Paper A1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON MONDAY 28 MAY 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 (up to and including Minute 160/12)
Mr R Kilner – Non-Executive Director
Mr M Lowe-Lauri – Chief Executive
Mr P Panchal – Non-Executive Director (for Minute 151/12)
Mr I Reid – Non-Executive Director
Mr A Seddon – Director of Finance and Procurement
Mr D Tracy – Non-Executive Director (up to and including Minute 160/12)
Ms J Wilson – Non-Executive Director

In attendance:
Ms J Ball – Divisional Head of Nursing, Planned Care (for Minute 151/12)
Mr J Clarke – Chief Information Officer (for Minute 165/12)
Ms J Lee – Palliative Care Lead Nurse (for Minute 151/12)
Ms J Pickard – Lead Nurse, Cancer Services (for Minute 151/12)
Ms C Ribbins – Director of Nursing (for Minute 151/12)
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

146/12 APOLOGIES

Apologies for absence were received from Professor D Wynford-Thomas, Non-Executive Director.

147/12 DECLARATIONS OF INTERESTS

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

148/12 CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew the Board's attention to good in-month performance on both MRSA and clostridium difficile prevention, and noted also the achievement of a small year-end financial surplus for 2011-12. UHL was investing approximately £0.5m in a specialist fractured neck of femur ward, and had also previously announced significant (£2m) investment in additional nursing staff across the Trust – LLR commissioners were also investing in community nurses. Further positive patient care announcements related also to the opening of the CDU at the Glenfield Hospital, the opening of the Hope Clinical Trials Unit on 24 May 2012, and the opening of the expanded Glenfield Hospital PCIU facility on 25 May 2012 by the Thomas Cook Children's Charity.

However, the Chairman acknowledged that there had been other, negative coverage of the Trust

recently, and he particularly asked the Chief Executive to comment on the case of Mrs S Proud's maternity care. Although not wishing to detract from the sad fact of the death of her baby, the Chief Executive clarified that it was understood that his death was not due to the circumstances of Mrs Proud's delivery. Against the backdrop of a rise in deliveries to 11,000 per year, the Chief Executive outlined UHL's investment in both midwifery numbers and in the maternity estate itself, commenting also on gynaecology service moves to free up obstetric space at the LRI site. He confirmed that all delivery suites had contingency plans in place, as all maternity suites would inevitably be pressed for space at various times due to the timing of arrivals. The Chief Executive further reiterated that all patients should have confidence in their ability to attend either the Leicester General Hospital or the LRI maternity facilities for a safe delivery.

149/12 MINUTES

Resolved – that the Minutes of the meeting held on 26 April 2012 be confirmed as a correct record, noting an update now provided by the Director of Strategy in respect of Minute 126/12 (advising of short-term work taking place re: HDU capacity in addition to the longer-term solution through the LLR reconfiguration exercise).

150/12 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 126/12 – although the short-term work outlined above would not require Trust Board monitoring, the Trust Board would be advised at an appropriate future time of progress on increasing HDU capacity (timescale of at least 6 months' following Executive Team approval of funding streams); **COO/ CN**

(b) Minute 128/12/2 – the GRMC Chair advised that all 2012-13 cost improvement programme (CIPs) schemes had also been risk assessed for their quality impact, with none carrying a risk rating over 16 and only 6 with a risk rating of 12 (the point at which schemes were referred to the GRMC). Ms K Jenkins Non-Executive Director and Audit Committee Chair reiterated that rather than involving an additional process, she had been asking for a specific quality criterion to be included in the table used to calculate the risk rating for each scheme – it was agreed to implement this accordingly. In further discussion on Minute 128/12/2, the Director of Finance and Procurement confirmed that a monthly forecast would be included in the quality finance and performance report from May 2012 onwards; **MD**

(c) Minute 129/12 – work continued to identify a date for a Trust Board session to review the Strategic Risk Register/Board Assurance Framework; **MD**

