Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 2 FEBRUARY 2012 AT 10AM IN ROOMS 1A & 1B, GWENDOLEN HOUSE, LEICESTER GENERAL HOSPITAL SITE

Present:
Mr M Hindle – Trust Chairman
Ms K Bradley – Director of Human Resources
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 P Panchal – Non-Executive Director
Mr I Reid – Non-Executive Director
Mr A Seddon – Director of Finance and Procurement
Mr D Tracy – Non-Executive Director
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:
Dr B Carr – Associate Medical Director
Miss M Durbridge – Director of Safety and Risk (for Minute 34/12)
Ms H Leatham – Head of Nursing (for Minute 31/12)
Mrs S Mason – Divisional Head of Nursing, Acute Care (for Minute 31/12)
UHL staff member (for Minute 31/12)
Ms C Ribbins – Director of Nursing (for Minute 31/12)
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

26/12 APOLOGIES AND WELCOME

Apologies for absence were received from Dr K Harris, Medical Director. The Trust Chairman welcomed Dr B Carr, Associate Medical Director to the meeting, and also Ms C Ellis, LLR PCT Cluster Chair.

27/12 DECLARATIONS OF INTERESTS

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

28/12 CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew the Board's attention to:-

(a) UHL's involvement in a successful £10m bid for an East Midlands Sport and Exercise Medicine Centre, as part of the Olympic legacy. He thanked Professors N Brunskill and M Morgan for their contribution to this bid, in addition to the significant input of UHL's Chief Executive, and
(b) the requirements of the 'provider management regime' (a new self-assessment programme for NHS Trusts as part of the FT application process).

29/12 MINUTES

Resolved – that the Minutes of the meeting held on 5 January 2012 be confirmed as a correct record and signed by the Chairman accordingly, subject to amendment of Minute 5/12(b) to refer to an IM&T 'managed business partner'. **CHAIR MAN/ STA**

30/12 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of any previous matters arising - in considering these items, the Trust Board noted in particular:-

(a) Minute 8/12 – ongoing work on risk 13 of the Trust's strategic risk register (re: skills shortage) was linked to capacity planning work, and an update would be provided to the Trust Board in April 2012. A report on medical workforce specialty shortages was scheduled for the 14 February 2012 Executive Team; **DHR**

(b) Minute 9/12/4 – work continued to raise the profile of UHL's R&D programmes, particularly ahead of the BRU (Biomedical Research Unit) launch. The Chief Executive also outlined a 1 February 2012 visit by the Chairman of the Research Exercise Framework Panel to review UHL's R&D direction;

(c) Minute 329/11 – the IM&T managed services full business case would be presented to the May 2012 Trust Board (tender being issued end of February 2012), and **DS**

(d) Minute 331/11/2 – it was confirmed that details of actions to resolve staff attitude complaints would be discussed at the February 2012 GRMC. **GRMC**

Resolved – that the update on outstanding matters arising and the associated actions above, be noted. **EDs/ GRMC**

31/12 PATIENT EXPERIENCE – PATIENT STORY

In light of the Trust Board's intention to discuss unsatisfactory care experiences in as open and transparent a way as possible (thus learning lessons and preventing recurrences), the Chairman welcomed a UHL staff member who attended to report on her relatives' poor patient experience within the Trust. She detailed the unsatisfactory care, communication and attitude elements of their experience (noting the distress caused to both the patients and their family members), and noted her own professional unhappiness at the standard of care provided. The Acute Care Divisional Head of Nursing provided assurance to the Trust Board that the areas of poor practice illustrated by this experience had been addressed, and she tabled information to illustrate the changes made including (eg) the 'message for matron' paperwork. She also confirmed that appropriate action had been taken to address the performance/role of individual staff members (where required), and both she and the Director of Nursing emphasised the key need to hold staff to appropriate account for their actions when caring for patients. In addition to recognising good practice, the Chief Executive reiterated the need for clarity on the sanctions which would be invoked if staff persisted in poor practice.

