Development Committee;
(d) Minute 106/12 – PCT communications colleagues had confirmed that they would work with UHL to raise the profile of the Urgent Care Centre;
(e) Minute 106/12 – the information requested in respect of UHL's safe and sustainable business case would be provided to the requester in the next few days, and **DS**
(f) Minute 32/12 – this item could be removed as the Bill had now been enacted.

Resolved – that the update on outstanding matters arising and the associated actions above, be noted. **EDs**

127/12 CHIEF EXECUTIVE'S MONTHLY REPORT – LATE APRIL 2012

The Chief Executive's monthly report for late April 2012 noted the publication of Monitor's financial assumptions for 2012-13, which he felt were somewhat conservative. At 4.5%, UHL's 2012-13 CIP was in line with the Monitor assumptions, and the Director of Communications and External Relations emphasised the scale of the financial challenge facing acute Trusts up to 2017. In response to a query from the Trust Chairman regarding a recent national communication from the Rt Hon. Danny Alexander MP, Chief Secretary to the Treasury, the Director of Finance and Procurement considered that a 4% price deflator was likely although this was not yet formally confirmed.

CE

A further update on the national safe and sustainable review of children's cardiac surgery services would be provided to the 28 May 2012 Trust Board, and the Chief Executive suggested it might be helpful to consider inviting members of the East Midlands Cardiac Heart Centre Board to attend for that item.

Resolved – that a further update on the safe and sustainable national review of children's cardiac surgery services be provided to the 28 May 2012 Trust Board, possibly also involving an invitation to members of the EMCHC Board. **CE**

128/12 QUALITY, FINANCE, AND PERFORMANCE

128/12/1 UHL Annual Operational Plan 2012-13 (AOP)

Further to Minute 100/12/1 of 5 April 2012, paper D comprised UHL's finalised AOP for 2012-13 (including the capital programme), as updated both in light of comments received at that meeting and reflecting subsequent discussions with Commissioners. Very significant clinical input had also been received at both Divisional and CBU level. Although acknowledging that the AOP was not risk-free, it was felt to be in line with other East Midlands plans and reflective of the overall NHS context in that regard.

The Director of Finance and Procurement advised members of the financial movements underpinning the AOP, and tabled an outline of the key financial risks and opportunities contained within the Plan (as requested by the 25 April 2012 Finance and Performance Committee). With regard to that outline, the Director of Finance and Procurement emphasised that not all elements were equally likely to occur. The Director of Finance and Procurement considered that the likelihood of the entire downside scenario occurring was "effectively nil", and he confirmed his view that the financial risks within the plan were balanced. Work continued to identify and risk assess 2012-13 cost improvement programme (CIP) schemes (currently standing at £28.7m to date, in a further movement since the publication of paper D), with the level of red rated schemes continuing to decrease as part of that process.

The Chief Operating Officer/Chief Nurse noted the challenging nature of 2012-13 in respect of operational and quality targets, although confirming that UHL was currently meeting 18 out of the 19 national targets required. The need for a continued focus on patient safety, quality and experience issues was well recognised by UHL, and significant nurse staffing investment was proposed for 2012-13, to reflect the increasing acuity and age of patients presenting at UHL (and their resulting complex needs). The Chief Operating Officer/Chief Nurse also noted the good response to UHL's March 2012 'dry run' of the "net promoter" scheme (officially launched April 2012).

Both the Chief Operating Officer/Chief Nurse and the Medical Director were assured that UHL's 2012-13 CIPs did not adversely affect patient quality/safety, and they were therefore confident of their ability to sign off the schemes as required. The patient safety/quality impact of all schemes within the AOP had been checked both by Divisional Directors and by the Medical Director's own safety and risk team. The Medical Director emphasised the crucial need to begin (in earnest) UHL's transformational journey during 2012-13, and noted his view that Clinical Commissioning Group colleagues were also supportive of the Trust's transformational schemes.