(d) Minute 131/12/1 – UHL's updated corporate governance policies would be published shortly; **DCLA**

(e) Minute 133/12 – the data requested was currently being finalised to issue as requested;

(f) Minute 101/12 – Trust Board consideration of UHL's refreshed Organisational Development Plan was likely to be deferred to September 2012, to enable appropriate Executive Team work; **DHR**

(g) Minute 58/12 – a first draft of the assurance framework for aspirant FTs would be circulated to Trust Board members for comment outside the meeting, and **CHAIR/ DCLA**

(h) Minute 5/12 – the business case for an IM&T managed business partner would be presented for Trust Board approval in August 2012, with the EPR elements presented 6 months' thereafter in March 2013. **DS**

Resolved – that the update on outstanding matters arising and the associated actions **EDs**

above, be noted.

151/12 PATIENT EXPERIENCE – END OF LIFE CARE

The Director of Nursing and colleagues from the Planned Care Division attended to advise the Trust Board on progress regarding end of life care for patients. In addition to paper C, they showed a DVD highlighting 2 cases of end of life care (as presented by the patients/families involved), one positive and one not so positive (from which UHL had learned lessons). Improved end of life care was a key priority for UHL (also now a 2012-13 CQUIN), and it was noted that the Trust was participating in the national "route to success" pilot (launched April 2012), which provided a practical framework to help hospitals deliver end of life care. The presenting team outlined the 5 key enablers of the framework and also noted UHL's work with LOROS volunteers, all of which was designed to enhance end of life care and the patients' experience.

In discussion on the presentation, the Trust Board noted:-

(a) a query as to how clinicians were being engaged in the process of reaching decisions with patients, particularly in the 'transition' period between active treatment and moving to end of life care. It was clarified that clinicians were involved in UHL's end of life care working group;
(b) assurances that the programme was a Trust-wide one, not limited only to Planned Care;
(c) a query on how far end of life care deaths in acute hospitals might reduce, as a result of caring for such patients in a more appropriate community setting. Although noting the impact of a number of factors including overall mortality and availability of community facilities, the Lead Nurse Cancer Services restated UHL's aim to reduce such deaths in an acute setting, as not necessarily providing the most appropriate (or wished for) care for such patients;
(d) the linkages in place between the end of life care programme and organ donation, with the latter included in the Liverpool Care Pathway training package;
(e) the key role of different cultural attitudes to death, and the acknowledged need for improved understanding of that issue. Mr P Panchal Non-Executive Director advised contacting Leicester's various communities to discuss end of life care;
(f) a query as to how the lessons from the DVD cases had been fed back to the appropriate staff. The DVD was used as part of the staff training tool re: palliative/end of life care (which covered both medical and nursing staff), and end of life care also featured in the mandatory 3-day communications training. Specific staff involved in particular cases would get personal feedback and be monitored against an improvement plan;
(g) a query on how UHL was working with Community partners to avoid inappropriate acute admission of end of life care patients. The presenting team outlined the work in progress on this with community colleagues;
(h) that the key challenge would be in acute medical areas of UHL, and
(i) that it would be helpful to reflect on progress in 6-9 months' time. **COO/ CN**

<u>Resolved</u> – that on update on progress against the end of life care programme be presented to the Trust Board in 6-9 months' time (November 2012 – February 2013). **COO/ CN**

152/12 CHIEF EXECUTIVE'S MONTHLY REPORT – MAY 2012

The Chief Executive's monthly report for May 2012 particularly noted (i) UHL's month 1 position (covered in detail in Minute 153/12/1 below) and the need to avoid any recurrence of the July 2011 financial situation, (ii) a chain of correspondence re: the safe and sustainable review of children's cardiac surgery services, and (iii) developments in the national review of adult congenital heart disease, on which the Trust Board would be kept informed as appropriate. **CE**

With regard to (ii), the Chief Executive confirmed that UHL would continue to state robustly that the position of the Glenfield facilities was now further improved compared to the time of the initial submission.

