Paper N

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 27 SEPTEMBER 2012 AT 10AM AT THE PEEPUL CENTRE, ORCHARDSON AVENUE, LEICESTER LE4 6DP

Present:
Mr M Hindle – Trust Chairman
Mr J Birrell – Interim Chief Executive
Ms K Bradley – Director of Human Resources
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Nurse/Deputy Chief Executive
Ms K Jenkins – Non-Executive Director (up to and including Minute 269/12)
Mr R Kilner – Non-Executive Director
Mr I Reid – Non-Executive Director
Mr A Seddon – Director of Finance and Business Services
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:
Dr S Campbell – Divisional Director Clinical Support
Professor S Carr – Associate Medical Director (Clinical Education) (for Minute 273/12)
Mr A Chatten – Acting Director of Estates and Facilities
Dr D Skehan – Divisional Director, Acute Care
Ms H Stokes – Senior Trust Administrator
Mrs J Taylor – Deloitte (observing)
Mr M Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

ACTION

256/12 APOLOGIES AND WELCOME

Apologies for absence were received from Dr A Tierney, Director of Strategy, Mr P Panchal Non-Executive Director and Mr D Tracy Non-Executive Director. The Chairman welcomed everyone to the Peepul Centre, noting the Trust's wish to make its Board meetings more accessible to the community.

257/12 DECLARATIONS OF INTERESTS

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

258/12 CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew the Board's attention to:-

(i) the Trust's appointment of a new substantive Chief Executive. Mr John Adler would start in post on 7 January 2013, and the Chairman voiced his thanks to all those involved in the 24 September 2012 appointment panel including Dr D Briggs, East Leicestershire CCG; B Patel and P Akwaabaayeh from the Patients' Panel; Ms R Stokes Patient Adviser; Mr S Tyman Trust member; H Jobanputra Chair of the City LINk; Ms K Reynolds Chair of the Rutland LINk, and Ms C Griffiths LLR PCT Cluster Chief Executive. Mr Jim Birrell, Interim Chief Executive, would remain in post until 31 December 2012;

(ii) the Trust's Annual Caring at Its Best awards event held on 12 September 2012, recognising the excellent work and dedication of UHL's staff. He thanked the panel of external community judges for their input to the event, and confirmed the list of winners as detailed in the Interim Chief Executive's report at paper C below;

(iii) the Trust's Annual Public Meeting 2012 held on 22 September 2012 at the Leicester Royal Infirmary, and his thanks to all those who had attended and organised that event. This year's APM had also celebrated the 100th anniversary of the Leicester Royal Infirmary, and

(iv) his attendance at the LLR PCT Cluster's own Annual Public Meeting on 6 September 2012, particularly noting the GP-led question and answer session. Noting the changing Commissioning landscape, the LLR PCT Cluster Chair advised of the excellent assessment visit feedback received by all 3 LLR Clinical Commissioning Groups and confirmed that UHL would be advised formally of those reports once received. She also reported briefly on developments in respect of Local Authority Teams (LATs), in respect of the March 2013 demise of PCTs.

259/12 MINUTES

Resolved – that the Minutes of the meeting held on 30 August 2012 be confirmed as a correct record subject to the following amendments:-
(1) Minuthe 240/12/4(b) – reference to opportunities to increase (not reduce) UCC divert levels;
(2) Minute 243/12 – clarification that the questioner had already been offered the information outside the meeting, not that it would be sent to him, and
(3) attendance table at the end of the Minutes – clarification that the Interim Chief Executive had in fact attended 100% of the Trust Board meetings for which he had previously notified he was available.