The Trust Chairman then sought views on the 2012-13 AOP from his Non-Executive Director colleagues, beginning with Mr I Reid and Mr D Tracy as Chairs of the Finance and Performance Committee and GRMC respectively. The Finance and Performance Committee Chair welcomed the significantly more robust development process than previously, and noted the Committee's greater confidence than at this point 12 months earlier. Assurance had been provided to the 25 April 2012 Finance and Performance Committee that all current red rated CIP schemes would be green/amber by 30 June 2012, and it was confirmed that CIP delivery would be closely monitored through that Committee. ED performance was a key issue, and the Finance and Performance Committee had emphasised the crucial need for appropriate LLR-wide actions by all involved parties, particularly in developing a robust system-wide LLR winter plan for 2012-13. The evolving nature of relationships with Commissioners also required positive and appropriate handling.

The GRMC Chair highlighted the key sections within the AOP dealing with patient quality, safety and experience, noting also the significant challenges which had been faced in 2011-12. He also particularly welcomed the 'key service developments' outlined in section 4.5 of the AOP and considered that Non-Executive Directors had greater confidence than previously that the ED challenge would be met. The GRMC Chair considered that the risks identified in the AOP were accurate and pertinent, and he noted his confidence that the safety, quality, patient experience and financial risks were appropriately balanced in terms of their importance to UHL. He also reiterated the crucial importance of the 5 critical safety actions in underpinning UHL's patient safety priorities for 2012-13 (as detailed within the AOP).

In respect of other Non-Executive and Executive Director comments, the Trust Board noted in particular:-

(a) that clinicians' improved ability to identify safe and appropriate CIPs was a result of both better engagement and ownership, and also the enhanced supporting infrastructure of the Transformation Support Office. The AOP also recognised the need for investment in staff engagement and experience, hence the work planned on Organisational Development;
(b) a request that appropriate time/resource be dedicated to enable longterm workforce planning, and that this process be started as soon as possible during 2012-13;
(c) the need to embed the approach used for the 2012-13 AOP (eg greater scrutiny and engagement) and begin the 2013-14 planning process as soon as possible;
(d) a request for month-by-month assurance from Executive Directors regarding progress on the CIP plans – it was agreed to provide this accordingly, noting the phased nature of the CIPs and plans to track both inputs and outputs, and **EDs**
(e) the significant work by the Director of Finance and Procurement and his team (including clinical colleagues) in leading negotiations with Commissioning colleagues and moving successfully to a largely PBR-compliant acute contract.

<u>Resolved</u> – that (A) the finalised 2012-13 Annual Operational Plan for UHL and the £32.1m capital programme for 2012-13 be approved as presented, and

(B) appropriate monthly assurance be provided to the Trust Board and/or its reporting Committees, re: progress on 2012-13 CIP delivery. **EDs**

128/12/2 <u>Month 12 Quality Finance and Performance Report</u>

Paper E comprised the quality, finance and performance report for month 12 (month ending 31 March 2012), which included red/amber/green (RAG) performance ratings and covered quality, HR, finance, commissioning and operational standards. Individual Divisional performance was detailed in the accompanying heatmap, and the commentary accompanying the month 12 report identified key issues from each Lead Executive Director.

Prior to discussion on the detail of paper E, the Trust Chairman asked the GRMC Chair for that Committee's comments on the non-financial elements of month 12 performance, as discussed on 23 April 2012 (paper J1 refers). From that meeting, Mr D Tracy, Non-Executive Director and GRMC Chair particularly highlighted:-

(i) discussions on the quality and safety assessment of 2012-13 CIPs, noting the apparent need for further reconciliation of information between the Medical Director's team and the Divisions (particularly Acute Care). On now hearing these comments, Ms K Jenkins, Non-Executive Director and Audit Committee Chair voiced some concern at a lack of coordinated information, particularly given the existence of the Transformation Support Office. The Medical Director provided assurance that all information had subsequently been updated and appropriately triangulated by the afternoon of 24 April 2012. Ms Jenkins suggested that it would be helpful to include a separate specific 'quality indicator' in the criteria used to arrive at the appropriate RAG rating for CIP schemes, which the Medical Director agreed to consider further; **MD**
(ii) the impact of March 2012 organisational pressures on a number safety and quality indicators, with (eg) a rise in complaints and incidents. Assurances had been provided to the 23 April 2012 GRMC that these pressures were now abating, but vigilance was still required particularly in larger Divisions. Two never events had also occurred in March 2012, although no significant patient harm had been involved;
(iii) the actions proposed to address a decline in fractured neck of femur performance and thus meet the related CQUIN. The Chief Operating Officer/Chief Nurse now noted the detail of those proposals (for discussion with Commissioners on 27 April

2012), which would likely require some pump-priming, and

(iv) the very helpful presence of CCG representatives on 23 April 2012, in addition to the standing PCT member of the GRMC. The GRMC Chair planned to meet with his CCG counterpart(s) in June 2012 to discuss closer working relationships and develop the use of common information. The Medical Director added that one of the CCG representatives in particular had been extremely reassured by the rigorous confirm and challenge process used at the GRMC meeting.

