Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 3 NOVEMBER 2011 AT10AM IN ROOMS 1A&1B, GWENDOLEN HOUSE, LEICESTER GENERAL HOSPITAL SITE

Present:
Mr M Hindle – Trust Chairman
Ms K Bradley – Director of Human Resources
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Ms K Jenkins – Non-Executive Director
Mr R Kilner – Non-Executive Director
Mr M Lowe-Lauri – Chief Executive
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

In attendance:
Ms D Baker – Service Equality Manager (for Minute 307/11)
Mr J Clarke – Chief Information Officer (for Minute 309/11)
Ms G Dublin – Theatres Team Leader (for Minute 304/11)
Miss M Durbridge – Director of Safety and Risk (for Minute 308/11)
Ms C Ellis – PCT Cluster Chair (up to and including Minute 315/11/3)
Ms H Flint – Senior Nurse, Medicines Management (for Minute 304/11)
Ms J Hollidge – CBU Lead Nurse, Clinical Support Division (for Minute 304/11)
Ms E McKechnie – Principal Pharmacist Clinical Governance (for Minute 304/11)
Ms E Ryan – Head of Nursing, Clinical Support Division (for Minute 304/11)
Ms G Stead – Principal Pharmacist, Medicines Information (for Minute 304/11)
Miss H Stokes – Senior Trust Administrator
Dr A Tierney – Director of Strategy
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

ACTION

299/11 APOLOGIES AND WELCOME

Apologies for absence were received from Professor D Wynford-Thomas, Non-Executive Director. The Trust Chairman welcomed Ms C Ellis, LLR PCT Cluster Chair to the meeting.

300/11 DECLARATIONS OF INTERESTS

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

301/11 CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew the Trust Board's attention to the following issues:-
the 27 October 2011 visit to UHL by the Secretary of State for Health, who had particularly visited both the pioneering Abdominal Aortic Aneurysm (AAA) service at the LRI and the ECMO service at the Glenfield Hospital. With regard to the AAA service, the Chairman noted that UHL had screened 5884 men in 2010-11, with the screening programme now achieving take-up in excess of 80%. The Chairman also noted the recent (positive) BBC2

'Inside Out' programme featuring the ECMO work at the Glenfield Hospital, and
(a) a new national method of measuring mortality (SHMI), which would be covered by the Medical Director in greater detail in Minute 306/11/1 below.

Resolved – that the announcements above be noted.

302/11 MINUTES

Resolved – that the Minutes of the meeting held on 6 October 2011 be confirmed as a correct record and signed by the Chairman accordingly. **CHAIR MAN**

303/11 MATTERS ARISING FROM THE MINUTES

As previously requested, the Chairman noted that the report at paper B detailed the status of any previous matters arising marked as 'work in progress' or 'under consideration'. The Trust Board noted the following issues from the matters arising report in respect of the 6 October 2011 meeting:-

(a) Minutes 278/11/1.1 and 1.2 – following further discussions later on 3 November 2011 with LLR partner organisations, an update on LLR winter planning and the urgent/emergency care system would be provided to the 1 December 2011 public Trust Board; **COO/ CN**
(b) Minute 278/11/1.3 – the January 2012 Trust Board would receive a report on the ED capital reconfiguration outline business case; **DS**
(c) Minute 278/11/5 – the Director of Finance and Procurement advised that the net present value (NPV) had been included in the maternity and gynaecology service development report, and confirmed that he would circulate details of the scheme with the CNST costs removed. Following careful consideration, it had been decided that no elements of the scheme could be appropriately fast-tracked prior to the November 2011 SHA Capital Committee meeting; **DFP**
(d) Minute 278/11/6 – it was confirmed that the November 2011 GRMC meeting would receive a further update from the Medical Director re: UHL's NHSLA accreditation process and preparedness, and **MD**
(e) Minute 279/11 – milestones had now been included in the Strategic Risk Register/Board Assurance Framework as requested.

The Trust Chairman agreed that all outstanding matters from previous Trust Board meetings had been actioned and could therefore be removed from paper B. **STA**

Resolved – that the matters arising report and associated actions above, be noted. **ALL**

303/11/1 Carparking Communication Plan (Minute 276/11)

Paper C from the Director of Communications and External Relations and the Director of Strategy advised the Trust Board of progress on implementing and communicating the new UHL carparking charges for staff and the public (including progress on the salary sacrifice scheme for staff). The new public carparking charges would be in place from 28 November 2011, and additional drop-off zones with 20 minutes free waiting time had been identified at both the Leicester General and Glenfield Hospitals. New signage would be erected accordingly in the week preceding 28 November 2011, emphasising the availability of the various discounted ticket packages (and where to obtain them). This information was also reflected in patient letters.

