Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 1 SEPTEMBER 2011 AT 10AM IN ROOMS 2&3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Present:
Mr M Hindle – Trust Chairman
Ms K Bradley – Director of Human Resources
Dr K Harris – Medical Director (excluding Minute 266/11/1)
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse and Acting Chief Executive
Ms K Jenkins – Non-Executive Director
Mr R Kilner – Non-Executive Director (up to and including Minute 265/11)
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 (up to and including Minute 265/11)
Ms J Wilson – Non-Executive Director

In attendance:
Mr J Clarke – Chief Information Officer (for Minute 265/11/2)
Mr P Cleaver – Risk and Assurance Manager (for Minute 253/11)
Miss M Durbridge – Director of Safety and Risk (for Minute 253/11)
Ms C Griffiths – Joint Chief Executive, NHSLCR/LC (up to and including Minute 251/11/3)
Professor D Rowbotham – Director of Research & Development (up to and including Minute 260/11)
Miss H Stokes – Senior Trust Administrator
Dr A Tierney – Director of Strategy
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations
Mr I Williams – Procurement Project Manager (for Minute 265/11/2)

ACTION

245/11 APOLOGIES AND WELCOME

Apologies for absence were received from Professor D Wynford-Thomas, Non-Executive Director. The Trust Chairman welcomed Ms C Griffiths, Joint Chief Executive NHSLCR/LC to the meeting.

246/11 DECLARATIONS OF INTERESTS

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

247/11 CHAIRMAN'S ANNOUNCEMENTS

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

(a) a welcomed positive outcome of UHL's three recent Biomedical Research Unit (BRU) applications, resulting in the Trust having been awarded a combined £15.5m grant. One award related to the renewal of the existing Cardio-Vascular BRU at the Glenfield Hospital, while the other two were for new BRUs on nutrition, diet and lifestyle, and on respiratory illness. The Chairman congratulated the leads for all three BRUs, and particularly noted the Secretary of State for Health's positive comments on the

contribution being made by scientists in Leicester;

(b) the Trust's Annual Public Meeting scheduled for Saturday 17 September 2011 at the Leicester Royal Infirmary. The formal APM itself would be held from 11.30am – 1pm, with a health fair event from 9.30am on that date. Guided tours of certain areas of the hospital would also be available (limited numbers), and

(c) Leicester, Leicestershire and Rutland's very significant public response to the Safe and Sustainable national consultation exercise, having submitted (at 23,000) more than double the number of responses of any other centre. On behalf of the Trust Board and UHL as a whole, the Chairman recorded his particular thanks to the following people for their work on the consultation exercise:- all members of HeartLink (particularly Mr G Brown), members of 'Keep the Beat' (particularly Mr A Tansey and family), the local LINKs (particularly Mr E Charlesworth), the Leicester Mercury and its Patients' Panel (particularly Mr Z Haq).

Resolved – that the announcements above be noted.

248/11 MINUTES

Resolved – that the Minutes of the meeting held on 4 August 2011 be confirmed as a correct record, subject to correction of typographical errors in Minutes 221/11(c) and 225/11/2. **STA**

249/11 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 225/11/2 of 4 August 2011 – the Chief Operating Officer/Chief Nurse agreed to recirculate details of the ED breaches relating to patients awaiting discharge elsewhere in the Trust, to Board members outside the meeting; **COO/ CN**

(b) Minute 226/11 – the Director of Human Resources reported on discussions with NHS East Midlands and noted her view that there was little realistic scope nationally to vary the terms of the voluntary severance scheme proposed to be used by UHL;

(c) Minute 93/11 of 7 April 2011 – noting that the Trust Board already received regular financial updates via the monthly quality finance and performance report, the Director of Strategy advised that further Executive Team discussion was required on the most appropriate way to keep the Trust Board sighted to progress against the other elements of the annual operational plan. The proposed reporting route would then be discussed with the Chairman – it was possible, therefore, that there would not be a quarterly update in October 2011; **DS/ EDs**

(d) Minute 91/11 of 7 April 2011 – the next quarterly patient experience presentation to the Trust Board was scheduled for 6 October 2011 and would be from the Clinical Support Division, and

(e) Minute 90/11 of 7 April 2011 – the Chief Executive advised that the item on future updates on the Hutton reports could now be removed from the matters arising report. **STA**

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

250/11 CHIEF EXECUTIVE'S MONTHLY REPORT – SEPTEMBER 2011

The Chief Executive reported on key issues, noting that the successful BRU applications

had been covered in Minute 247/11 above. Those awards also served to place UHL's research relationships with both Loughborough and Leicester Universities on a more secure footing (which was welcomed), and the Chief Executive outlined the goal of establishing Leicester as a key research centre through the development of a Biomedical Research Centre (as articulated through the Trust's R&D Strategy – Minute 254/11 below also refers).

A detailed report on the Trust's progress against its 'stabilisation to transformation' financial recovery plan would be discussed in Minute 251/11/3 below, and the Chief Executive commented that following the anticipated (and therefore planned for) July 2011 deterioration, the Trust's August 2011 performance appeared to be on track. He recognised that UHL's financial position continued to be a key concern for the Trust Board however.

