Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 1 MARCH 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
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mrs K Jenkins – Non-Executive Director
Mr R Kilner – Non-Executive Director
Mr M Lowe-Lauri – Chief Executive
Mr P Panchal – Non-Executive Director
Dr P Rabey – Acting Medical Director
Mr I Reid – Non-Executive Director
Mr A Seddon – Director of Finance and Procurement
Mr D Tracy – Non-Executive Director
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:
Ms S Akufo-Akuto – CIP Project Manager (for Minute 70/12/2)
Miss M Durbridge – Director of Safety and Risk (for Minute 60/12)
Ms C Griffiths – Chief Executive, LLR PCT Cluster (for Minute 73/12/1)
Ms H Harrison – FT Programme Manager (for Minute 73/12/2)
Mrs H Majeed – Trust Administrator
Mr F Munoz – Representative from PricewaterhouseCoopers LLP (for Minute 70/12/1)
Mr O Pritchard – Representative from Browne Jacobson (for Minute 70/12/1)
Mr T Scriven – General Manager, Pathology Services (for Minute 70/12/1)
Dr P Shaw – Director, Pathology Services (for Minute 70/12/1)
Ms S Taylor – CBU Manager (for Minute 70/12/2)
Dr A Tierney – Director of Strategy (from part Minute 59/12/4)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

ACTION

53/12 APOLOGIES AND WELCOME

Apologies for absence were received from Dr K Harris, Medical Director. The Trust Chairman welcomed Ms C Ellis, LLR PCT Cluster Chair, Mr E Charlesworth from LINKs and Ms C Buss from Leicester Mercury. The Chairman thanked Dr P Rabey for acting as Medical Director in Dr Harris' absence.

54/12 DECLARATIONS OF INTERESTS

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

55/12 CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew the Board's attention to:-

(a) a significant recent increase in the number of admissions of older (65 years and over)

and sicker patients;

(b) from midnight on Saturday (25 February 2012) to midnight on Sunday (26 February 2012) – the particularly high number of attendances (492 patients) at the Emergency Department. An internal major incident had been declared due to the high attendances. Despite having 151 extra beds open, the Trust had been still short of the number of beds required to manage the expected admissions. The Chairman thanked staff for their efforts in getting through the peak in admissions and keeping the service as close to normal as possible while maintaining the vast majority of the elective work;

(c) the increase in the overall 'respect and dignity' score which had remained 'green' for the last 10 months. A reduction in the incidence of pressure ulcers had also been seen, and

(d) the recent media coverage about the LLR PCT cluster having returned £10m to the DoH as part of accounting procedure. At the invitation of the Chairman, the LLR PCT Cluster Chair outlined the process used which was recognised as accepted accounting practice and enabled the health system to make the best possible use of public money at a national as well as local level.

56/12 MINUTES

<u>Resolved</u> – that the Minutes of the meeting held on 2 February 2012 be confirmed as a correct record and signed by the Chairman accordingly. **CHAIR MAN**

57/12 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of any previous matters arising marked as 'work in progress' or 'under consideration'. In considering these items, the Trust Board noted in particular:-

(a) Minute 33/12/1 – the Director of Corporate and Legal Affairs agreed to check with the Director of Strategy in relation to the progress of the delivery of paediatric and some adults ENT outpatients' co-location. The Chief Executive suggested that a post-meeting note in respect of the intended dates for these service changes be included in the Minute *(dates included in the matters arising report for the April 2012 Trust Board meeting)* ; **DCLA/ DS**

(b) Minute 33/12/2 – the Chief Operating Officer/Chief Nurse advised that metrics had been developed to measure the impact of Trust processes on patient experience and this would be monitored through weekly meetings;

(c) Minute 33/12/3 – the Chief Operating Officer/Chief Nurse agreed to provide an update following discussion at the forthcoming ECN Board meeting regarding the measurement of the success of PCT ED deflection campaigns; **COO/ CN**

(d) Minute 35/12/2 – the GRMC Chair reported that the feedback from PCT quality visits would be discussed by the GRMC on a regular basis;

(e) Minute 38/12 – in respect of improving internal staff communication, the staff briefings (Team Talk) were now being directly sent to all staff every month (this was previously distributed to managers for them to brief their teams directly). Measures underway to improve customer service would be presented to a future meeting of the Executive Team, and **DCER**

(f) Minute 51/12/2 – SHA approval was required in order to progress the nationally-funded capital BRU schemes.