In respect of staff, a proposed communication plan was appended to paper C. The specific

process for opting out of the salary sacrifice scheme was awaiting finalisation, with discussions in train accordingly with a proposed third party implementer. Inland Revenue clearance was also required for the salary sacrifice scheme and was included in the remit of the third party work. The timescale for implementation was likely to range from a minimum of 9 weeks – 14 weeks. In discussion on the communications plan at paper C, the Trust Board:-

(a) suggested that staff could also be given information on the salary sacrifice scheme when renewing their existing carparking pass;

(b) noted a request from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair, for greater detail on the ongoing communication elements, as raised at the October 2011 Trust Board meeting. In response, the Director of Finance and Procurement advised that ongoing communication with staff would be delivered through the proposed database; **DCER/ DS**

(c) queried the cost of the proposed third party involvement – in response, the Director of Finance and Procurement outlined the likely cost of £10,000 for tax requirement work plus £25,000 for implementation and project management (database cost not yet finalised). Executive Directors reiterated, however, the scope to extend this work to UHL accommodation charges;

(d) sought assurance that an appropriate range of information would be provided to staff on the salary sacrifice scheme, to enable them to make an individually-informed choice which was appropriate for their circumstances, and

(e) noted that progress on implementing the salary sacrifice scheme and new carparking charges would now be remitted to the Finance and Performance Committee. **DCER/ DS**

<u>Resolved</u> – that (A) the progress on implementing new carparking charges be noted;

(B) the Director of Communications and External Relations and the Director of Strategy be requested to progress the issues at points (a), (b), and (d) above, and **DCER/ DS**

(C) future monitoring of progress in implementing the carparking charges and the salary sacrifice scheme be remitted to the Finance and Performance Committee (report to the 24 November 2011 meeting). **DCER/ DS**

304/11 PATIENT STORY – MEDICINES INFORMATION CARDS

Representatives from the Clinical Support Division attended to advise the Trust Board of the 'medicines information cards' initiative, providing patients with greater information about the hospital medicines given to them on discharge. A database in use at another Trust had been customised and further developed for use within UHL, and work was now in hand to explore provision of the information in other languages and formats (eg pictograms). The significant patient benefits of this initiative were detailed in the DVD now viewed by the Trust Board and in paper D. In welcoming this initiative (which had developed out of listening to patient feedback), the Trust Board particularly noted:-

(a) the positive impact on the related CQUIN rating (green);

(b) a query from Mr D Tracy, Non-Executive Director and GRMC Chair as to the process for checking that the information on the cards was correct. In response, the Clinical Support Division advised that a writing guide was used, and that the cards were double checked;

(c) a query from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair as to the scope for expanding the medicines information card initiative, eg sharing this approach with GPs for the

medicines prescribed to patients in primary care, and

(d) a suggestion to laminate the cards, so that patients could tick when they had taken their medicines and then wipe the card clean for re-use.

Resolved – that (A) the patient story presentation on the medicines information card initiative be noted, and

(B) consideration be given by the Clinical Support Division, to sharing the medicines information card initiative with GPs. **CSD**

305/11 CHIEF EXECUTIVE'S MONTHLY REPORT – NOVEMBER 2011

The Chief Executive advised that all key issues were as detailed in his monthly report at paper E. The outcome of the Royal Brompton Hospital's legal challenge on the Safe and Sustainable exercise was still awaited and the Chief Executive reiterated previously-expressed process concerns regarding the national consultation. A decision was due by the end of 2011 from the Joint Committee of PCTs and the Chief Executive noted that acute providers were not sighted to those ongoing discussions. The Chief Executive also advised the Trust Board of the national Open Data consultation exercise, noting that he would report further at a future date on the NHS Confederation's response to that consultation. **CE**

Resolved – that (once available) a further update on the NHS Confederation response to the Open Data consultation exercise be provided to a future Trust Board meeting. **CE**

306/11 QUALITY, FINANCE, AND PERFORMANCE

306/11/1 Month 6 Quality Finance and Performance Report

Paper F comprised the quality finance and performance report for month 6 (month ending 30 September 2011), 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. It was noted that the month 6 report had been discussed in detail by both the Finance and Performance Committee and GRMC prior to Trust Board receipt. The commentary accompanying paper F identified key month 6 issues from each Lead Executive Director, noting the following points by exception therefore:-

(a) UHL's green rating on operational targets for quarters 1 and 2 of 2011-12, which was thought likely to continue in quarter 3. However, key pressure areas would continue to be monitored closely by the Trust, including ED performance and 62-day cancer waits;
(b) the operational challenges posed by a recent significant spike in emergency surgery, focusing particularly on abdominal pain and affecting younger patients. Public Health colleagues had been informed;
(c) the range of Trust actions in progress to prepare for the potential public sector strike action on 30 November 2011, noting the potential impact on outpatient appointments and surgery (minimum of 45 operating lists possibly affected);
(d) UHL's improving position in respect of hospital acquired pressure ulcers (which was welcomed);
(e) the Trust's winning performance at the 2 November 2011 Nursing Times Awards, in respect of the VITAL tool development for nursing staff;
(f) October 2011 improvements in the performance of a number of previously-

underperforming medical wards, which was welcomed. However, based on a 2 November 2011 spot check, certain wards had been given 24 hours to ensure that their ward boards were showing the most up to date information;

(g) a September 2011 dip in fractured neck of femur performance, due to an unexpected peak in emergency spinal work. The Medical Director advised that UHL consistently performed well on the national database of fractured neck of femur performance;

(h) the recognised need for further work to improve progress on reducing readmissions;

(i) concerns over outlying and complaints arising from staff attitude and discharge. Work was in place to triangulate these complaints and understand the root causes more fully, and

(j) continued HR work to support managers in delivering the appraisal and management of sickness absence targets, with significant improvements expected over the coming months.

