Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

Present:
Mr M Hindle – Trust Chairman
Ms K Bradley – Director of Human Resources
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mrs K Jenkins – Non-Executive Director
Mr R Kilner – Non-Executive Director
Mr M Lowe-Lauri – Chief Executive
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:
Dr S Campbell – Divisional Director, Clinical Support (for Minute 69/11/3)
Mr M Jones – PriceWaterhouse Coopers (observing)
Ms N Leighton-Davies – Imaging CBU Manager (for Minute 69/11/3)
Mr D Sharif – KPMG (the Trust's External Auditors) (observing)
Ms H Stokes – Senior Trust Administrator
Dr A Tierney – Director of Strategy
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

ACTION

47/11 APOLOGIES

Apologies for absence were received from Mr P Panchal, Non-Executive Director.

48/11 DECLARATIONS OF INTERESTS

Mrs K Jenkins, Non-Executive Director and Audit Committee Chair, declared a non-prejudicial interest in respect of Minute 2/11 of the Audit Committee Minutes from 15 February 2011 (Trust Board Minute 57/11/1 below refers), due to her employment with Citibank.

49/11 CHAIRMAN'S ANNOUNCEMENTS

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

(1) the presence of representatives from KPMG (the Trust's External Auditor) and Price Waterhouse Coopers (PWC) as observers of this Trust Board meeting. KPMG were undertaking a governance review of UHL, while PWC had been commissioned by NHS East Midlands to review the FT trajectory of East Midlands aspirant FTs. PWC also planned to interview both Executive and Non-Executive Directors in addition to observing the Trust Board proceedings;
(2) national and local media interest in the NHS care of the elderly, as highlighted by the Parliamentary and Health Service Ombudsman's "Care and Compassion" report

(weblinks to which had been circulated to all Trust Board members). This was a recognised key issue for the NHS and would feature prominently on today's Trust Board agenda, and

(3) the 4-month "Safe and Sustainable" public consultation launched at the end of February 2011 regarding national paediatric cardiac surgery provision. Option A within that consultation exercise included UHL's Glenfield Hospital paediatric cardiac surgery facility, and the Trust Chairman urged both the Trust Board and the wider public to demonstrate their support for that option. Based at the Glenfield Hospital, the East Midlands Cardiac Heart Centre provided a high-quality paediatric cardiac surgery service covering a population of approximately 5 million people, and also included the renowned adult and paediatric ECMO service. The Trust Chairman also welcomed the media campaign being run by the Leicester Mercury regarding the public consultation.

Resolved – that the position be noted.

50/11 MINUTES

The Director of Corporate and Legal Affairs noted ongoing discussion with a member of the public regarding the recording of specific queries raised at the February 2011 Trust Board meeting. It had been explained that the Minutes were not intended to be a verbatim record of proceedings.

Resolved – that the Minutes of the meeting held on 3 February 2011 be confirmed as a correct record and signed by the Trust Chairman accordingly, subject to the inclusion of David Carson's full name in Minute 8/11/2. **STA**

51/11 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 26/11 – the 24 February 2011 discussions on the future monitoring of theatres productivity by the Finance and Performance Committee and the Governance and Risk Management Committee would be detailed in the Minutes of those meetings, which would be received at the Trust Board meeting on 7 April 2011;

(b) Minute 26/11/1 – the Director of Human Resources advised that the EPA business case would be presented to the 7 April 2011 Trust Board, following appropriate prior discussion by the Executive Team; **DHR**

(c) Minute 28/11/1 – specific capital discussions would be reported to the Trust Board on 24 March 2011; **DFP**

(d) Minute 30/11 – the Director of Strategy advised that following Executive Team discussions on 22 March 2011, risk issues (including the mapping of the strategic risk register/Board Assurance Framework to "From Good to Great") would be considered in detail at the 7 April 2011 Trust Board development session; **DFP/ DS/MD**

(e) Minute 8/11 of 6 January 2011 – the suggestion of matching staff appraisal dates to start dates would be discussed at the 23 March 2011 Workforce and Organisational Development Committee, and **DHR**

(f) Minute 294/10 of 2 December 2010 – the FT implications for recruitment would be considered at the 23 March 2011 Workforce and Organisational Development Committee and then incorporated as appropriate into the workforce chapter of the IBP. **DHR**

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

52/11 CHIEF EXECUTIVE'S REPORT – MARCH 2011

In respect of his monthly report for March 2011 (paper C) and building on the Chairman's comments above, the Chief Executive highlighted issues relating to care of the elderly (Care and Compassion report) and also the "Safe and Sustainable" national review of paediatric cardiac surgery services. Care of the elderly was a crucial concern for all Trusts, particularly in times of particular peak activity, and it was vital to identify sustainable and community-wide actions for improvement. UHL's Director of Nursing was leading work on this, and would report progress through the Executive Team and Governance and Risk Management Committee, with a further update to the 7 April 2011 Trust Board. This issue was covered in further detail in Minute 53/11/1.1 below, which would also set out planned remedial actions and plans to identify any specific areas of concern. Mrs K Jenkins, Non-Executive Director, noted the need to progress any internal UHL action(s) as soon as possible, although also recognising the importance of a system-wide approach. In response to a query from Mr D Tracy, Non-Executive Director, it was advised that the next 'patient story' would be presented to the Trust Board on 7 April 2011. **COO/ CN** **COO/ CN**

