

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 7 JULY 2011 AT 10AM IN ROOMS 1A & 1B, GWENDOLEN HOUSE, LEICESTER GENERAL HOSPITAL SITE

Present:

Mr M Hindle – Trust Chairman
Ms K Bradley – Director of Human Resources
Dr K Harris – Medical Director (excluding Minute 200/11/1)
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
Professor D Wynford-Thomas – Non-Executive Director

In attendance:

Ms J Austin – Consultant Midwife (for Minute 184/11/1)
Mr P Cleaver – Risk and Assurance Manager (for Minute 188/11)
Miss M Durbridge – Director of Safety and Risk (for Minute 188/11)
Mrs K Rayns – 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
Ms K Wilkins – Divisional Head of Nursing, Women's and Children's (for Minute 184/11/1)

ACTION

179/11 APOLOGIES

No apologies for absence were received.

180/11 DECLARATIONS OF INTERESTS

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

181/11 CHAIRMAN'S ANNOUNCEMENTS

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

(a) following significant discussion at the Extraordinary Trust Board meeting on 23 June 2011 in respect of the Trust's financial performance, he highlighted the following key issues which demonstrated that an appropriate focus was being maintained in respect of UHL's clinical safety and quality of care:-

- ED performance was improving after a long hard winter which had impacted upon the Trust's ability to deliver the target to see, treat and discharge or admit patients within 4 hours of attendance. Use of agency staff to ease the winter activity pressures had now been reduced, but planning for the 2011-12 winter activity period was due to commence in September 2011. He acknowledged the

excellent efforts of staff in supporting this positive direction of travel;

- hospital acquired infection rates were also improving, with no MRSA cases reported for May 2011 and 15 clostridium difficile (CDT) cases, a reduction of 10 cases when compared with the same period in 2010;
- a significant reduction in the number of pressure ulcers as a result of increased training and heightened awareness of their causes and prevention;
- the work of the multi-disciplinary team focussing on fractured neck of femur patient care was beginning to pay off and UHL's performance was expected to feature among the top 25% of hospitals nationally, and
- patient mortality rates continued to be significantly below the national average and UHL was expected to be in the top tier of well-performing Trusts with low mortality rates;

(b) the Medical Director and his Divisional Director colleagues had held an extraordinary meeting with UHL Consultants on 30 June 2011. The Chairman provided assurance that the subject of clinical engagement at UHL was taken very seriously and there would be a swift and effective response to the issues raised at that meeting. At the Chairman's request, the Medical Director provided the Board with an overview of the meeting, noting that the meeting had been very well attended, which was in itself an encouraging sign. Significant frustration had been expressed regarding the pace of change and the re-structured medical leadership (which had moved from 12 Clinical Directorates in the previous organisational structure to 16 Clinical Business Units overseen by 4 Clinical Divisions in April 2010). He recognised that these leadership arrangements and communications processes were taking some time to embed and he advised that action plans were being developed to support an immediate improvement in medical engagement. A similar follow-up meeting would be arranged during the next week to consult with senior medical staff on the proposals. The Medical Director advised that an update report would be provided to the 4 August 2011 Trust Board.

MD/
STA

Resolved – that the Medical Director be requested to provide an update on medical engagement at the 4 August 2011 Trust Board meeting.

MD/
STA

182/11 **MINUTES**

Resolved – that the Minutes of the meetings held on 2 and 23 June 2011 be confirmed as correct records.

183/11 **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 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 arrangements were in place for the GRMC to undertake regular monitoring of performance against the targets to reduce the number of preventable hospital acquired pressure ulcers;
- (b) Minute 143/11/4 of 2 June 2011 – the Director of Communications and External Relations advised that a two-month delay in preparing the Chairman's and Chief Executive's contributions to the annual report was intentional to ensure that their contributions were as relevant and up-to-date as possible. He confirmed that these sections of the annual report would be circulated to Board members for comment prior

