Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 4 AUGUST 2011 AT 10AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY

Present:
Mr M Hindle – Trust Chairman
Ms K Bradley – Director of Human Resources
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse and Acting Chief Executive
Mr R Kilner – Non-Executive Director
Mr P Panchal – Non-Executive Director
Mr I Reid – Non-Executive Director
Mr A Seddon – Director of Finance and Procurement (up to and including Minute 239/11)
Mr D Tracy – Non-Executive Director
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:
Miss M Durbridge – Director of Safety and Risk (for Minute 228/11)
Mrs H Harrison – FT Project Manager (for Minute 238/11)
Miss H Stokes – Senior Trust Administrator
Dr A Tierney – Director of Strategy
Mrs R Ward – Travelwise Manager (for Minute 225/11/3)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

ACTION

219/11 APOLOGIES

Apologies for absence were received from Ms K Jenkins, Non-Executive Director and Mr M Lowe-Lauri, Chief Executive.

220/11 DECLARATIONS OF INTERESTS

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

221/11 CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew the Trust Board's attention to the following issues:-

(a) a recap of the sequence of events leading up to the extraordinary Trust Board meeting of 21 July 2011 at which the Trust's stabilisation to transformation plan had been approved. Governance arrangements in terms of being able to track performance against that recovery plan were key, and weekly meetings were now held with Divisions/CBUs by Executive Directors. Consideration was also being given to convening a fortnightly Transformation Board to map progress, with Non-Executive Director input from Mr I Reid, Finance and Performance Committee Chair. Both the GRMC and the Finance and Performance Committee would also continue to have a monitoring role as key Trust Board assurance Committees;
(b) sustained improvements to the care of the elderly and general patient experience/safety within UHL, as a result of the detailed plan developed in March 2011, and

(c) hic congratulations to the UHL Hospital Hopper for winning a national "Green Apple Environment Award", having successfully competed against more than 500 other nominations. The award would be presented in November 2011 at the House of Commons.

Resolved – that the announcements above be noted.

222/11 MINUTES

Resolved – that the Minutes of the meetings held on 7 and 21 July 2011 be confirmed as correct records.

223/11 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:-

(a) Minute 181/11 of 7 July 2011 – the Medical Director advised that two medical engagement meetings had now been held, with very positive contributions from UHL's Consultant body. Senior clinicians were particularly keen to be involved in projects on clinical coding, reducing readmissions, and junior doctor initiatives. An active clinical ideas forum had also been established, with posts replied to weekly by either the Medical Director or one of his Associate Medical Directors, with plans also to set up a similar forum for junior doctors. A successful and well-attended junior doctor induction event had also been held on 3 August 2011;
(b) Minute 187/11 of 7 July 2011 – it was noted that discussions continued in respect of UHL's FT application timeline;
(c) Minute 192/11 of 7 July 2011 – strategic risk register issues would be discussed under Minute 228/11 below;
(d) Minute 143/11/2 of 2 June 2011 – Mr D Tracy, Non-Executive Director and Chairman of the Governance and Risk Management Committee (GRMC) confirmed that Committee's July 2011 receipt of a presentation on hospital-acquired pressure ulcers. Bench-marking was now in progress, for report to the Trust Board in due course through the GRMC Minutes. In discussion on the month 3 quality finance and performance report at Minute 225/11/1 below, the Chief Operating Officer/Chief Nurse advised that one Matron was now dedicated to leading on pressure ulcer issues;
(e) Minute 143/11/6 of 2 June 2011 – it was confirmed that the 3 August 2011 Quality and Performance Management Group (QPMG) had discussed plans to reduce readmissions, as part of the wider transformation workstreams, and
(f) Minute 91/11 of 7 April 2011 – the next quarterly patient experience presentation to the Trust Board was scheduled for 6 October 2011. **COO/ CN**

Resolved – that the matters arising report and associated actions above, be noted as appropriate.

224/11 CHIEF EXECUTIVE'S MONTHLY REPORT – AUGUST 2011

In her capacity as Acting Chief Executive, the Chief Operating Officer/Chief Nurse advised that the Department of Health had launched a consultation exercise on changes to the NHS Pension Scheme. The consultation would run until 21 October 2011, looking particularly at contributions for 2012-13. Staff earning £15,000 per annum or less were thought unlikely to face raised contributions.

Resolved – that the Chief Executive's monthly report for August 2011 be noted.

225/11 QUALITY, FINANCE, AND PERFORMANCE

225/11/1 Month 3 Quality and Performance Report

Paper D comprised the quality, finance and performance report for month 3 (month ending 30 June 2011), which included red/amber/green (RAG) performance ratings and covered quality, HR, finance, commissioning and operational standards. A new measure on outpatient polling was also included. Individual Divisional performance was detailed in the accompanying heatmap – the format of this report was being reprofiled with the new-look report expected at the September 2011 Trust Board. The commentary accompanying the month 3 report identified key issues from each Lead Executive Director and the following points were now noted by exception:-