In discussion on the month 6 report, the Trust Board noted a query from Mr R Kilner, Non-Executive Director on the number of patients coming into hospital with pressure ulcers, and how to provide appropriate information to community organisations. The Chief Operating Officer/Chief Nurse confirmed that this issue had also been highlighted in the September 2011 GRMC report on pressure ulcers – patients arriving at UHL with pressure ulcers were recorded on Datix (UHL's incident reporting system) and monthly information on pressure ulcers would be provided to both the Trust Board (via the monthly quality finance and performance report) and to the PCT Director of Quality. In further discussion on this issue, Mr D Tracy, Non-Executive Director and GRMC Chair advised that it would be helpful for such reports to differentiate between internally/externally acquired pressure ulcers. The new SHA Chief Executive was also interested in UHL's leadership work to address hospital acquired pressure ulcers. **COO/ CN**

As noted in Minute 301/11 above, the Medical Director then advised the Trust Board of the new national SHMI (summary hospital mortality index) method for calculating mortality rates, and noted the impact on UHL of the new system. As background, he advised that based on the number of deaths per number of patients UHL's mortality rate was better than or the same as its local peer Trusts, and he outlined the rigorous mortality and morbidity process in place within UHL to review specialty deaths, which had served to confirm that there were no mortality hotspots within the Trust. A variety of risk adjustment tools were available to reflect the underlying severity of a patient's condition – based on its use of the RAMI risk adjustment method UHL's mortality rates were consistently under the national NHS average. The Medical Director confirmed that UHL's mortality rates were also within the expected range based on an alternative risk adjustment tool (HSMR) used by the Dr Foster system.

The new national SHMI tool for calculating mortality rates had now been launched in October 2011. Unlike either RAMI or HSMR, SHMI took account of both (i) deaths up to 30 days after discharge and (ii) patients dying who were on a palliative care pathway, and UHL was now reviewing the SHMI findings to assess how far its mortality rate was affected by either of these categories. The Medical Director emphasised that UHL was not one of the 14 Trusts judged to be a mortality outlier using SHMI. In response to a query, he advised that the purpose of SHMI was to reflect the performance of the healthcare system as a whole, and he agreed with Ms K Jenkins, Non-Executive Director and Audit Committee Chair that a more rounded picture was helpful. In discussion, the Trust Board agreed that the detailed analysis work now underway (particularly re: the impact on UHL of palliative care mortality) should be reported to the November 2011 GRMC. **MD**

Although the financial elements of the month 6 report were covered in detail in the financial

recovery update at paper H (Minute 306/11/3 refers), the Director of Finance and Procurement drew the Trust Board's attention to:-

(1) UHL's achievement of break-even in September 2011, as the first key milestone in the Trust's stabilisation to transformation plan. Pay expenditure continued to reduce, which was welcomed and reflected the tight centralised controls now in place. However, UHL was currently £13m adrift on the year to date position;
(2) a continued rise in income, although the Trust was not in danger of breaching any LLR income caps, and
(3) the detailed discussions held by the 27 October 2011 Finance and Performance Committee on the Trust's financial position. As Finance and Performance Committee Chair, Mr I Reid Non-Executive Director welcomed the achievement of break-even in month 6 and commented on the likely positive trend continuing through October 2011.

In discussion on the financial position, Ms K Jenkins, Non-Executive Director and Audit Committee Chair emphasised the crucial need for robust reforecasting, and for any resulting actions to be realistic and deliverable. Members also noted the detailed CBU-level confirm and challenge sessions scheduled for 14 and 16 November 2011, as outlined in paper H below.

<u>Resolved</u> – that (A) the quality, finance and performance report for month 6 (month ending 30 September 2011) be noted;

(B) the Chief Operating Officer/Chief Nurse progress work to show (in future management reports on pressure ulcers) the split between hospital-acquired pressure sores and those instances where patients were admitted with pressure sores, and **COO/ CN**

(C) the Medical Director provide an in-depth analysis of UHL's palliative care numbers and their impact on the new SHMI figures, to the 24 November 2011 GRMC. **MD**

306/11/2 <u>ED Performance</u>

Members received the update on ED performance at paper G, noting that further discussion would also take place on related issues at the Trust Board development session with LLR partners later on 3 November 2011. In discussion on the report, the Trust Board noted:-

(a) comments from Mr R Kilner, Non-Executive Director on the significant rise in ED attendances during August and September 2011, even after UCC diverts. It was agreed to seek clarity from community partners later on 3 November 2011 as to the reasons underlying this increase in demand; **ALL**
(b) comments from Ms K Jenkins, Non-Executive Director and Audit Committee Chair, as to where additional assurance could be obtained in terms of actions to reduce demand. The Chief Executive reiterated, however, the need for UHL also to hold itself to appropriate account and ensure its own ED processes were robust;
(c) a query from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair, as to the impact of the new ED workforce rotas. In response, the Chief Operating Officer/Chief Nurse advised that to date there had been limited impact on performance due to the volume of attendances;
(d) comments from the Chief Operating Officer/Chief Nurse that although actual ED target performance might not have been showing an improvement, the measures put in place within UHL had significantly improved patient experience in ED, as

evidenced by patient feedback. Increased availability of senior decision-makers in ED had also served to improve staff morale in that area, and

(e) the shift to a greater number of ED attendances later in the evening, which appeared to be peculiar to Leicester.