260/12 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 238/12 – a briefing on the maternity and gynaecology interim solution business case would be circulated outside the meeting;	**DFBS**
(b) Minute 240/12/2 – the 24 September 2012 GRMC had received an update on fractured neck of femur performance (quarterly updates scheduled henceforth);	
(c) Minute 240/12/4 – once updated to reflect comments from the 25 September 2012 Executive Team meeting, the ECIST action plan would be circulated to Trust Board members for information;	**CN/DCE**
(d) Minute 240/12/4 – it would be helpful for the October 2012 Trust Board presentation on LLR winter planning also to include the issues within Minute 190/12 re: signposting of patients to the Emergency Department by GPs;	**CN/DCE**
(e) Minute 240/12/5 – non-compliance with resuscitation metrics was now a performance issue within the nursing metrics, with significant improvements observed since August 2012 accordingly;	
(f) Minute 243/12 – the Chief Nurse/Deputy Chief Executive had met with the LINks representative as requested;	
(g) Minute 214/12 – updates on local staff polling results and the development of UHL's Organisational Plan would be provided to the October and November 2012 Trust Boards respectively, and	**DHR**
(h) Minute 232/12/2 – consideration of this issue would be split into (1) informal Trust Board Non-Executive Director meetings with CCG lay members, and (2) potential UHL attendance at CCG Boards in an observer capacity, and pursued outside the meeting.	**CHAIR MAN**

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

261/12 INTERIM CHIEF EXECUTIVE'S MONTHLY REPORT – SEPTEMBER 2012

In introducing paper C, the Interim Chief Executive advised that the key itemised issues were already covered in detail elsewhere on the agenda. He welcomed the improvement to UHL's ED performance, although noting the continued pressures faced by the Emergency Department at present. He also advised that the publication of the final report of the Mid-Staffordshire NHS FT public enquiry had now slipped beyond January 2013.

Resolved – that the Interim Chief Executive's report for September 2012 be noted.

262/12 QUALITY AND SAFETY

262/12/1 Safe and Sustainable (Children's Cardiac Surgery Services) – Update on Clinical Case

Reporting verbally, the Medical Director advised of continued progress on the Trust's clinical case to challenge the decision of the Safe and Sustainable Panel in respect of children's cardiac surgery services. UHL continued to have capacity concerns and had discussed these with both NHS Midlands and East, and University Hospitals Birmingham FT. The National Specialist Commissioning Group was also reviewing the ECMO services based at the Glenfield Hospital. The Interim Chief Executive added that the Secretary of State had now referred the safe and sustainable decision for national review, the outcome of which was not yet known. Signatories to the petition to retain children's cardiac surgery at Leicester were believed to be nearing the 100,000 mark.

Mr E Charlesworth, LINks, queried whether an update on a potential solution could be circulated publicly and to the media, to keep all parties appropriately informed. Whilst not wishing to prejudge the outcome of clinician-led discussions, the Interim Chief Executive agreed that it would be helpful to develop a 1-page 'digest' of Leicester's public case, for wider public communication. **DCER/ MD**

Resolved – that a 1-page digest of the clinical case for retaining paediatric cardiac surgery at Glenfield Hospital be prepared for wider public communication. **DCER/ MD**

262/12/2 Thematic Review of UHL Never Events

As part of the Trust's wish for greater transparency, paper D detailed the outcome of UHL's review of its 'never events' since 2009 (9 in total, following an expansion of the criteria for such events), as investigated by the Trust's Divisional and Corporate Patient Safety Teams. The report also detailed the lessons learned from those events and the 5 key workstreams going forward, and had been discussed in detail by the 24 September 2012 GRMC. The latter 2 of the 5 workstreams were recognised as requiring cultural and behavioural change, and therefore likely to be more challenging than the other process-related issues. The Medical Director advised that it was unlikely to be possible to eliminate never events altogether, and he noted contextual comments from the Director of Communications and External Relations on UHL's treatment of approximately 3 million patients since 2009.