Whilst welcoming the public support for option B of the Safe and Sustainable national consultation exercise (even outside Leicester), the Chief Executive noted the ongoing IPSOS MORI analysis and suggested a need to begin dialogue with both neighbouring providers and the national panel re: the way forward.

Paper C also drew members' attention to the current national consultation exercise on changes to the NHS pension scheme, the implications of which would be reviewed in detail through UHL's Workforce and Organisational Development Committee. **WDC/ DHR**

Lastly, the Chief Executive outlined the continuing work of the NHS Future Forum, noting that he would not be leading on any specific workstreams due to his focus on addressing UHL's current position.

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

(B) the Workforce and Organisational Development Committee be requested to review the implications of the public sector pensions consultation exercise, as its findings became clearer. **WDC/ DHR**

251/11 QUALITY, FINANCE, AND PERFORMANCE

251/11/1 Month 4 Quality and Performance Report

Paper D comprised the quality, finance and performance report for month 4 (month ending 31 July 2011), which included red/amber/green (RAG) performance ratings and covered quality, HR, finance, commissioning and operational standards. Discussions had also been held with KPMG (the Trust's external auditors) to enhance the quality reporting through the quality diamonds, and further metrics were now also included for the quality indicators. Individual Divisional performance was detailed in the accompanying heatmap. The commentary accompanying the month 4 report identified key issues from each Lead Executive Director and the following points were now noted by exception:-

(a) changes to the quarter 1 and 2 reporting measures in respect of emergency care, to be based on percentages not percentiles. The Chief Operating Officer/Chief Nurse considered that UHL performance would be green for both the quality and performance aspects, although noting a possibility of some slippage against the 95% target in August 2011;
(b) Monitor changes to reporting against the cancer targets, with compliance now allowed with one breach;

(c) the difficulty in obtaining comparable bench-marking information on pressure ulcers, as UHL apparently reported these slightly differently to elsewhere. This issue had also been discussed by the GRMC;
(d) that performance on all externally-reported indicators had improved since April 2011;
(e) UHL's continued good RAMI rate (risk adjusted mortality indicator) – it was considered that coding improvements would reduce this rate further;
(f) the successful roll-out of the ICE system in respect of discharge and outpatient letters. Further improvement was needed, however, on two issues (the timing of letters following discharge and also copying letters to patients), and paper D outlined the agreed standards for these issues;
(g) further improvements in performance on the fractured neck of femur target, although the appropriateness of that target remained an issue. Associated financial penalties were therefore being discussed with Commissioners. In discussion, the Medical Director provided assurance to the Trust Board that there was no evidence of other trauma areas being disadvantaged by a focus on fractured neck of femur;
(h) UHL's July 2011 achievement of the monthly 90% CQUIN threshold in respect of VTE risk assessment within 24 hours of admission, following inclusion of haemodialysis activity. Work continued to ensure that the heatmap reflected the new reporting process (already captured in the main quality finance and performance report);
(i) progress on the transformational scheme to reduce readmissions, with a project manager now in post and improved clinical engagement (aim of a 25% reduction in readmissions by March 2012). The Medical Director commented that some Trusts recorded readmissions differently to UHL, and noted the potential impact of this. He also commented that a review of UHL surgical readmissions indicated that approximately 1/3 could be positively impacted by moving to an appropriate alternative model of care (eg next day clinics, or home treatment, etc);
(j) the Medical Director's understanding that a rise in complaints/incidents in the Women's and Children's Division was linked to ward acuity. He commented that where staffing levels were below complement, they were nonetheless still appropriate for the patient numbers on the wards at that time;
(k) a further reduction in appraisal rates;
(l) comments from the Director of Human Resources that following a review, no specific individual reason had been identified for the rise in sickness absence (Minute 225/11/1 of 4 August 2011 refers). Annual leave was thought to be impacting on ability to close sickness episodes, however, and
(m) disappointing (despite being anticipated and in line with plan) month 4 financial performance, as reviewed by the Finance and Performance Committee on 24 August 2011. Cumulatively, UHL was currently £11m above plan, although the controls put in place through the stabilisation to transformation plan were beginning to have a positive impact, as evidenced by August 2011 performance. Agency costs remained higher than in 2010-11 however, and CIP underperformance accounted for approximately half of the total overall gap. The Trust's cash position was good, however, and discussions continued with suppliers re: extending payment terms. The Director of Finance and Procurement emphasised the crucial importance of September 2011 performance, as August was classed as a non-standard month. He particularly reiterated the need to break even in September 2011, as previously reported to the Trust Board.