(a) a correction to the reported TIA performance position, which should in fact be 72% cumulatively (rather than 66% as stated). June 2011 performance stood at 81%;
(b) there had been 1 MRSA case reported in June 2011, with UHL still on trajectory therefore against both the MRSA and CDT targets;
(c) UHL's expected return to a green RAG rating as of July 2011 in respect of referral to treatment (RTT) targets. The Chief Operating Officer/Chief Nurse reminded the Trust Board that slippage to date had been anticipated and planned for, due to changes to the national RTT target;
(d) good early feedback from a recent Stroke network assessment, although the formal report was not due for some months;
(e) an improvement in the June 2011 position on cancelled operations, now at 1.23%. The position for July 2011 was expected to be 0.99% and UHL was keen to maintain this improvement, conscious of its importance to both patients and Commissioners;
(f) the expectation that UHL would achieve the quarter 1 cancer targets, despite certain challenges in respect of the 62 day target;
(g) the welcomed reductions in the July 2011 pay costs. A central vacancy panel was now in place and the Trust's bedbase had also been reviewed since 21 July 2011. It was noted that patient care income had risen in July 2011;
(h) UHL's continued good RAMI rate (risk adjusted mortality indicator) – it was considered that coding improvements would reduce this rate further;
(i) UHL had not yet reached the 90% target on VTE risk assessments, despite being one of the best-performing Trusts in the East Midlands. Inability to demonstrate the fact that a risk assessment had taken place continued to be an issue in approximately 10% of cases, and the Medical Director was in discussion with NHS East Midlands regarding certain anomalies in the way in which UHL counted its performance (which differed from other Trusts and could be penalising UHL). Progress on an e-recording system remained slow;
(j) significant improvements in communication with GPs re: discharge letters over the last 3 months, aided by the now-live ICE system (a transmission software system direct to GPs). A specific workstream was underway to improve the timeliness of discharge letters, with the aim being 48 hours;
(k) a key focus on reducing readmissions, recognising the significant patient and financial benefits. Although this was a multi-agency issue, a number of internal process changes were planned by UHL which were hoped to have a significant impact. In response to a query from Mr R Kilner, Non-Executive Director, the Medical Director anticipated that these significant changes would take at least a few months to take effect, due to their nature;

(l) a disappointing rise in patient falls. A never event had also occurred, which was also disappointing;

(m) somewhat variable performance on appraisals, with the excellent performance in some areas (eg Women's and Children's Division and specialist surgery) countered by less than satisfactory rates in some other parts of the Trust. HR efforts were focusing on those less well-performing areas accordingly;

(n) an unexpected rise in the June 2011 sickness absence figures to 3.97% - the reasons for this increase were now being reviewed accordingly, and

(o) disappointing month 3 financial performance, as reviewed by the Finance and Performance Committee on 28 July 2011. There remained a significant variance in operating costs between some areas, and the Trust's cash position also remained tight. Although month 4 financial performance looked more promising, the Director of Finance and Procurement advised that the position was still challenging.

In discussion on the month 3 report, the Trust Board noted:-

(1) a query from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair as to the extent of any patient input to the style/format of patient letters. Although the content of inpatient letters was somewhat prescribed, the Medical Director noted a training package for doctors on writing such letters. The Medical Director also noted agreement at the 3 August 2011 QPMG that patients would now receive copies of their letters unless they opted out of doing so, rather than on the previous opt-in basis. Feedback would be sought from patients on the quality of the letters they received. The Director of Communications and External Relations added that a specific Patient Adviser was also involved in reviewing the general tone/language used in patient letters;

(2) a query from Professor D Wynford-Thomas, Non-Executive Director, as to the fractured neck of femur target and UHL performance accordingly. The Medical Director clarified that the 90% target was felt nationally to be challenging and even potentially inappropriate, with the key issue being the provision of the most appropriate care to such patients. Discussions continued with Commissioners regarding a local target, and

(3) confirmation from Ms J Wilson, Non-Executive Director that the rise in sickness absence had been discussed by the July 2011 Workforce and Organisational Development Committee. She queried whether there were any known trends/causes in respect of the rise in short-term sickness in particular – the Director of Human Resources advised that this was still being explored and agreed to report further to the September 2011 Workforce and Organisational Development Committee. Additional detail would also be included in the month 4 quality finance and performance report for the 1 September 2011 Trust Board. **DHR**

<u>Resolved</u> – that (A) the quality, finance and performance report for month 3 (month ending 30 June 2011) be noted, and

(B) the Director of Human Resources be requested to include further detail on the causes/trends linked to the recent rise in short-term sickness absence in:- **DHR**

(1) the month 4 quality, finance and performance report at the 1 September 2011 Trust Board, and

(2) a subsequent report to the 19 September 2011 Workforce and Organisational Development Committee.

225/11/2 LLR Urgent and Emergency Care System Improvement Programme and ED Transformational Change Programme – Update

Paper E from the Chief Operating Officer/Chief Nurse summarised June 2011 performance within UHL's Emergency Department (ED), covering arrival times, time in ED, breach time analysis, admissions, new ED clinical indicators (in which UHL had achieved the required green rating for both June and July 2011), patient experience, and workforce/footprint issues. On the latter, the Trust Board congratulated ED staff on their performance during the recent majors decant (required due to flooring issues). As predicted, ED activity had also risen during the previous weekend due to the end of the Leicester fortnight – this period had also been categorised, however, by the junior doctor rotation, a rise in Bed Bureau admissions and increased medical staff sickness. The latter issue was being pursued with the East Midlands Deanery. In response to a query, the Chief Operating Officer/Chief Nurse reiterated that although UHL had planned accordingly for the end of Leicester fortnight, the Bed Bureau admissions and medical staff sickness levels could not have been anticipated.