The Interim Chief Executive commented on UHL's good reporting system and culture, which focused on learning from all categories of incident. The Medical Director also emphasised that it was organisationally healthy to review and learn from such events. In discussion on paper D the Trust Board:-

(a) queried how UHL benchmarked against other peer and local Trusts in terms of never events. Although noting the difficulty of obtaining central benchmarking data, the Medical Director did not consider that UHL was an outlier against local peers;
(b) noted that appropriate lessons would be taken in to account from incidents when revising UHL's OD Plan;

(c) queried the scope for (and merits of) potentially making incidents and never events a performance issue. The Medical Director advised that the investigation process did now also look at whether known Trust processes/policies had been disregarded, and whether there were any fitness to practise issues involved. He also assured the Trust Board that although such events were rare, appropriate steps would be taken against any 'repeat' offenders, and

(d) noted that the outcome of the task and finish group on the 5 workstreams would be reported to the November 2012 GRMC and Trust Board meetings. **MD**

Resolved – that the outcome of the task and finish group on the 5 workstreams from the never event thematic review be reported to the 26 and 29 November 2012 GRMC and Trust Board respectively. **MD**

262/12/3 Emergency Care Delivery – Monthly Update

Although noting UHL's achievement of all but one of the quality indicators associated with the Emergency Department (ED), paper E from the Chief Nurse/Deputy Chief Executive also highlighted the continuing 5-6% rise in ED attendances. Despite that challenging level of activity, UHL was meeting the 95% ED target for the 3rd month running and was currently the best performing East Midlands ED. Activity for the week of 24 September 2012 was extremely high, however. In discussion on emergency care delivery, the Trust Board noted:-

(a) a query from Professor D Wynford-Thomas Non-Executive Director, as to what level of assurance was available to the Trust Board that the recent improved performance would be sustained through winter. In response, the Chief Nurse/Deputy Chief Executive outlined the process changes made over the last 10 weeks, particularly noting developments re: front door triage;

(b) a query as to whether the rise in UHL ED attendances reflected national trends (the Interim Chief Executive considered that it did);

(c) a query as to the apparent continuing fall in the rate of UCC deflections, and the benefits of understanding this in greater detail – in response, the Chief Nurse/Deputy Chief Executive outlined the numerous factors which could affect deflection rates, emphasising that only appropriate patients should be diverted from ED to the Urgent Care Centre, and confirming that UHL had met with George Eliot NHS Trust (as the provider of the UCC facility) to discuss the falling diverts. In response to a query from the Trust Chairman, it was confirmed that issues from the August 2012 review of the UCC front door log were being progressed with relevant parties;

(d) comments from Mr R Kilner Non-Executive Director, on the rising level of delayed transfers of care (DTOCs) due to issues of availability of appropriate community facilities/care packages. He noted that 61 UHL beds were currently occupied by such patients. The Chief Nurse/Deputy Chief Executive acknowledged persistent challenges for patients with specific dementia and/or rehabilitation community needs, in addition to broader community capacity issues. As in 2011, additional community discharge support mechanisms were now being discussed by an LLR-wide group;

(e) a query from Ms K Jenkins Non-Executive Director and Audit Committee Chair, as to the measures being taken by the community to reduce ED attendances, and the need to understand and address the continuing rise. The rise in frail elderly patients was a key issue, as now remarked upon by the Medical Director. In further discussion, the Chief Nurse/Deputy Chief Executive outlined the findings of recent reports by both Deloitte and the National Patient Assessment Team on the nature (and timing) of the patients presenting to ED, and confirmed that UHL would work with community partners to take forward the issues identified (eg late presentation, attending ED almost 'by default', availability of appropriate community facilities following discharge);

(f) (following on from (e) above) the need for assurance that ED services for the frail elderly were appropriate to that patient group, particularly in light of the anti age discrimination legislation in force from 1 October 2012. Noting previous work on this issue, the Chief Nurse/Deputy Chief Executive was confident that appropriate measures were in place to protect the needs of frail elderly patients presenting at ED, and

(g) a lack of assurance on the part of UHL Non-Executive Directors that all LLR parties were interpreting the ED attendance data in a consistent manner. Commonality of understanding was crucial in order to develop a cohesive LLR-wide strategy for addressing emergency care needs across the healthcare community. Although acknowledging this concern, the Interim Chief Executive did not consider that LLR was an outlier in this regard, and he drew attention to UHL's improved relationships with the Clinical Commissioning Groups. He also noted his view that the forthcoming (2 October 2012) ECN Board meeting would progress issues significantly. Noting the importance of that meeting, the Trust Chairman requested early feedback on the ECN discussions ahead of the October 2012 Trust Board. **ICE/ CN/DCE**