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

58/12 CHIEF EXECUTIVE'S MONTHLY REPORT – MARCH 2012

The Chief Executive advised that Dr P Rabey would continue as Acting Medical Director until end of March 2012. The Chief Executive also commented on the position with Peterborough City

Hospital, as reported in the media. Paper C particularly highlighted:-

- the SHA's new initiative - 'Friends and Family Test' to improve patient experience and care would be in place from 1 April 2012. Members noted that a further update on this initiative would be provided to the Trust Board (via the Governance and Risk Management Committee) in due course; **COO/ CN**
- the Health and Social Care Bill had returned to the House of Commons on 8 February 2012 for the first session of its report stage which was expected to conclude in mid-March 2012;
- that the progress on the development of 'Standards for NHS Boards and Governing Bodies in England' would be tracked through the NHS Confederation and a further report would be presented to the Trust Board, if appropriate; **CE**
- the forthcoming DoH review into 'confidentiality and the sharing of health and social care information' – the findings of which would be published during 2012, and
- the launch of the public consultation on Leicestershire Partnership NHS Trust's application to become an NHS Foundation Trust – the closing date for comments was 25 April 2012.

<u>Resolved</u> – that (A) via a report from the Governance and Risk Management Committee, the Trust Board be informed of the SHA's initiative 'Friends and Family test' further to its implementation, and **COO/ CN**

(B) the outcome of the consultation on the development of 'Standards for NHS Boards and Governing Bodies in England' be notified to the Trust Board, as appropriate. **CE**

59/12 QUALITY FINANCE AND PERFORMANCE

59/12/1 <u>Month 10 Quality, Finance and Performance Report</u>

Paper D comprised the quality, finance and performance report for month 10 (month ending 31 January 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. The commentary accompanying the month 10 report identified key issues from each Lead Executive Director, and the following points were now noted by exception:-

(a) there had been 1 MRSA case reported in January 2012, with UHL still on trajectory therefore against both the MRSA and CDT targets. Based on national requirements, UHL's 2012-13 trajectory figures would be 6 cases for MRSA and 113 cases for CDT. Responding to a query in respect of this challenging target, it was noted that the Infection Prevention Operational Plan would be discussed at the QPMG meeting in March 2012. The Chief Executive confirmed that at the February 2012 Infection Prevention Committee meeting, the Infection Prevention Team had been asked to focus on increasing surveillance in the first two months of the 2012-13 financial year. It was also re-iterated that the Trust had infection prevention policies and procedures in place and relied upon staff to follow these appropriately;
(b) challenges remained in the delivery of the 62 day wait cancer target;
(c) RTT performance had reduced to 84.6% for admitted patients in response to the additional backlog activity agreed with Commissioners;
(d) the reduction in the number of falls (a report on the monitoring of falls incidence already scheduled for the GRMC in March 2012);
(e) the Trust's crude mortality rate had fallen slightly from December 2011, although still reflecting the expected annual winter increase;

(f) performance for fractured neck of femur patients taken to theatre within 36 hours of arrival had fallen to 65% in December 2011 due to the high level of admissions;
(g) the performance with VTE risk assessment continued to improve;
(h) in respect of the increase in readmissions – members were advised that the reasons for the increase particularly in the Planned Care Division were being identified in order to learn lessons for 2012-13 winter planning. Community health and social care reablement services were now operational, however, there was a need to ensure that they worked to full capacity in order to reduce the readmission rate;
(i) ongoing progress to appoint a project manager for taking forward the Critical Safety Actions (CSA). Mr D Tracy, Non-Executive Director and GRMC Chair expressed concern that the work to identify key performance indicators for the CSAs would remain outstanding until this post was filled; **COO/ CN/MD**
(j) discussions on the sickness absence policy had now concluded and a revised policy would be in place;
(k) approximately 2,500 Trust staff had not had a sickness episode in a 12 month period. "Thank you" letters had been sent to these staff and a positive response had been received;
(l) the intention to report the UHL results of the 2011 Staff Attitude and Opinion Survey to the April 2012 Trust Board;
(m) the welcomed improvement in appraisals performance. Mr R Kilner, Non-Executive Director advised that the run-rate was below target level for the last 3 months and noted the need for this to be addressed. Work was on-going to improve the quality of appraisals; **DHR**
(n) the plan for '60 seconds communication' from the Staff Engagement meeting;
(o) information relating to the month 10 financial position (which had also been reviewed in detail by the 22 February 2012 Finance and Performance Committee) including:-
- a substantive in-month surplus of nearly £2.9m;
- a cumulative year to date deficit of £8.1m (£8.6m adverse to plan);
- a decrease in pay expenditure for the first time in 2011-12. Members noted that all recruitment requests were appropriately reviewed and challenged prior to approval;
- £0.3m favourable variance in Planned Care, predominantly due to the increased activity to secure the RTT targets in MSK, GI Medicine and Specialist Surgery CBUs;
- variable in-month Divisional performance, with particular difficulties experienced in Acute Care, with a £0.7m reduction in ECMO income, non-elective activity in Medicine (£0.5m below forecast) and Critical Care (£0.1m adverse to forecast), and
- a significant reduction on the average tariff of emergency activity in Medicine – the CBU was reviewing a sample of case notes to check coding inaccuracies.

