Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 26 JULY 2012 AT 10AM IN ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL

Present:
Mr M Hindle – Trust Chairman
Dr K Harris – Medical Director (up to and including Minute 223/12)
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Ms K Jenkins – Non-Executive Director
Mr R Kilner – Non-Executive Director
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:
Mr I Baxter – Pricewaterhouse Coopers (for Minute 227/12)
Mr A Chatten – Head of Facilities and Estates (for Minute 228/12 [part])
Dr S Freeman – Managing Director, Leicester City CCG (up to and including Minute 217/12/1)
Mr P Gowdridge – Finance and Performance Lead, Women's and Children's Division (for Minute 217/12/2)
Mrs H Harrison – Foundation Trust Programme Manager (for Minute 228/12 [part])
Ms S Hart – Business Consultant (for Minute 217/12/2)
Mrs J Porter – Head of Midwifery (for Minute 217/12/2)
Mr O Pritchard – Browne Jacobson (for Minute 227/12)
Mr A Scriven – General Manager, Empath (for Minute 227/12)
Mrs E Stevens – Deputy Director of Human Resources
Ms H Stokes – Senior Trust Administrator
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

ACTION

210/12 APOLOGIES

Apologies for absence were received from Mr J Birrell, Interim Chief Executive, Ms K Bradley, Director of Human Resources and Dr A Tierney, Director of Strategy.

211/12 DECLARATIONS OF INTERESTS

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

212/12 CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew the Board's attention to the disappointing outcome of the national Safe and Sustainable review of paediatric cardiac surgery services (Minute 216/12/2 below also refers). UHL was now seeking views from clinical and legal advisers regarding the extent to which appropriate information had been taken into account by the Panel in reaching its decision. If appropriate based on that advice, the Trust would then explore constructively challenging that decision. If further challenge was unsuccessful then UHL would work towards a smooth transition of services in line with the Safe and Sustainable outcome. Although undeniably disappointed by the decision, UHL staff continued to work professionally to maintain the existing service.

213/12 MINUTES

Resolved – that the Minutes of the meeting held on 28 June 2012 be confirmed as a correct record.

214/12 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 194/12 – the morning of 1 October 2012 would be used as a Trust Board development session on the Trust's strategic risk register/Board Assurance Framework (venue to be confirmed); **DCLA**

(b) Minute 192/12 – the final version of UHL's 2011-12 annual report would be circulated to members for information once available (including the foreword); **DCER**

(c) Minute 189/12/1 – the Medical Director suggested that the results of the thematic review of never events might be available for the August 2012 GRMC; **MD**

(d) Minute 189/12/1 – work continued to develop UHL's clinical engagement strategy, noting the actions arising from a presentation on this issue to the June 2012 Workforce and Organisational Development Committee. Work was also needed, however, to progress UHL's overarching clinical strategy;

(e) Minute 189/12/1 – the issue of marginal rates would be pursued through the Finance and Performance Committee (and could therefore be removed from the Trust Board matters arising report), including AUKUH discussions on a potential national rebasing; **DFP**

(f) Minute 189/12/1 – it would be helpful to receive an update on improvements to staff morale at the September 2012 Trust Board (this could also be discussed at the forthcoming Trust Board timeout). Ms K Jenkins Non-Executive Director and Audit Committee Chair, queried whether that September 2012 update would also cover ED staff morale; **DHR**

(g) Minute 175/12 – this item would be covered in the ED and LLR emergency care system update at Minute 217/12/1 below. Members queried whether the proposed Kings visit to review UHL's ED would be rescheduled, and

(h) Minute 152/12 – members requested an update on the national review of adult congenital heart disease, at the August 2012 Trust Board. **MD**

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

215/12 INTERIM CHIEF EXECUTIVE'S MONTHLY REPORT – JULY 2012

In introducing paper C from the Interim Chief Executive, the Chief Operating Officer/Chief Nurse particularly highlighted (i) the outcome of the national Safe and Sustainable review into paediatric cardiac surgery services (covered in Minute 216/12 below) and (ii) the priority actions agreed with Commissioners (and notified to NHS Midlands and East) to enable sustainable achievement of the 4-hour ED target. Professor D Wynford-Thomas, UHL Non-Executive Director and Dean of the University of Leicester Medical School, also advised that Academic Health Science Network bids had now been submitted.