The Chief Executive outlined the basis of the Safe and Sustainable public consultation on paediatric cardiac surgery services, confirming that various mechanisms were in place for UHL to keep abreast of (and ensure it played an appropriately-proactive part in) that consultation. The Chief Executive also noted a specific Freedom of Information Act request received in respect of Glenfield Hospital paediatric cardiac surgery activity. In response to a query from Ms J Wilson, Non-Executive Director, the Chief Executive recognised the potential impact on adult cardiac services, adult ECMO services, and other paediatric services if option A was not taken forward – he advised that contingency planning would be reviewed at an appropriate time if required. The potential scope for possible disruption to the consultation process itself would also be kept under review. The Trust Board would be kept informed, as appropriate, of progress on the "Safe and Sustainable" review. **CE**

Paper C also advised of an update from Sir David Nicholson, NHS Chief Executive, on the steps being taken to move towards a reformed health and social care system (through "Equity and Excellence"). In discussion, the Medical Director noted the likely future role of the NHS Commissioning Board in respect of GP Consortia.

Resolved – that (A) the Chief Executive's March 2011 report be noted;

(B) the Chief Operating Officer/Chief Nurse be requested to:- **COO/**
(1) provide an update on the Trust's actions in respect of the Parliamentary and Health Service Ombudsman's report "Care and Compassion" to the Executive Team, the 24 March 2011 GRMC and the 7 April 2011 Trust Board (Minute 53/11/1.1 below also refers); **CN**
(2) present the next "patient story" to the 7 April 2011 Trust Board, and

(C) the Director of Strategy and the Chief Executive be requested to keep the Trust Board informed of developments in respect of the Safe and Sustainable consultation exercise. **DS/ CE**

53/11 QUALITY, FINANCE AND PERFORMANCE

53/11/1 Quality Finance and Performance Report – Month 10

Members received the new FT format quality, finance and performance report for month 10 (month ending 31 January 2011 – paper D), which included red/amber/green (RAG) performance ratings and encompassed quality, HR, finance, commissioning and operational standards. Data quality diamonds were also now included, as was revised guidance received on the NHS national operating framework 2011-12. Further information on a range of local/regional/national targets was also now tabled. Additional background information was included on how the various targets and thresholds were structured, and the 'heat map' showing the detailed positions for each Division on a range of indicators was also appended. The commentary accompanying the month 10 report included narrative on key quality, HR, and financial performance, from the Medical Director, Director of Human Resources and Director of Finance and Procurement respectively. The report now also included a quarterly update against the FT compliance framework and showed UHL's CQC service performance (as at month 10) for quarter 4 and the full-year forecast.

Complementing the information in the commentary for paper D, the Chief Operating Officer/Chief Nurse and Executive Director colleagues noted the following issues by exception:-

(a) the challenging nature of the likely 2011-12 trajectories for both MRSA and CDT, as previously reported. Expert microbiology advice indicated that it would be extremely difficult to reduce CDT incidence below a certain level, and information was being gathered accordingly for discussion with Commissioners;

(b) the receipt of new NHS East Midlands guidance on measuring of TIAs, to address previous disparities in reporting. In response to a query, the Chief Operating Officer/Chief Nurse considered that the December 2010 decline in performance was due primarily to process issues;

(c) changes to thrombolysis target reporting, given that PPCI (primary percutaneous coronary intervention) was now UHL's preferred treatment for patients. At the request of the Trust Chairman, the Medical Director outlined the differences between the two treatments;

(d) the Trust's potential vulnerability to slippage on the cancer 2-week wait target, due to patients choosing not to attend such 2-week appointments (still classed as a breach of the target). Recognising Trust Board concerns on this issue, the Medical Director agreed to undertake further work to identify which patient groups were particularly affected, review other Trusts' experiences, and pursue potential remedial actions with the GP consortia. The Director of Communications and External Relations would review the specific patient information/patient letters used for cancer 2-week appointments, and the Chief Operating Officer/Chief Nurse would explore the reasons for (and the numbers involved) patients choosing not to attend such appointments. An update would be provided accordingly to the March/April 2011 GRMC meeting; **MD/ DCER/ COO/ CN**

(e) progress on compliance with Same Sex Accommodation issues (Minute 53/11/3 below also refers), including the capital scheme within Endoscopy due for completion in April 2011. Criteria for any exception areas had now also been agreed with Commissioners;