In discussion on the month 10 report, the Trust Board noted:-

(1) a query from Professor D Wynford-Thomas, Non-Executive Director, on whether the increase in non-pay expenditure was a reflection of an increase in activity or costs - in response, the Director of Finance and Procurement advised that it was a combination of both. Some parts of the non-pay cost base related to the RPI increase built into the providers' financing model;

(2) a query from Mr R Kilner, Non-Executive Director in respect of when a liquidity ratio of 15 days would be achieved; the Director of Finance and Procurement agreed to provide the details outside the meeting; **DFP**

(3) in response to a query on premium pay payments, it was noted that with the current extra capacity open, approximately 120-140 staff from the bank had been employed to cover shifts. These staff had been offered fixed term contracts, 3 month contracts and twilight shifts in order to reduce the premium payments;

(4) findings from a look-back exercise by the coding team indicating an increase in 'zero' length of stay patients (where a patient entered hospital as an inpatient and did not have an overnight stay);

(5) that a case note review had identified a need to improve documentation of primary diagnosis and co-morbidities in order to improve accuracy of clinical coding. All Clinicians had been reminded to ensure that 'working diagnosis' and 'co-morbidities' were clearly documented at the first senior ward round review;

(6) that CBU re-forecasts of their year-end position continued to deteriorate, with cost base ahead of forecast. The Trust continued to pursue a range of remedial actions in the delivery of the 2011-12 control total of £1.3m surplus, however, the risks were significant, and

(7) continuing discussions with the National Specialised Commissioning Group (with assistance from the LLR PCT Cluster Chief Executive) re: ECMO Services, in relation to the way forward in sustaining this service, due to the activity shortfall and the exposure of the Trust to significant unfunded fixed costs.

Resolved – that (A) the quality, finance and performance report for month 10 (month ending 31 January 2012) be noted;

(B) the appointment of the Project Manager for the 5 Critical Safety Actions project be pursued; **COO/ CN/MD**

(C) appropriate actions to improve the monthly appraisal run-rate, be considered, and **DHR**

(D) details of UHL's plans to achieve a liquidity ratio of 15 days be provided to Mr R Kilner, Non-Executive Director outside the meeting. **DFP**

59/12/2 Progress Against the 2011-12 Stabilisation to Transformation Plan

Resolved – that (A) the contents of paper E be received and noted, and

(B) it be noted that this item had been covered under Minute 59/12/1 above.

59/12/3 Finance and Performance Committee

Resolved – that (A) the Minutes of the 25 January 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the Minutes of the 22 February 2012 Finance and Performance Committee be presented to the 5 April 2012 Trust Board (summary of items discussed as noted in paper F1). **STA**

59/12/4 Emergency Care Transformation

Paper G summarised the emergency care performance for January 2012 and provided an analysis of system performance leading to the major internal incidents in January 2012.

In presenting an activity overview of the emergency pressures, the Chief Operating Officer/Chief Nurse noted that:-

- attendances had increased by 2.2% and 4.2% in January 2012 and February 2012 respectively;
- admissions had increased, however were still below 2008-09 figures;
- an appropriate balance between admission/discharge had been maintained;
- length of stay had not increased, and
- including the extra capacity open, the total number of beds had reduced by circa 120 from winter 2010-11.