The Chief Operating Officer/Chief Nurse noted the most recent (3 August 2011) meeting of the LLR Emergency Care Network – tenders for additional winter community capacity had now closed. All East Midlands organisations had been asked to submit their first stage 2011-12 winter plans and escalation processes to NHS East Midlands; a copy of UHL's submission would be provided to Trust Board members accordingly. **COO/ CN**

The Chief Operating Officer/Chief Nurse also advised that an LLR 'flash report' was now available showing the week by week performance trajectory – this showed delayed discharges to be a particular issue. In further introduction on paper E, the Chief Operating Officer/Chief Nurse also noted a request by the GP consortia to amend the ED patient survey and the in-principle approval of the ED capital transformational scheme – a full business case would now be developed accordingly.

In discussion on paper E, the Trust Board:-

(a) noted (in response to a query from Mr R Kilner, Non-Executive Director) the mechanism by which UHL was reimbursed (by the Local Authority) for patients who could not be discharged into community facilities. As now outlined by the Director of Finance and Procurement, UHL calculated such reimbursement on an annual basis, in common with many other Trusts. Delayed discharge was clinically sub-optimal for patients, and also impacted adversely on both patient experience and length of stay;

(b) noted a query from Mr R Kilner, Non-Executive Director as to the % of recent ED breaches involving patients who could not be moved into a bed because it was already occupied by a patient awaiting discharge. The Chief Operating Officer/Chief Nurse agreed to confirm this figure outside the meeting; **COO/ CN**

(c) noted a query from Professor D Wynford-Thomas, Non-Executive Director as to the measures being taken to (eg) bolster arrangements at night, as the figures in paper E indicated that night was a key time for ED breaches. UHL had proposed to other agencies that Bed Bureau admissions be brought into the Trust earlier in the day to avoid night-time ED peaks – there was also a recognised need to work with Community partners in raising patient/public awareness of appropriate alternatives to ED. Members noted that the survey/audit results appended to paper E indicated

a very significant lack of awareness of the UCC, and the Trust Chairman noted that he would be discussing this issue with the Chief Executive of George Eliot NHS Trust;

(d) noted a query from Professor D Wynford-Thomas, Non-Executive Director as to how the usual seasonal winter dip in ED performance would be addressed, to maintain the current improvement. The Chief Operating Officer/Chief Nurse commented on the new multi-agency approach being taken this year, the anticipated benefits of the new workforce roles in ED, and plans to work with partners to reduce overall ED attendances. She recognised that work was needed to continue to strengthen UHL's own internal processes;

(e) noted a comment from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair, that paper E focused almost entirely on UHL aspects of the LLR emergency care process. She queried when an update on the wider LLR actions would be available to the Trust Board – in response, the Chief Operating Officer/Chief Nurse advised that the monthly LLR flash report referred to above would be included in the September 2011 Trust Board reports on ED performance; **COO/ CN**

(f) queried how far patient discharge delays were outside UHL control, as per the list of reasons on page 6 of paper E. The Chief Operating Officer/Chief Nurse advised that a proportion of the cases listed in category A only of that table had been within UHL's control;

(g) endorsed a suggestion from the Director of Communications and External Relations that further Trust Board assurance was required on 1 September 2011, regarding a Community "LLR winter plan" for ED. It would also be helpful for PCT colleagues to attend on 1 September 2011, and **COO/ CN**

(h) noted a query from Mr I Reid, Non-Executive Director and Finance and Performance Committee Chair as to whether – despite improved relations with EMAS – UHL was still having to arrange private ambulance crews and accommodate rebeds. Although constructive discussions were in place with the EMAS Acting Chief Executive, the Chief Operating Officer/Chief Nurse noted that significant performance improvements were unlikely to occur without a contract being in place. UHL had reduced its use of private ambulance crews, however. Mr Reid requested that an update on the EMAS transport contract be included in the 1 September 2011 ED report. **COO/ CN**

<u>Resolved</u> – that (A) the update report on UHL's emergency care transformation programme (paper E) be received and noted, and

(B) the Chief Operating Officer/Chief Nurse be requested to:- **COO/ CN**

(1) circulate UHL's 2011-12 winter capacity and escalation plans to Trust Board members for information;

(2) confirm the % of ED breaches which related to patients who could not be moved into a bed (due to occupancy by a patient unable to be discharged), to Mr R Kilner, Non-Executive Director, outside the meeting;

(3) include the LLR 'flash report' in the update on the LLR emergency care transformation programme at the 1 September 2011 Trust Board;

(4) invite PCT colleagues to attend the 1 September 2011 Trust Board, as part of the discussions on this item, to provide UHL with further assurance on the

community's winter ED plan, and

(5) include an update on the EMAS transport contract in the LLR emergency care transformation programme report to the 1 September 2011 Trust Board.