With questions on the financial elements being taken in Minute 251/11/3 below, in discussion on the other elements of the month 4 report the Trust Board noted:-

(1) comments from Ms K Jenkins, Non-Executive Director and Audit Committee Chair, on

the difficulty of reconciling the current red indicators on the patient polling dashboards. In response, the Chief Operating Officer/Chief Nurse outlined recent changes to the system of reporting patient experience results and noted that the number of returns was lower than in the previous month. The Chief Operating Officer/Chief Nurse acknowledged that the position would have to be explored in further detail if the reduction in returns continued;

(2) a query from Mr R Kilner, Non-Executive Director, as to whether the September 2011 UCC closure from midnight to early morning was good for patient experience. Both the UHL Chief Operating Officer/Chief Nurse and the Joint Chief Executive NHSLCR/LC clarified that full UCC staffing was not needed in light of the very small number of patients involved, although moving that activity to ED would require bolstered resource (hence the transfer of UCC practitioner and reception resources). Noting her meeting that evening with GPs and ED clinicians, the Joint Chief Executive NHSLCR/LC further commented on the need to improve UCC-ED interaction before the planned footprint changes were begun;

(3) the Chairman's reiterated comments on the recognised need to retain a focus on patient experience/quality/safety/care despite CIP activity. Discussion on the monthly quality finance and performance report was key to this;

(4) a query from Mr D Tracy, Non-Executive Director and GRMC Chair, as to how to reconcile the apparently different reporting approaches used by UHL on a number of key indicators, and therefore be in a position to use truly comparative bench-marking data. In response, the Medical Director noted the key role of the clinical coding project and strengthened clinical engagement. Although noting this point, Mr Tracy emphasised the need for deadlines by which to measure improvement. The Joint Chief Executive NHSLCR/LC echoed this latter point and noted also the need for UHL to work with Commissioners on coding implications;

(5) a request from Mr R Kilner, Non-Executive Director, that a profile be developed showing how readmissions would reduce on a month-by-month basis through to the end of 2011-12 – the Medical Director agreed to incorporate this into future monthly quality, finance and performance reports. The Joint Chief Executive NHSLCR/LC noted the key importance of PCT input to this profiling, in light of links to reablement monies, and agreed to discuss this further with the Director of Finance and Procurement; **MD** **DFP**

(6) comments from Mr R Kilner, Non-Executive Director, that long waits for discharge letters were unacceptable and that action needed to be taken at an appropriately early time;

(7) concerns reiterated by Mr D Tracy, Non-Executive Director and GRMC Chairman, regarding the apparent level of progress in tackling sickness absence levels. He queried whether external support would be useful to address this issue and suggested that a deadline be set by when this would be considered. Noting this point (which could also be discussed at the 19 September 2011 Workforce and Organisational Development Committee, and a view be sought from Deloitte's as the current external financial resource), the Director of Human Resources outlined her discussions with Staff Side on strengthening the provisions of UHL's management of sickness absence policy and noted that central HR support was being targeted at key areas. In further discussion, Ms K Jenkins, Non-Executive Director and Audit Committee Chair echoed Mr Tracy's concerns and requested that the September 2011 Workforce and Organisational Development Committee consider the detail of the grade of staff **DHR**

involved and long/short term sickness absence levels. She reiterated the need to understand the root causes of sickness absence, to be able to gauge what was/was not within the Trust's control, and to take an appropriately flexible approach in managing this issue based on lessons from elsewhere. The Workforce and Organisational Development Committee Chair confirmed that her Committee already received this level of detail at its meetings;

(8) concerns expressed by Ms K Jenkins, Non-Executive Director and Audit Committee Chair, as to the fall in appraisal rates and whether underperformance on this indicator was also affecting other key HR indicators such as sickness absence. She further requested that an appropriately holistic approach be taken to addressing such issues. Annual leave impacted on appraisal rates, and the Director of Human Resources also noted discussions on whether the content of the initial 12-week appraisal (after starting UHL employment) could be relaxed somewhat. The Director of Human Resources further confirmed that she would provide a detailed report (with metrics, at the request of the Audit Committee Chair) to the September 2011 Workforce and Organisational Development Committee on appraisal issues (including feedback from a recent Internal Audit report), the headlines from which could also be shared with the Trust Board; **DHR**

(9) disappointment voiced by Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair, that Divisions and CBUs were failing to meet their own trajectories for delivering appraisals, and her query as to what action was being taken in respect of those managers. In response, the Director of Human Resources confirmed that individuals were being targeted as appropriate, and

(10) a request from Mr R Kilner, Non-Executive Director, that wider consideration be given (by the Workforce and Organisational Development Committee) to the measures successfully used by the Facilities Directorate to reduce sickness absence. **DHR/ WDC**

<u>Resolved</u> – that (A) the quality, finance and performance report for month 4 (month ending 31 July 2011) be noted;

(B) the Medical Director be requested to develop a month-by-month profile for the remainder of 2011-12, detailing the planned reduction in readmissions, to be included in future quality, finance and performance reports to the Trust Board (appropriate PCT input to this profile to be discussed between the Joint Chief Executive NHSLCR/LC and the UHL Director of Finance and Procurement accordingly, and **MD**

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

(1) discuss the suggestion of using external help to address Trust sickness absence rates, at the 19 September 2011 Workforce and Organisational Development Committee (informed as appropriate by a view from Deloitte's);
(2) continue to report in detail on sickness absence rates (including grade of staff involved, split between long/short term absence) to the Workforce and Organisational Development Committee;
(3) provide a comprehensive report to the 19 September 2011 Workforce and Organisational Development Committee on the dip in UHL appraisal rates, covering any potential impact on other HR KPIs, good practice lessons, issues from the recent Internal Audit report and appropriate metrics, and
(4) seek a view from the 19 September 2011 Workforce and Organisational Development Committee re: applying the measures successfully used by the

Facilities Department to reduce sickness absence, elsewhere in the Trust.

