UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 30 OCTOBER 2014 AT 10AM IN SEMINAR ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL

Present:
Mr K Singh – Trust Chairman
Mr J Adler – Chief Executive
Col (Ret'd) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Dr K Harris – Medical Director
Mr R Mitchell – Chief Operating Officer
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Mr S Sheppard – Acting Director of Finance
Mr M Traynor – Non-Executive Director
Mr M Williams – Non-Executive Director
Ms J Wilson – Non-Executive Director

In attendance:
Dr A Bentley – Leicester City CCG (up to and including Minute 284/14/1)
Ms K Bradley – Director of Human Resources
Dr D Briggs – LLR Emergency Care Lead (up to and including Minute 275/14/1)
Ms J Halborg – Head of Nursing, Clinical Support and Imaging Services (for Minute 277/14/1)
Dr K Harris – Medical Director
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 284/14/1)
Ms S Khalid – Clinical Director, Clinical Support and Imaging Services (for Minute 277/14/1)
Mr M Metcalfe – Cancer Centre Lead Clinician (for Minute 275/14/3)
Mrs K Rayns – Trust Administrator
Professor D Rowbotham – Clinical Director NIHR CRN: East Midlands (for Minute 278/14/1)
Ms K Shields – Director of Strategy
Ms M Wain – Lead Nurse/Manager Cancer Centre (for Minute 275/14/3)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

269/14 APOLOGIES AND WELCOME

Apologies for absence were received from Professor D Wynford-Thomas, Non-Executive Director. The Trust Chairman introduced himself and welcomed Mr M Traynor, Non-Executive Director and Mr M Williams, Non-Executive Director and Audit Committee Chairman to the meeting. He also announced the re-appointment of Dr S Dauncey, Non-Executive Director and an extension to the term of office for Mr P Panchal, Non-Executive Director.

270/14 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

271/14 MINUTES

Resolved – that the Minutes of the 25 September 2014 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR**

272/14 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for resolution.

Resolved – that the update on outstanding matters arising and the timescales for resolution be noted.

273/14 CHAIRMAN'S OPENING COMMENTS

The Chairman introduced paper C, outlining his first impressions of the Trust and his immediate priorities. He particularly drew members' attention to the following issues:-

(a) arrangements for recruiting to the existing and emerging vacant positions on the UHL Trust Board;
(b) opportunities to improve the information flows to support the Trust Board in focusing upon the right issues and asking the right questions;
(c) the need to support a continued Board-level patient focus, and
(d) plans for Board members to visit a wide range of clinical areas to interact with staff and patients.

Resolved – that the position be noted.

274/14 CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – OCTOBER 2014

The Chief Executive introduced paper D, briefing the Trust Board on the following issues:-

(a) the positive attitude and commitment of UHL's staff, as showcased at the recent annual Caring at Its Best awards held at the Athena Centre in Leicester. He thanked the organisers of this event and noted that a series of smaller staff awards were held throughout the year;
(b) UHL's selection for the "Mutuals in Health Pathfinder Programme" – the Trust was 1 of the 9 Trusts selected nationally for this programme (jointly sponsored by the Department of Health and the Cabinet Office) and would now receive funding of £120,000 to support pilot schemes relating to incentivisation, increased autonomy and the exploration of what mutuals might look like in the NHS. Updates on this workstream would be provided to the Trust Board at the appropriate stages; **CE/DHR**
(c) the successful outcome of the NTDA loan application in order to maintain UHL's cash flow and provide funding for a range of capital schemes, including some enabling works for the new Emergency Floor development (which was still subject to approval);
(d) feedback from the Trust's Board to Board meeting with the NTDA on 10 October 2014 – the direction of travel was broadly positive, but the NTDA had requested UHL to clarify the expected 2014-15 financial outturn and explore the scope to accelerate the Trust's financial recovery trajectory within the next 5 to 6 years;
(e) the arrangements to implement a new approach to staff car parking, using an alternative and more transparent method of allocating permits based upon individuals' working commitments, eg cross-site working, emergency duties and out of hours cover;
(f) separate reports on the Trust Board agenda relating to emergency care performance (Minutes 275/14/1 and 279/14/3 below refer), and
(g) the month 6 positive financial variance to plan, reflecting a reversal in trend when compared with months 4 and 5.