The Trust Chairman thanked the staff member for coming to the Trust Board to share her experience, and apologised for the distress caused to her and her family. In discussion on this patient story, the Trust Board noted:-

(a) a query from Mr P Panchal, Non-Executive Director as to how this story would be shared more widely across the Trust, to reinforce the message that poor care was unacceptable. In response, the Director of Nursing advised that cases (and the resulting actions taken) were used as teaching tools

(b) concerns over the apparent default response by ward staff for the relatives to make a complaint, and

(c) a query from Ms K Jenkins, Non-Executive Director and Audit Committee Chair, seeking

assurance on how poor practice was uncovered internally by the Trust, rather than being highlighted by patients/relatives. The Chairman echoed this point and requested an update in September 2012 to confirm how the improvements had been embedded. The Chief Executive commented, however, that patient/relative feedback was crucial as instances of poor care were not necessarily witnessed by clinical colleagues. The Chief Executive also noted the SHA's key interest in patient experience and commented that (due to its patient experience surveys) UHL was already close to the SHA requirement to measure the patient experience of 10% of Trust footfall as of 1 April 2012. **COO/ CN**

Resolved – that an update on how the lessons learned/actions arising from the above patient story had been embedded (and their resulting impact), be provided to the September 2012 Trust Board (Minute 33/12/2 below also refers). **COO/ CN**

32/12 CHIEF EXECUTIVE'S MONTHLY REPORT – FEBRUARY 2012

The Chief Executive's monthly report at paper D particularly highlighted the progress of the Health and Social Care Bill (on which the Trust Board would be kept informed through this report), continued improvements through the Emergency Department 'right place right time' process, referral to treatment (RTT) targets, the establishment (by June 2012) of the NHS Trust Development Authority (NTDA), and the 2nd phase report from the NHS Future Forum (a link to which would be included in the Minutes of this meeting). As referred to in Minute 28/12 above, the report also outlined the implications of the SHA's adoption of a 'provider management regime' (PMR) approach to overseeing NHS Trusts across the cluster. The PMR was being run in shadow form until April 2012 – the first return had been signed off by the UHL Chief Executive at the end of January 2012 and would in future be presented to the Trust Board prior to sign-off. **CE** **STA** **CE**

In discussion on the PMR, members queried an apparent conflict between the submission date and the date of existing UHL Trust Board meetings – this issue was currently being considered accordingly, as was the role of the UHL Finance and Performance Committee/GRMC in reviewing the PMR return en route to the Trust Board. In response to a further query from Mr I Reid, Non-Executive Director and Finance and Performance Committee Chair, the Director of Finance and Procurement advised that the quantum of the 'working capital facility' to be assumed was clear.

Resolved – that (A) the Trust Board be informed of progress on the Health and Social Care Bill; **CE**

(B) a link to the NHS Future Forum 2nd phase report be included in these Minutes (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132026), and **CE**

(C) the monthly return for the Provider Management Regime be signed off in-month from February 2012 onwards at each Trust Board meeting, noting the potential need to rearrange the Trust Board meeting dates accordingly. **CE**

33/12 QUALITY FINANCE AND PERFORMANCE

33/12/1 Safe and Sustainable – National Review of Paediatric Cardiac Surgery Services

Paper E updated the Trust Board and key stakeholders on the progress of the national review of paediatric cardiac surgery services, focusing particularly on the impact on Leicester/East Midlands paediatric cardiac services. A hearing date of 2 March 2012 had been set for the ongoing judicial review process. The Director of Strategy outlined the disappointing response

received to UHL's R&D resubmission – UHL's Chief Executive had now written to the Joint Committee of Primary Care Trusts (JCPCT) to request further detail on that outcome. An action plan to address the issue of paediatric ENT outpatient services co-location (to the Glenfield Hospital site) was attached at appendix 1 of paper E, and was approved accordingly. In discussion on paper E, Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School amended the section on research, thus clarifying that the building of the Cardiovascular research centre at the Glenfield Hospital was itself already underway, at a cost of £12.5m and with a completion date of summer 2012. **DS**

Resolved – that (A) UHL's submission re: cardio-vascular research be updated to reflect the fact that the £12.5m newbuild Cardiovascular Research Centre was already underway, with a completion date of summer 2012, and **DS**

(B) delivery of the outline plan to relocate paediatric (and some adult) ENT outpatient activity to the Glenfield Hospital be progressed accordingly. **DS**

33/12/2 Month 9 Quality, Finance and Performance Report

Paper F comprised the quality, finance and performance report for month 9 (month ending 31 December 2011), which included red/amber/green (RAG) performance ratings and covered quality, HR, finance, commissioning and operational standards. Individual Divisional performance was detailed in the accompanying heatmap. The commentary accompanying the month 9 report identified key issues from each Lead Executive Director, and the following points were now noted by exception:-