251/11/2 LLR Urgent and Emergency Care System Improvement Programme and ED Transformational Change Programme – Update

Paper E from the Chief Operating Officer/Chief Nurse summarised July 2011 performance within UHL's Emergency Department (ED), covering arrival times, time in ED, breach time analysis, admissions, new ED clinical indicators, patient experience, and workforce/footprint issues. It was noted that detailed discussion on the LLR urgent and emergency care system (including ED issues) would take place in the Trust Board development session later on 1 September 2011.

In brief discussion on paper E, the Trust Board noted:-

(a) comments from Mr D Tracy, Non-Executive Director and GRMC Chair, regarding the ED patient survey (appendix 1), which indicated that 60% of ED attendees had not see a GP first. Furthermore, 64% of attendees were attending with minor illnesses or injury, and he queried if these findings were comparable to levels elsewhere – in response, the Joint Chief Executive NHSLCR/LC agreed to obtain comparative figures for discussion at the Trust Board development session later that afternoon, and noted evidence already known that Leicester City attendances at UHL's ED were higher than expected – contributing factors related to access to primary care were being explored by the City GP Commissioning Consortia. She noted, however, the significant length of time required to change public behaviour, and advised the Trust Board of a campaign planned to begin in Autumn 2011, aimed at raising public awareness of the other appropriate healthcare avenues open to them other than ED; **JCE NHS LCR/LC**

(b) queries from Ms K Jenkins, Non-Executive Director and Audit Committee Chair as to:-

- the implications of the increase in Bed Bureau admissions between 4pm-8pm. In response, the Chief Operating Officer/Chief Nurse particularly noted the knock-on impact on later activity, and commented that UHL had extended some clinicians' working hours to counter this. The Chief Executive further explained that late presentation was also a key issue when it occurred some time after the initial referral, as the patient may have deteriorated clinically in the interim period;
- the implications of UHL performance on the breach time analysis as detailed on page 4 of the report, and

(c) that an analysis of market share indicated that UHL was increasing its share of ED activity, which was not to be welcomed and needed addressing.

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

(B) it be noted that the Joint Chief Executive, NHSLCR/LC would provide comparative figures for the issues raised in point (a) above, at the Trust Board development session later on 1 September 2011. **JCE NHS LCR/LC**

251/11/3 Progress Against the 2011-12 Stabilisation to Transformation Plan

Paper F advised the Trust Board of progress against UHL's 2011-12 stabilisation to transformation financial recovery plan, as agreed at the extraordinary Trust Board meeting of 21 July 2011. As detailed on the covering sheet of paper F, expenditure controls had been reinforced and centralised, turnaround advisers had been appointed (Deloitte's, supported by Finnamore, who were particularly focusing on CBU-level transformational schemes), and governance arrangements had been clarified, with the Executive Team taking direct responsibility for the financial recovery project and increased monthly scrutiny being implemented through the Finance and Performance Committee. As also noted in paper F, detailed work continued to close the remaining £5m gap in terms of the projected overall deficit. **FPC**

Table 2.1 of paper F illustrated the shifts from the June 2011 to July 2011 forecast, noting that certain elements of the recovery plan were now contained within the Divisional plans rather than the central plan. Financial values were now also ascribed to certain previously-unquantified elements of the stabilisation to transformation plan. The Director of Finance and Procurement noted that the next iteration of the forecast – informed by the Deloitte's work – would be crucial. Outlining the early indications in terms of the August 2011 position, the Chief Operating Officer/Chief Nurse noted reduced bank/agency/overtime use, continued weekly monitoring of CBU-level performance metrics, and a number of recent clinical service reconfigurations including the merger of 2 assessment units at the Leicester General Hospital. She also confirmed that the workforce freezes were having no direct adverse impact on quality issues (which were monitored closely by the Trust).

The Director of Human Resources advised the Trust Board of an extraordinary Joint Staff Consultation and Negotiation Committee meeting on 28 August 2011, which had discussed the Voluntary Severance Scheme and the transformation schemes. Staff Side were generally supportive of the former, although the administrative and clerical aspects of certain specific transformational schemes remained a discussion point. The Chief Executive advised that although broadly supportive of UHL's recovery plans, Staff Side were concerned by the limitation of the Voluntary Severance Scheme to administrative and clerical staff. The Chief Executive also noted the Trust's intention to enhance the SRO leadership of the transcription transformation scheme, as a scheme of specific concern to Staff Side.

In his capacity as Finance and Performance Committee Chair, Mr I Reid, Non-Executive Director advised of discussions at that Committee's July 2011 meeting, which had agreed the key need to track three specific workstreams (2011-12 CIPs, the additional transformational schemes agreed on 21 July 2011, and cash management/liquidity). The August 2011 Finance and Performance Committee had revisited the stabilisation to transformation plan and recognised the crucial need for appropriate Divisional/CBU ownership and monitoring of the further transformational schemes. The Finance and Performance Committee Chair suggested that table 2.1 of paper F could be clarified further, in order to track clearly the various movements and their impact on the Divisional and central bottom lines. He also noted the crucial need to achieve a break-even position in September 2011 and emphasised the need to retain appropriate focus and management in respect of the current fluid situation.