Resolved – that (A) the update on ED performance be noted, and

(B) further discussion on LLR winter planning and urgent/emergency care systems take place at the Trust Board development session with LLR partners, later on 3 November 2011, including discussion to understand the reason for the recent rise in ED attendances and late attendance patterns. **ALL**

306/11/3 Progress Against the 2011-12 Stabilisation to Transformation Plan

Paper H advised the Trust Board of progress against UHL's 2011-12 'stabilisation to transformation' financial recovery plan, noting that detailed discussion on this issue had also taken place at the 27 October 2011 Finance and Performance Committee. As noted in paper G, UHL's stabilisation actions continued to be effective (as evidenced by the September 2011 break-even position), phase 1 of the Deloitte and Finnamore external financial support work was complete, and further recovery actions would be encompassed in the reforecast based on the month 7 results. Paper H also set out the challenge facing the Trust to reduce paycosts in the second half of 2011-12. It was vital for the Trust to sustain the financial recovery momentum of recent months and accelerate the transformational work (although recognising that some of that work would have a more significant impact in 2012-13). The reforecasting exercise was now underway, with CBU confirm and challenge sessions scheduled accordingly for 14 and 16 November 2011 followed by detailed Divisional presentations to the 24 November 2011 Finance and Performance Committee. Discussions also continued with Commissioners regarding the scope for improvements to UHL's topline position.

In discussion on the financial recovery update, the Trust Board noted:-

(a) comments from Non-Executive Directors on the crucial need for a robust and deliverable reforecast. Mr I Reid, Non-Executive Director and Finance and Performance Committee Chair noted his view that a clearer year-end position should be in place by the December 2011 Trust Board, with information also available on likely 2012-13 savings;

(b) discussions on the scope for Non-Executive Directors and the Trust Chairman to meet with Executive Directors prior to the 24 Finance and Performance Committee, to discuss feedback from the CBU confirm and challenge sessions. It was noted that any Non-Executive Director was welcome to attend any/all of those confirm and challenge sessions on 14 and 16 November 2011 (also the UHL Audit Committee scheduled for 15 November 2011) – details to be circulated accordingly, and **NEDs/ DFP**

(c) comments from the Chief Executive on the crucial need to have appropriate contingency plans in place to cope with winter pressures – this would be discussed further with LLR colleagues at the Trust Board development session referred to in Minute 306/11/2 above.

Resolved – that (A) the update on progress against UHL's stabilisation to transformation financial recovery plan be noted, and

(B) the Director of Finance and Procurement be requested to recirculate the arrangements for the 14 and 16 November 2011 CBU confirm and challenge sessions (which all Non-Executive Directors and the Trust Chairman were welcome to attend – **DFP**

ditto the 15 November 2011 Audit Committee).

306/11/4 Finance and Performance Committee

Resolved – that (A) the Minutes of the Finance and Performance Committee meeting held on 28 September 2011 (paper I) be received and the recommendations and decisions therein endorsed and noted respectively, and

(B) the Minutes of the Finance and Performance Committee meeting held on 27 October 2011 (discussion subjects as listed in paper I1) be submitted to the Trust Board on 1 December 2011. **STA**

307/11 EQUALITY DELIVERY SYSTEM

Paper J from the Director of Human Resources advised the Trust Board of progress in implementing the Equality Delivery System (EDS), detailing in particular:-

- the requirements placed on the Trust in terms of external monitoring of compliance with the Public Sector Duty;
- a description of the EDS and how it could assist in delivering UHL's Public Sector Equality Duty;
- UHL's baseline position against the July 2011 EDS self-assessment template, and
- the proposed monitoring process.

The EDS would be launched nationally on 10 November 2011 in Leicester by Sir David Nicholson. Based around 4 goals (better health outcomes for all; improved patient access and experience; empowered, engaged and included staff, and inclusive leadership at all levels), the Equality Delivery System framework replaced the single equality scheme and would assist the Trust in delivering its public sector equality duty. As noted in paper J, the EDS self-assessment (appendix 1) had identified certain gaps in UHL's data-collection and evidence-base, but was assessed overall as being amber ('developing'). The Equality Delivery Council expected Trusts to:-

(1) publish workforce and patient information to demonstrate their compliance with the public sector equality duty no later than 31 January 2012, and
(2) prepare and publish at least one equality objective from each of the 4 EDS goals by no later than 6 April 2012 (and subsequently at 4-year intervals). UHL was working collaboratively with partners (eg Leicester LINKS, Public Health consultants, patient groups) to agree objectives, and was also seeking to raise the profile of the equality agenda within UHL itself through key corporate Committees. As an example of the latter, the December 2011 Workforce and Organisational Development Committee would focus particularly on EDS issues.