With regard to the remaining operational and quality aspects of the detailed month 12 report, the Trust Board particularly noted UHL's achievement of the very challenging 2011-12 targets re: MRSA and Clostridium difficile, and voiced its thanks to staff for their infection control efforts despite the recent increased operational pressures. **CHAIR MAN**

Ms K Jenkins Non-Executive Director and Audit Committee Chair, queried when currently-missing data would be included in the quality finance and performance report, and sought assurance on how the robustness of the information was tested. In response, the Chief Operating Officer/Chief Nurse advised that streamlining and robust checking of data was currently underway, in preparation for the new format monthly report to be used from May 2012.

The Trust Chairman then asked the Finance and Performance Committee Chair for that Committee's comments on the financial elements of month 12 performance, as discussed on 25 April 2012 (paper F1 refers). From that meeting, Mr I Reid, Non-Executive Director and Finance and Performance Committee Chair particularly highlighted:-

(i) discussions on the achievement of break-even in 2011-12 with a small surplus, noting the impact of additional revenue. Although CIP delivery against target had been somewhat disappointing, the Committee was assured that a significantly more robust process was in place for 2012-13. In discussion, Ms K Jenkins Non-Executive Director and Audit Committee Chair now suggested that it would be helpful for the most likely 2012-13 risk scenarios to be monitored through the Finance and Performance Committee, also capturing appropriate *opportunities* for UHL; **DFP/ FPC**

(ii) recognition of the financial challenges which would continue to face UHL into 2012-13, as for the wider NHS, and

(iii) the value of the community elective activity tender, and UHL's ongoing project management of a bid for that work.

With regard to the remaining financial aspects of the detailed month 12 report, the Director of Finance and Procurement particularly noted:-

(a) the need for greater understanding of the March 2012 costs position, particularly in relation to Planned Care Division where the marked deterioration had been unexpected;

(b) his intention to streamline financial reporting to be as meaningful as possible, and

(c) a request from Mr R Kilner Non-Executive Director, for a clear monthly forecast, clarifying and profiling the underlying 2012-13 assumptions. **DFP**

With regard to the workforce aspects of the month 12 report, the Director of Human Resources advised that (in response to queries at the 25 April 2012 Finance and Performance Committee) work was in hand to review bank and agency payments in March 2012 and explore any correlation to sickness absence rates that month and/or to pressures arising from staff seeking to use outstanding annual leave. The outcome of this work would be reported to the June 2012 Finance and Performance Committee. Appraisal performance remained positive, and as reported in Minute 126/12 above, work to assess the quality of appraisals was scheduled for the June 2012 Workforce and Organisational Development Committee. In introducing the Minutes **DHR**

of the 26 March 2012 Workforce and Organisational Development Committee, Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair particularly noted the implementation of a revised sickness absence policy within UHL, as agreed with Staff Side. The Trust Chairman confirmed that for future Trust Board meetings, the Workforce and Organisational Development Committee Minutes would be reviewed ahead of the workforce aspects of the monthly quality finance and performance report, as with the GRMC and Finance and Performance Committee Minutes. **ALL**

<u>Resolved</u> – that (A) the quality finance and performance report for month 12 (month ending 31 March 2012) be noted;

(B) at future meetings, the Minutes of Trust Board reporting Committees be considered ahead of the relevant section of the quality finance and performance report; STA

(C) consideration be given to including a specific 'quality indicator' in the criteria used to determine the RAG rating CIPs; MD

(D) the Trust Board's thanks to staff for their 2011-12 infection control efforts and achievement of the MRSA and CDT trajectories, be noted; CHAIRMAN

(E) the most likely 2012-13 financial risk scenarios be monitored through the Finance and Performance Committee, also capturing appropriate *opportunities* for UHL; DFP