225/11/3 Adjustments to Public and Staff Carparking Charges

Paper F from the Director of Strategy informed the Trust Board of costs associated with site access provision, and proposed changes to the UHL tariff structure for public and staff carparking (noting the resulting revenue impact). The Director of Strategy advised the Trust Board that UHL currently subsidised carparking by approximately £301,000 per annum, in addition to a £750,000 investment over the last three years. UHL staff carparking charges had not increased since their introduction on the various sites (1996 for the Leicester Royal Infirmary and 2007 for the Leicester General Hospital and the Glenfield Hospital). The current subsidy was not acceptable within the present financial context and the position was being reviewed accordingly. A 13.5% increase was being proposed in respect of staff carparking charges, equating to compound RPI since 2007. It was further proposed to introduce two further charge bandings for higher earners, and to implement a related salary sacrifice scheme to mitigate the impact of the increased charges on staff pay. Paper F also outlined the principle of establishing future annual reviews of carparking charges, for discussion each year by the Trust Board.

In terms of public carparking charges, UHL was currently the cheapest Trust in the East Midlands, and the proposals at paper F aimed to bring UHL more in line with comparable Trusts. The proposals would also keep the first half-an-hour as free parking – this was a unique feature amongst East Midlands Trusts and the Director of Strategy noted that Which? Magazine had recently ranked the LRI carpark in the top five English Trusts, due to its mitigating charges package for regular users. These discounted packages would also be maintained under the new proposals, although the Director of Strategy recognised the need to raise awareness of their existence.

Paper F also outlined the principle of establishing future annual reviews of carparking charges, for discussion each year by the Trust Board.

Staff and public/patient views would be sought on the proposals, with a full report to be presented to the October 2011 Trust Board to enable a meaningful period of engagement. An interim verbal update would be provided to the 1 September 2011 Trust Board. **DS**

In discussion on the issue of carparking charges, the Trust Board:-

(a) sought clarity on the mechanism used to allocate staff parking permits (scoring and criteria as now outlined by the Travelwise Manager). Mr P Panchal, Non-Executive Director, queried whether staff were allocated a permit if they needed their car to fulfil their work duties, rather than using a car only to reach work. The Director of Strategy acknowledged that an overall review of the overall scoring criteria might be timely – this could potentially be done as part of the wider engagement with staff; **DS**

(b) noted a further query from Mr P Panchal, Non-Executive Director, as to whether UHL's planned headcount reductions would be factored into the number of staff parking spaces needing to be available. In response, the Director of Strategy advised that carparking issues were being progressed as part of the Trust's wider estates strategy, with the aim of increasing public spaces and consolidating staff carparking spaces off-site. Mr Panchal also queried if income generation opportunities were being explored. With regard to the specifics of the patient

charges, Mr Panchal suggested that the charge of £2.30 straight after the first free 30 minutes was a significant rise;

(c) noted a query from Mr R Kilner, Non-Executive Director, as to the nature of the arrangement in place with Serco at the LRI site, given the apparent significant rise in income received by them implied within paper F. Clarifying the presentation of the figures, the Director of Finance and Procurement confirmed that Serco's fee would be unchanged under the proposals;

(d) agreed (in response to a request from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair) that the update to the September 2011 Trust Board would include an update on plans to increase the visibility of the discounted parking packages for regular patient/carer users, and **DS**

(e) queried whether UHL had considered the charging model adopted at Kettering General Hospital, as outlined in appendix D. In response, the Director of Strategy advised that all potential models would be explored, including (eg) emissions and city-dwelling and reflecting UHL's aim to be a green organisation.

The Trust Chairman welcomed the inclusion of comparative information in paper F, and reiterated the Trust's wish to engage with staff and the public on the issue of carparking charges although no formal consultation was required. The Trust Board approved the principle of beginning such engagement on increasing staff and public carparking charges at UHL. Paper F also outlined increases to the public charge on the Hospital Hopper, effective from 1 September 2011 with a further increase on 1 April 2012.

<u>Resolved</u> – that (A) a period of engagement with staff and the public on increasing carparking charges at UHL be endorsed;

(B) the Director of Strategy be requested to reflect the following in the engagement exercise (and resulting verbal update to the 1 September 2011 Trust Board):- **DS**

(1) appropriate plans to increase awareness of the various discounted parking packages available for patients/carers (and improve the transparency of those arrangements);
(2) the intention to review the criteria used to 'score' staff carparking permit applications, including the use of potential other 'green criteria;
(3) points raised within Minute 232/11 below, and

(C) following a verbal interim update on 1 September 2011, the Director of Strategy be requested to submit formal proposals on increasing staff and public carparking charges (for adoption) to the 6 October 2011 Trust Board. **DS**

225/11/4 <u>Finance and Performance Committee</u>

Papers G and G1 provided the Minutes of the Finance and Performance Committee meeting held on 29 June 2011 and a summary of the content of the Finance and Performance Committee meeting held on 28 July 2011. From the latter, and in his capacity as Finance and Performance Committee Chair, Mr I Reid, Non-Executive Director, drew the Trust Board's attention to a significant tender opportunity in respect of elective community orthopaedic work. Although process and timing issues were yet to be clarified, Mr Reid suggested it might be useful to call upon the internal experience and expertise gained from the Pathology joint venture project.