In discussion on the EDS, the Trust Board:-

(a) welcomed the progress made on this issue and emphasised the need for the equality agenda to become appropriately embedded in Trust business. This was not solely an HR issue and Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair urged that equality must be reviewed through the wider quality, strategy and performance agendas. In response, the Director of Strategy advised that she would reflect EDS requirements in UHL's strategy planning accordingly. Mr R Kilner, Non-Executive Director also noted his view that EDS should be a fundamental element of UHL's market planning approach; **EDs**
(b) noted a request from Mr P Panchal, Non-Executive Director for the Trust to explore the likely investment needs to deliver the EDS adequately. Sufficient resourcing **DHR**

was required even if the EDS was embedded into day-to-day business;

(c) suggested it would be helpful to prepare a short EDS briefing for each Divisional Board meeting, to ensure consistency. Although noting that a series of equality sessions had already been delivered over the last 12 months (including a Trust Board development session in September 2010), the Director of Human Resources agreed the need to provide an appropriate framework to Divisional Board meetings which she would progress accordingly with the Service Equality Manager (including potential attendance at those meetings); **DHR**

(d) noted the Chairman's wish for the Trust Board to continue to monitor progress on the EDS, particularly given the number of amber areas meriting further work; **DHR**

(e) queried how far UHL had liaised with other areas of a similar demographic and health profile to Leicester, to learn lessons and share experiences, and

(f) endorsed the recommendations within the report, relating to the self-assessment position and resulting areas for improvement (which would form the basis of UHL's equality programme for the next 4 years), to the Executive Director links currently listed in appendix 1 of paper J, and to the proposed internal governance structure (6-monthly reports to the GRMC, annual report on EDS workforce aspects to the Workforce and Organisational Development Committee, and equality progress as a standing item at Divisional Board meetings). **DHR**

<u>Resolved</u> – that (A) the EDS update be noted, and the recommendations endorsed as presented in paper J and summarised at (f) above, and

(B) the Director of Human Resources and appropriate Executive Director colleagues be requested to:- **DHR/ EDs**

(1) ensure that the equality delivery system featured appropriately on UHL's wider quality and strategy agendas (including in UHL's strategic direction);

(2) raise the internal profile of EDS and equality considerations through discussion with appropriate corporate Committees (eg GRMC, Workforce and Organisational Development Committee);

(3) explore the resource requirements for robust delivery of the EDS;

(4) develop an appropriate EDS briefing for discussion at Divisional Board meetings;

(5) consider attending some Divisional Board meetings (with the Service Equality Manager) for discussion of the EDS accordingly, and

(6) provide regular progress reports to the Trust Board in respect of the self-assessed position against the EDS outcomes.

308/11 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

Paper K comprised the latest iteration of the new format Strategic Risk Register/Board Assurance Framework, which would also be reviewed in detail at the 15 November 2011 Audit Committee. An additional risk 18 (*inadequate organisational development*) had also been included in this iteration of the SRR/BAF following detailed Executive Team discussion. The Chairman requested further information on the increased risk scores for risks 11, 14, and 17, and noted in particular:-

- risk 11 (*lack of IT strategy and exploitation*) – the increased risk score reflected the significant management of change exercise currently underway and reduced staff morale; this had now been addressed so it was anticipated that this risk score would reduce. Approval of the UHL IM&T Strategy (Minute 309/11 below refers) would also reduce the risk rating, and
- risk 17 (*organisation may be overwhelmed by unplanned events*) – the current score

was based on the need to conduct a table-top review of winter planning and also reflected the fact that the Olympic preparedness exercise was outstanding.

In general discussion on the strategic risk register at paper K:-

(a) Mr D Tracy, Non-Executive Director and GRMC Chair voiced concern that UHL's top 3 scored risks were all financial in nature, and he emphasised the need to ensure that quality elements/risks were also appropriately reflected (although noting the dynamic nature of the document). Ms K Jenkins, Non-Executive Director and Audit Committee Chair agreed the need for a greater understanding of the document (which would be pursued by the Audit Committee on 15 November 2011), and mooted the possibility of seeking an Internal Audit review of UHL's SRR/BAF. It was noted that the detail of the financial risks did refer to the impact on quality, and the Trust Board agreed that the presentation of the risks should be reviewed to make the links to quality issues more explicit; **AC CHAIR ALL/ MD**

(b) Mr I Reid, Non-Executive Director and Finance and Performance Committee Chair advised that the terminology of 'target' and 'net' risk score was confusing – it was agreed therefore to change the 'net' score to 'current' score in future iterations, for clarity; **MD**

(c) the Director of Finance and Procurement noted the need to ensure that the SRR focused on truly strategic risks and did not continue to expand beyond that key focus;

(d) it was agreed that it would be helpful to number the pages of appendix 1 of the report; **MD**

(e) it was noted that the Executive Team now focused on actions which were due, when reviewing the SRR/BAF, and **COO/**

(f) it was noted that proposals on the review of UHL's meeting structure would be circulated to Executive colleagues once developed further. **CN/ DCLA**

In specific discussion on **risk 6** (***loss of liquidity***), the Trust Board noted:-

(i) the key underlying need to improve UHL's liquidity to meet Monitor requirements of aspirant FTs;

(ii) that the Deloitte and Finnamore review of UHL's cash and liquidity had been added to the positive assurance column (noting Trust Board comments now on the need to include timescales for implementing the recommendations). The resulting detailed report had led to a number of changes, including:- **DFP**

- actions taken to reduce the level of early payments made by the Trust, although noting that this would affect UHL's BPPC performance. The Director of Finance and Procurement assured the Trust Board that UHL's obligations to small and local businesses in particular were being honoured;
- moves to a 3-month rolling cash forecast;