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- to final publication of this document;
- (c) Minute 143/11/6 of 2 June 2011 – Mr D Tracy, Non-Executive Director and Chairman of the GRMC agreed that the GRMC would undertake a review of the detailed plans to reduce readmissions (currently scheduled to be reviewed by the QPMG on 3 August 2011). Mr I Reid, Non-Executive Director and Chairman of the Finance and Performance Committee (FPC), also noted that the FPC would be reviewing the arrangements for reducing re-admissions as part of that Committee's workplan;
 - (d) Minute 146/11 of 2 June 2011 – the potential arrangements for the GRMC and FPC to review the Trust's Strategic Risk Register/Board Assurance Framework (SRR/BAF) were discussed under Minute 188/11 below. The respective chairs noted that neither the GRMC or the FPC had yet reviewed the new format SRR/BAF and Mrs J Wilson, Non-Executive Director and Chair of the Workforce and Organisational Development Committee (WODC) highlighted that two of the risks would be relevant for review by the WODC;
 - (e) Minute 119/11/2 of 5 May 2011 – Ms K Jenkins, Non-Executive Director and Chair of the Audit Committee, confirmed that she was now sighted to the Trust's action plans to improve patient experience, and
 - (f) Minute 7/11/1 of 6 January 2011 – the Chairman noted that the Chief Executive would be continually monitoring the various Department of Health consultations and any developments would be reported to the Trust Board through the monthly Chief Executive's reports. He requested that this item be removed from the matters arising report.

GRMC
Chair

STA

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

184/11 PATIENT EXPERIENCE

184/11/1 Patient Experience – Improving Attitudes and Behaviours about Breastfeeding (and accompanying patient story)

Ms K Wilkins, Divisional Head of Nursing, Women's and Children's, and Ms J Austin, Consultant Midwife, attended the meeting to present paper C and the accompanying DVD featuring patients' feedback on the attitudes and behaviours towards breastfeeding at UHL. Members particularly noted that UHL's maternity services were committed to achieving the World Health Organisation and UNICEF Baby Friendly Initiative in order to address patients' complaints regarding lack of consistent advice, practical help, support and encouragement with feeding their babies. Stage 1 of the Baby Friendly Initiative accreditation process had been achieved in February 2011. In discussion on this item:-

- (a) the Director of Human Resources praised the significant achievements to date in establishing an infant feeding team and raising breastfeeding initiation rates by 4.4% and she sought and received additional information regarding the introduction of two additional nursery nurse support worker roles and their impact on supporting infant feeding;
- (b) Ms J Wilson, Non-Executive Director, requested demographic and social marketing information regarding breast feeding rates, noting in response that 52% of the 10,000 women delivering babies were from a BME background, but the lowest initiation rate for breastfeeding related to white mothers from less affluent backgrounds. In this social group, breastfeeding initiation rates had increased by 5% and this had been maintained through to discharge by the community midwives;
- (c) Professor D Wynford-Thomas, Non-Executive Director, suggested that the graphical data provided on page 3 of paper C might be strengthened by the inclusion of

- breastfeeding initiation rates for the years 2008-09 and 2009-10 to indicate the trend between 2007-08 and 2010-11;
- (d) the Director of Strategy sought assurance regarding the safeguards for preserving patient choice and avoiding any pressure on mothers who were not able to or did not choose to breastfeed. In response, the Consultant Midwife confirmed that information and support were provided where required, but patient choice remained a key priority;
 - (e) in response to a further query from the Director of Strategy, the Consultant Midwife confirmed that there were no plans to withdraw the provision of baby formula milk on the maternity units at the current time, and
 - (f) the Chief Executive recorded his support of this positive initiative and queried whether there had been any measurable impact in terms of reducing the number of complaints. In response, the Consultant Midwife confirmed that a reduction in the number of complaints had been noted, but this was also felt to be attributable to other workstreams within the Women's and Children's Division.

In summary, the Chairman thanked the Divisional Head of Nursing and the Consultant Midwife for presenting this item to the Trust Board. He asked them to pass on the Board's gratitude to the patients who had participated in the filming of the DVD, noting that this had provided an excellent example of appropriate focus on patient ethnicity. He highlighted potential improvements in the areas of benchmarking and data analysis and suggested that the Board might review a further progress report in 12 months' time.

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Resolved – that (A) the report and patient story on improving attitudes and behaviours about breastfeeding be received and noted, and

(B) a further progress report in respect of improving attitudes and behaviours about breastfeeding be provided to the Trust Board in July 2012.

COO/
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185/11 CHIEF EXECUTIVE'S MONTHLY REPORT – JULY 2011

In respect of his monthly report for July 2011 (paper C), the Chief Executive noted the following key issues:-

- (a) the seriousness of the Trust's current financial position (which would be considered further under Minute 186/11/1 below) and the potential impact of this upon the Trust's trajectory towards applying for Foundation Trust status;
- (b) pleasing developments in respect of the Trust's recent performance against the 4 hour ED target, noting the strong association between this indicator and good patient quality and safety outcomes. He made reference to expected future changes in the way that ED performance targets were presented and a forthcoming capital scheme to re-model areas of UHL's ED. He particularly complimented the energy and passion of Dr B Teasdale, CBU Medical Lead, in delivering these improvements in partnership with his clinical colleagues, and
- (c) the Health and Social Care Bill had now returned to the House of Commons Committee for scrutiny of the amendments proposed by the NHS Future Forum report, alongside the Government's response and the NHS Chief Executive's update which was published on 20 June 2011. Further briefings on key developments relating to the progress of the Health and Social Care Bill would continue to be provided to the Trust Board through the Chief Executive's monthly report.