The Interim Chief Executive would shortly be reviewing the format of this monthly report, to adopt a more forward-looking approach.

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

216/12 SAFE AND SUSTAINABLE – CHILDREN'S CARDIAC SURGERY SERVICES

Paper D advised the Trust Board of the outcome of the above Safe and Sustainable national review, outlined the actions taken to date by UHL in response, and highlighted the proposed next steps for UHL. In introducing the report, the Medical Director reiterated the review's focus on longterm sustainability of paediatric cardiac surgery, rather than the safety of individual existing centres. He also highlighted clinical risk concerns (as expressed by international experts) over the proposed transfer of UHL's paediatric ECMO service to Birmingham Children's Hospital, and noted concerns over the impact on wider East Midlands paediatric services. In terms of any challenge to the national review Panel's decision re: the closure of UHL's paediatric cardiac surgery unit, the Trust was now focusing on developing a robust clinical argument based on sound evidence, with a further update to be presented accordingly to the August 2012 Trust Board. This issue had also been raised with local MPs and was being discussed by Leicester City Council's Health and Community Involvement Scrutiny Commission that afternoon. **MD**

The Trust Chairman also noted his thanks to the LINKS for their work re: Safe and Sustainable, and noted that he would shortly take comments from their spokesman (Mr E Charlesworth). In discussion on paper D, the Trust Board noted:-

(a) a query from Mr R Kilner Non-Executive Director, as to whether a clear communications plan was in place ahead of the further update to the August 2012 Trust Board. The Director of Communications and External Relations confirmed that an appropriate plan was in place, focusing on encouraging the Secretary of State for Health to reconsider the national Panel's decision. It was vital, however, that any UHL challenge to the decision was based on sound and robust clinical evidence, and
(b) a request from Mr P Panchal Non-Executive Director, that the August 2012 update include an analysis of the wider impact (on other parts of UHL) of losing paediatric cardiac surgery and the paediatric ECMO facility. Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair, also requested an explicit update (in August 2012) on the next steps for UHL. **MD**

Mr E Charlesworth then formally outlined the views of the LINKS in respect of UHL's response to date, noting a perception of some apathy on the part of the Trust (this was disputed by UHL) and a view that a more proactive communications campaign was needed involving all appropriate partners. Quick action was seen as vital, and Mr Charlesworth noted the work underway in other centres designated for closure (particularly Leeds). The LINKS also had many process-related concerns re: the national Safe and Sustainable review of paediatric cardiac surgery, which they would be pursuing with the LCC Health and Community Involvement Scrutiny Commission that afternoon. Mr Charlesworth further noted the LINKS' disappointment at not being involved in the Trust's meeting with Mr S Dorrell MP, and he reiterated the need for an appropriately-integrated response to the Safe and Sustainable decision. Mr Charlesworth supported the request for an update on the review of adult congenital heart diseases and noted the need to learn appropriate lessons from the previous review of trauma services.

In response, the Trust Chairman disputed that UHL's response had been apathetic to date, and he reiterated the need for any challenge to be based on sound clinical evidence and what was clinically best for UK children (in line with the overall aims of the review itself). He also noted the largely unsuccessful outcome of the Royal Brompton's process challenges. The Trust Chairman recognised, however, the need to work in partnership with community organisations such as the LINKS, and noted that he was happy to take views from Mr Charlesworth on how to ensure this happened. Mr P Panchal Non-Executive Director, supported the LINKS view of this issue as one requiring close partnership working, and he sought assurance that UHL was adequately resourced to manage this challenge. With

regard to the process for a judicial review, the Director of Corporate and Legal Affairs clarified the required grounds and timescale for such a review to be lodged – the Trust was exploring these further with its legal advisers and would report accordingly as part of the August 2012 update.