(iii) (in response to a query) the Director of Finance and Procurement's view that UHL was not exposed to the wider European economic situation;

(iv) the need to reflect relevant comments from the Secretary of State for Health's recent speech (eg re: where the financial position of Trusts was affected by factors beyond their control), and **DFP**

(v) the need for the 'consequences' column to reflect the fact that UHL would not be authorised as an FT with its current liquidity rating (as referred to in the Tripartite Formal Agreement). **DFP**

In specific discussion on **risk 14** (***ineffective clinical leadership***), the Medical Director advised that the 'increase' to the risk score now accurately reflected an initially-incorrect risk rating. A more structured approach with clear action dates was now being adopted, and the Workforce and Organisational Development Committee Chair confirmed that her Committee's detailed September 2011 discussions on this issue were appropriately reflected in the SRR comments on this risk. The Medical Director also confirmed that an action with a date of October 2011 had been delivered.

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

(i) a suggestion from Mr R Kilner, Non-Executive Director that the impact score for this risk should be 5, with a likelihood score of 4 and a resulting risk score therefore of 20. He also queried how 'management' should be defined; **DHR**

(ii) discussions by the Executive Team on adding to the 'causes' section of this risk, which went beyond a lack of training opportunities. Lack of experience at middle management level was an issue, as was the size and complexity of the challenge currently facing NHS managers;

(iii) the need to develop a commonly-understood definition of "capability" and roll out the talent management profile; **DHR**

(iv) comments from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair on the crucial need to increase participation in staff polling, suggesting that Divisions be given targets accordingly; **DHR**

(v) a comment from Ms K Jenkins, Non-Executive Director and Audit Committee Chair, on the need for clarity as to where the actions would be monitored – eg would this be solely through the Workforce and Organisational Development Committee or would other corporate Committees also have a role. She advised that this would be discussed further as part of the 15 November 2011 Audit Committee review of the SRR/BAF; **AC CHAIR**

(vi) the need to include Executive Team away-day discussions in the entries for this risk;

(vii) a query from Ms K Jenkins, Non-Executive Director and Audit Committee Chair on the position of a number of actions with a target date of October 2011. In respect of those specific actions, it was advised that:-

- progress continued to supplement internal resource with external capability where required. This action would now change its focus to reviewing the impact of that input (timescale to be advised); **DHR**
- actions were now in place to increase Executive and Non-Executive Director accountability – the due date for this would be revised to December 2011. **CE**

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

(B) Lead Executive Directors be requested to review the presentation of their risks and more clearly articulate the quality impact of failure to tackle those risks; **EDS**

(C) the 15 November 2011 Audit Committee be requested to review the SRR/BAF in detail, discussing its fitness for purpose and considering the merits of asking Internal Audit to review the document ((F)(2) below also refers); **AC CHAIR**

(D) (with the Director of Safety and Risk as appropriate) the Medical Director be requested to amend the SRR/BAF to:- **MD**

(1) include page numbers;
(2) retitle the 'net risk score' as the "current risk score";

(E) in respect of risk 6 (loss of liquidity) the Director of Finance and Procurement be requested to:- **DFP**

(1) include timescales for actions;
(2) reflect UHL's position against the 4 'tests' listed in the Secretary of State for Health's recent speech;
(3) reflect the potential impact of UHL's current liquidity rating on the Trust's FT authorisation, in the 'consequences' column;

(F) in respect of risk 15 (management capability/stretch):-

(1) the Director of Human Resources be requested to:- **DHR**

- **develop a commonly-understood definition of "capability" and reflect this in the roll-out of the talent management profile;**
- **consider ways to increase participation levels in UHL's local staff polling, including possible Divisional targets on participation;**

(2) the 15 November 2011 Audit Committee be requested to discuss where the various actions would be monitored, as part of its wider SRR/BAF discussion; **AC CHAIR**

(3) Lead Executive Directors be requested to review any action timescales already passed and advise on new timescales for the next stage of action, including:-

- **action to increase Executive and Non-Executive Director accountability – new target date to be December 2011;** **CE**
- **new timescale to be set for reviewing the input of the external capability, and** **DHR**

(G) the Chief Operating Officer/Chief Nurse and the Director of Corporate and Legal Affairs be requested to circulate proposals to Executive Director colleagues re: changes to the corporate Committee structure. **COO/ CN/ DCLA**

309/11 UHL IM&T STRATEGY 2011-16

Paper L sought Trust Board approval for the 2011-16 IM&T Strategy, discussion on which had been deferred from October 2011. In order to meet the IM&T challenges facing it as an organisation, UHL would need to increase its IT skillbase and staffing as well as providing a major systems replacement programme. To achieve this, it was proposed to engage in the development of a new commercial venture with a significant commercial partner – this approach would also immediately assist UHL's transformation programme through tactical deployments supported by the proposed partner's transformational expertise. The strategy also envisaged moving towards an electronic patient record (EPR), either as an integrated system or a single solution. The EPR business case would be submitted to a future Trust Board accordingly. In discussing the IM&T Strategy (the clarity and direction of which was welcomed), the Trust Board noted:- **DS**