(f) the preparation of appropriate update reports on theatres utilisation for both the Finance and Performance Committee and the GRMC, as appropriate. A granular-level breakdown of utilisation/productivity per theatre was also available for electronic circulation to Trust Board members; **COO/ CN**

(g) the continued identification of Trust-wide/corporate-level cost improvement plans (CIPs) for 2011-12 and establishment of an overarching CIP coordinator role accordingly;

(h) confirmation from the Medical Director that the Trust's 'adjusted' mortality rate showed UHL to be better than average. Specific respiratory illness aspects of December 2010/January 2011 mortality were now being reviewed by the Clinical Effectiveness Committee, to gauge whether those deaths were expected. In response to a query from Mr R Kilner, Non-Executive Director, the Medical Director confirmed that the Clinical Effectiveness Committee had developed a minimum dataset of information which must be recorded at Specialty-level 'morbidity and mortality' meetings and was monitoring the position accordingly. In his capacity as GRMC Chair, Mr D Tracy Non-Executive Director also noted that the GRMC would henceforth be receiving quarterly reports on the work of the Clinical Effectiveness Committee; **MD/ GRMC**

(i) progress on discharge letters – the new ICE discharge letter (being piloted) would enable electronic transmission to GPs. The Medical Director noted a query from Mrs K Jenkins, Non-Executive Director on plans to improve the timeliness of discharge letters;

(j) January 2011 changes to the method of assessing the risk of VTE within 24 hours of admission, thus enabling UHL to comply with Department of Health requirements as outlined in paper D. Although the percentage of patients being VTE risk assessed had increased, performance remained below trajectory and CQUIN monies would be withheld for quarter 3;

(k) a slight dip in performance on the patient safety indicators – the Medical Director considered that this was likely to be due in part to increased outlying;

(l) a continued rise in appraisal rates, with the Imaging CBU being the first clinical area to achieve a 100% appraisal rate. The Director of Human Resources outlined the 'early reporting' (process changes) explanation for the decline in January 2011 appraisal rates and noted that if successful, a current Women's and Children's Divisional pilot of direct reporting onto ESR would be rolled out across UHL. The results of the 2010 national staff attitude and opinion survey placed UHL 2nd nationally in terms of appraisal rates, although disappointingly there had been no improvement on the indicator for quality of appraisals;

(m) that it had not yet proved possible to benchmark UHL's sickness absence performance against other East Midlands Trusts. In response to a query, the Director of Human Resources confirmed that the sickness absence figures within paper D covered both long and short term sickness, and advised that long-term sickness rates had fallen significantly within UHL, and

(n) issues relating to the financial position for month 10, including:-

- activity overperformance of £0.8m, resulting in an overall position of £0.5m adverse to plan. The Director of Finance and Procurement remained confident of the continued forecast £1m year-end surplus. Agreement had been reached with Commissioners on all outstanding 2010-11 issues (appropriately informed by the DoH letter from David Flory), and the £1m surplus forecast was underpinned by revised Divisional forecasts. Planned Care Division continued to struggle on elective income issues, however;
- continued strong delivery on the 2010-11 cost improvement programme (CIP), with £24.9m delivered in the year to date. It was recognised that £2.3m savings anticipated from the operational restructure were not deliverable in-year;
- plans in place to strengthen UHL's liquidity rating and cash position. In FT terms, the Director of Finance and Procurement noted the need to improve the Trust's overall financial risk rating of 2;
- UHL's receipt of the majority of the transitional funding monies (£7.8m to date);
- the continued roll-out of service line reporting within UHL, as presented to the 24 February 2011 Finance and Performance Committee (which planned to request a Divisional presentation on use of SLR/PLICs at its March 2011

meeting);

- continued improvements in the Trust's balance sheet, particularly in respect of aged debtors, and
- the Director of Finance and Procurement's expectation that the 2010-11 capital programme would be delivered, although £3.6m short at present. A specific capital scheme had been removed as not being deliverable in-year.

In specific further discussion on the month 10 report, the Trust Board noted:-

(1) that work underway in the Women's and Children's Division (as now detailed by the Chief Operating Officer/Chief Nurse) had highlighted the role of staff compliance in MRSA incidence. UHL's Infection Prevention Team had been reallocated to high-risk areas (in terms of line insertion). Observational audits and reinforcement of good practice were key, and audit results were presented to the Infection Prevention Committee. In terms of MRSA cases more generally, the Chief Operating Officer/Chief Nurse noted that recolonisation (of the same patient) was classed as a new case if outside a specific timeframe – it was possible that UHL might appeal one particular case;

(2) that a December 2010 backlog was entirely responsible for the apparent January 2011 rise in reported pressure ulcers (query raised by Mr R Kilner, Non-Executive Director);