Resolved – that (A) the Minutes of the Finance and Performance Committee meeting held on 29 June 2011 (paper G) 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 28 July 2011 be submitted to the Trust Board on 1 September 2011. **STA**

226/11 HUMAN RESOURCES – VOLUNTARY SEVERANCE SCHEME (VSS)

Paper H from the Director of Human Resources requested Trust Board approval to proceed with the Voluntary Severance Scheme (VSS) aimed at UHL administrative, clerical and managerial staff, on the terms outlined in the report. The Director of Human Resources noted her wish to include two additional criteria in the list of staff not eligible for the VSS, as follows:- (1) staff on a formal warning within the Trust's disciplinary procedure and (2) staff on a formal warning within the Trust's capability procedure – these additions were approved accordingly. The Director of Human Resources emphasised that the VSS differed from redundancy in that it was instigated by staff and was governed therefore by different terms and conditions. If approved by the Trust Board, further approval would be required from both NHS East Midlands and the Treasury – implementation of the VSS was therefore not anticipated before September/October 2011. The final decision on staff applications for voluntary severance would rest with the Trust. **DHR**

In discussion on the Voluntary Severance Scheme, the Trust Board:-

(a) queried the likely level of take-up – in response, the Director of Human Resources anticipated that at least a similar number of staff would apply as with the recent similar PCT MARS scheme (approximately 150);
(b) noted concerns expressed by a number of Non-Executive and Executive Directors regarding the time periods after which VSS recipients could reapply to work in the NHS and in UHL itself (1 month and 12 months, respectively). The Director of Human Resources agreed to explore the scope for lengthening these periods with NHS East Midlands, although noting that a scheme diverging from the norm would potentially not be approved; **DHR**
(c) noted (in response to a query from Professor D Wynford-Thomas, Non-Executive Director), that the VSS was not intended to have any future relationship with the pension scheme, and
(d) noted a request from Mr P Panchal, Non-Executive Director, for a briefing on the various different schemes open to staff (eg VSS, early retirement, voluntary redundancy) and their terms and conditions, to be provided to both Workforce and Organisational Development Committee members and the Trust Board for information. This briefing should also include the various wider opportunities open to FTs. **DHR**

Resolved – (A) Trust Board approval be given to the implementation of a voluntary severance scheme (VSS) within UHL from September/October 2011, on the terms outlined in paper H noting the additions in (B)(3) below; **DHR**

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

(1) seek a view from NHS East Midlands on any scope to increase the timeframes in which staff taking voluntary severance could not be re-employed by the NHS and UHL;
(2) circulate background information to Workforce and Organisational Development Committee and Trust Board members on:-

- **the terms and implications of the various HR schemes available to NHS staff;**
- **the opportunities open to FTs to vary these terms and conditions;**

(3) add the proposed 2 criteria to the list of UHL staff not eligible for the VSS:-

- **staff on a formal warning within the Trust's disciplinary procedure;**
- **staff on a formal warning within the Trust's capability procedure, and**

(C) the Director of Human Resources be requested to seek the required NHS East Midlands and Treasury approvals for the VSS approved above. **DHR**

227/11 MEDICAL REVALIDATION

Paper I from the Medical Director described the process for strengthened medical appraisal and revalidation within UHL, and outlined the new, more proactive role of the Responsible Officer (RO) within UHL (Medical Director). The Responsible Officer for Trust ROs was the SHA Medical Director.

The new revalidation arrangements were due to be implemented from April 2012 nationally (slippage of 12 months), and it was noted that UHL had participated in a revalidation pilot exercise trialling the enhanced Consultant appraisal system. As now outlined by the Medical Director, the appraisal system was both summative and formative in nature, with concerns flagged on a RAG-rated dashboard. Anticipated to be rare, 'red' alerts would be reported to the GMC as required.

A significant majority of UHL Consultants had now completed the appraisal process, although certain technical issues remained to be resolved regarding e-sign off arrangements for academic clinicians. The Medical Director considered that clinical engagement overall had been extremely positive, although recognising that further work was needed regarding non-training/non-Consultant medical staff (eg Associate Specialists), as well as a process for checking the revalidation status of new UHL appointees.

In discussion on paper I, the Trust Board :-

(a) noted confirmation from the Medical Director that the appraisal also covered 'soft' issues such as teamwork and communication. UHL values and corporate/CBU objectives were also covered;
(b) noted a query from Mr R Kilner, Non-Executive Director, as to whether the appraisal took account of clinicians' efficiency/productivity. Although PLICS had not been part of the initial pilot, the Medical Director confirmed that performance data (and any resulting development needs) were used in the summative stage by the CBU Lead;
(c) queried whether a red RAG rating would lead to a clinician being removed from duties (in addition to the report to the GMC). In response, the Medical Director confirmed that immediate action would be taken if the red flag was related to patient safety. He reminded the Trust Board, however, that decisions on a doctor's fitness to practise lay with the GMC. He also noted that all clinicians were under a responsibility to alert the GMC of any suspected failings in other doctors, and
(d) formally endorsed NHS East Midlands' appointment of UHL's Medical Director as the Trust's Responsible Officer in this regard.