To ensure continuing patient safety, the following issues were also being closely monitored:-

- mandated nurse to bed ratios;
- same sex accommodation compliance;
- infection prevention reviews;
- patients on trolleys;
- outlier reductions;
- statutory, mandatory and safety training requirements;
- increase of emergency theatre sessions, and
- patient cancellations.

Members noted that a patient information leaflet had been developed which described the journey from the Emergency Department (ED) to the assessment unit and further to the base ward. In order to improve patient experience, a number of initiatives had been put in place, including monthly patient polling, staff briefings, press briefings and an increase in ward volunteers. Three site nursing meetings had been scheduled which involved mandated discussions with all matrons briefing them about the expectations on maintaining the quality of patient care. Sessions were also scheduled for the Chief Executive, Chief Operating Officer/Chief Nurse and the Medical Director to meet with the ED Clinicians and colleagues from the wider Acute Care Division to discuss expectations in relation to emergency care performance. Physicians and ED teams had also met to address certain issues.

Agreement had been reached to create a single point of access for Bed Bureau referrals through ED. A nominated physician rota had been developed, and as suggested at a recent GP engagement evening 'hot clinics' were in place. A low risk chest pain ambulatory pathway would be established as an immediate action. A dedicated 'outlier team' to monitor patients going into outlying capacity would be progressed. The Chairman thanked the Chief Operating Officer/Chief Nurse and her team for their robust response to the major internal incidents.

In discussion on paper G and the presentation above, the Trust Board noted:-

(a) a query from Mr D Tracy, Non-Executive Director and GRMC Chair, on any increase in patient safety incidents as a knock-on effect from the 'Right Place Right Time' initiative. In response, the Chief Operating Officer/Chief Nurse advised that these issues were being closely monitored and risk assessments had been undertaken to address any concerns;
(b) a query from Ms K Jenkins, Non-Executive Director and Audit Committee Chair, on whether appropriate focus was being given to 'compassion'– in response, it was noted that the sessions mentioned above had been scheduled to remind staff about professional standards;
(c) another query from Ms K Jenkins on the support required from the local health economy in order to predict/forecast admission numbers – in response, the Chief Operating Officer/Chief Nurse advised that the Trust was already aware of the busiest periods but the challenging issue was the management of activity during the second peak (i.e. late night);

(d) a query from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair in respect of long-term actions regarding predicted modelling in particular with ED – in response, members were advised that this would be discussed by the Chief Executive and the Chief Operating Officer/Chief Nurse with the ED Consultant Group and an update would be provided to the Trust Board, as appropriate. Members were advised that the Trust's Internal Auditors were undertaking a review of ED processes; **CE/ COO/ CN**

(e) a query from the Director of Communications and External Relations in respect of the response to the question within the front door audit re. 'GPs referring patients to ED' – it was noted that further work on capacity planning and making a transformational change as a health community needed to be undertaken and a further report would be presented to a future meeting of the Trust Board. The Chief Operating Officer/Chief Nurse also noted the need to re-examine fundamental patient pathways (i.e. IV administration, COPD etc.); **MD**

(f) the need for re-assurance on the impact of school holidays in respect of staffing levels – in response, it was noted that the CBUs had been advised to appropriately manage their annual leave system internally to safeguard the safe running of the service. Extended opening hours for community services was vital, however a plan for the forthcoming Easter Bank Holiday was required, and

(g) a query from Mr D Tracy, Non-Executive Director and GRMC Chair on the predictability of flows into ED (i.e. the number of patients transferred to UHL ED from other EDs) – in response, the Chief Operating Officer/Chief Nurse advised that all Trusts were on a 'red' alert and most on a 'black' alert, however, inspite of the major internal incidents and high volume of admissions, UHL had managed to keep its doors open. The Chief Executive commented that UHL had been managing difficult times extremely well. He advised that a look-back exercise on the issues and the results of the planning work for the forthcoming bank holiday would be provided to the Trust Board in April 2012. **COO/ CN**

<u>Resolved</u> – that (A) the contents of paper G and the presentation be received and noted;

(B) the long-term actions in relation to predicted ED modelling be discussed with the ED Consultant Group, and an update be provided to the Trust Board, as appropriate; **CE/ COO/ CN/STA**