Resolved – that feedback from the 2 October 2012 ECN Board discussion on emergency care delivery, be circulated to Trust Board members for information ahead of the October 2012 Trust Board meeting. **ICE/ CN/DCE**

262/12/4 Foundation Trust (FT) Update

Paper F advised members of progress on UHL's FT application and the timetable set out in the Trust's Tripartite Formal Agreement (TFA), noting that the Trust Board would continue to receive monthly updates on this issue. The Interim Chief Executive considered that all milestones within the plan were recoverable provided that slippage was addressed in the next month, and he noted that the issue of whether UHL was adequately resourced for this process was being kept under close review internally. In discussion on the FT update, the Trust Board:- **ICE**

(a) queried the Executive Team's level of confidence that the LLR reconfiguration programme (Better Care Together) would be delivered in line with its project plan, given the crucial importance of that programme to the FT application and the fact that it was not solely within UHL control. The Interim Chief Executive considered that UHL would still be able to submit its draft Interim Business Plan (IBP) to NHS Midlands and East by the 31 October 2012 deadline even if the wider LLR clinical strategy and reconfiguration work was not yet finalised. The Director of Finance and Business Services echoed this view, and noted that the IBP development would be an iterative process, and

(b) noted (in response to a query) that UHL was not entertaining the concept of slippage on the FT plan, and that therefore no contingency was included. The dates within the plan were fixed.

Resolved – that the Trust Board continue to receive monthly updates on its FT Application process. **ICE**

262/12/5 Quality and Performance Report (Month 5) and Provider Management Regime (PMR) Return

As agreed at the 26 April 2012 Trust Board, the discussion on the monthly quality and performance report (paper G) was now structured to receive opening comments from the Chairs of the GRMC, Finance and Performance, and Workforce and Organisational Development Committees (if they had all met) followed respectively by issues of note from the appropriate lead Executive Directors for quality and patient safety, patient experience, operational performance, HR, and finance. Views were then invited from the wider Trust Board. The quality and performance report for month 5 (month ending 31 August 2012) advised of red/amber/green (RAG) performance ratings for the Trust, and set out individual

Divisional performance in the accompanying heatmap.

With regard to quality aspects of the month 5 report (and in the absence of Mr D Tracy Non-Executive Director and GRMC Chair), Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair highlighted the following issues from the GRMC meeting of 24 September 2012 (which she had chaired):-

- progress against the actions plans arising from the June 2012 CQC visit to UHL (and resulting improvement notice). A further update on UHL's actions to address outcomes 9 and 14 was scheduled for the October 2012 GRMC;
- UHL's significant work on hospital acquired pressure ulcers (HAPUs) as evidenced in the quarterly update, and progress towards eradicating avoidable HAPUs altogether;
- concerns re: patient falls, and the decision therefore to implement a similar focused approach to this issue as that for HAPUs. An update on falls was scheduled for the October 2012 GRMC and might also merit further discussion at a future Trust Board, and **CN/DCE**
- three reports focusing on patient experience, including advising the Committee of the 21 September 2012 Older People's Champion event (which had named Ms M Phipps as the Champion of Champions).

As Workforce and Organisational Development Committee Chair, Ms J Wilson also then reported on that Committee's 17 September 2012 meeting, noting significant work on UHL appraisals, presentations from both the Acute and Planned Care Divisions, and work to develop minimum standards for managers in engaging staff on workforce issues. Personal feedback on the Junior Doctor induction process had also been interesting, noting that previous concerns were being addressed.