Resolved – that a further update on UHL's proposed next steps in response to the 4 July 2012 safe and sustainable result re: paediatric cardiac surgery services be provided to the 30 August 2012 Trust Board, including the points raised in discussion above. **MD**

217/12 QUALITY AND PERFORMANCE, INCLUDING THE PROVIDER MANAGEMENT REGIME RETURN

217/12/1 Emergency Care Update and LLR Emergency Care System Interface

Paper E from the Managing Director of Leicester City CCG (Dr S Freeman, in attendance) provided a stocktake of the impact of the LLR Emergency Care Network actions to improve the LLR urgent and emergency care system over the last 12 months. Although he considered that there had been encouraging progress overall, Dr Freeman acknowledged the need for further work to improve LLR's performance re: ambulatory care pathways and to progress system-wide actions to address short-term ED demand surges. In discussion on paper E, the Trust Board queried:-

(a) how to deliver the reduced ED attendance levels contained within the recovery plan presented to the SHA, given that UHL had experienced a marked rise in ED attendances in the year to date. In response, the Managing Director Leicester City CCG advised that although attendance levels for city patients remained below the 2008-09 baseline, quarter 1 of 2012-13 had seen a very significant rise in county attendances, which required further investigation with county primary care colleagues. He also advised that all GP practices were now using the emergency care dashboard;
(b) the apparent discrepancy in the rise in ED attendances between paper E and the report on UHL emergency care performance at paper E1;
(c) when Commissioners expected the current difficulties with the new non-emergency patient transport contract to be resolved – it was agreed to confirm this outside the meeting (together with any service level agreement penalties which might be in place), noting that at its review date the contract would be procured locally rather than regionally; **MD LCCCG**
(d) whether the apparent significant rise in the number of patients advised to attend ED by their GP (as per the ED front door audit findings appended to paper E1) was due to a change in GP practice. The Managing Director Leicester City CCG agreed to explore this issue further, although noting the somewhat vague phrasing of the audit question itself; **MD LCCCG**
(e) whether any lessons had emerged from an assessment of the 2011-12 primary care campaign urging members of the public not to visit ED unnecessarily. In response, the Managing Director Leicester City CCG noted that intense and focused high-level campaigns at specific times of the year were more successful than general low-level communications, and he acknowledged that system-wide re-education was needed;
(f) whether the level of UCC diverts was necessarily a good thing, given that it indicated unnecessary ED attendances, and
(g) how to improve working with social care colleagues to reduce discharge delays, and how to ensure that community services were available. Leicester City CCG representatives advised that a daily discharge conference involving all relevant parties had been launched on 23 July 2012 as a permanent measure.

The Chief Operating Officer/Chief Nurse suggested that it would be helpful for a future Trust Board to receive a presentation (also involving CCG colleagues) on LLR collective winter **COO/ CN/ MD LCCCG**

planning for 2012 – this was agreed accordingly.

Paper E1 then provided an overview of UHL's emergency care delivery, reiterating the Trust's commitment to delivering the 95% ED target from quarter 2 of 2012-13. Recent ED performance had improved despite continued high attendance levels, and performance against the target continued to be reviewed weekly by the Medical Director and colleagues. Achievement of the target was also resulting in improved ED staff morale. The planned July 2012 Kings College Hospital visit to review UHL's ED had been delayed due to challenges within Kings' own ED, and UHL was now reviewing whether that visit remained necessary – in response to a query from Ms K Jenkins Non-Executive Director and Audit Committee Chair, the Medical Director clarified that external expert advice (and identification of actions needed) re: UHL's ED had recently been received from the national ECIST team. A further view on sustained performance improvements would also be taken at the August 2012 Trust Board. **MD**