(a) the additional activity now underway in respect of referral to treatment (RTT) targets;
(b) significant activity pressures on 1 February 2012 resulting in extra capacity beds being opened, and the Trust's focus now on maintaining appropriate surgical capacity. The availability of additional LPT rehabilitation beds had also been extended for 2 further weeks;
(c) the outcome of UHL's 'Flory bids' for additional activity-related national monies (£0.5m confirmed, with discussions continuing with Commissioners on the bids relating to additional beds);
(d) the recognised need for further work to reduce cancelled operations, with a new process in place accordingly. Progress against the target of 0.8% (which was now being achieved) was being reported through the quality finance and performance report;
(e) the plans in place to address those elements of the 62-day cancer waits within the Trust's control;
(f) continued work to review mortality rates, noting the vital importance of accurate coding to reflect complex co-morbidities;
(g) the development of core 2012-13 objectives for all UHL managers, including targets relating to sickness absence management and appraisals. Discussions with Staff Side re: proposed changes to the Trust's Management of Sickness Absence Policy were also approaching conclusion, and
(h) information relating to the month 9 financial position (which had also been reviewed in detail by the 25 January 2012 Finance and Performance Committee) including:-
    - an in-month surplus of nearly £2m, due mostly to the receipt of PCT monies on readmissions and the FOPAL service (Frail Older Persons' Advice and Liaison);
    - a cumulative year to date deficit of £11.1m;
    - variable in-month Divisional performance, with particular difficulties experienced in Acute Care with a £0.5m reduction in ECMO income (noting that ECMO activity nationally had been very low). Planned Care activity had improved, however, and the Trust Board voiced its thanks both to Surgeons and to the Planned Care Divisional

management team for their particular efforts on additional work to address musculo-skeletal RTT requirements (to the extent, in fact, that UHL had then been able to provide assistance to other Trusts); **CHAIR MAN**

- continued success in stabilising pay expenditure, although still running above the ideal. Further significant reductions were challenging given the current winter activity pressures;
- an ongoing contractual dispute as referenced in section 5.4.1, and
- a deterioration in the overall year-end forecast, due primarily to the impact of reduced income within the Acute Care Division.

In discussion on the month 9 report, the Trust Board noted:-

(1) a query from Mr I Reid Non-Executive Director and Finance and Performance Committee Chair, regarding the longstanding red RAG rating of certain access targets and the potential need for further review. The Chief Operating Officer/Chief Nurse advised that these indicators related to internal waiting times, and noted that this part of the quality finance and performance report would be refreshed from April 2012 onwards;

(2) a query from Ms K Jenkins Non-Executive Director and Audit Committee Chair, as to the current position re: the reporting of UCC breaches. The Chief Operating Officer/Chief Nurse outlined the steps taken to correct the reported quarter 2 position and noted her understanding that the quarter 3 position would be reported accurately within The Quarter publication;

(3) confirmation from Mr D Tracy Non-Executive Director and GRMC Chair, that discussions had been held with PCTs to identify key performance indicators for the 5 critical safety actions. PCTs had provided funding to start this work which was being led by UHL's Corporate Medical Directorate (monies requiring to be spent by 31 March 2012);

(4) a query from Mr I Reid Non-Executive Director and Finance and Performance Committee Chair, as to whether the 10x medication errors review recommendations had been implemented – this had been discussed further at the 26 January 2012 GRMC and was been progressed accordingly, although no linkages had been found between those incidents;

(5) a query from Mr D Tracy Non-Executive Director and GRMC Chair, as to the December 2011 7% sickness absence rate – in response, the Chief Operating Officer/Chief Nurse clarified that this referred to UHL's GI wards with the bulk of the sickness relating to staff influenza. Appropriate staffing action had been taken and the position was now improving;

(6) a number of queries from Ms K Jenkins Non-Executive Director and Audit Committee Chair in respect of the financial position, relating to:-

- clarification required on the quantum of the adverse non-pay position – in response, the Director of Finance and Procurement highlighted the figure within the forecast (as the stated position against the plan also included unidentified CIPs);
- the implications for the forecast of the drugs movement within Medicine – the Director of Finance and Procurement confirmed that this had no implications as it was a one-off movement relating to the implementation of new outpatient dispensing arrangements with Lloyds Pharmacy, and