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

(a) a query from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair, on how best to assess the risk of delivering the remaining CIP, going forward and when a clearer view on that risk position would be available. The Director of Finance and Procurement noted the

key input of the external turnaround advisers and considered that a view on the risks of delivery would be available in the next month (as part of their initial baseline work);

(b) concerns from Mr R Kilner, Non-Executive Director that UHL's EBITDA position continued to worsen. He requested monthly profiling work to understand the Trust's overall position, with month-by-month information on key delivery lines to provide the Trust Board with appropriate assurance. It was agreed to present detailed profiling work to the October 2011 Trust Board. Mr Kilner also requested further granular and profiled detail on the projected delivery of the transformation CIP schemes; **DFP**

(c) queries from Ms K Jenkins, Non-Executive Director and Audit Committee Chair, regarding:-

- the planned phasing adjustment – in response the Director of Finance and Procurement clarified the mechanism to be used;
- the quantum of the remaining gap in terms of the September 2011 forecast (£2m) and whether the controls in place were – in themselves – adequate to address this. In response, the Director of Finance and Procurement commented that appropriate acceleration of the transformational programme was needed in addition to delivery of the existing controls;
- whether the external turnaround advisers would be offering solutions to UHL (they would) rather than diagnosis. It was noted, however, that it must be the Trust itself which implemented those solutions;
- whether work was in progress to focus on and address loss-making areas. The Director of Finance and Procurement considered that work was being focused on the Acute Care Division (which housed certain key loss-making services), and he outlined the targeted work in Medicine, Cardiac, Radiology and Anaesthesia. The Chief Operating Officer/Chief Nurse added that Deloitte's were also reviewing project management office (PMO) arrangements for the transformational schemes, particularly the development of common documentation for all such projects which could then be used for comparable profiling and monitoring;

(d) a query from Mr P Panchal, Non-Executive Director as to the level of organisational confidence in achieving overall financial stability. He also commented that it would be useful for the October 2011 report to include appropriate narrative on the intervening progress and any planned remedial actions, to supplement and clarify the numeric figures; **DFP**

(e) a query from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair as to whether other, smaller CBUs would also receive appropriate external support from Deloitte's (they would), in addition to the four key areas detailed above, and

(f) comments from the Joint Chief Executive, NHSLCR/LC in relation to the specific transformational schemes appended to paper F, regarding:-

- a degree of GP commissioner nervousness regarding the coding scheme and her view that there was likely to be limited scope for in-year adjustments. She recognised the key need, however, to achieve improved coding as a basis for 2012-13 contract discussions;
- work currently underway by Commissioners to review readmissions issues and reduce the overall burden on UHL, with some in-year investment possible;

- reconfiguration issues, as the LLR space utilisation survey currently underway indicated a significant under-use of available space. Further work had been agreed, therefore, in respect of the LLR asset base.

The Chief Executive thanked the Joint Chief Executive, NHSLCR/LC for her comments at (f) above, welcoming the recognised need for certain changes to be set in the wider LLR context. He further noted that understanding the current position, and being able to track progress going forward, were crucial, as was the establishment of robust and appropriate PMO arrangements. Local ownership was key, and a significant amount of work was currently in place to take UHL's financial recovery plan forward. A further update would be provided to the October 2011 Trust Board accordingly. **DFP/ COO/ CN**

In closing the discussion, the Trust Chairman noted the significant challenge facing UHL and voiced his confidence in the Executive Team's ability to provide appropriate assurance to Non-Executive Directors.

Resolved – that (A) the progress report on the 2011-12 stabilisation to transformation plan be noted;

(B) the Finance and Performance Committee be requested to undertake detailed monthly scrutiny of the financial recovery plan (Executive Team to hold operational responsibility), and **FPC**

(C) the Director of Finance and Procurement be requested to include the following in a further financial recovery plan update to the 6 October 2011 Trust Board:- **DFP**

(1) detailed, month-by-month profiling work on all key expenditure lines, and
(2) an explanatory narrative on CIP scheme progress, outlining the reasons for their current position and outlining any remedial actions planned.

251/11/4 Carparking Charges

Further to Minute 225/11/3 of 4 August 2011, the Director of Strategy provided a verbal update on UHL's engagement with staff and the public re: proposals to increase carparking charges. Begun on 15 August 2011, the period of engagement would end on 18 September 2011, with a full report scheduled for the 6 October 2011 Trust Board. As of 31 August 2011, 701 staff responses and 236 public responses had been received, and the Trust's Clinical Audit Standards and Effectiveness (CASE) Team would be involved in developing a coherent analysis. The survey had been provided to all stakeholders and also advertised in local media, on the Trust's website and in UHL's on-site carparking offices. Information would also be available at the Trust's Annual Public Meeting on 17 September 2011. The Director of Strategy noted that the issue of the first free 30 minutes public parking was generating significant debate, in particular, with the possibility of a differential site solution emerging. **DS**