(a) a query from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair, as to how capacity planning aspects would be reflected. In response, the Director of Strategy recognised the crucial need for appropriate supporting IT capacity and capability to underpin UHL's wider capacity planning agenda. Appropriate IT business intelligence was also key, anticipated as being in place from early 2012-13;

(b) the need for clarity on the level of IT literacy expected from new starter staff at UHL, and to identify any training needs accordingly. This particularly applied to medical and nursing staff, and the Chief Information Officer noted discussions with Universities regarding the training of medical students on appropriate medical IT systems;

(c) examples of paperless outpatients departments at other NHS Trusts;

(d) a query from Mr I Reid, Non-Executive Director and Finance and Performance Committee Chair, regarding the future basis of the relationship with the proposed commercial partner. In response, the Chief Information Officer emphasised UHL's wish to develop a partnership to co-deliver the Trust's IM&T Strategy, with the medium-term goal being to operate as a joint venture. In the short-term, however, the nature of the relationship would depend largely on which partner was selected. In terms of timescale for moving forward, it was hoped to appoint a partner by May 2012 (tender exercise beginning imminently) and the Executive Team would be appropriately involved in discussions on the potential commercial models. The Director of Strategy advised of significant market

interest in this area, with UHL able to exert good commercial leverage, and

(e) the Chairman's wish for the Trust Board to receive regular updates on progress against the IM&T Strategy. **DS**

Resolved – that (A) the UHL IM&T Strategy 2011-16 be endorsed, and

(B) the Director of Strategy be requested to:- **DS**
(1) present the EPR business case to a future Trust Board for approval, and
(2) provide progress updates to the Trust Board re: the 2011-16 IM&T Strategy.

310/11 REPORTS FROM BOARD COMMITTEES

310/11/1 Audit Committee

In her capacity as Audit Committee Chair, Ms K Jenkins Non-Executive Director noted that Committee's key September 2011 endorsement of the 2010-11 Annual Audit Letter, as attached to the Minutes of that meeting. The External Audit governance review of Divisions/ CBUs had also been discussed by the September 2011 Audit Committee – in light of the crucial need to progress the actions arising from that review, the Audit Committee Chair noted that appropriate Executive Director leads had therefore been invited to attend the November 2011 Audit Committee to provide an update. The other key area of discussion had related to the Board Assurance Framework, with a further detailed review scheduled for the 15 November 2011 Audit Committee to ensure that the SRR/BAF was fit for purpose and identified all of UHL's key strategic risks (Minute 308/11 above also refers).

Resolved – that the Minutes of the Audit Committee meeting held on 30 September 2011 be received, and the recommendations and decisions therein (including the 2010-11 Annual Audit Letter) be endorsed and noted respectively.

310/11/2 Governance and Risk Management Committee (GRMC)

In his capacity as GRMC Chair, Mr D Tracy Non-Executive Director, highlighted 3 key issues from that Committee's 27 October 2011 meeting, as identified on paper N1 (detailed review of falls and measures to improve UHL's performance on this issue; ward dashboards, and medical metrics). The Medical Director emphasised the key work on medical metrics, advising that UHL would be the first Trust to introduce a comprehensive suite of medical metrics in this way. Subject to Consultant agreement, the first results from the medical metrics were anticipated over the next 2-3 months, and a key challenge would be to make them easily measurable. The November 2011 GRMC was scheduled to receive a further update on medical metrics progress.

Resolved – that (A) the Minutes of the Governance and Risk Management Committee meeting held on 29 September 2011 (paper N) be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the Minutes of the Governance and Risk Management Committee meeting held on 27 October 2011 (discussion subjects as listed on paper N1) be submitted to the Trust Board on 1 December 2011. **STA**

310/11/3 UHL Research and Development Committee

Resolved – that the Minutes of the UHL Research and Development Committee

meeting held on 10 October 2011 (paper O) be received, and the recommendations and decisions therein be endorsed and noted respectively.

310/11/4 Workforce and Organisational Development Committee (WODC)

Resolved – that the Minutes of the next Workforce and Organisational Development Committee meeting scheduled for 19 December 2011 be submitted to the Trust Board on 5 January 2012. **STA**

311/11 CORPORATE TRUSTEE BUSINESS

311/11/1 Charitable Funds Committee

Resolved – that the Minutes of the Charitable Funds Committee meeting scheduled for 4 November 2011 be submitted to the Trust Board on 1 December 2011. **STA**

312/11 TRUST BOARD BULLETIN

Resolved – that the quarterly report on Trust sealings (July – September 2011) be noted as having been circulated with the November 2011 Trust Board Bulletin.