With regard to the remaining quality and operational performance aspects of the detailed month 5 report, the Medical Director, the Chief Nurse/Deputy Chief Executive and the Director of Human Resources highlighted the following issues:-

(i) continued good progress on the 5 critical safety actions;
(ii) UHL's 'green' rating on the majority of the operational performance targets, including cancelled operations, diagnostics, and cancer 62-day waits. The Trust's Net Promoter Score continued to rise (which was welcomed), although improvements were still needed in respect of Choose and Book performance. The Interim Chief Executive congratulated the Trust on its performance on the operational and patient experience/quality targets, particularly in respect of infection prevention. Despite improvements, however, he noted that the challenges with the Non-Emergency Patient Transport contract were not yet completely resolved;
(iii) UHL's 91% performance against its stretch target for appraisal;
(iv) good progress towards the Trust's 3% sickness absence target, and
(v) the expected receipt of national staff survey results over the coming weeks, which would be reported to the Trust Board after January 2013. **DHR**

The Trust Chairman then asked the Finance and Performance Committee Chair for that Committee's comments on the financial elements of month 5 performance, as discussed on 26 September 2012. From that meeting, Mr I Reid, Non-Executive Director and Committee Chair particularly highlighted:-

- the very disappointing August 2012 financial position of a £5.7m deficit year-to-date (£6.1m adverse to plan). Although both pay and non-pay issues persisted, Mr Reid noted the Committee's expectation that the rise in non-contracted WTEs would start to fall from September 2012;
- £2.3m cost improvement delivery in month 5, amounting to 86.5% delivery year-to-date. However, a £6m CIP gap was still forecast for year-end;
- the Committee's focus on UHL's financial recovery plans for 2012-13 (with input from all 4 UHL clinical Divisions), and the agreement to focus on key projects for in-year delivery, and
- a healthy month 5 cash position due largely to advance payment by Commissioners.

With regard to the remaining financial aspects of the detailed month 5 report, the Director of Finance and Procurement noted an encouraging income position for the year to date – however this was countered by a continuing rise in non-pay expenditure above plan. UHL was currently seeking to reduce its premium payment spend by recruiting contracted staff for the additional capacity wards (which would also have clinical benefits). In discussion on the financial aspects of month 5, the Trust Board:-

(1) noted a query from Ms K Jenkins Non-Executive Director and Audit Committee, as to whether UHL fully understood the reasons for the rise in non-pay spend. In response, the Director of Finance and Business Services outlined the work done by UHL in respect of clinical supplies and drug expenditure (as the primary factors), in addition to ongoing work to explore less material issues such as RPI increases, fuel costs and estates-related aspects. He also noted national recognition of UHL's clinically-led work to standardise and reduce costs re: orthopaedic prostheses purchasing, and
(2) noted (in response to a query) that the new contracted headcount posts being recruited to were different to those initially reduced within the organisation. Additional nursing posts also reflected UHL's increased investment in acuity levels. In further discussion, the Chief Nurse/Deputy Chief Executive noted that September 2012 had seen a decrease of 1000 hours per week in terms of bank and/or agency requests.

The Trust Board also considered the September 2012 Provider Management Regime (PMR) return for approval and submission to NHS Midlands and East, as detailed on pages 7-14 of paper G. The Trust Board endorsed the PMR return as presented, for signature by the Chairman and Interim Chief Executive and submission to the SHA accordingly. **CHAIR MAN/ ICE**

<u>Resolved</u> – that (A) the quality and performance report for month 5 (month ending 31 August 2012) be noted;

(B) the potential need for a Trust Board discussion on falls, be considered following the GRMC's scheduled October 2012 discussion on that issue; **CN/DCE**

(C) the 2012 national staff survey results be presented to the Trust Board after January 2013 (once available); **DHR**

(D) the Provider Management Regime return for September 2012 (August 2012 data) be approved as presented within paper G, signed accordingly and submitted to NHS Midlands and East; **CHAIR MAN/ICE**

(E) the Minutes of the 20 August 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively (paper H); **ALL**

(F) the Minutes of the 29 August 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (paper I), and **ALL**

(G) the Minutes of the 17 September 2012 Workforce and Organisational Development Committee be submitted to the 25 October 2012 Trust Board. **STA**