Resolved – that a full report on the Trust's engagement with public and UHL staff re: proposals to increase carparking charges, be provided to the 6 October 2011 Trust Board. **DS**

251/11/5 Finance and Performance Committee

Resolved – that (A) the Minutes of the Finance and Performance Committee meeting held on 28 July 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 24 August 2011 be submitted to the Trust Board on 6 October 2011 (meeting contents as listed in paper G1). **STA**

252/11 HUMAN RESOURCES – LOCAL CLINICAL EXCELLENCE AWARDS

Paper H advised the Trust Board on the outcome of the 2011 clinical excellence awards (CEA) scheme, highlighting (as required) information in respect of the equality and diversity backgrounds of the applicants. UHL's investment for the 2011 local round was approximately £250,000 (plus on-costs), and paper H noted that the number of awards available had reduced due to a national change in the minimum investment calculation per eligible Consultant. In respect of the equality and diversity aspects, UHL continued to show an upward trend in both the number of female and BME Consultants awarded either a local or national CEA.

A revised administrative process had reduced the number of separate Committees involved in the 2011 CEA round, and paper H also sought Trust Board approval for the following process recommendations for the 2012 scheme:-
(1) continued use (as in 2011) of a Higher and Lower Awarding Committee;
(2) provision of feedback and advice to unsuccessful applicants (by Divisional Directors or other nominated individuals);
(3) revision of the validation/citation form to include job plan details and Divisional Director comments, and
(4) identification to Divisions of any eligible individual not applying within a 5-year period.

The Medical Director was reviewing the scheme to assess how it could also capture those Consultants who did not undertake the extra activities (but who nonetheless deserved to be recognised for their excellent work), and would also be encouraging such applicants to apply. Given the wider NHS financial climate, the Director of Human Resources noted that a 3-month national consultation would begin in October 2011 on the future of the CEA scheme, which would potentially become more local in nature.

<u>Resolved</u> – that the report on the 2011 CEA outcomes be noted, and the process recommendations for 2012 be supported as detailed in paper H (and above). **DHR**

253/11 RISK – STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

Paper I comprised the latest iteration of the new format Strategic Risk Register/Board Assurance Framework, noting that the revised title and content of risk 12 (non-delivery of operating framework targets) reflected its wider inclusion of risks around compliance with the Health and Social Care Act 2008 (Hygiene Code). The Medical Director acknowledged that a number of timeframes for action still needed entering on to appendix 1, which would be reflected appropriately in the next iteration (and also circulated to Trust Board members outside this meeting). Risks 1 and 10 had been identified for specific consideration by this Trust Board meeting, although recognising that risk 1 (continued overheating of the emergency care system) would be covered in detail at the 1 September 2011 Trust Board development session later that day. It was further noted that the list of missed actions would be reinstated for the October 2011 iteration of the SRR/BAF. **MD**

MD

In specific discussion on **risk 1**, the Trust Board noted:- **MD/ COO/**

(i) the view of Mr R Kilner, Non-Executive Director, that external factors relating to 'front end' issues were not included (eg the behaviour of the clinical commissioning groups); **CN**
(ii) the need to revisit the risk score following the detailed development session discussion scheduled for later that day;
(iii) the need to identify and include more 'positive assurances' for this risk, and
(iv) the key need for the strategic risk register to reflect an appropriate sense of urgency regarding the actions associated with this risk.

In specific discussion on **risk 10** (readmission rates not reducing), the Trust Board noted comments from Mr R Kilner, Non-Executive Director, that the positive assurance gaps column was not populated, and his view that the current score of 12 was too low. These views were echoed by Ms K Jenkins, Non-Executive Director and Audit Committee Chair, who noted that metrics on this issue also featured in the monthly quality, finance and performance report.

In general discussion on the strategic risk register, the Trust Board noted in particular:-

(a) a query from Mr I Reid, Non-Executive Director and Finance and Performance Committee Chair, as to whether the 'target' risk score applied once the due date for the mitigating actions had been reached, or at the current moment in time. In response, the Risk and Assurance Manager confirmed that the target risk score was based on all actions being completed and the Trust then taking a view on whether that revised score was acceptable;

(b) comments from Ms K Jenkins, Non-Executive Director and Audit Committee Chair, as to the urgent need for a robust Board Assurance Framework (BAF). She pressed Executive Directors on the timescale for finalising the BAF and queried why it had not yet been completed despite discussion on a number of iterations, noting that it must feature on the September 2011 Audit Committee agenda and the subsequent October 2011 Trust Board. In response, the Director of Safety and Risk advised that the detail of the BAF would be discussed by the Executive Team prior to its September 2011 Audit Committee submission. **MD**

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

(B) (in conjunction with the Director of Safety and Risk and appropriate Executive Director leads) the Medical Director be requested to:- **MD**

(1) ensure that infection prevention issues continued to be included in risk 12;
(2) review the risk score for risk 10 (reduction of readmissions), perceived as being too low currently;
(3) present the Board Assurance Framework to the September 2011 Audit Committee (and then the 6 October 2011 Trust Board), following appropriate Executive Team discussion prior to the Audit Committee meeting;
(4) circulate the updated version of the current SRR/BAF, with appropriate dates included;
(5) ensure that all future iterations of the SRR/BAF included:-
- **dates for the listed actions, and**
- **the appendix detailing any slipped actions (and their reasons), and**

(C) in respect of risk 1 (continued overheating of the emergency care system), Chief Executive and the Chief Operating Officer/Chief Nurse be requested to:- **COO/ CN**

(1) review the risk score for this risk following the 1 September 2011 Trust Board

development session on this issue;
(2) include appropriate external factors re: 'front end' issues – eg behaviour of the new clinical commissioning groups;
(3) address the low number of positive assurance entries for this risk, and
(4) ensure that the SRR/BAF reflected an appropriate sense of urgency on this risk.