Resolved – that the Trust Board be kept appropriately informed of progress on the national review of adult congenital heart disease. **CE**

153/12 QUALITY, FINANCE, AND PERFORMANCE

153/12/1 Quality Finance and Performance Report – Month 1

As agreed at the 26 April 2012 Trust Board, the discussion on the monthly quality finance and performance report (paper E) was now structured to receive opening comments from the Chairs of the GRMC and Finance and Performance Committee, followed respectively by issues of note from the appropriate lead Executive Directors for operational performance, quality and HR, then finance, and any views from the wider Trust Board.

Paper E comprised the quality, finance and performance report for month 1 (month ending 30 April 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 1 report identified key issues from each Lead Executive Director.

With regard to quality aspects of the month 1 report, and in reporting on the GRMC meeting of 21 May 2012, Mr D Tracy Non-Executive Director and Committee Chair noted in particular:-

- the presentations by Divisions on their CIPs for 2012-13, and the Committee's perception that an appropriately realistic view was being taken re: deliverability;
- the need to ensure that clinical audit reports were resulting in actual service improvements;
- the anticipated significant patient safety benefits of the wider roll-out of electronic prescribing, although acknowledging a recent system failure;
- the Committee's support for the new format quality finance and performance report (attached as an appendix of paper E for this meeting), and the importance of agreeing a common basis of data for use by both UHL and community partners;
- discussion on the Net Promoter Scheme, and its importance for UHL;
- the challenges remaining in ED. He also commented that the GRMC had not been able to review the detailed ED action plan appended to paper E;
- continuing issues with intensive care and HDU beds impacting on hospital cancellations;
- positive progress on the quality KPIs. Interviews were also underway to support the 5 Critical Safety Actions programme;
- concerns over underperformance against the nursing metrics on temporary wards;
- the expected positive impact of the dedicated fractured neck of femur ward opening at the end of June 2012, and
- investigations in to a number of Same Sex Accommodation (SSA) breaches in April 2012.

With regard to the remaining operational and quality aspects of the detailed month 1 report, the following issues were highlighted by the Chief Operating Officer/Chief Nurse, the Medical Director, and the Director of Human Resources:-

(i) clarification that the SSA breaches had affected 7 patients in total in the bay, for a period of 1.5 and 2 hours;
(ii) a continued welcomed reduction in both patient falls and hospital acquired pressure ulcers;
(iii) certain temporary solutions identified to address HDU capacity, although not sustainable in the long term. UHL's overall critical care capacity was also being reviewed;

(iv) the detailed ED plan appended to paper E, with clinical engagement crucial to its success;
(v) the nature of the new format quality finance and performance report, which would be further amended once the national quality report metrics were received. The new format would also be used to provide a risk rating for the various CQUINs, with only those at risk of a 'red' rating reported to the Trust Board separately by exception. Subject to any comments from Trust Board members, the new format quality finance and performance report would be shared with Commissioners as the basis for a common information point;
(vi) only 3 cases of clostridium difficile had been reported in May 2012, which was welcomed after the cluster in April 2012;
(vii) UHL's ground-breaking position as the largest Trust using the electronic prescribing system. Prescribing errors were decreasing, which was welcomed;
(viii) the use of HSMR as the basis for the mortality indicators within the new format quality finance and performance report, as it more closely tracked the national SHMI indicator;
(ix) 2 never events, both of which had been discussed by the GRMC. Measures had been put in place to prevent a recurrence;
(x) a dip in the appraisal rate, with a reminder sent to colleagues accordingly on the need to maintain appraisal rates, and
(xi) the planned 1 June 2012 launch of the new UHL policy for managing sickness absence and wellbeing.