(7) a query from Mr P Panchal Non-Executive Director, as to the likelihood of (and plans in place for) meeting UHL's 2011-12 headcount reductions plan. Noting that bank and agency elements had already been removed, the Director of Finance and Procurement recognised that headcount reductions had plateau'd, and he reiterated his earlier view that the position was now very challenging in light of continued winter pressures. The Director of Human Resources outlined

the staffing impact of forthcoming measures such as the closure of existing additional winter capacity in April 2012 and voluntary severance scheme posts leaving the Trust in April 2012. She noted the externally-funded nature of certain R&D posts and also advised that Executive Directors continued to challenge the workforce assumptions within Divisions' 2012-13 business plans. In further discussion on staffing issues, Mr D Tracy, Non-Executive Director and GRMC Chair commented that substantive WTEs for December 2011 had not changed dramatically from December 2010. Referring back to the patient story in Minute 31/12 above, the Director of Finance and Procurement noted the need to make staffing reductions in a safe and sustainable way, aligning process and productivity to ensure a good patient experience – with regard to the issues raised in that story he suggested a need to identify appropriate metrics including (eg) the number of times patients were moved at night, for report to a future GRMC. **COO/ CN**

<u>Resolved</u> – that (A) the quality finance and performance report for month 9 (month ending 31 December 2011) be noted;

(B) the Trust Board's thanks be passed to the Planned Care Division Surgeons and management team for their flexible approach to accommodating extra MSK activity, resulting in UHL being able to undertake additional such work for other centres, and **CHAIR MAN**

(C) (further to Minute 31/12 above) appropriate metrics be developed to measure the impact of Trust processes on patient experience – capturing (eg) the number of times patients were moved at night, for report to a future GRMC. **COO/ CN**

33/12/3 <u>Emergency Care Transformation</u>

Paper G summarised emergency care performance for December 2011 – in addition the Chief Operating Officer/Chief Nurse advised that draft metrics were now in place for diagnostics and the Emergency Department (ED) and commented that ECIST (Emergency Care Intensive Support Team) had revisited UHL at the end of the previous week. She also advised of a pause in the ED capital scheme in light of work to explore LLR-wide patient flows. In discussion on paper G the Trust Board:-

(a) noted a query from Ms J Wilson Non-Executive Director and Workforce and Organisational Development Committee Chair, on how to measure the impact of the PCTs' campaign encouraging patients not to attend ED unnecessarily – the Chief Operating Officer/Chief Nurse agreed to discuss this with ECN Board colleagues and feedback thereafter. It might also be useful to review the responses to the ED patient survey question on patient awareness of the UCC. The Chief Executive cautioned, however, against expecting any significant drop in patient attendances as a result of such campaigns; **COO/ CN**

(b) welcomed the inclusion of discharge-related targets;

(c) noted (in response to a query) that UHL's 'watershed policy' was now mandatory;

(d) welcomed EMAS's agreement to a 0% target for rebeds (which would now be classed as never events), and voiced thanks for the helpful input from the City LINK on this issue; **ALL**

(e) noted the view of Mr R Kilner, Non-Executive Director that it should be straightforward to clarify the lead role within ED – the Chief Operating Officer/Chief Nurse agreed to discuss this further outside the meeting; **COO/ CN**

(f) noted a query from Mr R Kilner Non-Executive Director as to community rehabilitation bed availability compared to previously – the Chief Operating Officer/Chief Nurse advised that she

was not aware of any reduction in community provision and commented that figures on occupied bed days for delayed discharges at UHL were shown in the LLR weekly flash report appended to paper G;

(g) noted a query from Ms K Jenkins Non-Executive Director and Audit Committee Chair, as to the current emergency care performance – in response, the Chief Operating Officer/Chief Nurse noted her view that the position would change from that in paper G due to the very significant January 2012 rise in attendances (although breaches had not risen correspondingly);

(h) invited Mr P Panchal Non-Executive Director to attend one of the Right Place Right Time 'daily huddles', and **PPNED**

(i) noted the Chief Executive's intention to report to GRMC on how UHL had managed to reduce the level of usual seasonal rise in mortality during winter 2011. **CE/MD**

Resolved – that (A) potential methods for measuring the success of PCT actions to deflect ED attendances, be discussed with the ECN Board and fed back to Trust Board members accordingly; **COO/ CN**

(B) further detail be provided to Mr R Kilner, Non-Executive Director outside the meeting on ED staffing leadership; **COO/ CN**

(C) Mr P Panchal, Non-Executive Director be invited to join one of the Right Place Right Time daily 'huddles' to gain insight into the issues raised, and **PPNED**

(D) the February/March 2012 GRMC be advised of the measures taken by UHL successfully to reduce the usual seasonal increase in mortality during winter 2011. **CE/MD**

33/12/4 Stabilisation to Transformation – Financial Recovery Update

Paper H advised of progress on implementing the Trust's 2011-12 financial recovery plan, noting continued work to close the current gap. In respect of the additional cost reductions allocated to Divisions in November 2011, improvements had been realised in the Planned Care and Women's and Children's Divisions but not across the Trust, with the Medicine CBU remaining the single largest area of variance to plan. Negotiations continued regarding the cost-base of the additional RTT capacity. A further contract meeting was scheduled with Commissioners on 3 February 2012. The Director of Finance and Procurement noted his view that a degree of year-end risk persisted, above that present in 2010-11.