254/11 RESEARCH & DEVELOPMENT STRATEGY 2011-16

Paper J presented the UHL Research & Development Strategy 2011-16 for Trust Board comment and approval, noting that some of the objectives within the strategy had already been delivered. Although the Strategy had been reviewed in detail by the Trust's Research and Development Committee, certain elements now required rewording in light of the recent BRU grant awards reported in Minute 247/11 above. In welcoming the Trust's Research & Development Strategy the Trust Board:-

(a) recognised it as an ambitious document, and queried how UHL compared to competitor Trusts both currently and in the strategy's future 'vision' – this context would be useful to include in future iterations. In response, the Director of Research & Development noted that the BRU awards made UHL the only such Trust outside the so-called 'golden triangle' (London/Cambridge/Oxford) – this was a step change in UHL's R&D profile and was crucial to attracting and retaining top-class staff. However it was recognised that UHL's R&D activity was still small compared to that of London Trusts; **DS**
(b) noted (in response to a query) that progress on the R&D Strategy would continue to be monitored through the UHL Research & Development Committee. The Director of Research & Development advised that the existing UHL R&D scorecard would be expanded and strengthened, and and he recognised the need for a coordinated approach to capitalising on the BRU awards. The Chief Executive noted that UHL's R&D scorecard was now also being used by the NIHR; **CHAIR MAN**
(c) noted a suggestion from Mr P Panchal, Non-Executive Director, that it might be useful for the Trust Board to receive regular presentations on key research issues – the Chairman agreed to consider this further outside the meeting;
(d) noted a suggestion for the Executive Team to consider how best to replicate the R&D pace of change/transformation elsewhere within the Trust;
(e) noted the need to embed R&D into usual Trust business, and
(f) noted the Chief Executive's comments on the need to explore redefining the traditional R&D commercial partnership model, to move towards a more creative, flexible approach.

<u>Resolved</u> – that (A) the UHL Research & Development Strategy 2011-16 be endorsed;

(B) with the Director of Research and Development, the Director of Strategy be requested to include additional comparative context in future iterations of the strategy: DS

(C) the Research and Development Committee be requested to continue to monitor progress against the R&D Strategy based on appropriate metrics and using an expanded R&D scorecard; RDC

(D) as Research and Development Committee Chair, the UHL Chairman be requested to consider the suggestion that the Trust Board receive presentations on R&D activity, and CHAIR MAN

(E) the Executive Team be requested to consider how best to replicate the pace of UHL R&D change/ innovation, in other Trust service areas. **EDs**

255/11 REPORTS FROM BOARD COMMITTEES

255/11/1 Audit Committee

Resolved – it be noted that the Audit Committee meeting originally planned for 6 September 2011 was currently being rescheduled. **STA**

255/11/2 Governance and Risk Management Committee (GRMC)

In response to a query from the Audit Committee Chair, and in his capacity as GRMC Chair, Mr D Tracy, Non-Executive Director, clarified that the GRMC had reviewed the specific quality and safety aspects of the transformation schemes. Accepting this point, the Audit Committee Chair requested that a discussion on the overall governance aspects of the transformation schemes be agenda'd for the rescheduled September 2011 Audit Committee meeting (once the date had been finalised). **DFP/ COO/ CN**

Resolved – that (A) the Minutes of the Governance and Risk Management Committee meeting held on 28 July 2011 (paper K) be received and noted;

(B) the Minutes of the Governance and Risk Management Committee meeting held on 25 August 2011 (discussion subjects as listed on the covering sheet at paper K1) be submitted to the Trust Board on 6 October 2011, and **STA**

(C) the September 2011 Audit Committee be requested to consider the overall governance aspects of the 2011-12 transformational CIP schemes (report from the Director of Finance and Procurement/Chief Operating Officer/Chief Nurse). **DFP/ COO/ CN**

255/11/3 UHL Research and Development Committee

Resolved – that the Minutes of the UHL Research and Development Committee meeting rescheduled for 12 September 2011 be submitted to the Trust Board on 6 October 2011. **STA**

255/11/4 Workforce and Organisational Development Committee (WODC)

Resolved – that the Minutes of Workforce and Organisational Development Committee meeting scheduled for 19 September 2011 be submitted to the Trust Board on 6 October 2011. **STA**