In wider discussion on the non-financial aspects of the month 1 report, the Trust Board noted:-

(a) the need to include more detailed fractured neck of femur performance data in the new format report, as flagged at the 23 May 2012 Finance and Performance Committee by that Committee's Chair;
(b) that commissioners did receive a copy of the ED survey report. Trust Board members noted the finding that in 35% of cases patients had been advised to go to ED by their GPs;
(c) that information on the 5 Critical Safety Actions would be included in the CQUIN data;
(d) a query on the quality of the electronic handover, which the Medical Director acknowledged as being variable. Transformation monies would enable further audit, but the Medical Director reiterated the crucial importance of good verbal handover;
(e) concerns over the ability to deliver the stroke CQUIN re: scanning within 1 hour (as also flagged at the Finance and Performance Committee) – in response the Chief Operating Officer/Chief Nurse noted the components against which this indicator was measured, and outlined overall work in progress to improve internal waits;
(f) that the acute clinical lead for the ED action plan would be announced shortly;
(g) queries from Mr R Kilner Non-Executive Director on the working and likely capacity of the early triage RAT system. It was also confirmed that the external Kings input would be received in mid-July 2012;
(h) queries from Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair, as to the status of the actions to reduce hospital cancellations – these were currently in discussion with Commissioners and might require revised transformation bids to be submitted;
(i) an update re: Commissioner discussions on the ED actions would be provided to the 28 June 2012 Trust Board. Trust Board members also reiterated their wish to see the LLR-wide ECN action plan re: the LLR emergency care system and suggested it would be helpful to receive an update from the next ECN Board meeting on 12 June 2012. In further discussion, the Chief Executive emphasised the need to address UHL's own internal ED processes and systems as a key priority. It was agreed that it would be helpful, however, to invite the CCG Managing Director to the July 2012 Trust Board to discuss emergency care interface issues. In response to a query from Ms K Jenkins Non-Executive Director and Audit Committee Chair, the Chief Executive acknowledged

COO/ CN

CE

that robust assurances were not yet in place re: the delivery of ED performance as of 1 July 2012, and it was agreed that it would be helpful to have a further detailed discussion on ED issues at the 7 June 2012 Trust Board; **CE**

(j) comments from Ms K Jenkins Non-Executive Director and Audit Committee Chair regarding the new format quality finance and performance report, relating to:- **COO/ CN**
   - the need to ensure that any data quality diamonds requiring Executive Director sign-off were progressed accordingly;
   - the merits of referencing any red/amber indicators to the proposed remedial actions – that further information did not necessarily need to be in the report itself but should be appropriately signposted;
   - the need to include any currently-missing data, and

(k) the need to consider how best to support the Executive Team to scan key targets for future pinch points – eg through proactive monitoring etc.

The Trust Chairman then asked the Finance and Performance Committee Chair for that Committee's comments on the financial elements of month 1 performance, as discussed on 23 May 2012. From that meeting, Mr I Reid, Non-Executive Director and Finance and Performance Committee Chair particularly highlighted:-

- the Committee's disappointment at the month 1 £400K adverse to plan position, noting the impact of a fall in the low volume high value income streams. Although non-pay was below plan, the pay position was disappointing and the Finance and Performance Committee had commented on the need for careful monitoring of the overall situation to avoid a recurrence of July 2011;
- concerns over the continued lack of forecast;
- good progress on 2012-13 CIPs to date (although robust and continued tracking was crucial), and
- that there was no contingency in the 2012-13 Annual Operational Plan for any CQUIN failure.