(C) further work be undertaken on capacity planning and making a transformational change as a health community, and an update provided to the Trust Board, as appropriate, and **MD/STA**

(D) an update on the planning work for the forthcoming Easter 2012 Bank Holiday be presented to the Trust Board in April 2012. **COO/ CN/STA**

60/12 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

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

In specific discussion on **risk 15 (*management capability/stretch*) and risk 18 (*inadequate organisational development*),** the Trust Board noted:-

(i) that an organisational development workshop on 6 March 2012 would be facilitated by Deloitte for the senior management team to discuss the organisational development plan, workforce strategies and progress on actions taken in response to the 2011 Staff Attitude and Opinion survey. The outcome of this discussion would be presented to the ET meeting on 20 March 2012;

(ii) a request from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair for greater clarity on plans to strengthen the corporate directorate/ divisional infrastructure ahead of the October 2012 end date for this action. In response, the Chief Executive advised that the corporate directorate infrastructure was currently being addressed by the Chief Operating Officer/Chief Nurse with final closure in October 2012. Although acknowledging this point, Ms K Jenkins, Non-Executive Director and Audit Committee Chair emphasised the need for this risk register entry also to include a date for such a plan to be in place – this would be included accordingly following further discussion between the Chief Executive and the Director of Human Resources outside the meeting. The Chairman requested that regular progress updates be provided to the Trust Board for assurance, and **CE/DHR** **CE** **DHR**

(iii) a suggestion from Mr R Kilner, Non-Executive Director that a risk score of 16 was more appropriate for risk 18. **MD**

In specific discussion on **risk 17 (*organisation may be overwhelmed by unplanned events*) ,** the Chief Operating Officer/Chief Nurse advised the Trust Board that this risk focused on major internal incidents, Olympic preparedness and business continuity. She highlighted that risk 17 and risk 1 (*continued overheating of emergency care system*) were interlinked and should be cross-referenced. The Chief Operating Officer/Chief Nurse agreed to circulate the updated risk assessment form for risk 1. **COO/ CN**

The Chairman noted the need for monitoring risk scores, with a specific mention of the increase in the scores for risks 1 and 8. The Director of Safety and Risk advised that the finalised report of Internal Audit's review of UHL's risk management processes would be circulated separately to the Trust Board in April 2012, once available. **DSR** **DSR**

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

(B) in respect of risk 15, the date for a plan in respect of strengthening of Corporate Directorate/Divisional infrastructure be included, in addition to regular Trust Board updates on progress on that issue; **CE/DHR**

(C) in respect of risk 17, risks 1 and 17 be cross-referenced and the updated risk assessment form for risk 1 be circulated to Trust Board members; **COO/ CN**

(D) the risk 18 score be amended to 16; **MD**

(E) the Director of Safety and Risk be requested to monitor risk scores, as appropriate, and **DSR**

(F) Internal Audit's review of UHL's risk management processes be circulated separately to the Trust Board in April 2012, once available. **DSR/TA**

61/12 REPORTS FROM BOARD COMMITTEES

61/12/1 <u>Audit Committee</u>

In her capacity as Audit Committee Chair, Ms K Jenkins, Non-Executive Director sought Trust Board approval for the revised Accounting Policy on Donated and Government Granted Assets, as appended to paper I (Audit Committee Minutes of 14 February 2012 – recommended Minute 1/12). This was approved accordingly.

<u>Resolved</u> – that the Minutes of the Audit Committee meeting held on 14 February 2012 be received, and the recommendations and decisions therein be endorsed and noted

respectively (including Trust Board approval of the Accounting Policy on Donated and Government Granted Assets).

61/12/2 Governance and Risk Management Committee (GRMC)

Resolved – that (A) the Minutes of the 26 January 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the Minutes of the 23 February 2012 GRMC be submitted to the Trust Board on 5 April 2012. **STA**

61/12/3 UHL Research and Development Committee

The Chairman highlighted the successful outcome of the recent BRU capital bids. He also reported the progress in relation to the targets outlined in the East Midlands Congenital Heart Centre strategy, noting that a three to five year research strategy was being developed.

Resolved – that the Minutes of the 6 February 2012 Research and Development Committee be received, and the recommendations and decisions therein be endorsed and noted respectively.