313/11 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

In the interests of time and noting the 20 minutes allocated, the Chairman advised that any attendee wishing to do so would be able to ask one question relating to the business transacted at today's public Trust Board meeting, with a further question each if time permitted. Any remaining questions should then be advised to the Director of Corporate and Legal Affairs, who would coordinate a response outside the meeting and ensure it was reported through the Trust Board Bulletin at the following meeting. The following comments and queries were received regarding the business transacted at the meeting:- **DCLA**

(1) a request on behalf of the Leicester(shire) city and county LINKS for reassurance on UHL's responsibilities to consult and engage. Although welcoming the LLR-wide discussions on winter planning and urgent/emergency care later on 3 November 2011, the LINKS representative voiced concern that no PPI member was involved. The Chief Executive agreed to discuss this point with LLR partners later that day, noting the benefits of appropriate PPI input following common agreement/understanding of LLR-wide information; **CE**

(2) a query from the LINKS representative as to any UHL plans in preparedness for a possible judicial review of the Safe and Sustainable consultation exercise. In discussion on this issue, the Director of Corporate and Legal Affairs advised of the various options open to Health Overview and Scrutiny Committees, including a possible referral to the Secretary of State for Health. In response to a further query on this issue from Mr Z Haq, the Director of Corporate and Legal Affairs commented that the date for the Royal Brompton Hospital's legal challenge result was not yet known. A national decision on Safe and Sustainable was expected at a public meeting on 15 December 2011, and UHL's management team would ensure that it was in a position to respond to that decision at that time;

(3) a query from Mr Z Haq as to whether flexible contingency plans were in place within UHL in the event that additional (bank/agency) staff were required due to 2011 winter

pressures. In response, the Chief Operating Officer/Chief Nurse advised that monies had been set aside for winter pressures, to escalate 36 designated beds to cater for additional demand. Four additional beds would also be made available from Commissioners. Clear guidance was in place regarding nurse:bed ratios, and bank staff were on 3 month contracts (where appropriate) to ensure continuity of care. Minimal agency use was envisaged, and agency staff were not permitted to assume charge of wards. However, the Chief Operating Officer/Chief Nurse reiterated that there was a finite ability for UHL to accommodate demand, which would also be discussed further with LLR partners later that afternoon with an update thereafter to the public 1 December 2011 Trust Board meeting. In response, Mr Haq considered that a complement of 40 beds was not a significant number extra, and sought assurance that the UHL Trust Board was sighted to potential related risk issues. The Chief Executive reiterated that the discussions with LLR partners would also explore how to add to that number, and he confirmed UHL's profound and detailed understanding of the challenges; **COO/ CN**

(4) a query from Mr Z Haq as to whether UHL had reduced the number of planned operations scheduled for winter 2011 to accommodate anticipated additional emergency demand. The Chief Operating Officer/Chief Nurse acknowledged that this was a delicate balance, noting that reducing elective work impacted on a variety of aspects including patient experience, referral to treatment [RTT] performance, etc. UHL was currently reviewing its top 3 specialties in respect of referrals (general surgery, ENT, and ophthalmics) and seeking to address any issues on an LLR healthcare economy-wide basis. The potential strike action on 30 November 2011 could also impact on this area. In response to a further query from Mr Haq, the Chief Operating Officer/Chief Nurse confirmed that UHL was 'ahead of the game' in terms of RTT performance with the support of its Commissioners;

(5) a query from Mr Z Haq as to any data held on whether readmitted patients had been seen by a GP before that readmission – in response, the Medical Director advised that no specific data was held on this issue and he commented on the complex multi-factorial nature of readmissions. Although UHL was pursuing readmission issues with the Clinical Commissioning Groups, that particular data had not been requested by the Trust. Mr Haq also queried how aggressively primary care was planning to advise the public to stay away from ED (if attendance was unnecessary) over winter – this question would also be raised at the LLR PCT Cluster Board and the UHL Chief Executive would sight the LLR PCT Cluster Chief Executive to this query at the LLR-wide discussions later on 3 November 2011, and **CE**

(6) a request submitted earlier for unexplained acronyms not to be used in Trust Board reports, to ease public understanding. **ALL**

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

314/11 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 1 December 2011 at 10am in rooms 1A & 1B, Gwendolen House, Leicester General Hospital site.

315/11 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 316/11 – 324/11), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

316/11 DECLARATION OF INTERESTS

Resolved – that the declaration of interest by the Medical Director in respect of Minute 320/11/1 below, and the resulting agreement that it was not necessary for him to absent himself from the discussion on that item, be noted.

317/11 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 6 October 2011 be confirmed as a correct record and signed by the Chairman accordingly. **CHAIR MAN**

318/11 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.

319/11 REPORTS 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 and on the grounds of commercial interests.

320/11 REPORTS BY THE 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), and on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

321/11 CONFIDENTIAL TRUST BOARD BULLETIN

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

322/11 REPORTS FROM BOARD COMMITTEES

322/11/1 Audit Committee

Resolved – that the confidential Minutes of the Audit Committee meeting held on 30 September 2011 be received, and the recommendations and decisions therein be endorsed and noted respectively.

322/11/2 Finance and Performance Committee

Resolved – that the cover sheet detailing the confidential items discussed at the 27

October 2011 Finance and Performance Committee meeting be noted (the highlighted issue having been covered in Minute 319/11 above).

322/11/3 Governance and Risk Management Committee

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

322/11/4 Research and Development Committee

Resolved – that the confidential Minutes of the Research and Development Committee meeting held on 10 October 2011 be received, and the recommendations and decisions therein be endorsed and noted respectively.

323/11 ANY OTHER BUSINESS

323/11/1 Report by the Chief Executive

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

323/11/2 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.

323/11/3 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 and on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

323/11/4 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.

323/11/5 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.

324/11 EVALUATION OF THE MEETING

Resolved – that members' evaluations of the meeting be passed to the Chairman in due course. **ALL**

The meeting closed at 5.10pm

Helen Stokes - **Senior Trust Administrator**