In discussion on the Chief Executive's monthly report, members congratulated the Chief Executive on the Trust's successful bid for the mutualisation pilot and sought and received assurance that the Trust would engage with patient communities as well as staff. In respect of the Board to Board meeting with the NTDA, Non-Executive Directors commented that neither the NTDA Chairman nor Non-Executive Directors had attended and the Chairman agreed to provide feedback to the NTDA regarding the importance of balanced representation at future meetings. The Chairman sought and received assurance that **Chair**

arrangements were being progressed to improve public access to car parking, noting that a public multi-storey car park was planned to be provided on the LRI site.

Resolved – that the Chairman be requested to provide feedback to the NTDA regarding the importance of balanced Chairman and Non-Executive Director representation at future Board to Board meetings. **Chair**

275/14 KEY ISSUES FOR DECISION/DISCUSSION

275/14/1 Presentation on LLR Emergency Care System Improvements

Further to Minute 235/14/3 of 28 August 2014, Dr D Briggs, LLR Emergency Care Lead attended the meeting to present a summary of the LLR emergency care system improvements and developments. The presentation slides had been previously circulated as paper E, although a modified presentation was provided on the day of the meeting. Trust Board members had also been provided with a copy of the LLR urgent care dashboard as pre-reading for this item.

Dr Briggs noted the significant efforts and improvements in working relationships within the LLR emergency care system over the last few months and he expressed regret that the workstreams had not yet demonstrated more progress. During the presentation and the subsequent discussion the following items were highlighted for further discussion:-

(a) an increase in emergency attendances after 6pm in patients over 65 years of age;
(b) the expected impact of 9,000 additional patient care plans which aimed to deliver the optimum treatment and set clear baselines for care, taking into account the wishes of the patient and their family members – this work was nearing completion but (to date) no impact had been built into the activity assumptions;
(c) single point of access – training had been provided for approximately 270 paramedics and the service was expected to come on-line within the next few days. Ambulance service admissions from care homes would be monitored closely to measure the impact of this training programme;
(d) the recent implementation of the older person's unit at Loughborough Hospital;
(e) an expansion of the crisis response team which aimed to reduce hospital admissions by providing simple care in the patient's own home (including overnight care where appropriate);
(f) changes in community bed capacity which now included "virtual beds" and reflected a net increase of 62 beds;
(g) challenges surrounding length of stay and delayed transfers of care – the type of delays being experienced in Leicester regarding discharges to nursing homes were not common nationally. The key messages continued to be "home first" with early supported discharge and appropriate use of community in-reach and rehabilitation and social care bed capacity. An opportunity to implement a safe minimum data set for UHL discharges was highlighted (with a view to achieving a reduction from the 23 separate discharge forms currently in use);
(h) opportunities to improve the communications with patients and their carers in respect of delivering a greater proportion of patient care at home. The Better Care Together Programme communications plan would be utilised for this purpose;
(i) opportunities to develop more unified models of care between the 3 CCGs which would (in turn) help to support improved patient engagement and standardised staff training and education across the LLR region;
(j) a query regarding the contractual arrangements with care homes and whether any arrangements had been put in place to support double-running during the implementation of service changes, and
(k) assurance was provided that single-handed GPs and GPs from more isolated practices would be included in the preventative admission workstreams and communications processes.

The Chairman thanked Dr Briggs for his presentation, noting the importance of the whole health economy approach and the opportunities to deliver more patient care closer to home under the Better Care Together Programme. He suggested that Dr Briggs be invited to a future meeting to provide a progress report on the workstreams outlined in his presentation.

Resolved – that the presentation and subsequent discussion on LLR Emergency Care System Improvements be noted.