(3) a query from Mrs K Jenkins, Non-Executive Director, as to UHL's overall staffing levels, noting an absence of targets on the HR staffing indicator. Before outlining the processes for setting and annually reviewing specific nurse staffing levels, the Chief Operating Officer/Chief Nurse clarified that the HR indicators referred to all UHL staff not only nursing. She further advised that all wards were encouraged to complete incident forms if staffing fell below agreed levels, even if there was no patient impact. UHL also used an AUKUH acuity tool. In response to a further query from Mrs Jenkins, the Chief Operating Officer/Chief Nurse confirmed that such incident forms had been logged for January 2011, and advised that the Director of Safety and Risk provided quarterly safety reports to groups such as the GRMC;

(4) a request from Ms J Wilson, Non-Executive Director, for an update on outpatient letters to be provided to the GRMC; **MD/ GRMC**

(5) concern voiced by Mr R Kilner, Non-Executive Director, that January 2011 sickness absence levels exceeded those for January 2010, and a query on how to improve management action. The Director of Human Resources outlined the impact of the early reporting changes, and Professor D Wynford-Thomas, Non-Executive Director, noted the impact of external factors such as flu epidemics in different years, and

(6) reassurance sought by Mrs K Jenkins, Non-Executive Director, that the current £0.5m deficit would be recovered through (eg) income by year-end, to achieve the forecast £1m surplus. The Director of Finance and Procurement confirmed that revised plans had been agreed with Divisions in January 2011, to which they were expected to adhere. Executive Directors' usual confirm and challenge of Divisions would also be replicated at CBU level in coming weeks.

<u>Resolved</u> – that (A) the quality, finance and performance report for month 10 (month ending 31 January 2011) be noted;

(B) in respect of concerns over patients choosing not to attend cancer 2-week wait appointments, a report be provided to the March/April 2011 GRMC meeting, **MD/ DCER/**

incorporating work by:- **COO/**

(1) the Medical Director and the Chief Operating Officer/Chief Nurse to identify which patient groups were particularly affected, and discuss this issue further with the GP consortia in terms of possible remedial actions; CN

(2) the Director of Communications and External Relations to review the language used in the relevant patient information leaflet for this issue;

(3) the Medical Director and the Chief Operating Officer/Chief Nurse to identify the numbers of patients involved and the reasons for such non-attendances;

(C) the Chief Operating Officer/Chief Nurse be requested to provide appropriate progress reports on theatre utilisation for discussion by the March/April 2011 Finance and Performance Committee and GRMC meetings, and also circulate electronically the granular-level breakdown of individual theatre productivity, and **COO/ CN**

(D) the Medical Director be requested to:- **MD**

(1) provide quarterly reports on the work of the Clinical Effectiveness Committee to the GRMC, for information, and

(2) update the March 2011 GRMC on progress re: outpatient letters.

53/11/1.1 Care of Older People

Further to Minutes 49/11 and 52/11 above, the Chief Operating Officer/Chief Nurse outlined the actions proposed by UHL in response to the Parliamentary and Health Service Ombudsman report "Care and Compassion", regarding the care of older people within the NHS. UHL took this issue extremely seriously, and was keen both to understand why care might vary from area to area and to implement sustainable remedial actions. The Chief Operating Officer/Chief Nurse identified a number of factors needing to be addressed in any UHL-wide actions:- (i) staff attitude; (ii) failure to recognise issues of humanity and individuality; (iii) professionalism and compassion, and (iv) indifference to standards of care. Periods of significant activity also impacted on the care experienced, as did discharge and wider community issues. The Chief Operating Officer/Chief Nurse noted the need to send appropriate messages to staff, and commented on the crucial need also to involve relevant external 3rd sector organisations such as Age UK, LINks, etc.

At mandatory meetings, all Matrons and Ward Managers were being advised that unacceptable behaviour would not be tolerated, with action to be taken on either an individual or ward-wide level (as appropriate). An interactive e-learning package focusing on the basics of care had also been developed, to be undertaken by all nursing staff during Spring 2011. A 'metrics booklet' was also available on wards, listing the various indicators which were monitored at ward level. In addition to general care standards, the Chief Operating Officer/Chief Nurse noted the intention to focus UHL's actions on 2-3 key issues which would improve the patient experience for older people.

In discussion on this matter, the Trust Board:-

(a) queried whether lessons would be learned from existing areas of good practice within UHL, to enable evaluation of which measures worked best. In response, the Chief Operating Officer/Chief Nurse noted the key benefits of good ward leadership and a stable workforce, and noted that UHL's planned remedial actions would focus on poorly-performing wards in the first instance. The Chief Executive suggested it would be useful to review wards whose functions had recently changed, to assess whether that had impacted on performance on a range of indicators – he agreed to discuss this further with the Chief Operating Officer/Chief Nurse and the Medical Director; **CE/MD COO/ CN**

(b) noted a query from Mrs K Jenkins, Non-Executive Director as to the scale of poor performance, and whether there was in fact a need for all nursing staff to undertake the e-learning tool if poor practice was the exception. Although emphasising that underperformance was in no way 'endemic', the Chief Operating Officer/Chief Nurse considered that use of the training package would remove any ambiguities, and would also cover student nurses. In response to a further query she commented that both care and recording issues were key aspects to address;