262/12/6 <u>Financial Recovery 2012-13</u>

Further development of the 2012-13 financial recovery plan had been focused through the Divisions, including their leadership of a CBU-level confirm and challenge day on 21 September 2012. The Director of Finance and Business Services emphasised the need to recover the current £6m drift on 2012-13 cost improvement programme schemes, and advised that a range of additional plans had therefore been developed at Divisional and Corporate level. In terms of potential further upsides, discussions were underway with

Commissioners on the crucial issue of appropriate reinvestment of the marginal rate for emergency treatment over the 2008-09 baseline (MRET), and the imminently-due results of an external (University of Leicester) audit of readmissions (potential reinvestment consequences to be discussed between UHL and Commissioners as appropriate). Capability and capacity issues persisted, however, and the Trust was therefore bringing in additional external resource to help deliver its financial recovery. Work also continued with major suppliers to ensure that appropriate cash controls were in place. The Director of Finance and Business Services considered that non-pay elements of the financial position had been covered in Minute 262/12/5 above.

Resolved – that the update on financial recovery 2012-13 be noted.

263/12 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

The Medical Director presented the latest iteration of UHL's SRR/BAF (paper J) noting the complete refresh of the SRR/BAF due to be undertaken at the 1 October 2012 Trust Board development session on risk. It was agreed also to cover the following issues at that 1 October 2012 session rather than at this Trust Board meeting:- **MD**

- potential 'de-risking' of risk 7 (estates), in light of the ongoing LLR FM procurement;
- potential removal of risks 5 (lack of appropriate PbR income) and 10 (readmission rates not reducing) from the SRR/BAF, as they had now reached their target risk rating, and
- the SRR/BAF's balance in terms of quality and safety issues (noting the current composition of appendix 2 of paper J).

Specific additional discussion then took place on ***risk 8*** (deteriorating patient experience) – Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair, requested that the winter planning discussions scheduled for the 25 October 2012 Trust Board also apply an appropriate 'patient lens/focus', particularly in light of frail elderly needs. The Chief Nurse/Deputy Chief Executive also outlined the work in progress to develop a patient experience strategy for discussion at the October 2012 GRMC.

It was agreed that ***risk 9*** (CIP delivery) had been covered in Minutes 262/12/5 and 262/12/6 above.

Resolved – that (A) the SRR/BAF (paper J) be received and noted, and

(B) the following issues be discussed at the 1 October 2012 Trust Board development session on risk:- **MD**

- **potential 'de-risking' of risk 7 (estates), in light of the ongoing LLR FM procurement;**
- **potential removal of risks 5 (lack of appropriate PbR income) and 10 (readmission rates not reducing) from the SRR/BAF, as they had now reached their target risk rating, and**
- **the SRR/BAF's balance in terms of quality and safety issues.**

264/12 REPORTS FROM BOARD COMMITTEES

264/12/1 Audit Committee

Ms K Jenkins Non-Executive Director and Audit Committee Chair commented on that Committee's 4 September 2012 meeting (paper K), noting particular discussion on outstanding actions arising from Internal Audit reports. The current level of delivery of those actions was not acceptable to the Committee, which had emphasised the crucial need for local ownership of such actions to avoid further slippage. The owners of any actions still outstanding by the November 2012 Audit Committee would be invited to that meeting to account for the position accordingly. In discussion, both the Director of Corporate and Legal

Affairs and the Interim Chief Executive advised that this issue was also being monitored through the Executive Team, with an appropriately high priority therefore being given to clearing any outstanding actions before November 2012.

Resolved – that the Minutes of the 4 September 2012 Audit Committee be received, and the recommendations and decisions therein be endorsed and noted respectively.

264/12/2 Research and Development Committee

Resolved – that the cancellation of the 10 September 2012 Research and Development Committee and the date of the next meeting as 8 October 2012, be noted.