<u>Resolved</u> – that the report on medical revalidation and appraisal, and the appointment of the Medical Director as UHL's Responsible Officer accordingly, be supported. **ALL**

228/11 RISK – STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

Paper J comprised the latest iteration of the new format Strategic Risk Register/Board Assurance Framework, noting that the business continuity risk had been reinstated at the Trust Board's request. Detailed discussion on the SRR/BAF and risk issues in general would take place at the 4 August 2011 Trust Board development session immediately following this meeting. The exercise to map the 2010-11 strategic risks on to the new 2011-12 SRR/BAF was outlined at appendix 2 of the report – two operational risks had been removed from the new format SRR accordingly (clinical coding and failure to comply with the Health and Social Care Act 2008 [Hygiene Code]).

In discussion on this item members:-

(a) noted a number of concerns voiced by Mr R Kilner, Non-Executive Director, relating to:-
- the removal of the Hygiene Code risk outlined above;
- the need for greater assurance in respect of the risks of failing to offer staff suitable development opportunities, which he did not consider had been appropriately mapped over to risks 4 and 5;
- perceived inadequate references to organisational development in the controls listed for risk 13, 14, and 15;
- his view that the mapping exercise needed to be revisited;

(b) considered risk 7 in detail (under-utilisation and investment in estates), noting in particular:-
- the impact of service configuration needs on the current financial challenge. The results of the LLR space utilisation survey would be reported to the Trust Board in September/October 2011, and the Trust's Divisional Director Planned Care was also leading an internal future service configuration workstream. Appropriate configuration was key to a sustainable estates model; **DS**
- risks associated with backlog maintenance requirements, some of which had been reduced as a result of the review of the Trust's 2011-12 capital plan. Appropriate risk assessments had been undertaken and any high risks would naturally be advised to the Trust Board;

(c) considered risk 5 in detail (loss making services), noting the Director of Finance and Procurement's view that progress towards the target risk of 9 would be delivered through the stabilisation to transformation plan. The Trust Board also noted the need to add the following:- **DFP**
- targeted turnaround in Planned Care, and overall external turnaround support, to the 'controls' column;
- failure to deliver the forecast to the 'gaps in assurance/controls' column;
- the need for wider clinical engagement as a key mitigating factor within this risk;

(d) agreed that the net risk ascribed to risk 9 (CIP requirement) was too low and should therefore be 25 rather than 20 as currently; **DFP**

(e) suggested that risk 1 (continued overheating of the emergency care system) should be specifically reviewed by the Trust Board on 1 September 2011; **MD**

(f) agreed that the wider NHS organisational/structural context and associated risks would be discussed as part of the Trust Board development session immediately following today's formal meeting, and **ALL**

(g) noted the need to evaluate the risks to UHL's current business (as outlined in risk 2 **DS**

[new entrants to market]) to ensure that the downside was also appropriately reflected.

Resolved – that (A) the SRR/BAF (and the intention for further related discussion in the 4 August 2011 Trust Board development session, including the issues in points (a) and (f) above) be noted;

(B) the Director of Strategy be requested to present the results of the LLR space utilisation survey to the September/October 2011 Trust Board;. **DS**

(C) in respect of risk 5, the Director of Finance and Procurement be requested to amend the controls and gaps columns to include the issues specified in point (c) above; **DFP**

(D) in respect of risk 9 (CIP requirement), the Director of Finance and Procurement be requested to increase the net risk to 25 (from 20); **DFP**

(E) in respect of risk 2, the Director of Strategy be requested to ensure that the downside risks were also appropriate reflected, and **DS**

(F) the Medical Director and the Chief Operating Officer/Chief Nurse be requested to schedule risk 1 for detailed discussion at the 1 September 2011 Trust Board. **COO/ CN/MD**

229/11 REPORTS FROM BOARD COMMITTEES

229/11/1 Audit Committee

Resolved – that the Minutes of the Audit Committee meeting scheduled for 6 September 2011 be submitted to the Trust Board on 6 October 2011. **STA**

229/11/2 Governance and Risk Management Committee (GRMC)

In his capacity as GRMC Chair, Mr D Tracy, Non-Executive Director, clarified that the second bulletpoint of paper K1 was not, in fact, an issue to be highlighted to the Trust Board. He particularly noted the complaints management presentation at the 28 July 2011 GRMC, from which the Committee had drawn assurance – the GRMC now intended to review complaints management on a quarterly basis. The GRMC Chair also noted that the Committee was still in the process of assuring itself on the process by which any patient safety/quality /experience risks of the 2011-12 CIPs had been taken into account – this was scheduled for further discussion at the August 2011 GRMC.