61/12/4 Workforce and Organisational Development Committee (WODC)

Resolved – it be noted that the next meeting of the Workforce and Organisational Development Committee would be held on 26 March 2012, the Minutes of which would be submitted to the Trust Board on 3 May 2012. **STA**

62/12 CORPORATE TRUSTEE BUSINESS

62/12/1 Charitable Approvals

Paper L sought Trust Board approval as Corporate Trustee for a charitable funds application (number 3751 [Fibroscan machine]). Although endorsed by the Charitable Funds Committee, formal Trust Board approval was required as the bid exceeded £25,000.

Resolved – that Trust Board approval as Corporate Trustee be given to charitable funds approval request 3751 detailed in paper L.

62/12/2 Charitable Funds Committee

Resolved – it be noted that the next meeting of the Charitable Funds Committee would be 16 March 2012, the Minutes of which would be submitted to the Trust Board on 5 April 2012. **STA**

63/12 TRUST BOARD BULLETIN

Resolved – that the briefing report on appointment booking systems circulated with the March 2012 Trust Board Bulletin be noted.

64/12 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 accordingly. The following queries/comments were received regarding the business transacted at the meeting:-

(1) concerns from Mr E Charlesworth, LINKS representative in respect of no PPI implications being included in the risk register report; it was agreed to respond to this query outside the meeting; **MD**
(2) a query from Mr D Gorrod, LINKS representative on whether the Trust had missed an opportunity to showcase ECMO services in respect of Her Majesty the Queen's visit to Leicester on 8 March 2012 – in response, the Director of Communications and External Relations advised that despite the Trust contacting the Queen's office, it had not proved possible to include UHL in the visit, and
(3) a suggestion from Mr D Gorrod as to whether any consideration had been given to the possibility of merging with LPT. The Chief Executive responded, noting the good working relationship which existed between UHL and LPT.

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

65/12 DATE OF NEXT MEETING

Resolved – that (A) an extraordinary public Trust Board meeting be held on Friday, 30 March 2012 at 10am in Rooms 1A & 1B, Gwendolen House, Leicester General Hospital site, and

(B) the next scheduled Trust Board meeting thereafter be held on Thursday 5 April 2012 at 10am in Rooms 1A & 1B, Gwendolen House, Leicester General Hospital site.

66/12 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 67/12 – 78/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

67/12 DECLARATION OF INTERESTS

Members noted a declaration by Mr I Reid, Non-Executive Director and Chair of the Finance and Performance Committee in respect of Minute 70/12/1 below. This was agreed not to be a prejudicial interest and Mr Reid was not required to absent himself from discussion on that item.

68/12 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 2 February 2012 be confirmed as a correct record and signed by the Chairman accordingly. **CHAIR MAN**

69/12 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.

69/12/1 Report from the Director of Strategy and the Director of Human Resources

Resolved – that this Minute be classed as confidential and taken in private accordingly,

on the grounds of personal data.

70/12 REPORTS BY THE DIRECTOR OF HUMAN RESOURCES

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

71/12 REPORTS BY THE CHIEF EXECUTIVE

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

72/12 REPORT BY THE DIRECTOR OF FINANCE AND PROCUREMENT

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

73/12 REPORT BY THE DIRECTOR OF STRATEGY

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

74/12 REPORT BY THE CHIEF OPERATING OFFICER/CHIEF NURSE

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

75/12 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that the reports circulated with the March 2012 confidential Trust Board Bulletin be noted for information.

76/12 REPORTS FROM REPORTING COMMITTEES

76/12/1 Audit Committee

Resolved – that the confidential Minutes of the 14 February 2012 Audit Committee be received, and the recommendations and decisions therein be endorsed and noted respectively.

76/12/2 Finance and Performance Committee

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

76/12/3 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.

77/12 ANY OTHER BUSINESS

77/12/1 Media coverage re:UHL AAA Survival Rates

Resolved – that it be noted that a programme on Aortic Aneurysm and UHL's survival rates would feature on ITV on 1 March 2012.

77/12/2 Comment by Mr R Kilner, Non-Executive 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.

78/12 MEETING EVALUATION

Resolved – that any evaluation comments be provided to the Trust Chairman outside the meeting. **ALL**

The meeting closed at 5:39pm

Hina Majeed
Trust Administrator