CE

Resolved – that (A) the Chief Executive's monthly report for July 2011 be noted, and

(B) further briefings on the progress of the Health and Social Care Bill be provided to the Trust Board through the Chief Executive's monthly update reports.

CE

186/11 QUALITY, FINANCE, AND PERFORMANCE

186/11/1 Month 2 Quality and Performance Report

Paper E comprised the quality, finance and performance report for month 2 (month ending 31 May 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. Appendix A provided an overview of the Trust's performance against the 14 identified extended nursing metrics. The commentary accompanying the month 2 report identified key issues from each Lead Executive Director and the following points were now noted by exception:-

- (a) no MRSA cases had been reported for May 2011, bringing the year to date position to 2 cases (against the target for no more than 9 cases in the year 2011-12). There had been 15 clostridium difficile (CDT) cases in May 2011, which represented a reduction of 10 cases when compared with the same period in 2010. The year to date position for CDT stood at 24 cases (against the annual target for no more than 165 cases);
- (b) an additional 650 patients were planned to be treated to comply with changes to the NHS Operating Framework reducing the referral to treatment (RTT) waiting time threshold from 27.7 weeks to 23 weeks. To date, 28 patients exceeding 26 weeks had been identified as not listed for treatment but these would be addressed by August 2011;
- (c) ED performance continued to evidence improvements against the 4 hour wait target, although there were two amber indicators relating to other measures of ED performance which were being monitored carefully;
- (d) cancer targets had been achieved for April 2011 (where reporting was usually a month in arrears) and indications were that May 2011 targets would also be achieved when this reporting period was closed;
- (e) an overall reduction in the number of hospital acquired pressure ulcers had been evidenced (compared with May 2010) – the Chief Operating Officer/Chief Nurse provided a briefing in respect of the incident reporting and root cause analysis arrangements now that such incidents were categorised on Datix as Serious Untoward Incidents (SUIs);
- (f) paper E contained some anomalies within the patient experience data and these pages would be re-circulated by the Chief Operating Officer/Chief Nurse (outside the meeting);
- (g) the Medical Director briefed members on the national context of UHL's risk adjusted mortality rates (page 12 of paper E refers) noting that the Trust's performance was expected to fall in the top 25% of Trusts nationally, as set out within the aims of UHL's Quality Strategy;
- (h) roll-out of the ICE software for producing discharge letters in a timely manner had been implemented at Glenfield Hospital that week and a programme had been

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established for rolling out this system to the other 2 hospital sites. The Medical Director congratulated Dr A St John, Assistant Medical Director, on the progress of this workstream. ICE software implementation would also support developments to improve the timeliness of OPD letters, where there was still some significant work to be undertaken;

- (i) fractured neck of femur care had received significant focus by the GRMC and despite some variations in performance caused by patient flows and non-availability of operating equipment, UHL was expected to be in the top 25% of well-performing Trusts nationally;
- (j) Venous Thrombo-embolism (VTE) risk assessment performance within 24 hours continued to improve (standing at 84.6% against the target of 90%). Use of the new electronic VTE assessment tool continued to be rolled out alongside continued use of the traditional Patient Centre model;
- (k) the rate of non-elective 30 day readmissions had reduced in March 2011 (as evidenced by the graph on page 13 of paper E) and the Medical Director highlighted the positive impact of new processes for discharge follow-up telephone calls, the Elderly Frailty Unit and the Frail Older Person's Advice and Liaison service (FOPALS). Elective readmissions were being analysed for unrelated causes and a shorter interval between discharge and the first follow-up outpatient appointment was being explored;
- (l) patient safety metrics had demonstrated a downward trajectory in patient falls. A regrettable 'Never Event' had resulted in no actual harm or increased length of patient stay to a patient, but system changes were being considered to avoid a recurrence. Within the Women's and Children's Division, there had been an increase in the number of incident reports relating to insufficient numbers of staff but members noted that this was attributable to a higher degree of complex cases, despite a recent low trend in birth rates;
- (m) the Director of Human Resources voiced concern regarding the declining appraisal rate (which currently stood at 88.8%). This issue had been reviewed by the Workforce and Organisational Development Committee on 4 July 2011 and the agreed actions would be reported to the 4 August 2011 Trust Board through the Minutes of that meeting, and
- (n) issues relating to the financial position for month 2, including:-
 - a disappointing year to date income and expenditure deficit against plan of £5.8m (as outlined in table 1 on the accompanying commentary report) with income £1.3m below plan and expenditure £4.7m above plan;
 - pay and non-pay variances of 4.4% and 4.8% respectively, which reflected a shortfall on cost improvement schemes of £2.4m and continued use of premium agency staff at a cost of £2.3m;
 - transactional controls being led by the Director of Finance and Procurement and the Chief Operating Officer/Chief Nurse to halt and reverse the overspend position by scrutinising and controlling discretionary expenditure and implementing transformational schemes at a greater pace;
 - an increased emphasis on using appropriate financial controls in a sustainable way and embedding a greater understanding of patient level and service level costings and central cost contributions, all of which was reliant upon good clinical engagement and leadership, and