Resolved – that (A) the Minutes of the Governance and Risk Management Committee meeting held on 30 June (paper K) be received and noted, and

(B) the Minutes of the Governance and Risk Management Committee meeting held on 28 July 2011 (discussion subjects as listed on the covering sheet at paper K1) be submitted to the Trust Board on 1 September 2011. **STA**

229/11/3 UHL Research and Development Committee

It was clarified that the Trust's Research Strategy would be presented to the Trust Board on 1 September 2011, for approval. **CE**

Resolved – that (A) the Minutes of the UHL Research and Development Committee meeting held on 11 July 2011 (paper L) be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the intended submission of the Research Strategy for Trust Board approval on 1 September 2011, be noted. **CE**

229/11/4 Workforce and Organisational Development Committee (WODC)

In her capacity as Workforce and Organisational Development Committee Chair, Ms J Wilson, Non-Executive Director, noted significant progress on UHL workforce planning.

Resolved – that the Minutes of Workforce and Organisational Development Committee meeting held on 4 July 2011 be received, and the recommendations and decisions therein be endorsed and noted respectively.

230/11 CORPORATE TRUSTEE BUSINESS

230/11/1 Charitable Funds Approvals

Paper N sought Trust Board approval as Corporate Trustee for two charitable funds applications (numbers 3494 [relocation of patient testing facility within cardio-respiratory] and 3497 [LED operating lights and integrated high quality camera within cardio-respiratory]), as both applications exceeded £25,000. In line with the Charitable Funds Committee's scheme of delegation in relation to urgent applications, the applications were supported for Trust Board approval by the Trust Chairman, two Non-Executive Directors and the Director of Finance and Procurement.

Resolved – that Trust Board approval as Corporate Trustee be given to charitable funds approval requests 3494 and 3497 as detailed in paper N. **CT**

231/11 TRUST BOARD BULLETIN

Resolved – it be noted that no items had been circulated for the August 2011 Trust Board Bulletin.

232/11 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following comments and queries were received regarding the business transacted at the meeting:-

(1) a number of questions/comments from the LINKS representative, relating to:-

- what actions UHL was taking to provide 'one stop' appointments/clinics wherever possible, to minimise the attendances required;
- why hospitals in areas such as Burton-upon-Trent, Peterborough, and Warwickshire had not been included in the examples of comparative carparking charges;
- concerns over patients/carers attending the LRI (in particular) significantly in advance of their appointment time in order to secure a parking place, and that clinic/appointment then being delayed with no reason provided;
- the need for appropriate positive messages in the engagement exercise on carparking;

- concerns over the level of LLR partnership working, and the extent to which UHL was being unfairly blamed for discharge delays due to availability of community facilities;
- concerns that the LLR emergency care flash report referred to in Minute 225/11/2 above would be almost two months out of date by the time it was received by the Trust Board, emphasising the need for more real-time information;

(2) whether TTOs were referred to in discharge letters (they were);

(3) whether external support Consultants had been appointed – in response, the Trust Chairman advised that this process was currently underway with a decision now awaited. The Director of Finance and Procurement added that following interviews on 3 August 2011, references and certain formal clarifications were now sought by UHL from the shortlisted bidders;

(4) whether additional agency staff had been required by UHL at the end of Leicester fortnight – although confirming that this had been the case the Chief Operating Officer/Chief Nurse advised that the number of agency staff used had been very low;

(5) whether it would be more beneficial (from a cashflow perspective) to seek reimbursement for delayed discharges of care as they occurred, rather than on an annual basis as noted in Minute 225/11/2 above. Although acknowledging the need to keep this under appropriate review, the Director of Finance and Procurement commented on the need to ensure that the cost of pursuing the reimbursements did not exceed their value – receipt on a block basis was easier to administer and ensured that the income was received in meaningful amounts;

(6) the potential merits of ceasing the first free 30 minutes of parking, on the basis that no other organisation did this (this was disputed by other speakers);

(7) a number of queries/comments from Mr Z Haq, relating to:-

- support for the principle of increasing carparking charges, in a balanced and reasonable manner. However, he considered that the 2-3 hour proposed charge of £4 was excessive. He further supported maintaining the first free 30 minutes, noting the limited drop-off/pick-up opportunities at the LRI in particular;
- concerns over the second (April 2012) proposed increase in public Hopper charges – Mr Haq strongly urged UHL to contact Leicester City Council to discuss an integrated transport strategy for the hospitals to remedy this longstanding issue;
- whether the Trust's current financial challenges and its non-FT status were likely to impact adversely on the national paediatric cardiac surgery review currently underway. In response, and although noting that UHL was not alone in its current position, the Trust Board recognised the crucial wider need to address the Trust's financial situation. The Trust Chairman further noted, however, that UHL had put forward an excellent case to the national panel for retaining paediatric cardiac surgery at the Glenfield Hospital;
- how many of the planned 34 midwives had been appointed, and whether capacity had eased. In response, the Chief Operating Officer/Chief Nurse advised that midwife:birth ratios were still supported, and noted intentions to develop midwifery-led services at the Leicester General Hospital in particular. Active midwifery recruitment was ongoing and she agreed to confirm the exact number of appointments outside the meeting; **COO/ CN**
- whether UHL was holding discussions with PCT colleagues on reducing readmissions. The Medical Director confirmed that such discussions were underway and confirmed also the Trust's use of appropriate Consultant slots to reassess patients;
- whether UHL's hospitals remained fit for purpose, in light of reductions to the capital programme and backlog maintenance. In outlining the scope of the reductions to the medical equipment, estates and IT capital programmes, the Director of Strategy

reiterated that appropriate risk assessments were done on all such schemes and she noted the positive findings of regular external assessments such as the PEAT visits. Mr Haq sought further clarity on where the reductions would be made, and noted complaints from patients and staff regarding the working and hospital environment;