(c) recognised the need also to support staff, and avoid a solely punitive approach;

(d) noted the hope of Mr D Tracy, Non-Executive Director, that the approach outlined above would result in improvements to the patients' perceived experience, which had seemingly not been comprehensively delivered through the nursing metrics to date. The Director of Communications and External Relations advised that although 96.6% of UHL's patients had rated their care as 'good, very good, or excellent' in the Trust's most recent patient polling, a significant number of patients had therefore received what they considered to be less than satisfactory care;

(e) queried how to address non-ward areas, given a recent rise in staff attitude complaints within outpatients. In response, the Chief Operating Officer/Chief Nurse advised that the first cut of metrics for maternity/outpatients/children's/theatres had been presented to the February 2011 GRMC meeting – she was in the process of developing an appropriate explanatory narrative to accompany those metrics, and **COO/ CN**

(f) noted the Chief Operating Officer/Chief Nurse's plans to include a detailed analysis of 2-3 wards in the further updates to the GRMC and Trust Board. **COO/ CN**

<u>Resolved</u> – that (A) the verbal report on UHL's plans to respond to the issues within the Ombudsman's "Care and Compassion" report on care of older people, be noted;

(B) the Chief Operating Officer/Chief Nurse, the Medical Director and the Chief Executive be requested to discuss how best to review ward areas whose functions have changed, to assess any impact on performance, and **CE/MD/ COO/ CN**

(C) the Chief Operating Officer/Chief Nurse be requested to:- **COO/ CN**
(1) develop an appropriate explanatory narrative for the maternity/children's/outpatients/ theatres metrics, to accompany their next scheduled discussion by the GRMC, and

(2) update the March/April 2011 GRMC (and Trust Board thereafter) on progress on the various measures outlined to improve the care and experience of elderly patients in UHL (including a detailed sample analysis of performance on 2-3 wards).

53/11/2 <u>LLR Emergency Care – Transformational Change Programme</u>

Paper E advised the Trust Board of January 2011 ED performance and progress on the various LLR emergency care transformational change workstreams. The report highlighted a slight reduction in ED attendances for that month (although overall figures continued to exceed both 2008-09 and 2009-10 activity levels), progress in recruiting additional ED Consultants and Advanced Practitioners (interviews April 2011), the number of rebeds for January 2011 (58), early signs of success with the pilot of triage for medical Bed Bureau referrals, and progress in developing the project plan and balanced scorecard for the LLR emergency care transformational change programme – the latter was intended to be signed **COO/ CN**

off by all involved parties' Boards in April 2011.

The Chief Operating Officer/Chief Nurse also advised that UHL was now providing a daily report (to the LLR emergency care operational group) on patients medically fit for discharge and on rebeds. UHL had also requested an extension (to the end of March 2011) of the medical Bed Bureau pilot and the Surgical admissions avoidance pilot. In response to a query from the Chief Executive, it was considered that the LLR group led by the PCT Medical Director was appropriately focused and balanced.

In discussion, the Trust Board:-

(a) queried whether any return on investment assessment had been done in respect of the triage pilots. The Chief Operating Officer/Chief Nurse advised that she would review the value-adding elements of the pilots during March 2011 – in response to a comment from Mr D Tracy, Non-Executive Director, she clarified that a potential Children's scheme was much wider than the current two pilots; **COO/ CN**

(b) received confirmation that Local Authorities were still involved in the LLR emergency care transformational change programme, with appropriate linkages being made to the issue of reablement monies;

(c) noted a query from Mrs K Jenkins, Non-Executive Director, as to whether the LLR-wide actions were being taken sufficiently quickly to address this longstanding issue. The Trust Chairman noted the key input of PCTs and advised of continued progress to move the plans forward. In response to a resourcing query from Mrs Jenkins, the Chief Operating Officer/Chief Nurse considered that an independent project director to coordinate the work would be beneficial;

(d) noted (in response to a query from Mr R Kilner, Non-Executive Director) that the decision not to go out to tender for provision of the UCC service (provision instead by Derby Community FT for 12 months) represented no additional risk for UHL;

(e) noted the patient (and bed state) benefits of the Bed Bureau pilot, although acknowledging (in response to a query) that UHL was not paid for such patients, and

(f) noted (in response to a query from Ms J Wilson, Non-Executive Director) that the ED workforce plans covered appropriate leadership and working pattern issues. Jobplans for the existing Consultant workforce also remained under discussion. The Director of Human Resources advised of a recent meeting with the East Midlands Workforce Deanery regarding the management of the East Midlands-wide gaps in the middle grade rotas. A number of actions were being considered, which the Director of Human Resources would feed through to the Chief Operating Officer/Chief Nurse for reflection in the next iteration of this Trust Board update. **DHR**