In discussion on paper E, the Trust Board noted:-

(i) (in response to a query) confirmation that UHL was learning appropriate lessons from other Emergency Departments elsewhere;
(ii) comments from Professor D Wynford-Thomas, Non-Executive Director, on the need to understand the distribution of patients meeting the ED 4-hour wait target, in order to plan actions accordingly – in response the Medical Director advised that the Trust's task group on reducing internal waits did review this data. The early triage system was also helping to assist throughflow;
(iii) Commissioners' continued discussions on the bids submitted by UHL following the ED Summit;
(iv) concerns over the 'time to initial assessment' indicator (section 2.3 of paper E1) – in response both the Medical Director and the Chief Operating Officer/Chief Nurse noted the adverse impact of minors patients, and advised that the STAT/RAT process was addressing this indicator. Within majors, the average time to initial assessment was 11 minutes;
(v) a query from Ms K Jenkins Non-Executive Director and Audit Committee Chair, as to how far UHL had progressed in implementing (rather than identifying) its medium-term ED improvement plan as appended to paper E1. An update would be provided to the August 2012 Trust Board, noting the 4-week progress on both the short and medium term actions; **COO/ CN/MD**
(vi) queries from Non-Executive Directors on the Trust's level of confidence in meeting the ED target (provided that all actions were delivered);
(vii) queries on progress re: ED recruitment. The Medical Director advised that there was now a clear leader within ED on all shifts, and commented that the ECIST recommendations extended beyond ED into supporting teams/specialties. Although timescales for the actions varied, the overall ED recruitment plan was envisaged as 12 months (noting national shortages), and the Trust Board suggested that more transparency was needed on the timeframes for critical actions;
(viii) the intention to circulate the ECIST recommendations to Trust Board members. It was agreed that it would be useful to receive an update on those recommendations in 4-6 weeks' time to assess UHL progress accordingly, and **COO /CN**
(ix) comments from the Managing Director Leicester City CCG re: Commissioners' continuing support for UHL, and he role of the ECN in scrutinising processes rigorously.

<u>Resolved</u> – that (A) the following information be provided to members outside the meeting:- **MD LCCCG**

- **a date by which CCGs expected to be confident of the functioning of the new non-emergency patient transport contract;**
- **any penalties which might apply within the non-emergency patient transport contract, in light of initial performance shortfalls;**
- **whether a change in approach was the cause of the increase in the number of patients reporting that their GP had advised them to go to ED;**

(B) CCG colleagues be invited to a future Trust Board meeting for a collective UHL/CCG presentation on LLR winter planning 2012; **COO/ CN**

(C) the ECIST report and recommendations be circulated to members for information; **COO/ CN**

(D) the August 2012 monthly Trust Board update on ED include:- **MD**
- **a view on whether ED performance had improved;**
- **an update on the short and medium term ED action plans, and**

(E) an update on progress against the ECIST recommendations be provided to the August or September 2012 Trust Board. **MD/ COO/ CN**

217/12/2 Interim Solution for Maternity and Gynaecology Services – Outline Business Case

The outline business case at paper F sought Trust Board approval for capital investment of £2.9m, to provide additional maternity and gynaecology capacity to meet the continued growth in the birth rate and resulting activity. Representatives from the Women's and Children's Division attended to respond to any questions on this business case, which put forward option 12 as the preferred solution. The Director of Finance and Procurement confirmed that the business case was within the Trust's 2012-13 capital plan, and was consistent with the interim solution originally approved by the Trust Board on 2 December 2010. In discussion on the outline business case, the Trust Board:-

(a) sought clarity on the birth rate and capacity comparison. In response, the Division advised that the birthrate was not expected to rise more than the 1% average increase (which was in line with LLR public health data);

(b) noted (in response to a query) the differing utilisation rates at the Trust's 2 hospital maternity units and its midwifery-led facility at Melton Mowbray, the latter of which was not fully utilised;

(c) queried the potential quantum of repatriating lost activity – although approximately 1500 women receiving community care chose to deliver outside LLR, this was often affected by geographical factors, with 30-40% of that figure therefore potentially able to be repatriated. Repatriation of neonatal activity would be aided, however, by the business case's increase in delivery rooms;

(d) noted a query as to whether FM lot 2 procurement had been explored – although not sure of the fit with the overall January 2013 construction timetable, the Division agreed to explore this again; **DFP/ WCD**

(e) noted (in response to a query) the Division's view that the 17-month completion timescale was probably as short as it could be due to decant requirements, and

(f) noted that the business case's phased process aimed specifically to minimise clinical and safety risks. Elements of potential financial risk were built into the business case (eg in the event of slippage) with a 5% works contingency and 5% costing and design risk.