In discussion on the financial recovery plan, the Trust Board noted queries from Mr R Kilner Non-Executive Director relating to the additional beds opened by the Trust due to winter pressures, including their cost (and how that compared to the additional income involved) and the length of further time they would remain open. In response, the Chief Operating Officer/Chief Nurse confirmed that in addition to the planned opening of 40 funded additional beds, a further 138 unfunded beds were open with residual costs of £1.2m, and she outlined the discussions underway with PCTs regarding the various Flory bids submitted by UHL (£100,000 of the £600,000 bid had been received). In response to a further query from Mr Kilner on the extent to which this was reflected in the forecast, the Director of Finance and Procurement commented on the complexity of the emergency admissions tariff and advised that the forecast did account for the impact of non-LLR patients.

Resolved – that the update on the financial recovery plan be noted.

33/12/5 Finance and Performance Committee

In response to a query from Ms K Jenkins Non-Executive Director and Audit Committee Chair, it was clarified that the Finance and Performance Committee had considered the Staff Attitude and Opinion Survey results due to their links to performance issues. The March 2012 Workforce and Organisational Development Committee would, naturally, review any developmental issues.

Resolved – that (A) the Minutes of the 4 January 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the Minutes of the 25 January 2012 Finance and Performance Committee be presented to the 1 March 2012 Trust Board. **STA**

34/12 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

Paper J comprised the latest iteration of the Trust's Strategic Risk Register/Board Assurance Framework (SRR/BAF), noting an increased risk score of 16 (from 12) for risk 4 (*failure to acquire and retain critical clinical services*) (for the reasons explained in the report), and clarification changes to the titles of 2 risks. Internal Audit were undertaking a deep dive into UHL's risk management Strategy and processes, which would also cover the SRR/BAF and the Trust Board's usage of it. The Audit Committee Chair suggested that it would be helpful for the draft audit report (with management commentary) to be circulated to Trust Board members, ahead of discussion of the formal report at the April 2012 Audit Committee. **MD**

In specific discussion on **risk 8 (*deteriorating patient experience)*** the Trust Board noted:-
(i) the need for appropriate linkages to the Staff Attitude and Opinion Survey findings;
(ii) the need to include the Executive/Non-Executive Director walkabouts in the assurance column;
(iii) (in response to a query) that a single composite dashboard of all relevant indicators had been circulated to wards for comment;
(iv) the need to include a clear target date by which improvements in the patient experience could be demonstrated as a result of the actions being taken – this would be discussed further by the Executive Team; **COO/ CN**
(v) work underway to encourage staff to try and deal with concerns at the time they were raised rather than automatically direct patients/relatives down the formal complaint route, and
(vi) the need to clarify (in patient literature) that all patients in the emergency pathway would undergo a minimum of 2 moves.

In specific discussion on **risk 11 (*lack of organisational IT exploitation*)** the Trust Board noted the need to include UHL's rolling programme of system replacement, as a control. **DS**

In specific discussion on the relatively-newly included **risk 16 (*lack of innovation culture)*** the Trust Board noted ongoing work by a PhD student to seek clinicians' perceptions of key 'blockers' to innovation – initial findings would be reported to the April 2012 Research and Development Committee and also shared with the Executive Team. **DS**

In discussion on appendix 3 of paper J (detailing any slippage on the action timescales), members noted the need to escalate (to the Trust Board) any challenges in moving actions forward. Ms K Jenkins Non-Executive Director and Audit Committee Chair reiterated the need to understand the impact of not implementing actions and whether that slippage adversely affected the risk score. She also requested that the monthly Executive Team review of the SRR/BAF include seeking assurance as to whether the Trust was on trajectory to meet the **MD** **EDs**

individual target risk scores. For clarity, it was noted that the appendix 3 comments attributed to risk 14 related instead to risk 15. In further discussion, Mr I Reid Non-Executive Director and Finance and Performance Committee Chair queried whether the target dates were realistic for risk 15 (*management capability/stretch*); it was agreed that this would be one of the three risks discussed in detail at the 1 March 2012 Trust Board. **MD**