(F) a clear monthly forecast capturing (and profiling) the underlying assumptions be included in the monthly quality finance and performance reports; DFP

(G) work on correlating March 2012 bank and agency spend/sickness absence rates/annual leave usage, be reported to the 27 June 2012 Finance and Performance Committee; DHR

(H) the Minutes of the 28 March 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (paper F); ALL

(I) the Minutes of the 29 March 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively (paper J), and ALL

(J) the Minutes of the 26 March 2012 Workforce and Organisational Development Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (paper L). ALL

129/12 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK

Paper G comprised the latest iteration of the Trust's strategic risk register/Board assurance framework (SRR/BAF) – this was an interim update given the proximity of the previous meeting (5 April 2012) and the usual full report including appendices 2 and 3 would be provided from the 28 May 2012 Trust Board meeting onwards. Due to the change in Trust Board dates, nor had this iteration of the SRR/BAF received its usual Executive Team scrutiny.

Three risks were scheduled for specific discussion:- **risk 1** (*continued overheating of the emergency care system*); **risk 8** (*deteriorating patient experience*), and **risk 15** (*management capability/stretch*). The Chief Executive suggested, however, that certain risks were no longer as described in the document, and the SRR/BAF would therefore benefit from an extensive

review and refresh in a separate session, rather than discussing individual risks today. It was recognised good practice to review the risk register on an annual basis, and it was agreed to use a Trust Board development session for this purpose, possibly externally-facilitated to bring a fresh perspective. Non-Executive Directors suggested that CCG input would also be beneficial. **MD**

Ms K Jenkins Non-Executive Director and Audit Committee Chair voiced her concern that the current SRR/BAF was potentially being seen as not fit for purpose, and she considered that it should be reviewed on a constant basis given its role as a responsive and dynamic document. She also emphasised the need for the Trust to have a Board assurance framework which worked at a core level.

It was agreed to consider reviewing risks 1, 8 and 15 at the May 2012 Trust Board, and to review the SRR/BAF as a whole in a separate session as outlined above. Mr R Kilner Non-Executive Director noted the need for risk 1 to be reworded to focus on the need for a whole healthcare economy approach, and also to emphasise the need for appropriate support and engagement with CCGs. He also suggested that greater clarity was needed on the efficiency of individual ED processes. **MD**

<u>Resolved</u> – that (A) a review and refresh of the Strategic Risk Register/Board Assurance Framework in its entirety take place at a Trust Board development session, externally-facilitated and potentially involving CCG engagement, and **MD**

(B) consideration be given to reviewing risks 1, 8 and 15 at the 28 May 2012 Trust Board. **MD**

130/12 GOVERNANCE

130/12/1 <u>NHSLA Standards – Committee Arrangements</u>

Paper H detailed proposals to comply with the requirements of criterion 1.3 of the NHSLA standards, relating to terms of reference for high level committee(s) with overarching responsibility for risk. For UHL, the NHSLA standard related to the GRMC and Audit Committee only, but as a model of good practice the recommendations within paper H would apply to all Trust Board reporting Committees. For 2012-13, it was proposed therefore that:-

(i) members of Trust Board reporting Committees should attend at least 75% of meetings each financial year;
(ii) each such Committee would produce an annual report for submission to the Trust Board (starting with a review of 2011-12 performance, to be presented to the 28 June 2012 Trust Board – excluding the Charitable Funds Committee which produced its annual report in line with the charitable funds accounts timetable); **NEDs**
(iii) the Trust Board itself would formally review (at least annually) each reporting Committee's performance against its terms of reference, and
(iv) each Committee's terms of reference would be reviewed (at least annually) by the Committee itself and the Trust Board.

In discussion, the GRMC Chair considered that 75% attendance might potentially be difficult in 2012-13, given that the GRMC dates had recently been changed to accommodate the revised Trust Board meeting dates. The Director of Corporate and Legal Affairs acknowledged this point, and advised of the need to demonstrate that UHL was monitoring attendance and taking appropriate steps in the event of persistent non-attendance.