- a deterioration in the Trust's cash position had been reported which was likely to impact upon the Trust's ability to service financial requirements. Reviews of the capital programme, creditor and debtor terms and transformational funding flows were underway to address this situation.

In discussion on the month 2 report, the Trust Board noted:-

- (1) a query from Professor D Wynford-Thomas, Non-Executive Director, in respect of the treatment of readmissions where UHL had not been the originating Trust. The Director of Finance and Procurement confirmed that the originating Trust would be liable for any financial penalties associated with such cases;
- (2) Ms K Jenkins, Non-Executive Director, sought timescales for the key actions to improve the quality and timeliness of discharge letters and OPD letters. In response the Medical Director confirmed that the rollout of the ICE software would be completed for inpatient correspondence by August 2011. The workstream for improving the timeliness of OPD correspondence was more reliant upon a cross-cutting efficiency theme relating to the development of outsourced typing arrangements and the timescale for these proposals was likely to be November 2011;
- (3) responding to a further query from Ms K Jenkins, Non-Executive Director, the Director of Human Resources summarised the key developments being explored to reduce sickness absence levels. These included changes to the sickness policy to reduce trigger levels, remove the appeals process for warnings, greater use of Occupational Health resources and a targeted focus on performance management for areas identified as having high levels of sickness absence. Mr D Tracy, Non-Executive Director, raised a query in respect of the sickness absence rates in outlying departments. The Director of Human Resources responded that some small departments with low numbers of staff had recorded sickness absence rates as high as 20%. The Director of Human Resources stressed that any performance management arrangements relating to high levels of sickness would commence with appropriate support being provided by the Occupational Health Department;
- (4) Ms K Jenkins, Non-Executive Director, noted the increased effort being applied to managing the appraisal process and queried which aspects of the process would be changed to deliver the required improvements. In response, the Director of Human Resources advised that areas of the Trust with particularly low appraisal rates would be specifically targeted for improvement and the relevant line managers would be performance managed against their ability to conduct good quality appraisals in a timely manner;
- (5) Professor D Wynford-Thomas, Non-Executive Director, highlighted the continued use of temporary staffing in April and May 2011 and queried whether this was genuinely related to the winter activity pressures. The Director of Finance and Procurement acknowledged that the Trust had not planned for such temporary measures to remain in place into the spring months, but transformational schemes had not been sufficiently embedded to reduce the staffing levels and 2 additional capacity wards had remained open longer than planned due to the nature of changes affecting ongoing patient care within the LLR health economy once a patient's episode of acute care had been completed. The Chief Operating Officer/Chief Nurse added that a significant reduction in temporary staffing costs had taken place towards the latter end of June 2011 as additional capacity wards had been closed, but she highlighted process weaknesses relating to the arrangements for accruing bank and agency staffing costs within the

actual month of expenditure;