275/14/2 LLR Learning Lessons to Improve Care Review – 3 Month Progress Report

Further to Minute 209/14/1 of 31 July 2014, the Medical Director presented paper F, providing a quarterly progress report on the implementation of the recommendations arising from the above review. He highlighted the thematic analysis in section 1 and the key actions outlined in section 2. The Clinical Task Force was co-chaired by UHL's Medical Director and the Clinical Lead for the West Leicestershire CCG. Future plans for this workstream included the identification of outcome indicators and development of a methodology to measure improvement. Discussion took place regarding contact with the affected families and the open and transparent process to offer and hold individual meetings with them. A series of public listening events were also being held and the first one had taken place in Loughborough on 29 October 2014.

The Chief Executive advised that the Better Care Together Programme had now agreed to support a dedicated workstream in relation to end of life care. He noted that the planning grid (provided at appendix 2) appeared to be work in progress and he queried the timescale for finalising this. In response, the Medical Director advised that the development of an action plan was in line with good practice but the planning process had been kept flexible so that any additional themes arising from the public listening events could be incorporated into the final version.

Resolved – that the next quarterly progress report on the LLR Learning Lessons to Improve Care Review be provided to the January 2015 Trust Board meeting. **MD**

275/14/3 UHL Cancer Performance

Further to Minute 261/14/1(B) of 25 September 2014, the Cancer Centre Lead Clinician and the Lead Nurse/Manager for the Cancer Centre attended the meeting to introduce paper G, providing an update on UHL's cancer performance and patient experience and seeking support of the recommended multi-faceted approach to achieving sustainable performance by the end of December 2014. The Trust's results of the 2013-14 National Cancer Experience Survey had demonstrated a significant improvement when compared with the 2012-13 results. Section 7 of paper G set out the arrangements for monitoring and mitigating any increased clinical risk arising from the recent modest delays in patient care pathways.

During the discussion on this report, members noted the improvements that had led to UHL's sustained performance over the last 12 months and the national increased trend in 2 week wait referrals. The Cancer Centre Lead Clinician confirmed the benefits of a regional collaborative approach to cancer care and his view that the current levels of administrative and management resources were sufficient. He commended the cancer model adopted within the Imaging service and suggested that a similar approach by other relevant services would support more robust performance going forwards.

Dr A Bentley, CCG representative commented upon opportunities to develop an electronic system for outpatient requests and an additional pathway for priority breast care referrals where cancer was not suspected (eg 4 to 6 weeks) to supplement the existing 2 week and 18 week pathways. The Chief Operating Officer thanked the team for their presentation and

noted some scope to strengthen the process through the identification of a senior-level management resource to support the cancer centre.

Resolved – that the report on UHL's Cancer Performance and progress towards sustainable compliant performance by December 2014 be noted.

275/14/4 UHL Development Support Plan

The Director of Strategy introduced paper H, seeking Trust Board approval to submit the Development Support Plan to the NTDA by 31 October 2014. In discussion on the report the Board supported this submission, noting the intention to present updated iterations of the Development Support Plan to future Trust Board meetings and the scope to integrate and align this plan with the Trust's Delivering Caring at its Best Framework and the Organisational Development plan.

Resolved – that the UHL Development Support Plan be supported for submission to the NTDA by 31 October 2014. **DS**

275/14/5 Ebola Preparedness

The Chief Nurse reported verbally on UHL's preparedness for any cases of Ebola, noting that the likelihood of the Trust seeing any patients infected with Ebola in Leicester remained low. Assurance was provided that appropriate stocks of personal protective equipment (PPE) were in place and specific staff training had been provided in the correct use of this PPE. Some minor capital works had been commissioned to segregate decontamination showers. A well managed process was in place to manage (and divert) any suspected cases and the communications campaign was being supported with strategically placed information posters.

Resolved – that the position be noted.