<u>Resolved</u> – that (A) the update on ED performance and progress on the LLR-wide emergency care transformational change programme be noted;

(B) the Chief Operating Officer/Chief Nurse be requested to:-
(1) present the balanced scorecard for the LLR emergency care transformational change programme to the 7 April 2011 Trust Board (for consideration at all involved parties' Boards); **COO/ CN**
(2) consider the value-adding elements (eg return on investment) of the surgical and medical triage pilots during March 2011, and

(C) the Director of Human Resources be requested to advise the Chief Operating Officer/Chief Nurse of discussions with the East Midlands Deanery re: ED middle grade shortages (for reflection of the resulting actions in future iterations of this report). **DHR**

53/11/3 UHL Declaration on Eliminating Same Sex Accommodation (SSA)

Paper F detailed UHL's declaration of its compliance with the 2011-12 NHS Operating Framework definition of eliminating same sex accommodation. Once ratified by the Trust Board (required by 1 April 2011 at the latest), the declaration had to be clearly displayed on UHL's external website. The text was the standard format provided to all Trusts.

Resolved – that subject to correction of a minor typographical error, UHL's declaration of compliance on eliminating same sex accommodation be endorsed, and placed on the Trust's external website accordingly. **COO/ CN**

53/11/4 Finance and Performance Committee

Resolved – that (A) the Minutes of the Finance and Performance Committee meeting held on 27 January 2011 (paper H) 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 February 2011 (discussion subjects as listed on the covering sheet at paper G) be submitted to the Trust Board on 7 April 2011. **STA**

54/11 STAFF/COMMUNICATION

54/11/1 Evaluating Internal Communications at UHL's Hospitals

Informed by both the results of the previous national staff attitude and opinion survey and internal surveys, paper I outlined the current position of internal communications at UHL's three hospital sites, highlighting areas of success, comparative performance, and issues for improvement. The Director of Communications and External Relations noted that internal communication challenges were common to a number of organisations, and commented on the scope for further improvement despite the progress to date. He confirmed that UHL's Communications Team would be meeting with Divisional and CBU management teams to discuss the communication channels in those areas and offer constructive advice and assistance. In discussion on the report, the Trust Board:-

(a) noted comments from the Director of Human Resources that the Trust would review practices elsewhere in terms of improving communication between senior managers and other staff – UHL's performance was below average on this national staff attitude and opinion survey indicator;

(b) noted the view of Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair, that the recommendations in paper I should be strengthened. She noted the need to reiterate the key aspects of accountability and two-way dialogue (eg communication as a conversation). Mr R Kilner, Non-Executive Director advised introducing a feedback mechanism to check staff receipt of messages from managers (Directors' safety walkabouts could be a useful vehicle for this, as now suggested by the Chief Executive). Mr Kilner also confirmed the success of initiatives such

as the breakfast meetings referred to in paper I – in discussion, Mrs K Jenkins, Non-Executive Director suggested it would aid Divisional Directors' visibility to staff if they also attended those meetings;

(c) requested that the full results of the 2010 national staff attitude and opinion survey be provided to the Trust Board; **DHR**

(d) noted a query from Mr I Reid, Non-Executive Director, as to the distribution patterns and methods for UHL's in-house magazine TrustTalk – the Director of Communications and External Relations agreed to review this accordingly, and **DCER**

(e) noted the importance of the key relationship between staff and their immediate manager, as now reiterated by the Chief Executive – he also queried whether the appropriate performance management and appraisal channels were being used to measure managers' communication with staff (although the Trust Board also noted the need for managers to receive appropriate corporate messages to pass on to staff).

Resolved – that (A) the update on internal UHL communications, and the proposed approach encapsulated within paper I, be endorsed and progressed as appropriate;

(B) the Director of Communications and External Relations be requested to consider reviewing the distribution of TrustTalk, and **DCER**

(C) the Director of Human Resources be requested to present the UHL results of the 2010 Staff Attitude and Opinion Survey to the 7 April 2011 Trust Board. **DHR**

55/11 STRATEGY – FT/LTFM/IBP UPDATE

The Director of Strategy introduced the FT application progress report as of the week ending 24 February 2011 (paper J), noting discussions with NHS East Midlands regarding a review of UHL's trajectory and progress on the tripartite agreement. The various strategies underpinning UHL's FT application were being progressed through appropriate corporate Committees, including (eg) the R&D Strategy and the Workforce Strategy. Divisions remained focused on refining UHL's IBP 2011-16 and the Director of Strategy noted the challenging nature of the coming three weeks – although ambitious and testing, she remained confident of delivering UHL's FT timetable.