- (6) responding to a query by Mr D Tracy, Non-Executive Director, regarding the organisational capability of CBU managers and Divisional Finance and Performance Managers to forecast the month 3 position with any degree of accuracy, the Director of Finance and Procurement provided feedback from the confirm and challenge sessions held that week with each of the 14 CBUs, noting that confidence levels varied between the CBUs, but in each case, service line information had been developed as part of a collective bottom-up approach. He advised that further training for clinicians, managers and accountants was being provided to help improve levels of knowledge and understanding relating to the forecasting process and the structure of the 2011-12 contract;
- (7) there was considered insufficient assurance at the current time regarding the pace of required changes and the required level of granular detail for the Trust's recovery plans. The Chairman requested the Director of Corporate and Legal Affairs to arrange a further extraordinary Trust Board meeting in two weeks' time to provide an opportunity for the Board to test the arrangements for financial recovery;
- (8) Ms K Jenkins, Non-Executive Director, sought clarity regarding the assurance process to demonstrate that the scale of the required reductions in expenditure would be achievable and how the process would differ from previous action plans. In response, the Director of Finance and Procurement noted that the Trust was nearly 3 months into the 2011-12 financial year and financial performance was massively off-track. Changes to the recovery actions would now include active performance management and additional dedicated resources to deliver a change in culture and day-by-day controls of discretionary spending. The Director of Communications and External Relations recorded an observation regarding the speed with which the Trust could open additional capacity wards, but conversely, it appeared to take a lot longer to close them.

DCLA

Resolved – that (A) the quality, finance and performance report for month 2 (month ending 31 May 2011) be noted;

(B) the Chief Operating Officer/Chief Nurse be requested to re-circulate corrected pages of the quality finance and performance report providing patient experience data outside the meeting, and

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(C) the Director of Corporate and Legal Affairs be requested to arrange a further extraordinary Trust Board meeting (provisional date of 21 July 2011 to be explored).

DCLA

186/11/2 LLR Urgent and Emergency Care System Improvement Programme and ED Transformational Change Programme – Update

Further to Minute 143/11/5 of 2 June 2011, the Chief Operating Officer/Chief Nurse introduced paper F, a summary of May 2011 ED performance and progress relating to the transformation of emergency care. She noted that sustainable ED performance would only be attained through a collaborative approach with all the LLR partner agencies. Further guidance relating to performance management of NHS A&E services and the new clinical quality indicators had been published by the DoH on 23 June 2011. A new group involving UHL and clinicians from GP commissioning clusters was actively reviewing attendance levels, discharge processes and patient pathway developments as part of the transformational change programme. A summary report on the new suite of metrics would be provided to the Trust Board on 4 August 2011.

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Mr R Kilner, Non-Executive Director, suggested some presentational improvements to the graphs on pages 1 and 6 of paper E, noting that tabular formats would be considered more helpful, as would the inclusion of prior year data (on page 1) and the number of lost bed days per month (on page 6). Following a query raised by the Director of Communications and External Relations, the Chief Operating Officer/Chief Nurse voiced concern regarding the impact of capital works to be undertaken to ward 1 at Coalville Hospital, noting that this would result in the loss of 24 community provided stroke rehabilitation beds for a temporary period, although alternative facilities were currently being explored to mitigate the impact of this reduction in community capacity.

The Director of Strategy referred to the graph on page 6 showing the number of bed days for patients awaiting city and county beds between 21 March and 19 June 2011 and queried what actions NHS LC had put in place to achieve reductions during this period, any differences between NHS LC and NHS LCR workstreams in this respect and any immediate actions to address the loss of 24 beds at Coalville Hospital. The Chief Operating Officer/Chief Nurse provided an insight into the flexibility arrangements between city and county beds and recent tender activity in respect of additional capacity. She advised that to date there had been no confirmation of any arrangements to replace the bed capacity at Coalville.

Ms J Wilson, Non-Executive Director, sought information regarding the workstreams to address the top 5 primary diagnoses of ED attendees. The Chief Operating Officer/Chief Nurse advised that new ambulatory care pathways had been developed for abdominal and chest pain and increased liaison services were being developed with the Leicestershire Partnership NHS Trust to support a cohort of regular ED patients in respect of overdose/ingestion of drugs. In respect of patient falls, enhanced frail elderly services and greater use of the falls risk assessment tool were beginning to deliver measurable improvements. Head injury patients generally tended to have a short length of stay but several repeat attendances.

Responding to a further query raised by Mr P Panchal, Non-Executive Director, the Chief Operating Officer/Chief Nurse advised that the timescale for changes to the footprint of UHL's ED would be dependent upon the outcome of bids for transformational funding. The Chairman highlighted a recent presentation by the Chief Operating Officer/Chief Nurse to the LLR Non-Executive Director community in respect of the interface between UHL, the East Midlands Ambulance Service and other partnership organisations.

Resolved – that (A) the update report on UHL's emergency care transformation programme (paper F) be received and noted, and

(B) the Chief Operating Officer/Chief Nurse be requested to present a summary of the new LLR emergency care performance metrics to the 4 August 2011 Trust Board.