276/14 STRATEGY, FORWARD PLANNING AND RISK

276/14/1 Board Assurance Framework (BAF)

Paper I detailed UHL's Board Assurance Framework as of 30 October 2014 and notified members of any new extreme/high organisational risks opened during that month. Further to Minute 258/14/2 of 25 September 2014, the following updates were received:-

- In respect of risk 1 (*lack of progress in implementing UHL Quality Commitment*), it was noted that 2 elements of the LLR Learning Lessons to Improve Care Review had now been incorporated into the Quality Commitment, namely discharge letters and clerking documentation, and
- In respect of risk 2 (*failure to implement LLR emergency care improvement plan*), the Chief Operating Officer advised that he had now populated the gaps in assurance and the actions in place to address them and the updated information would be provided in the next iteration of the BAF report. He also noted that further discussion on emergency care improvements would be held later in the agenda (Minute 279/14/3 below refers).

The Trust Board then reviewed the strategic objective 'Integrated Care in Partnership with Others' (incorporating principal risks 7, 8, 9 and 10 from within the BAF), noting that the target score for risk 8 (*failure to respond appropriately to specialised service specification)* would be amended to 6, as confirmed by the Director of Strategy.

Finally, the Healthwatch Representative commented on the helpful nature of this report which supported a transparent view of the way that key risks were progressed within the Trust and the Chairman noted opportunities to improve the way that this report was

presented to future Trust Board meetings.

Resolved – that the BAF for period ending 30 October 2014 and the subsequent discussion on key risks be noted.

277/14 CLINICAL QUALITY AND SAFETY

277/14/1 Patient Story

The Head of Nursing and the Clinical Director attended the meeting from the Clinical Support and Imaging CMG to introduce a short video outlining some negative feedback from a patient who had attended a radiology investigation at the Leicester General Hospital. The patient's concerns related to privacy and dignity issues within the mixed sex waiting area, the attitude of the radiographer and a lack of clear communications regarding positioning for the CT scan. Positive feedback had been provided regarding the attitude of the reception staff and the CMG's response to the complaint.

Following the incident, an apology had been provided and the member of staff concerned had attended a bespoke communications training day for cross-sectional imaging staff, which had helped them to understand how and why it was necessary for them to modify their approach to patients to avoid coming across as abrupt or lacking in empathy.

Changes were in the process of being made to the patient waiting areas in order to create single sex areas. In the interim period, dressing gowns were being provided and notices had been displayed advising patients that they could wait in their changing cubicle if they preferred or talk to staff regarding any concerns. All imaging staff had now attended a development opportunity at De Montfort University to improve staff communication (both verbal and non-verbal) and an in-house training course was being developed called 'Delivering Fundamentals'.

During the discussion on the patient story, members noted the powerful impact of such videos and that this video was being shown to a variety of staff as a reminder of the importance of good communication skills. Mr M Traynor, Non-Executive Director was invited to comment upon any relevant experiences from the hotel industry and discussion took place on the arrangements for rewarding good service (eg staff appraisals and the Caring at its Best awards) and opportunities to recruit staff on the basis of good values and attitude.

Resolved – that the Patient Story and the Board's discussion on associated learning opportunities be noted.

277/14/2 Making Every Contact Count (MECC) – 2014-15 Annual Plan

The Director of Marketing and Communications introduced paper K, seeking Trust Board approval for the 2014-15 MECC work programme. Members noted the importance of opportunities to promote healthy choices, queried how success could be monitored (eg number of attendees at smoking cessation clinics), and whether any performance outcomes could be included in the Q&P report. It was noted that some regions had implemented interventions such as losing weight or stopping smoking prior to elective surgery. It was agreed to link future developments to the Trust's 5 year plan and to seek to monitor the impact more effectively on a system wide basis. Finally, members noted opportunities to review national trends, such as reductions in taxation revenue from tobacco and alcohol sales, as a broad measure for improvement.

Resolved – that the Making Every Contact Count Annual Plan for 2014-15 be approved.

277/14/3 Designation of UHL Senior Responsible Officer (Medical Appraisal/Revalidation)

The Medical Director introduced paper L, seeking Board approval to appoint Dr P Rabey, Deputy Medical Director as the Trust's Responsible Officer for medical appraisal and revalidation, in accordance with the Department of Health guidance 'The Role of the Responsible Officer: Closing the gap in medical regulation – Responsible Officer Guidance'. The proposal was supported unanimously, noting that the Medical Director would retain the accountability to the Board for performance of doctors.