Resolved – that (A) the outline business case for the £2.9m interim solution for Maternity and Gynaecology Services be approved, and **DFP**

(B) scope be explored to use the FM Lot 2 for the procurement process. **DFP/ WCD**

217/12/3 Quality and Performance Report (Month 3) and 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 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 G comprised the quality, finance and performance report for month 3 (month ending 30 June 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 3 report identified key issues from each Lead Executive Director.

With regard to quality aspects of the month 3 report, and in reporting on the GRMC meeting of 23 July 2012, Mr D Tracy Non-Executive Director and GRMC Chair noted in particular:-

- presentations from the Clinical Support and Acute Care Divisions on improving complaints performance (target of a 10% reduction in numbers, although noting the need not to put barriers to complaining in place);
- an update on the paediatric neurology action plan, and the Committee's congratulations to the Children's CBU Manager for the progress made. As there were no 'red' rated actions GRMC involvement in this issue would now cease;
- the additional £2m investment in nursing staff as a result of nurse staffing reviews, in addition to further investment in specific areas such as NNU and the fractured neck of femur ward;
- continued issues with critical care beds – the Chief Operating Officer/Chief Nurse now advised that Commissioners were considering temporary 2012-13 investment for additional capacity;
- progress on the 5 critical safety actions, with a further update from the new project manager scheduled for the August 2012 GRMC;
- ward-level variations in the net promoter scores;
- continued progress on pressure ulcers, with a benchmarking report scheduled for September 2012 GRMC, and
- the Committee's ongoing review of Divisional risk registers, particularly those which had not changed.

With regard to the remaining operational and quality aspects of the detailed month 3 report, the Trust Board welcomed the new visual signposting within the report. The following issues were now highlighted by the Chief Operating Officer/Chief Nurse, the Medical Director, and the Deputy Director of Human Resources:-

(i) UHL's position re: penalties for non-compliance with targets – the reported 52-week wait breach was not in fact a breach and any non-payment had therefore been cancelled. Penalties re: breast screening targets had now been mitigated by the recruitment of a breast screening director and appropriate backfill arrangements. Cancer targets (reported a month in arrears) were showing a temporary red rating due to the agreement of a new clinical pathway with Commissioners;

(ii) that the report from the independent review of readmissions was still awaited. Further project manager resource was now being identified to provide central support for the readmissions workstream;

(iii) a 1% reduction in overall appraisal performance, despite pockets of excellent progress (eg ED appraisal rate currently 99%). Work on the quality of appraisals had been reported to the June 2012 Workforce and Organisational Development Committee, and indicated somewhat mixed quality, and

(iv) a 3.6% sickness absence rate for June 2012, although this was likely to reduce by approximately 0.5% once validated.

The Trust Chairman then asked the Finance and Performance Committee Chair for that Committee's comments on the financial elements of month 3 performance, as discussed on 25 July 2012. From that meeting, Mr I Reid, Non-Executive Director particularly highlighted:-

- disappointing performance in June 2012, moving further adverse to plan and with a year-to-date deficit of £2.6m;
- a deterioration in both the pay and non-pay positions, the former due primarily to staffing of temporary wards;
- an in-month cash balance of £15.9m;
- improved performance in delivery against the cost improvement programme (CIP), with 89% delivered against the forecast. However, the CIP gap still needed to be identified and the Committee had reiterated the need for continued improvements to delivery. A relatively small amount of the identified CIP was red rated for delivery (approximately 10%), and
- the Finance and Performance Committee's endorsement of a revised capital investment approvals process for UHL, which would be recommended for Trust Board approval through the Minutes of that meeting.