**COO/
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186/11/3 Finance and Performance Committee

Paper G provided the Minutes of the Finance and Performance Committee meeting held on 25 May 2011 and paper G1 summarised the content of the Finance and Performance Committee meeting held on 29 June 2011. In his capacity as Finance and Performance Committee Chair, Mr I Reid, Non-Executive Director drew the Board's attention to the following issues which were considered in depth at the meeting held on 29 June 2011:-

(a) Month 2 financial position and financial recovery plans, and

- (b) LLR emergency care transformational project, noting that the agreed metrics would help to provide transparency across the LLR healthcare community. The Chairman welcomed the implementation of this common data to support a cohesive approach between the LLR Boards. The Chief Executive particularly complimented Professor T Thompson, Interim Chief Executive, EMAS for her valued support in reducing the number of late presentation category C patients.

Resolved – that (A) the Minutes of the Finance and Performance Committee meeting held on 25 May 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 29 June 2011 be submitted to the Trust Board on 4 August 2011.

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187/11 STRATEGY – ANNUAL PLANNING FRAMEWORK 2012-13

Paper H detailed the annual planning framework for 2012-13, and the associated timetable, roles and responsibilities, and arrangements for appropriate monitoring and review. In introducing this item, the Director of Strategy added a note of caution, advising that the annual planning process would be due to commence in the next few weeks and the Executive Team was aware of challenges that this might cause in respect of managing workload capacity. UHL's current Foundation Trust (FT) application timeline assumed that the second Historical Due Diligence (HDD2) review would take place in August 2011. She recommended that the current focus on financial recovery actions be maintained and that proposals relating to the FT timeline be presented to the Trust Board on 4 August 2011.

DS

Resolved – (A) that the annual planning framework 2012-13 and subsequent discussion be noted, and

(B) a refreshed report on the timeline for UHL's FT application be presented to the 4 August 2011 Trust Board.

DS

188/11 RISK – STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

Further to Minute 146/11 of 2 June 2011, the Medical Director introduced paper I which provided an update on the development process for the redesigned format SRR/BAF and detailed the role of Executive Directors in identifying key assurance sources and any gaps in control or assurance for each risk. An updated SRR/BAF was provided at appendix 1 for the Board's consideration.

In discussion on this item members:-

- (a) agreed that this document was considered central to the Trust Board's appreciation and understanding of strategic risks and that it represented a cumulative reflection of UHL's key operational risks;
- (b) noted the recent inclusion of additional controls assurance (since this iteration of the SRR/BAF had been circulated);
- (c) supported the proposal to hold a Trust Board development session to enhance the Board's perception of this key document and to satisfy the Acute Risk Management Standards (ARMS) requirements for all Trust Board members to receive appropriate risk management training. The Chairman undertook to liaise with the Director of Corporate and Legal Affairs to schedule some Trust Board time for this session at the earliest opportunity;

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| (d) | agreed that such a Trust Board development session would supersede the previous arrangements for Trust Board Sub-Committees to review relevant risks separately on an individual basis; | |
| (e) | noted the Risk and Assurance Manager's suggestions for the structure of the development session and agreed that the Director of Finance and Procurement would provide appropriate input into the planning of this event; | RAM/
DFP |
| (f) | noted a comment by Ms K Jenkins, Non-Executive Director and Chairman of the Audit Committee, that it was essential for the Audit Committee to gain a fundamental understanding of the risk assurance controls and that more robust descriptions and definitions of issues and objectives were required, including details of the measurable outcomes. She proposed that an Audit Committee review of the SRR/BAF be scheduled for the next meeting on 6 September 2011; | KJNED
/TA |
| (g) | noted a request from the Risk and Assurance Manager for the Trust's objectives to be clarified in respect of the SRR/BAF and suggested that this would be addressed at the proposed development session; | |
| (h) | noted a query raised by Mr R Kilner, Non-Executive Director, in respect of the mapping arrangements between the previous format and the new document and the new SRR/BAF. In response the Director of Safety and Risk advised that few of the 19 strategic risks had transferred to the new document with exactly the same title and some risks (such as clinical coding and infection prevention issues) had been transferred to the operational risk register. The Director of Safety and Risk undertook to circulate the risk mapping arrangements to Trust Board members outside the meeting, and | DSR |
| (i) | in response to a further query raised by Mr R Kilner, Non-Executive Director, the Director of Safety and Risk undertook to arrange for the separate risk of business continuity to be re-instated within the new SRR/BAF, when the next iteration of this report was presented to the 4 August 2011 Trust Board. | DSR |

Resolved – that (A) the SRR/BAF provided in paper I be received and noted;