<u>Resolved</u> – that (A) the recommendations to comply with criterion 1.3 of the NHSLA standards, be adopted as detailed in paper H and set out at (i) – (iv) above, and **ALL**

(B) the review of 2011-12 performance by each Trust Board reporting Committee be submitted to the 28 June 2012 Trust Board by the Chairs of each Committee (excluding the Charitable Funds Committee). **NEDs**

131/12 REPORTS FROM BOARD COMMITTEES

131/12/1 Audit Committee

Members approved the proposed changes to UHL's corporate governance policies, as appended to paper I (recommended item from the 18 April 2012 Audit Committee). **DCLA**

Resolved – that (A) the Minutes of the 18 April 2012 Audit Committee be submitted to the 28 May 2012 Trust Board, and **STA**

(B) the proposed changes to UHL's corporate governance policies be approved as appended to paper I, and implemented accordingly. **DCLA**

131/11/2 Research and Development Committee

As Chair of the Research and Development Committee, the Trust Chairman welcomed the usefulness of the various PhD studies being presented to that Committee. The presentations had been circulated to Trust Board members for information, and Mr R Kilner Non-Executive Director queried how to strengthen the capacity for innovation within both UHL and the wider NHS – in response, the Director of Strategy confirmed that she was pursuing these issues with appropriate Universities.

The Trust Chairman also voiced his thanks to the Chief Executive for his considerable work on the Biomedical Research Units.

Resolved – that the Minutes of the 2 April 2012 Research and Development Committee be received, and the recommendations and decisions therein be endorsed and noted respectively.

132/12 TRUST BOARD BULLETIN

Resolved – it be noted that no papers had been circulated with the late April 2012 Trust Board Bulletin.

133/12 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The Chairman noted that any additional questions not able to be raised within the 20 minutes allocated on the agenda should be advised to the Director of Corporate and Legal Affairs who would coordinate a response outside the meeting. The following queries/comments were received regarding the business transacted at the meeting:-

(1) a request for reassurance from Mr D Gorrod, LINKS, that the IT objectives in UHL's 2012-13 AOP would be delivered. The Director of Strategy advised of good progress in procuring an IT managed business partner (Trust Board report scheduled for Autumn 2012), and commented on the work required to standardise UHL's internal IT processes to enable the creation of an EPR platform;
(2) a number of queries from Mr M Woods, relating to:-

- whether safety standards would be maintained if an external cleaning contractor was appointed. In response, the Director of Strategy confirmed that the LLR-wide business case for an FM partner had clearly demonstrated that the individual organisations (including UHL) did not have the capacity or capability to make the scope of FM savings required. She confirmed that standards would be protected;
- his concerns over staff morale (particularly amongst clinical secretaries) and a backlog in clinical reports being typed. The Chief Executive confirmed that UHL shared both of these concerns, and he outlined the Trust's wish to provide a safe, more effective and faster service. He also noted the changing nature of the medical secretary role, moving to a more office-management context;
- whether a shortage of both general and ICU beds was causing the recent cancellation of operations. In response, the Chief Operating Officer/Chief Nurse clarified that the number of beds currently open was above plan, and she noted the need to look at better management of patient journeys. ICU demand was challenging to predict (particularly the emergency element). She reiterated UHL's aim to reduce the level of cancelled operations (the increase having been reflective of recent activity pressures);
- whether any update was available on UHL's FT application. In response, the Trust Chairman advised that discussions continued with UHL's stakeholders on this issue;
- his compliments to the staff of LGH ward 16, where he had recently experienced very high quality orthopaedic care. He particularly praised the Matron on that ward, and he confirmed that the hourly observations had been carried out without fail. The Trust Chairman thanked Mr Woods for his comments, which would be fed back to ward 16; **COO/ CN**

(3) a request from Mr E Charlesworth, for the LINKS to be kept informed of developments in respect of the safe and sustainable children's cardiac surgery services review, as they were involved in channelling the views of all East Midlands Trusts and wished to contribute in a positive way;

(4) a query from Mr E Charlesworth, LINKS, as to whether UHL would be in a position to take on additional maternity patients if a specific local provider no longer offered that service. UHL was aware of this issue, and the Director of Strategy advised that a full option appraisal would be undertaken by the East of England strategic projects team before any alternative provision model was agreed. The LLR PCT Cluster Chair advised that she would discuss this further with George Eliot Hospital and feed back accordingly to the UHL Chairman;