With regard to the remaining financial aspects of the detailed month 1 report, the Director of Finance and Procurement particularly noted that month 2 pay costs were expected to fall by 10%. A further review of the month 1 income position had resulted in no significant uplift (approximately £100k only), and the Director of Finance and Procurement also noted the potential risk of fines in respect of the breast screening CQUIN due to capacity issues as a result of high demand. In discussion on the financial aspects of month 1, the Trust Board noted:-

(1) a query as to where within the quality finance and performance report progress on the £5m transformation schemes would be tracked. The Finance and Performance Committee Chair also noted an action from that Committee for the Director of Finance and Procurement to confirm how much of that £5m was already counted within the 2012-13 Annual Operational Plan, in order to avoid any doublecounting;

(2) a query from Ms K Jenkins Non-Executive Director and Audit Committee Chair on the level of assurance that all of the monthly CIP targets would be delivered. At the 23 May 2012, the Director of Finance and Procurement had advised that all of the CIPs would be green or amber rated by 30 June 2012, and it was noted that the delivery rate was phased over the 12 month period in any case. The Finance and Performance Committee Chair agreed that it was crucial to avoid slippage on the schemes, and the Finance and Performance Committee had asked for an additional indicator (showing the amount 'delivered') to be included in the CIP 'doughnut' reports. Based on the confirm and challenge sessions with Divisions, the Director of Finance and Procurement was assured that 80% of schemes had started delivery, including those relating to headcount reductions. All 4 Divisions were committed to delivery of their CIPs;

(3) concerns from Ms K Jenkins Non-Executive Director and Audit Committee Chair that there would be a spike in premium payments as in 2011. The Director of Finance and Procurement acknowledged the need to keep this under close review, and to monitor this through the reforecasting exercise accordingly, and **DFP**
(4) the reiterated view of Non-Executive Directors that a month-by-month profiled plan needed to be included in the report.

Resolved – that (A) the quality finance and performance report for month 1 (month ending 30 April 2012) be noted;

(B) the outcome of CCG consideration of UHL's remedial action plan re: ED activity be provided to the 28 June 2012 Trust Board; **COO/ CN**

(C) the CCG Managing Director be invited to the 26 July 2012 Trust Board to discuss LLR emergency care system issues; **CE**

(D) an update on ED performance be provided to the 7 June 2012 Trust Board; **CE**

(E) the following issues be considered/addressed in respect of the draft revised format quality finance and performance report:- **COO/ CN**
(1) any data quality diamonds requiring Executive Director sign-off;
(2) appropriate links/signposting to further detail on the remedial actions for any amber or red indicators;
(3) update on any currently missing data;

(F) a profiled month-by-month 2012-13 financial plan be included in future monthly quality finance and performance reports; **DFP**

(G) the Minutes of the 23 April 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively (paper F); **ALL**

(H) the Minutes of the 25 April 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (paper G), and **ALL**

(I) it be noted that the Minutes of the Workforce and Organisational Development Committee meeting scheduled for 25 June 2012 would be submitted to the 25 July 2012 Trust Board. **STA**

154/12 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK

Paper H comprised the latest iteration of the Trust's Strategic Risk Register/Board Assurance Framework (SRR/BAF).

In specific discussion on **risk 2** ***(new entrants to market)***, the Director of Strategy as Lead Director noted that relatively few new actions had been added, pending the planned review of the SRR's overall format and content. Mr R Kilner, Non-Executive Director advised of the need to differentiate between those new entrants who would be UHL's competitors, and those who might be partners. In response to a query from Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair, as to whether the current risk score (12) was high enough, the Director of Strategy reiterated her view that the risk needed an overall review as part of the refresh of the wider SRR/BAF.