265/12 CORPORATE TRUSTEE BUSINESS

265/12/1 Charitable Funds Committee

Resolved – that the Minutes of the 14 September 2012 Charitable Funds Committee meeting be submitted to the 25 October 2012 Trust Board, noting the list of issues discussed as per paper L. **STA**

266/12 TRUST BOARD BULLETIN

Resolved – the following Trust Board Bulletin report be received for information:-
(1) updated declaration of interests from Mr M Hindle, Trust Chairman.

267/12 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) comments from Ms C Ellis, LLR PCT Cluster Chair, welcoming the Trust's open and transparent discussion on never events (Minute 262/12/2 refers). She also welcomed the number of 'green' rated performance metrics for the month 5 quality and performance report.

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

268/12 DATE OF NEXT MEETING AND MEETING DATES 2013

Resolved – that (A) the next Trust Board meeting be held on Thursday 25 October 2012 at 10am at the Peepul Centre, Orchardson Avenue, Leicester*, and**

(B) UHL Trust Board meeting dates for 2013 be confirmed as follows (10am start, venues to be advised):-

- **Thursday 31 January 2013**
- **Thursday 28 February 2013;**
- **Thursday 28 March 2013;**
- **Thursday 25 April 2013;**
- **Thursday 30 May 2013;**
- **Thursday 27 June 2013;**
- **Thursday 25 July 2013;**
- **Thursday 29 August 2013;**
- **Thursday 26 September 2013;**
- **Thursday 31 October 2013;**
- **Thursday 28 November 2013, and**

- **Monday 30 December 2013.**

*** post-meeting note – venue for 25 October 2012 subsequently changed to ***the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.***

269/12 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 270/12 – 279/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

270/12 DECLARATION OF INTERESTS

The Chairman declared an interest in Minutes 272/12 and 278/12/1 below – this was judged to be a non-prejudicial interest and the Chairman was not required to absent himself from the discussions.

271/12 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 30 August 2012 be confirmed as a correct record.

272/12 MATTERS ARISING REPORT

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.

273/12 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 be prejudicial to the effective conduct of public affairs.

274/12 REPORT BY THE INTERIM 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.

275/12 REPORTS BY THE DIRECTOR OF FINANCE AND BUSINESS SERVICES

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, and on the grounds of commercial interests.

276/12 REPORTS FROM REPORTING COMMITTEES

276/12/1 Audit Committee

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.

276/12/2 Governance and Risk Management Committee (GRMC)

Resolved – that the confidential Minutes of the 20 August 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively.

276/12/3 Remuneration Committee

Resolved – that the confidential Minutes of the 30 August 2012 Remuneration Committee meeting be received, and the recommendations and decisions therein be endorsed and noted, respectively.

277/12 CORPORATE TRUSTEE BUSINESS

277/12/1 Charitable Funds Committee

Resolved – that the confidential Minutes of the 14 September 2012 Charitable Funds Committee be submitted to the 25 October 2012 Trust Board. **STA**

278/12 ANY OTHER BUSINESS

278/12/1 Report by the Chief Nurse/Deputy 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.

278/12/2 Report by Mr I Reid Non-Executive Director

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

279/12 MEETING EVALUATION

The Medical Director observed that holding the meeting in the Community had regrettably not resulted in any increased public attendance.

Resolved – that any further comments on the meeting be sent to the Chairman. **ALL**

The meeting closed at 3.15pm Helen Stokes – **Senior Trust Administrator**

Cumulative Record of Members' Attendance (2012-13 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Hindle (Chair)	8	8	100	I Reid	8	8	100
J Birrell	2	2	100	A Seddon	8	8	100
K Bradley	8	6	75	D Tracy	8	6	75
K Harris	8	6	75	A Tierney*	6	5	83
S Hinchliffe	8	8	100	S Ward*	8	7	87.5
K Jenkins	8	7	87.5	M Wightman*	8	8	100
R Kilner	8	8	100	J Wilson	8	6	75
M Lowe-Lauri	5	5	100	D Wynford-Thomas	8	4	50
P Panchal	8	7	87.5	Mr A Chatten*	1	1	100
Mr J Clarke*	1	0	0				

* non-voting members