(8) a number of staff comments relating to carparking, including:-

- concerns that appendix D of paper F did not provide a true comparative assessment of carparking charges elsewhere;
- queries as to why the proposed bandings in appendix C of paper F overlapped, and how the original tariffs had been developed;
- concerns that those on higher salaries would be paying a much lower proportion of their pay on carparking charges than staff earning less;
- a request that all the alternatives be included in the engagement exercise, to ensure staff and the public received appropriate information;
- concern that staff who used their car to travel to work (rather than travelling in the course of their work) might be penalised. The Director of Strategy clarified that there were no proposals to remove staff carparking permits from existing holders, but noted that the opportunity would be taken to review the overall allocation process;
- a request that all aspects of the salary sacrifice scheme be clarified in the engagement exercise, thus fully informing staff of the implications of entering such a scheme;

(9) a number of staff comments relating to the voluntary severance scheme, including:-

- a query as to whether the 'Lead Administrator' referred to in paper H would be accommodated from existing internal resources (it would);
- whether Corporate staff were being offered voluntary redundancy, and if so, how that differed from the VSS arrangements. The Director of Human Resources outlined the difference between voluntary redundancy and voluntary severance, and confirmed that Corporate staff would be eligible to apply for the VSS. The Trust Chairman requested that the difference between the two schemes be made clear in the VSS communication exercise; **DHR**
- a query as to the next stage if insufficient numbers of staff opted for the VSS – as evident through the CIPs this would likely result in a small number of redundancies, although exact details were not yet known, and

(10) two queries from a representative of BLISS (the premature baby charity), relating to:-

- the impact on neonatal unit care of staffing levels within the Women's and Children's Division, whether UHL was planning to meet the standards set out in the toolkit for high quality neonatal services and if so how UHL's current financial position impacted on those standards. In response, the Chief Operating Officer/Chief Nurse referred to UHL's nurse/midwife:bed/cot ratios and advised that a variety of benchmarking measures were used to gauge the correct staffing levels required. Although UHL's primary aim within the Neonatal Unit was to keep babies safely cared for, the Trust recognised the challenges of short-notice, short-term sickness absence. The Chief Operating Officer/Chief Nurse noted that she was happy to discuss these issues further with BLISS outside the meeting, and **COO/ CN**
- what policies the Trust had in place to provide financial support for families of sick and/or premature babies during long-term admissions and/or long-distance transfer, and whether such measures extended to carparking charges. In response, the Director of Strategy outlined UHL's provision of a significantly discounted parking ticket at £11 per week to help frequent visitors, although noting the BLISS representative's view that even this charge was too much for some families. The Director of Strategy commented on the Trust's wish to increase its onsite overnight **DS**

accommodation for parents on the LRI site, although this would require investment. The Director of Strategy was happy to discuss this further with the BLISS representative outside the meeting. In further discussion, the Director of Finance and Procurement also noted the Leicester Hospitals Charity's current appeal on the provision of facilities and family accommodation for children and young adults with cancer.

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

233/11 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 1 September 2011 at 10am in rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.

234/11 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 235/11 – 244/11), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

235/11 DECLARATION OF INTERESTS

Resolved – that the declaration of interest by the Medical Director in respect of Minute 240/11 below, and the resulting agreement that he would absent himself from the discussion on that item, be noted.

236/11 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meetings held on 7 and 21 July 2011 be confirmed as correct records.

237/11 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.

238/11 REPORT FROM 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.

239/11 REPORT FROM 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.

240/11 REPORT 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).

241/11 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that discussion on the items attached to the confidential Trust Board Bulletin, be classed as confidential and taken in private accordingly, on the grounds of commercial interests.

242/11 REPORTS FROM REPORTING COMMITTEES

242/11/1 Finance and Performance Committee

Resolved – that the confidential Minutes of the Finance and Performance Committee meeting held on 29 June 2011 (paper U) be received, and the recommendations and decisions therein be endorsed and noted, respectively.

242/11/2 Governance and Risk Management Committee

Resolved – that the confidential Minutes of the Governance and Risk Management Committee meeting held on 30 June 2011 (paper V) be received, and the recommendations and decisions therein be endorsed and noted, respectively.

242/11/3 Remuneration Committee

Resolved – that the confidential Minutes of the Remuneration Committee meeting held on 7 July 2011 (paper W) be received, and the recommendations and decisions therein be endorsed and noted, respectively.

243/11 ANY OTHER BUSINESS

243/11/1 Report from the Chief Operating Officer/Chief Nurse

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.

243/11/2 Safe and Sustainable

The Director of Communications and External Relations noted the encouraging number of returns in respect of the Glenfield Hospital's role within future paediatric cardiac congenital heart surgery services.

Resolved – the position be noted.

244/11 EVALUATION OF THE MEETING

Resolved – that it be noted that no evaluation of the meeting took place.

The meeting closed at 4.40pm

Helen Stokes
Senior Trust Administrator