In specific discussion on **risk 3** ***(deteriorating relationships with Clinical Commissioning Groups)***, the Director of Communications and External Relations outlined the varying levels of success re: relations with the CCGs, noting that although relations with GPs themselves had improved further work was needed at a more senior-leader level. The Medical Director considered that relations had improved with primary care senior clinical leaders, and suggested that it was the non-clinical management interface which required further work. Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair considered that the risk score (16) should be higher and also queried whether the content of UHL's risk entry on this issue had been shared with CCGs. In response, it was noted that although the risk issues were discussed with CCGs (by the Head of GP Engagement), the actual wording of risk 3 had not been shared directly with them. Ms Wilson suggested using the explicit wording of risk 3 as a working document to progress relations with the CCGs. In further discussion, the Director of Finance and Procurement noted the difficulty of capturing this risk, and suggested including the Health and Social Care Act as a key context/root cause for the risk (eg setting the risk in the backdrop of competition). The Director of Finance and Procurement considered that considerable work had been undertaken on relations at both clinical and non-clinical level, the detail of which should be included in risk 3. In general discussion, Mr R Kilner Non-Executive Director advised reflecting appropriate contractual issues within the document (eg the risk of being fined for performance breaches). The Chief Executive emphasised the need for CCG colleagues to be brought into the Trust's governance processes, noting the primary care input received at (eg) GRMC. In wider discussion, Ms K Jenkins Non-Executive Director and Audit Committee Chair, noted the need for clarity on a number of issues including (i) the risks to UHL, (ii) the actions needed to mitigate those risks, and (iii) which external partners needed to be brought in to the equation in respect of those risks. Although noting the Trust Chairman's support for a common LLR risk register (which he would discuss further with the LLR PCT Cluster Chair), Ms Jenkins also emphasised her view that the Trust's SRR/BAF should focus primarily on UHL purposes/needs.

DCER

UHL CHAIR MAN

In specific discussion on new **risk 4** ***(failure to acquire and retain critical clinical services)***, the Director of Strategy advised that the elective care bundle had been added to this entry. Achievement of FT status was key not only to this risk but to many elements of the SRR/BAF as a whole, and needed to be made more explicit throughout the document when the SRR/BAF was reviewed in its entirety. The Director of Strategy suggested that risks 2, 3 and 4 could be consolidated into a single 'root cause' risk, noting their interrelated nature – although supporting this suggestion the Chief Executive noted the need to understand which elements were more key to UHL, with current risk 4 of particular importance.

MD

MD

The Chairman commented that appendix 3 of the SRR/BAF still required further clarification, to make it clear where actions had exceeded their target review date and whether that slippage affected the overall risk score.

MD

<u>Resolved</u> – that (A) the SRR/BAF be noted;

(B) the wording/navigation of appendix 3 to be clarified (re: actions which had exceeded their target review date and any risk issues associated with that slippage);

MD

(C) the issue of a potential common LLR risk register be discussed further with the LLR PCT Cluster Chair;

CHAIR MAN

(D) the criticality of achieving FT status be made more explicit through the SRR/BAF as a whole (and included specifically within risk 4);

MD/DS

(E) consideration to be given to consolidating risks 2, 3 and 4 into a single 'root cause'

MD

risk;

(F) a complete refresh of risk 2 (new entrants to market) be considered, potentially during the Trust Board development session to consider the SRR/BAF as a whole (once date finalised); **DS**

(G) in respect of risk 3 (deteriorating relationships with CCGs):- **DCER**
(1) information on this risk entry be used as a working document to be shared with CCGs, to progress relations accordingly;
(2) the detail of the actions already undertaken to improve CCG relations, be included within the text, and
(3) consideration be given to clarifying the risks to UHL, the actions to mitigate those risks, and which other external parties might need to be involved on those risks.

155/12 REPORTS FROM BOARD COMMITTEES

155/12/1 Audit Committee

Members noted that the recommended changes to UHL's corporate governance policies had been endorsed at the 26 April 2012 Trust Board.

Resolved – that the Minutes of the 18 April 2012 Audit Committee be received and the recommendations and decisions therein endorsed and noted respectively (paper I).

155/12/2 Research and Development Committee

Resolved – that the Minutes of the 14 May 2012 Research and Development Committee be submitted to the 28 June 2012 Trust Board. **STA**

156/12 CORPORATE TRUSTEE BUSINESS

156/12/1 Charitable Funds Committee

Resolved – that the Minutes of the 4 May 2012 Charitable Funds Committee be received and the recommendations and decisions therein be endorsed and noted respectively as corporate Trustee, including the recommendations at Minutes 30/12 and 31/12 (paper J).