(B) the Chairman and the Director of Corporate and Legal Affairs be requested to schedule a Trust Board development session on the SRR/BAF at the earliest opportunity;	Chair/ DCLA
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(C) the Director of Finance and Procurement be requested to provide input into the structure and format of the Trust Board development session;	RAM/ DFP
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(D) the Director of Safety and Risk be requested to:-

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| (1) circulate the risk mapping arrangements to all Board members (outside the meeting), and | DSR |
| (2) arrange for the risk of business continuity to be re-instated within the new SRR/BAF, in the next iteration of the report to the 4 August 2011 Trust Board meeting. | DSR |

189/11 REPORTS FROM BOARD COMMITTEES

189/11/1 Audit Committee

Resolved – that the Minutes of the Audit Committee meeting held on 31 May 2011 (paper J) be received and noted.

189/11/2 Governance and Risk Management Committee (GRMC)

The Board received and noted the Minutes of the GRMC meeting held on 26 May 2011 (paper K), noting that there were no formal recommendations to be endorsed. In his capacity as GRMC Chairman, Mr D Tracy, Non-Executive Director advised that the process for the GRMC to review the risk assessment arrangements for CIP schemes had since been deferred to the 28 July 2011 GRMC meeting.

Paper K1 provided a summary of the issues considered by the GRMC at the meeting held on 30 June 2011 and members noted that the outcome of the GRMC's review of a reported increase in patient complaints would be reported to the Trust Board via the Minutes of the GRMC meeting to be held on 28 July 2011.

Resolved – that (A) the Minutes of the Governance and Risk Management Committee meeting held on 26 May 2011 (paper K) be received and noted;

(B) the Minutes of the Governance and Risk Management Committee meeting held on 30 June 2011 (discussion subjects as listed on the covering sheet at paper K1) be submitted to the Trust Board on 4 August 2011.

189/11/3 UHL Research and Development Committee

In his capacity as Chairman of the UHL Research and Development Committee, the Trust Chairman highlighted the positive progress in respect of UHL's 3 ongoing BRU applications, noting that appropriate arrangements had been implemented to confirm and challenge the quality of the application presentations.

Resolved – that the Minutes of the UHL Research and Development Committee meeting held on 13 June 2011 (paper L) be received, and the recommendations and decisions therein be endorsed and noted respectively.

189/11/4 Workforce and Organisational Development Committee (WODC)

Resolved – that the Minutes of Workforce and Organisational Development Committee meeting held on 4 July 2011 be submitted to the Trust Board on 4 August 2011.

JW,
NED/
TA

190/11 **CORPORATE TRUSTEE BUSINESS**

190/11/1 Charitable Funds Committee

In his capacity as Chairman of the Charitable Funds Committee, the Trust Chairman introduced the Minutes of the Charitable Funds Committee meeting held on 6 June 2011 and highlighted the following issues requiring Trust Board approval (in its capacity as Corporate Trustee):-

- (a) the Well-Being at Work annual plan (as detailed in Minute 30/11);
- (b) the co-ordinated and composite approach to 'Dignity Retreat' areas (Minute 31/11/1 refers), and
- (c) the applications supported within Minute 31/11/2 (application references 3520, 3545 and 3542).

Resolved – that the Minutes of Charitable Funds Committee held on 6 June 2011 (paper M) be received, and the recommendations and decisions therein be endorsed and noted respectively.

191/11 TRUST BOARD BULLETIN

Resolved – the following reports circulated with the 7 July 2011 Trust Board Bulletin (paper N) be noted:-

- briefing on the Bribery Act 2010 (paper 1);
- briefing on the BME Symposium (paper 2);
- formal response to the Safe and Sustainable Children’s Congenital Heart Services consultation (paper 3), and
- positive outcome of a customer service excellence audit (paper 4).