256/11 CORPORATE TRUSTEE BUSINESS

256/11/1 Charitable Funds Approvals

Paper L sought Trust Board approval as Corporate Trustee for the funding of the festive meal for UHL staff from charitable funds. The request was supported and recommended to the Trust Board by the Trust Chairman, the Director of Finance and Procurement and a Non-Executive Director, and was thus in line with the Charitable Funds Committee's scheme of delegation in relation to urgent applications. The cost of the meal was approximately £8 per head. In approving the request as detailed in paper L, the Trust

Board noted the key need for staff to be made aware of the funding stream for the 2011 festive meal, given the Trust's current financial position. **DFP**

Resolved – that (A) Trust Board approval as Corporate Trustee be given to the charitable funding of the 2011 festive meal for UHL staff as detailed in paper L, and

(B) the Director of Finance and Procurement be requested to ensure that staff were made appropriately aware of the funding stream. **DFP**

257/11 TRUST BOARD BULLETIN

Resolved – that the following items be noted as circulated with the September 2011 Trust Board Bulletin:-
(1) progress on the electronic prescribing and medicines administration (EPMA) system, and
(2) Trust Board meeting dates for 2012, as follows (all to begin at 10am, venues to be confirmed):-

- **Thursday 5 January 2012;**
- **Thursday 2 February 2012;**
- **Thursday 1 March 2012;**
- **Thursday 5 April 2012;**
- **Thursday 3 May 2012;**
- **Thursday 7 June 2012;**
- **Thursday 5 July 2012**
- **Thursday 2 August 2012;**
- **Thursday 6 September 2012;**
- **Thursday 4 October 2012;**
- **Thursday 1 November 2012, and**
- **Thursday 6 December 2012.**

258/11 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

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

(1) significant concerns voiced by the LINKS representative regarding the Safe and Sustainable national consultation and evaluation process, and a request that the Trust pass these concerns on to the Overview and Scrutiny Committee in light of that group's extended deadline to respond to the national consultation exercise. The UHL Chief Executive agreed to raise the LINKS' points accordingly;

(2) whether the brief given to Deloitte's included consideration of transferring responsibility for any UHL hospital to another provider. The Chief Executive noted the varying levels of occupancy as per the aforementioned LLR space utilisation survey, and commented that inter-site UHL service moves took place as clinically-required;

(3) the perception that the national Safe and Sustainable Panel was not in favour of option A despite the significant level of public support for that configuration. The speaker also questioned whether the Panel's previous commitment to revisit the scoring exercise had been pursued (it had). Both this speaker and Mr Z Haq noted their intention to make further representations to the Department of Health on this issue, and **CE**

(4) the view of Mr Z Haq that the Trust had – in his words – failed to tackle (i) its PCT colleagues on ED attendances, discharge issues, community facilities; (ii) the City Council on delayed transfers of care, and (iii) EMAS on rebedding, and his view that UHL should adopt a more robust stance on these issues. He also queried whether winter wards would be reopened in 2011 and thus incur financial penalties. In response, the UHL Chairman noted a detailed Trust Board development session planned for the afternoon of 1 September 2011 with the Joint Chief Executive NHSLCR/LC, to discuss LLR emergency care and winter pressures, and confirmed that he had met with the PCT Chair on 31 August 2011 to discuss rebeds. That issue was also being taken forward with EMAS by UHL's Chief Executive. The UHL Chief Executive further commented on UHL meetings held (and planned) with Leicester City Council.

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

***** post-meeting note – UHL's response to a subsequent question was attached to the October 2011 Trust Board Bulletin.**

259/11 DATE OF NEXT MEETING

Resolved – that (A) the Annual Public Meeting of the UHL NHS Trust be held on Saturday 17 September 2011 from 11.30am – 1pm (health fair event from 9.30am) at the Leicester Royal Infirmary, and

(B) the next formal Trust Board meeting be held on Thursday 6 October 2011 at 10am in rooms 1A & 1B, Gwendolen House, Leicester General Hospital site.

260/11 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 261/11 – 270/11), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

261/11 DECLARATION OF INTERESTS

Resolved – that the declaration of interest by the Medical Director in respect of Minute 266/11/1 below, and the resulting agreement that he would absent himself from the discussion on that item, be noted.

262/11 CONFIDENTIAL MINUTES

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

263/11 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.

264/11 JOINT REPORT FROM THE CHIEF EXECUTIVE AND THE CHIEF OPERATING OFFICER/CHIEF NURSE

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.

265/11 REPORTS 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, and on the grounds of commercial interests.

266/11 REPORTS BY THE DIRECTOR OF HUMAN RESOURCES

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

267/11 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that the items circulated with the confidential Trust Board Bulletin for September 2011 be noted.

268/11 REPORTS FROM REPORTING COMMITTEES

268/11/1 Finance and Performance Committee

Resolved – that this items 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.

268/11/2 Governance and Risk Management Committee

Resolved – that the confidential Minutes of the Governance and Risk Management Committee meeting held on 28 July 2011 (paper X) be received, and the recommendations and decisions therein be endorsed and noted, respectively.

269/11 ANY OTHER BUSINESS

269/11/1 Report by 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.

Paper A

269/11/2 Report by the Director of Strategy

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

270/11 EVALUATION OF THE MEETING

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

The meeting closed at 6.10pm

Helen Stokes
Senior Trust Administrator