In discussion, the Trust Board noted the following issues in respect of the other specific FT workstreams:-

(1) **Finance** (lead Executive Director – Director of Finance and Procurement) – progress continued towards agreement of the 2011-12 acute contract, although the Director of Finance and Procurement noted the challenge of developing a 5-year IPB in the context of a 1-year contract. Further work was required on 2011-12 CIP plans, although it was intended to present detailed 2011-12 CIPs (informed by appropriate clinical risk assessments) to the 24 March 2011 Trust Board as part of the Trust's Annual Operational Plan. The current Goodwin terms would no longer apply after 31 March 2011, which was welcomed by UHL. With respect to the risk log for this workstream, Mr R Kilner, Non-Executive Director queried what plans were in place regarding engagement with GP Consortia – he noted the Director of Communications and External Relations' response that the Trust's Head of Service for GPs was now in place, and commented on the need for appropriate output measures on such engagement. Mrs K Jenkins, Non-Executive Director, queried whether the red status of the finance workstream reflected any further concerns – **DCER**

in response, the Director of Finance and Procurement reiterated the key issue of liquidity (as per the Trust's November 2010 FT response to the Secretary of State for Health), but commented also that the risk rating on HDD1 preparedness was probably overly-pessimistic in the report;

(2) **Governance and Risk** (lead Executive Director – Director of Corporate and Legal Affairs) – both UHL's FT constitution and the draft governance chapter of the IBP would be updated in light of discussions at the Trust Board development session on 3 March 2011. The results of Deloitte's quality governance compliance review of UHL would further inform this workstream (as would the current reviews by KPMG and PWC). A formal Board development programme with external support was also in train,

(3) **Communications and Engagement** (lead Executive Director – Director of Communications and External Relations) – although noting the recent addition of this workstream, Ms J Wilson, Non-Executive Director, queried when it would be fully populated and also sought assurance regarding its overall 'red' risk status. The Director of Strategy advised that the Trust's Head of Communications had contacted other local Trusts to assess their communications position at a similar point in the FT application process.

<u>Resolved</u> – that (A) the FT/IBP/LTFM update be noted;

(B) the Director of Finance and Procurement be requested to present 2011-12 CIPs (informed as appropriate by clinical risk assessments) to the 24 March 2011 Trust Board, as part of the 2011-12 annual operational plan, and **DFP**

(C) the Director of Communications and External Relations be requested to consider appropriate output measures for the planned work to engage GP commissioners. **DCER**

56/11 INTEGRATED STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

Paper K detailed the latest iteration of the integrated Strategic Risk Register/Board Assurance Framework (SRR/BAF), noting that the summary of changes was as detailed in appendix 2. In introducing the report, the Medical Director noted that mapping (and subsequent reformatting) of the SRR/BAF across to "from good to great" would be discussed at the 7 April 2011 Trust Board development session – the new format was likely to be in place therefore from the May 2011 Trust Board meeting.

As previously agreed, the Trust Board then reviewed three of the individual risks in detail:-

(a) risk 14 *failure to achieve FT plans* – this issue had been covered in Minute 55/11 above;

(b) risk 15 *organisation may be overwhelmed by unplanned events* – the Chief Operating Officer/Chief Nurse commented on the need to add in the current multiagency "Greystoke" work (which would include testing UHL's Major Incident Plan), and also advised of discussions with LLR colleagues regarding making the best collective use of their business continuity expertise. Noting the current political/financial climate, Mr R Kilner, Non-Executive Director, queried how UHL's ability to deliver its core business might be affected by potential strike action by other public sector workers (eg Local Authorities) – the Director of Human Resources noted an NHS East Midlands seminar to review response plans on this issue – she would develop the resulting checklist into a UHL-specific plan. It was a recognised potential business continuity risk and was likely to feature in the Board-to-Board discussions with NHS East Midlands on 8 April 2011, and **DHR**

(c) risk 18 *instability during organisational change (internal and external)* – the Chief Executive advised that he would refresh the controls/assurances related to this risk as part of the wider SRR/BAF review in April 2011. **CE**

In respect of appendix 2 (summary of SRR/BAF changes), the Chairman sought an update on the agreement of the LLR QIPP Plan for 2011-12 – in response, the Director of Finance and Procurement noted continuing discussions regarding Commissioners' wish to apply Oxford scores, the impact of which (on UHL) was likely to be less significant than anticipated by Commissioners. He did not consider this to be a strategic risk register issue. He also noted continuing activity repatriation discussions with Commissioners.