(5) a number of queries from Mr Z Haq, relating to:-

- whether hydrogen peroxide was still used by UHL to combat infection. The Chief Operating Officer/Chief Nurse advised that this was still partly used, for 'bombing' and deep cleaning;
- whether any PCT monies had been withheld from UHL as a result of discharges at night. The Trust Board confirmed that no monies had been withheld, and commented on the lack of detailed explanations provided in the national FOI report on this issue (eg re: the inclusion of voluntary discharges and deceased patients in the numbers). The Chief Operating Officer/Chief Nurse emphasised that UHL did not actively plan to discharge patients at night;
- his request for data on the number of ED attenders sent home between 11pm – 4am, noting his particular concern that children could be in ED with their parents for lengthy periods of time and then sent home. Although this data could be provided, the Chief Operating Officer/Chief Nurse reiterated that decisions to discharge were based on clinical judgement – she voiced concern over the cases cited by Mr Haq and requested further detail outside the meeting; **COO/ CN**
- his view that senior staff were concerned at the level of therapy support services available at night. The Chief Operating Officer/Chief Nurse advised that UHL was not actively resourcing therapy provision at night, but had reviewed the overall provision

including 7-day working. Therapy provision in total had been increased recently as a result of additional activity demands, and was now under review to assess whether that level was still required, and

- patient satisfaction concerns with carparking provision at the LRI in particular, and his queries as to how the additional revenue from increased charges was being reinvested. He cited a specific distressing case (which he intended to bring into the public domain shortly), for which the Trust Board voiced its apologies. Mr Haq considered that the Trust should be working collaboratively with Leicester City Council to bring park and ride services to UHL's hospitals and he urged the Trust to review its carparking policy. In response, the Director of Strategy confirmed that she met regularly with the local authority to review parking provision and city travel plans – she advised that improvements to the LRI site parking facilities would be a key priority for the FM partner once procured – although happy to discuss these issues with Mr Haq outside the meeting she noted the commercial sensitivity of certain elements.

Resolved – that the comments above and any related actions, be noted. **EDs**

134/12 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Monday 28 May 2012 at 10am in Rooms 1A & 1B, Gwendolen House, Leicester General Hospital site.

135/12 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 136/12 – 145/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

136/12 DECLARATION OF INTERESTS

There were no declarations of interests relating to the items being discussed.

137/12 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meetings held on 30 March 2012 and 5 April 2012 be confirmed as a correct record.

138/12 MATTERS ARISING REPORT

Resolved – that the consideration of the confidential matters arising report be classed as confidential and taken in private accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

139/12 REPORTS BY THE CHIEF EXECUTIVE

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

140/12 REPORT BY THE CHIEF OPERATING OFFICER/CHIEF NURSE

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

141/12 REPORTS 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 be prejudicial to the effective conduct of public affairs.

142/12 REPORT BY THE MEDICAL DIRECTOR

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

143/12 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that the reports appended to the confidential Trust Board Bulletin, be noted for information.

144/12 REPORTS FROM REPORTING COMMITTEES

144/12/1 Finance and Performance Committee

Resolved – that the confidential Minutes of the 28 March 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted, respectively.

144/12/2 Governance and Risk Management Committee (GRMC)

Resolved – that the confidential Minutes of the 29 March 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted, respectively.

144/12/3 Research and Development Committee

Resolved – that the confidential Minutes of the 2 April 2012 Research and Development Committee be received, and the recommendations and decisions therein be endorsed and noted, respectively.

145/12 ANY OTHER BUSINESS

145/12/1 Report by the Finance and Performance Committee Chair

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

145/12/2 CQUIN Values

Resolved – that the tabled information on UHL's position re: local and national CQUIN values, be noted for information.

145/12/3 Updated CIP Position

Resolved – that the tabled update on identified and RAG rated 2012-13 CIP schemes, be noted for information (blue denoting above plan).

145/12/4 Divisional Director Engagement with Trust Board

Consideration was currently being given on how best to engage Divisional Directors with the Trust Board, which might potentially include rotating attendance at Trust Board meetings.

Resolved – that the position be noted.

145/12/5 Report by the Chief Executive

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

145/12/6 2011-12

The Chairman thanked all UHL Non-Executive and Executive Director colleagues for their contributions during 2011-12.

Resolved – that the position be noted.

The meeting closed at 4.20pm

Helen Stokes
Senior Trust Administrator