Resolved – that (A) the proposed designation of Dr P Rabey as UHL's Senior Responsible Officer for Medical Appraisal and Revalidation be supported, and

(B) the Medical Director be requested to inform NHS England and the GMC of the above appointment. **MD**

278/14 RESEARCH, EDUCATION AND TRAINING

278/14/1 National Institute for Health Research Clinical Research Network: East Midlands – Quarterly Update

Professor D Rowbotham, Clinical Director NIHR CRN: East Midlands attended the meeting to present paper M, providing the Trust Board with the background to the establishment of the above network in April 2014 and describing the present achievements, challenges and performance. In discussion on the quarterly report the Trust Board:-

(a) queried whether any further support was required to achieve full integration of the previous 10 research networks;
(b) considered opportunities for expanding the range of commercial trials, noting that a Commercial Manager had recently been appointed to the CRN, and
(c) agreed that the UHL's Audit Committee would review the outputs of the Internal Audit review of CRN governance arrangements (when available). **DCLA**

Resolved – that (A) the quarterly host report on NIHR CRN performance be received and noted, and

(B) the outputs from the Internal Audit review of the governance arrangements be presented to a future meeting of the UHL Audit Committee (when available). **DCLA**

279/14 QUALITY AND PERFORMANCE

279/14/1 Month 6 Quality and Performance Report

The month 6 Quality and Performance report (paper N – month ending 30 September 2014) highlighted the Trust's performance against key internal and NTDA metrics, with escalation reports appended where required.

In terms of the 29 October 2014 QAC meeting, Dr S Dauncey, Non-Executive Director and Acting QAC Chair, highlighted the following issues:-

(i) a 'deep dive' into fractured neck of femur care – provisional performance against the 72% target to provide surgery within 36 hours of emergency admission stood at 68%, but the remaining quality indicators were secure and assurance was provided that the work in progress would lead to compliant performance, and
(ii) a joint strategy being developed with other carers of the elderly to reduce the prevalence of, and improve the management of, patient falls – much work was taking place to strengthen training and education around this important theme and good clinical engagement had been noted within the steering group established for this

workstream.

Ms J Wilson, Non-Executive Director and Acting Finance and Performance Committee Chair then outlined key operational issues discussed by the 29 October 2014 Finance and Performance Committee, namely:-

(a) a presentation received from the Imaging Service, highlighting their improvement plan and issues relating to increased diagnostic demand, resources, new roles, working patterns and recruitment. Medical recruitment had been highlighted as one area where some additional support would be welcomed;
(b) RTT performance (as outlined in the exception report appended to paper N);
(c) positive progress in respect of CIP performance for 2014-15 and an advanced programme for the 2015-16 financial year, and
(d) month 6 financial performance and the income-related risks surrounding delivery of the year end forecast – some further analysis on income had been requested for the next meeting.

The Chief Executive confirmed that the majority of the key month 6 issues for Trust Board consideration had already been highlighted (noting that financial performance was discussed separately in Minute 279/14/2 below). He particularly drew the Board's attention to the commitment made to the NTDA to deliver compliant admitted RTT performance at Trust-level for November 2014 and potential additional funding to support this workstream which was subject to formal understanding relating to the impact of increased demand. The Chief Operating Officer provided progress updates on the challenged specialties of orthopaedics, ophthalmology, general surgery, and ENT and highlighted the risks around continued increases in referrals in all 4 of these specialties. He noted the Trust's significant achievement in delivering sustained levels of additional RTT activity over the last 3 months.

In discussion on the issues highlighted above and on the month 6 Quality and Performance report generally, the Trust Board:-

(I) noted (in response to a query from the CCG Representative) that marginal rate emergency tariff was not applied to outpatient and elective referrals and that these were funded at full tariff. The additional costs to UHL were noted to arise from the higher costs of any outsourced activity and weekend lists to cope with the increased demand;
(II) commented on the scope to improve the GP triage process to increase the percentage of appropriate referrals – an analysis of referral outcomes had been shared with the CCGs to support this workstream, and
(III) noted an opportunity to strengthen the service development plans for 12 key UHL services which had been adversely affected by increased referral rates.