With regard to the remaining financial aspects of the detailed month 3 report, the Director of Finance and Procurement noted mixed financial performance for quarter 1 of 2012-13, affected by an abnormal increase in County emergency activity and the Trust's receipt of marginal rate payment and performance penalties. Divisional and CBU-level forecasting continued to need improvement, with 3 CBUs invited back for further scrutiny following the latest round of confirm and challenge sessions. Discussions also continued with Commissioners re: additional transformation bids put forward by UHL. The Director of Finance and Procurement also noted the Trust's decision to explore using permanent staff on temporary wards, with resulting patient care and financial benefits. In discussion on the financial aspects of month 3, the Trust Board noted:-

(1) a query from Professor D Wynford-Thomas Non-Executive Director, as to whether staffing costs for additional clinical capacity would be met by Commissioner funding;
(2) concerns from Ms K Jenkins Non-Executive Director and Audit Committee Chair, re: the continued deterioration on non-pay, and her wish to understand this in more detail. Apart from drug spend and additional endoscopy activity expenditure, the key area of non-pay variance related to clinical supplies and services, and the Director of Finance and Procurement noted the need for further training for staff to improve their financial awareness and understanding. The ongoing procurement catalogue review would also impact on this area of overspend. In response to a further query from Ms Jenkins, the Director of Finance and Procurement provided assurance that appropriate action would be taken to remedy struggling areas;
(3) queries on how to ensure that forecasting was robust and accurate, and
(4) that it would be helpful for the upside/downside scenarios to be detailed at the August 2012 Trust Board, outlining UHL's financial risk exposure and highlighting proposed mitigating actions. **DFP**

The Trust Board also considered the June 2012 Provider Management Regime (PMR) return for approval and submission to NHS Midlands and East, as detailed on page 11 of the month 3 quality and performance report. In discussion, Mr R Kilner Non-Executive Director requested that future iterations of the PMR provide additional assurances on how the ✓ rating for statements 16 and 17 had been reached (management capability/experience/ structure). **ICE**

<u>Resolved</u> – that (A) the quality and performance report for month 3 (month ending 30 June 2012) be noted;

(B) the month 4 quality and performance report include an assessment of financial risks and opportunities, including any risk exposure and mitigating actions; **DFP**

(C) the Provider Management Regime return for June 2012 be approved as presented within paper G, signed accordingly and submitted to NHS Midlands and East; **ICE**

(D) further detail on the assurances behind the ✓ for PMR statements 16 and 17 be provided at the August 2012 Trust Board; **ICE**

(E) the Minutes of the 25 June 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively (paper H);

(F) the Minutes of the 27 June 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (paper I), and

(G) the Minutes of the 25 June 2012 Workforce and Organisational Development Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (paper J).

218/12 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

Given the limited time available before the Medical Director had to leave the meeting, it was agreed that any comments on the latest iteration of UHL's SRR/BAF (paper K) would be provided to him outside the meeting. **ALL**

Resolved – that any comments on the SRR/BAF be provided to the Medical Director outside the meeting. **ALL**

219/12 REPORTS FROM BOARD COMMITTEES

219/12/1 Audit Committee

Resolved – that the Minutes of the Audit Committee meeting scheduled for 4 September 2012 be submitted to the 27 September 2012 Trust Board. **STA**

219/12/2 Research and Development Committee

Resolved – that the Minutes of the 13 August 2012 Research and Development Committee be submitted to the 30 August 2012 Trust Board (July 2012 Research and Development Committee meeting cancelled). **STA**

220/12 TRUST BOARD BULLETIN

Resolved – the following Trust Board Bulletin report be received for information and placed in the register of Trust Board declarations:- **STA**
(1) declaration of interests from Mr J Birrell, Interim Chief Executive.