Resolved – that (A) the updated integrated Strategic Risk Register/Board Assurance Framework be noted;

(B) the Medical Director be requested to present the new format SRR (resulting from its 'mapping' onto "from good to great" and the risk discussions referred to in Minute 51/11 above) to the 5 May 2011 Trust Board; **MD**

(C) in respect of risk 15 and arising from the NHS East Midlands seminar on this issue, the Director of Human Resources be requested to develop a contingency plan for any potential public sector strike action impact on UHL, and **DHR**

(D) the Chief Executive be requested to refresh risk 18 as part of the April 2011 wider SRR reformatting exercise. **CE**

57/11 REPORTS FROM BOARD COMMITTEES

57/11/1 Audit Committee

In her capacity as Audit Committee Chair, Mrs K Jenkins, Non-Executive Director sought Trust Board approval for the updated Treasury Management Policy, as appended to paper L (Audit Committee Minutes of 15 February 2011 – recommended Minute 2/11). She also particularly noted the Audit Committee's February 2011 consideration of updates to UHL's accounting policies, and the decision to invite relevant Executive Director leads to future meetings to account for any overdue audit report actions. Minute 15/11 of paper L also advised that the results of the self-assessment of the Audit Committee's effectiveness would be presented to that Committee in April 2011. **DCLA**

Resolved – that (A) the Minutes of the Audit Committee meeting held on 15 February 2011 be received, and the recommendations and decisions therein be endorsed and noted respectively (including Trust Board approval of the Treasury Management Policy), and

(B) the Director of Corporate and Legal Affairs and the Audit Committee Chair be requested to present the results of the Audit Committee effectiveness self-evaluation, to the 12 April 2011 Audit Committee. **DCLA/ KJNED**

57/11/2 Governance and Risk Management Committee (GRMC)

Resolved – that (A) the Minutes of the GRMC meeting held on 27 January 2011 be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the Minutes of the GRMC meeting held on 24 February 2011 (list of agenda items as at paper M1) be submitted to the Trust Board on 7 April 2011. **STA**

57/11/3 UHL Research and Development Committee

As Chair of the Research and Development Committee, the Trust Chairman highlighted three issues for Trust Board interest from the Research and Development Committee meeting of 7 February 2011, as per paper N. The Chief Executive suggested a need to refocus Minute 16/11 of paper N, as he considered that (although welcoming the work to date) the Research and Development Committee had not endorsed the principle of a research CBU within Acute Care. **CHAIR**

Resolved – that subject to the comment above, the Minutes of the UHL Research and Development Committee meeting held on 7 February 2011 be received, and the recommendations and decisions therein endorsed and noted respectively. **CHAIR**

57/11/4 Workforce and Organisational Development Committee

Resolved – that the Minutes of the Workforce and Organisational Development Committee meeting scheduled for 23 March 2011 be submitted to the Trust Board on 7 April 2011. **STA**

58/11 CORPORATE TRUSTEE BUSINESS

58/11/1 Charitable Funds Committee

Resolved – that the Minutes of the Charitable Funds Committee meeting scheduled for 4 March 2011 be submitted to the Trust Board on 7 April 2011. **STA**

59/11 TRUST BOARD BULLETIN

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

60/11 DATE OF NEXT MEETING

Resolved – that (A) an extraordinary Trust Board meeting be held from 10am on Thursday 24 March 2011 in rooms 1A & 1B, Gwendolen House, Leicester General Hospital site, and

(B) the next scheduled Trust Board meeting be held on Thursday 7 April 2011 at 10am in Rooms 1A & 1B, Gwendolen House, Leicester General Hospital site.

61/11 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

There were no questions received from members of the public or press.

62/11 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 63/11 – 72/11), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

63/11 DECLARATION OF INTERESTS

No interests were declared.

64/11 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 3 February 2011 be confirmed as a correct record, and signed by the Chairman accordingly.

65/11 CONFIDENTIAL MATTERS ARISING FROM THE MINUTES AND MATTERS ARISING REPORT

65/11/1 Report by the Medical Director (Minute 40/11)

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

65/11/2 Board-to-Board Meeting with NHS East Midlands (Minute 46/11)

Resolved – that an agenda for the 8 April 2011 Board-to-Board meeting with NHS East Midlands be sought as soon as possible. **DS**

66/11 REPORTS BY THE DIRECTOR OF STRATEGY

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

67/11 REPORTS BY THE DIRECTOR OF HUMAN RESOURCES

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

68/11 REPORT BY THE DIRECTOR OF COMMUNICATIONS AND EXTERNAL RELATIONS

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

69/11 REPORTS BY THE DIRECTOR OF FINANCE AND PROCUREMENT

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

70/11 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 prejudice the effective conduct of public affairs.

71/11 REPORTING COMMITTEES

71/11/1 Audit Committee

Resolved – that the confidential Minutes of the Audit Committee meeting held on 15 February 2011 be received and the recommendations and decisions therein be endorsed and noted respectively.

71/11/2 Finance and Performance Committee

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

71/11/3 Governance and Risk Management Committee (GRMC)

Resolved – that the confidential Minutes of the GRMC meeting held on 24 February 2011 be received, and the recommendations and decisions therein be endorsed and noted respectively.

71/11/4 Remuneration Committee

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

72/11 ANY OTHER BUSINESS

72/11/1 Chief Medical Officer

The Chief Executive reported that Professor Dame Sally Davies (NHS Director of Research & Development) had also been appointed as the new Chief Medical Officer.

Resolved – that the position be noted.

72/11/2 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.

The meeting closed at 7.07pm

Helen Stokes
Senior Trust Administrator