The Minutes of the 24 September 2014 Finance and Performance Committee and the 27 August 2014 and 24 September 2014 Quality Assurance Committee meetings were received and noted as papers N1 to N3. The recommendations to deliver a balanced Capital Programme for 2014-15 (as set out under Minute 99/14 of the 24 September 2014 Finance and Performance Committee meeting) were endorsed.

<u>Resolved</u> – that (A) the month 6 quality and performance report for the period ending 30 September 2014 be received and noted, and

(B) the recommended mitigating actions to deliver a balanced capital programme for 2014-15 be endorsed (as set out in Minute 99/14 of the 24 September 2014 Finance and Performance Committee meeting). **DF**

279/14/2 <u>Month 6 Financial Position</u>

The Acting Director of Finance presented paper O advised members of UHL's financial position as at month 6 (month ending 30 September 2014), particularly highlighting the following key issues:-

(a) the Trust's loan application for £58m PDC funding had been approved by the Department of Health and this would now be used to mitigate the Trust's 2014-15 deficit plan, improve performance in respect of suppliers' payments and support the capital programme;
(b) positive progress in respect of CIP performance for 2014-15 and advanced plans for 2015-16;
(c) receipt of additional resilience funding for RTT and winter pressures, and
(d) a correction to section 3.2 of the report which actually reflected a ***positive*** in-month variance to plan of £0.28m (instead of a negative variance).

Sections 4 and 5 of paper O summarised the forecast outturn and the key assumptions and risks associated with delivering the forecast year end £40.7m deficit position. Members also received an update on the position relating to patient care activity queries and the process to resolve these with Commissioners and agree a joint memorandum of understanding for addressing such issues in the future.

Resolved – that the month 6 financial performance update be noted.

279/14/3 Emergency Care Performance and Recovery Plan

Paper P provided an overview of ED performance, noting that 4 hour ED waits performance in September 2014 had improved to 91.8% (against the target of 95%). Adult emergency admissions had continued to rise steadily and now stood at an average of 212 per day (in October 2014) compared with 190 per day in September 2013. The Chief Operating Officer highlighted the improving stability of performance over the last 30 day period, despite continued high levels of delayed discharges (4.8%).

In discussion on ED performance, the Trust Board supported the recommendations for further reviews (as set out on page 3 of paper P) in respect of:-

a) LLR plans for reducing emergency admissions with a view to reaching joint agreement on the most effective spending of MRET, re-admissions and winter funding, and
b) LLR discharge arrangements and a request to commissioners and other LLR provider functions that at least the same number of winter beds were open in the winter of 2014-15 as there were in 2013-14.

Resolved – that the update on Emergency Care Performance (paper P) be received and noted and support be expressed for the actions being taken to strengthen performance.

280/14 GOVERNANCE

280/14/1 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced the Trust's over-sight self certification return for September 2014. Following due consideration, and taking appropriate account of any further information needing to be included from today's discussions (including the month 6 exception reports, as appropriate), the Board authorised the Director of Corporate and Legal Affairs to finalise and submit the return to the NHS Trust Development Authority in consultation with the Chief Executive. **DCLA/ CE**

Resolved – that (A) paper Q, now submitted, be received and noted,

(B) the Director of Corporate and Legal Affairs be authorised to agree a form of words with the Chief Executive in respect of the NHS Trust Over-sight self certification statements to be submitted to the NHS Trust Development Authority by 31 October 2014. **DCLA/ CE**

281/14 CORPORATE TRUSTEE BUSINESS

281/14/1 Charitable Funds Committee

Paper R provided the Minutes of the Charitable Funds Committee meeting held on 15 September. Members noted that the Trust Board (as Corporate Trustee) had already endorsed the applications for Charitable Funding as set out under Minute 43/14 (Trust Board Minute 264/14/1 of 25 September 2014 refers).