221/12 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 Mr D Gorrod, Leicester Mercury Patients' Panel, relating to:-

- his agreement with Mr R Kilner Non-Executive Director's queries over statements 16 and 17 of the PMR return;
- a query on what qualities UHL was seeking in its new substantive Chief Executive that had not been present in the previous postholder, and a request for assurance that any postholder would be paid in observance with appropriate National Insurance and PAYE arrangements. In response, the Trust Chairman advised that Harvey Nash had been retained to search for UHL's substantive new Chief Executive, with a detailed profile of the skills sought. A traditional remuneration mechanism would be used for the postholder, and

(2) queries from Mr Z Haq, relating to:-

- which CBUs had been recalled for further confirm and challenge. In response, the Director of Finance and Procurement advised that the issues for scrutiny included general theatres efficiency, best utilisation of theatres resource, and reduction of cancelled operations.
- the likely capacity issues in winter 2012, given that additional capacity wards were currently open in summer. In response, the Chief Operating Officer/Chief Nurse outlined the various service moves intended to release capacity and noted ongoing discussions with Commissioners re: a step-down facility. The use of UHL's estate was also being reviewed to ensure the optimum use of potential clinical space, and plans on LLR bed capacity would be presented to the Trust Board later in the year. In response to a further comment from Mr Haq on the longstanding nature of those step-down discussions, the Chief Operating Officer/Chief Nurse noted the anticipated impact of the new CCGs and the wider clinical engagement now in place; **DS**
- how the income from ED activity over the 2008-09 baseline was used, and by whom. In a change to previous practice, that 70% would now be held locally by the PCT Cluster rather than the SHA. Mr Haq further queried if CCGs would apply any sanctions to GP practices for over-referral to ED, and
- his view that City patients attended ED because they could not obtain an appointment with their GP, whereas in the County the issue related to GP practices closing for extended periods over Bank Holidays.

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

222/12 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 30 August 2012 at 10am in rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.

223/12 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 224/12 – 233/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

224/12 DECLARATION OF INTERESTS

Following his declared interest in Minute 227/12, it was agreed that Mr R Kilner Non-Executive Director, was not required to absent himself from the discussion on that item.

Resolved – that Mr R Kilner, Non-Executive Director's declaration of interest in Minute 227/12 below be noted.

225/12 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 28 June 2012 be confirmed as a correct record.

226/12 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.

227/12 REPORT BY THE DIRECTOR OF FINANCE AND PROCUREMENT

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

228/12 REPORTS BY THE DIRECTOR OF STRATEGY

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

229/12 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.

230/12 CONFIDENTIAL TRUST BOARD BULLETIN

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

231/12 REPORTS FROM REPORTING COMMITTEES

231/12/1 Finance and Performance 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.

231/12/2 Governance and Risk Management Committee (GRMC)

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.

231/12/3 Remuneration Committee

Resolved – that the confidential Minutes of the 28 June 2012 Remuneration Committee meeting be received, and the recommendations and decisions therein be endorsed and noted, respectively.

232/12 ANY OTHER BUSINESS

232/12/1 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.

232/12/2 Query from Mr R Kilner Non-Executive Director

In response to a query, the Trust Chairman advised that he would progress the issue of UHL Non-Executive Director interaction with the CCG Boards. **CHAIR MAN**

Resolved – that UHL Non-Executive Director interaction with the CCG Boards be progressed as appropriate. **CHAIR MAN**

232/12/3 Report by the Deputy Director of Human Resources

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

233/12 MEETING EVALUATION

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

The meeting closed at 5.21pm

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)	6	6	100	I Reid	6	6	100
J Birrell	1	0	0	A Seddon	6	6	100
K Bradley	6	4	67	D Tracy	6	5	83
K Harris	6	5	83	A Tierney*	6	5	83
S Hinchliffe	6	6	100	S Ward*	6	6	100
K Jenkins	6	6	100	M Wightman*	6	6	100
R Kilner	6	6	100	J Wilson	6	4	67
M Lowe-Lauri	5	5	100	D Wynford-Thomas	6	3	50
P Panchal	6	6	100				

* non-voting members