192/11 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) whether the Chief Executive was aware of the disappointment felt by LINKs that their input into the Government’s listening exercise relating to the Health and Social Care Bill appeared to have been ignored and that concerns had been raised relating to the establishment of Local Healthwatch organisations. The Chief Executive advised that he was not previously aware of this issue. Whilst he had not been personally involved in this workstream, he undertook to provide this feedback to the public and patient involvement workstream of the NHS Future Forum; CE
- (2) a comment that members of the public would welcome the provision of additional assurance regarding UHL’s plans for financial recovery at the extraordinary Trust Board meeting provisionally scheduled to be held on 21 July 2011;
- (3) a request that opportunities and timescales for stakeholder engagement in the annual planning framework for 2012-13 be considered. The Director of Strategy undertook to explore these opportunities and document the outcome within an appendix to the annual planning framework; DS
- (4) a query whether the Trust’s improved cancer performance correlated to improved treatments or greater numbers of patients going into remission. In response, the Chief Operating Officer/Chief Nurse clarified that the performance statistics provided responded to UHL’s performance against nationally set timescales for screening, seeing and treating patients according to the urgency of their condition, ie 2 week wait for symptomatic breast patients and 31 day and 62 day waits for other cancer treatments and pathways of patient care;
- (5) in response to a query relating to re-admissions, what the Trust was doing differently now to address this issue and the process for recording a patient who was re-admitted on more than one occasion within the same period, the Medical Director highlighted the key workstreams arising from a specific re-admissions project board focus group. He detailed progress in respect of introducing follow-up telephone calls, additional support for frail elderly patients, re-admissions cause analysis work, re-ablement initiatives and joint initiatives being implemented in conjunction with NHS LC and LCR. The Director of Finance and Procurement provided additional information regarding the different regimes for elective and non-elective re-admissions and the targets to reduce re-admissions by one third over the year. He also advised that there was no distinction between individual re-admissions and multiple readmissions of the same patient during the same period;
- (6) a query whether there was any scope to introduce patient involvement in the review of the SRR/BAF and whether a more "public friendly" version of this document could be

provided. The Chairman noted this point and suggested that the Director of Safety and Risk be requested to explore this option further, and

- (7) a suggestion that the Trust explored the increased use of bank nurses in preference to agency nurses. The Chief Operating Officer/Chief Nurse confirmed that the Trust was already striving to increase the use of bank nurses and part-time staff and this was one of the control measures put in place prior to the consideration of agency nurse cover.

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

193/11 DATE OF NEXT MEETING

Resolved – that (A) the next ordinary Trust Board meeting be held on Thursday 4 August 2011 at 10am in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary, and

(B) it be noted that an extraordinary meeting of the Trust Board will provisionally be held on the morning of 21 July 2011 in Conference Rooms 1A & 1B, Gwendolen House, Leicester General Hospital.

194/11 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 195/11 – 206/11), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

195/11 DECLARATION OF INTERESTS

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 personal information (data protection).

196/11 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meetings held on 2 and 23 June 2011 be confirmed as correct records.

197/11 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.

198/11 REPORT BY THE CHIEF OPERATING OFFICER/CHIEF NURSE AND 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 and on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

199/11 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.

200/11 REPORTS BY THE DIRECTOR OF HUMAN RESOURCES

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

201/11 REPORT BY THE DIRECTOR OF STRATEGY

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

202/11 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that the report from the Chief Operating Officer/Chief Nurse attached to the confidential Trust Board Bulletin, be noted for information.

203/11 REPORTS FROM REPORTING COMMITTEES

203/11/1 Finance and Performance Committee

Resolved – that the confidential Minutes of the Finance and Performance Committee meeting held on 25 May 2011 (paper V) be received, and the recommendations and decisions therein be endorsed and noted, respectively.

203/11/2 Governance and Risk Management Committee

Resolved – that the confidential Minutes of the Governance and Risk Management Committee meeting held on 26 May 2011 (paper W) be received, and the recommendations and decisions therein be endorsed and noted, respectively.

203/11/3 Remuneration Committee

Resolved – that the confidential Minutes of the Remuneration Committee meeting held on 2 June 2011 (paper X) be received, and the recommendations and decisions therein be endorsed and noted, respectively.

204/11 CORPORATE TRUSTEE BUSINESS

204/11/1 Charitable Funds Committee

Resolved – that the confidential Minutes of the Charitable Funds Committee meeting held on 6 June 2011 (paper Y) be received, and the recommendations and decisions therein be endorsed and noted respectively.

205/11 ANY OTHER BUSINESS

205/11/1 Press Release – East Midlands Congenital Heart Centre

The Director of Communications and External Relations highlighted a press release issued earlier that day relating to a child patient who had gone into cardiac arrest while he was recovering from heart surgery at the East Midlands Congenital Heart Centre based at Glenfield Hospital. Surgeon Giles Peek had immediately opened the child's chest and massaged his heart by hand for 40 minutes. The patient had made a full recovery and was now a healthy six year old.

Resolved – that the information be noted.

205/11/2 Report by the Director of Strategy

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

205/11/3 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 and on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

205/11/4 Report by the Chairman

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

206/11 EVALUATION OF THE MEETING

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

The meeting closed at 4:03pm

Kate Rayns
Trust Administrator