Resolved – that the 15 September 2014 Charitable Funds Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted. **DF**

281/14/2 Urgent Charitable Funds Application

The Chief Nurse introduced paper S, seeking the Board's approval (as Corporate Trustee) to provide A3 and A4 dry wipe magnetic boards above every inpatient bed, in line with best practice and the recommendations arising from the Francis report. In discussion on paper S, the Board approved the application (reference number 5201) in the sum of £38,000 from the Charity's General Purposes fund. The Director of Marketing and Communications noted that a proposed framework was under development to guide decision-making processes by the Charitable Funds Committee and the Trust Board (as Corporate Trustee) on the expenditure of charitable funds and whether items were or were not suitable for charitable funding expenditure.

Resolved – that Trust Board approval (as Corporate Trustee) be granted in respect of application 5201 for the provision of inpatient above bed name boards. **DF**

282/14 TRUST BOARD BULLETIN

Resolved – that the following Trust Board Bulletin items be noted:-

(1) Declarations of Interests from Mr K Singh and Mr M Traynor,
(2) Quarter 2 update of Trust Sealings, and
(3) UHL Members' Engagement Forum minutes arising from the meeting held on 11 September 2014.

283/14 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

A Patient Adviser provided feedback from the LLR Learning Lessons to Improve Care public listening event held at Loughborough on 29 October 2014 and suggested that attendance by UHL representatives at the 2 remaining events would be helpful. He also commended the UHL Development Support Plan (Minute 275/14/4 above refers), noting the benefits of circulating this report in the public domain.

A member of staff complimented the Board on the positive focus on patient quality and safety throughout the meeting.

Resolved – that the comments, noted above, be recorded in the Minutes.

284/14 ANY OTHER BUSINESS

284/14/1 Mr S Sheppard – Acting Director of Finance

The Chairman noted that the Acting Director of Finance was leaving the Trust on 31 October 2014 to take up a new post at Rotherham NHS Foundation Trust. He thanked Mr Sheppard for his considerable contribution to the Trust and wished him well for the future.

Resolved – that the information be noted.

284/14/2 Dr K Harris, Medical Director and Ms K Bradley, Director of Human Resources

The Chairman noted that the Trust's Medical Director and the Director of Human Resources would both be stepping down from their positions in the near future and arrangements were in place to manage these changes.

Resolved – that the information be noted.

285/14 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 286/14 – 292/14), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

286/14 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

There were no declarations of interest in the confidential business being discussed.

287/14 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 25 September 2014 Trust Board be confirmed as a correct record and signed accordingly by the Trust Chairman. **CHAIR**

288/14 CONFIDENTIAL 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.

289/14 REPORT BY THE VICE CHAIR AND THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

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

290/14 REPORT BY THE CHIEF EXECUTIVE

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

291/14 REPORTS FROM BOARD COMMITTEES

291/14/1 Finance and Performance Committee

Resolved – that the confidential Minutes of the 24 September 2014 Finance and Performance Committee be received, and the recommendations and decisions therein endorsed and noted respectively.

291/14/2 Quality Assurance Committee (QAC)

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

291/14/3 Remuneration Committee

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

292/14 DATE OF NEXT MEETING

Resolved – that (A) the next Trust Board meeting be held on Thursday 27 November 2014 at 9am in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 2.30pm

Kate Rayns
Acting Senior Trust Administrator

Cumulative Record of Members' Attendance (2014-15 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh (Chair from 1.10.14)	1	1	100	R Mitchell	8	7	87
R Kilner (Acting Chair from 26.9.13 to 31.9.14)	7	7	100	R Overfield	8	8	100
J Adler	8	8	100	P Panchal	8	8	100
T Bentley*	7	7	100	K Shields*	8	8	100
K Bradley*	8	8	100	M Traynor (from 1.10.14)	1	1	100
I Crowe	8	7	87	S Ward*	8	8	100
S Dauncey	8	7	87	M Wightman*	8	8	100
K Harris	8	7	87	M Williams	1	1	100
D Henson*	4	4	100	J Wilson	8	6	75
K Jenkins	4	4	100	D Wynford-Thomas	8	4	50

* non-voting members