157/12 TRUST BOARD BULLETIN

Resolved – the following papers be noted as having been circulated with the May 2012 Trust Board Bulletin:-

(1) update on choose and book, and
(2) updated declaration of interest from Mr M Hindle, Trust Chairman, noting his recent appointments to (i) the Advisory Board of the University of Bradford School of Management and (ii) the Council of the University of Leicester for an initial 3-year period from 1 April 2012.

158/12 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) advice from Mr E Charlesworth, LINKS, on the perceived benefits of a UHL representative attending CCG Board meetings – the Chairman thanked him for this suggestion and agreed to consider this further; **CHAIR MAN**

(2) a further query from Mr Charlesworth as to the impact on UHL mortality figures if more patients elected to die at home. In response, the Medical Director clarified that mortality figures also captured deaths within 30 days of discharge, and reiterated his earlier comments on the need to avoid inappropriate end of life acute care admissions to improve the patient's experience;

(3) positive comments from Mr D Gorrod, Leicester Mercury Patients' Panel, re: the UHL Chief Executive's 4-year leadership of the Trust and querying the plans in place to obtain a replacement;

(4) further queries from Mr Gorrod relating to:-

- a request for reassurance that plans were in place to manage demand over the long Jubilee weekend. The Chief Operating Officer/Chief Nurse outlined that similar appropriate plans were in place as for Easter, including discussions with partner organisations. The Chief Executive also commented on the need for all partner agencies to return to normal working hours as soon as possible after the Bank Holiday(s);
- a request for more information on the elective community activity tender, as now provided by the Director of Finance and Procurement. Bid documents had not yet been received, as the tender was still at the Pre Qualification Questionnaire stage, and

(5) a number of queries received outside the meeting from Mr M Woods, a response to which would be provided separately by the Director of Corporate and Legal Affairs (re: transforming transcription services, maternity services, and a particular care experience). **DCLA**

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

159/12 DATE OF NEXT MEETING

Resolved – that (A) an additional Trust Board meeting be held on Thursday 7 June 2012 at 10am in Rooms 1A & 1B, Gwendolen House, Leicester General Hospital site to consider the 2011-12 annual accounts, and

(B) the next ordinary Trust Board meeting be held on Thursday 28 June 2012 at 10am (venue to be confirmed).

160/12 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 161/12 – 171/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

161/12 DECLARATION OF INTERESTS

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

162/12 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 26 April 2012

be confirmed as a correct record.

163/12 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.

164/12 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.

165/12 REPORTS BY THE DRECTOR 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, and on the grounds of commercial interests.

166/12 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.

167/12 CONFIDENTIAL TRUST BOARD BULLETIN

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

168/12 REPORTS FROM REPORTING COMMITTEES

168/12/1 Finance and Performance Committee

Resolved – that the confidential Minutes of the 25 April 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted, respectively.

168/12/2 Governance and Risk Management Committee (GRMC)

Resolved – that the confidential Minutes of the 23 April 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted, respectively.

168/12/3 Remuneration Committee

Resolved – that the confidential Minutes of the 26 April 2012 Remuneration Committee be received, and the recommendations and decisions therein be endorsed and noted, respectively.

169/12 CORPORATE TRUSTEE BUSINESS

169/12/1 Charitable Funds Committee

Resolved – that the confidential Minutes of the 11 May 2012 Charitable Funds Committee meeting be noted.

170/12 ANY OTHER BUSINESS

170/12/1 Report by the Trust Chairman

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.

170/12/2 Trust Board meeting on 7 June 2012

Resolved – that the scope of the issues to be discussed at the additional Trust Board meeting on 7 June 2012 be clarified to members outside this meeting. **DCLA**

170/12/3 Query from 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.

170/12/4 Report by the Director of Communications and External Relations

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.

171/12 MEETING EVALUATION

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

The meeting closed at 4.40pm

Helen Stokes
Senior Trust Administrator