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

(B) Internal Audit's deep dive into UHL risk management processes (including the SRR/BAF) be circulated in draft form (plus management response) to Trust Board members), and discussed formally thereafter at the April 2012 Audit Committee; **MD**

(C) as part of its monthly review of the SRR/BAF, the Executive Team discuss whether UHL was on track to meet the target risk score for the individual risks; **EDs**

(D) appendix 3 of the report identify any detrimental impact of slippage on (or non-implementation of) mitigating actions; **MD**

(E) risk 15 be discussed in detail at the 1 March 2012 Trust Board; **MD**

(F) in respect of risk 8 (deteriorating patient experience):-
(1) appropriate linkages be included re: UHL's national staff attitude and opinion survey results;
(2) the assurance column include Executive/Non-Executive Director walkabouts;
(3) the Executive Team discuss a trajectory/target date to see a demonstrable, positive impact of the planned actions, for inclusion in this risk entry accordingly; **COO/ CN**

(G) in respect of risk 11 (lack of organisational IT exploitation), UHL's rolling programme of system/equipment replacement be added into the controls column, and **DS**

(H) in respect of risk 16 (lack of innovation culture), the initial findings from a review of Clinicians' perceptions of 'blockers' to innovation, be shared with the Executive Team and the April 2012 Research and Development Committee. **DS**

35/12 REPORTS FROM BOARD COMMITTEES

35/12/1 Audit Committee

Resolved – that the Minutes of the 14 February 2012 Audit Committee be submitted to the 1 March 2012 Trust Board. **STA**

35/12/2 Governance and Risk Management Committee (GRMC)

Mr D Tracy, Non-Executive Director and GRMC Chair, advised that two of the three issues highlighted from that Committee's meeting of 26 January 2012 had already been covered. In respect of the third issue on paper K1 he confirmed that the GRMC would henceforth review notes from the PCT quality visits. **GRMC**

Resolved – that (A) the Minutes of the 4 January 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) notes from the PCT quality visits be discussed at each GRMC meeting. **GRMC**

35/12/3 UHL Research and Development Committee

Resolved – that the Minutes of the 9 January 2012 Research and Development Committee be received, and the recommendations and decisions therein be endorsed and noted respectively.

35/12/4 Workforce and Organisational Development Committee (WODC)

Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair advised that the issues itemised on the front cover of paper M had been highlighted verbally at the 5 January 2012 Trust Board.

Resolved – that the Minutes of the 19 December 2011 Workforce and Organisational Development Committee be received, and the recommendations and decisions therein be endorsed and noted respectively.

36/12 CORPORATE TRUSTEE BUSINESS

36/12/1 Charitable Funds Committee

Resolved – that the Minutes of the 16 January 2012 Charitable Funds Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (approvals in Minute 1/12 to be progressed accordingly). **DFP**

37/12 TRUST BOARD BULLETIN

Resolved – the following reports circulated with the February 2012 Trust Board Bulletin be noted:-
(1) Executive Team review of UHL meetings/Committee structure;
(2) bids to the NHS National Contingency Fund: Access/Performance/Winter Pressures, and
(3) response to public queries from the December 2012 Trust Board meeting.

38/12 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The Chairman noted that any additional questions not able to be raised within the 20 minutes allocated on the agenda should be advised to the Director of Corporate and Legal Affairs who would coordinate a response outside the meeting accordingly. The following queries/comments were received regarding the business transacted at the meeting:-

(1) a query from Mr D Gorrod, LINKs, on how far staff salary increases were linked to longevity in post rather than performance, and whether this would change once UHL became an FT. In response, the Director of Human Resources advised that in light of the terms of the national decision to freeze increments, the majority of UHL staff were still experiencing some pay movements. The Agenda for Change Handbook allowed Trusts to link pay progression with performance, and UHL was also working with other East Midlands Trusts to explore the level of flexibility open to FTs;

(2) congratulations from Mr E Charlesworth, LINKs, to the Trust Board for taking the very difficult patient story in its public session. Separately, he noted the need to look more widely at potential healthcare system blockers in respect of other LLR agencies, and voiced concern at the fact that additional beds opened by UHL due to winter pressures were unfunded by Commissioners. On

behalf of the LINKs, he sought assurance that the cost of LLR system-wide winter pressures would be recognised and apportioned appropriately by community partners. In response, and although noting Mr Charlesworth's points, the Chief Executive outlined the steps taken by the LLR PCT Cluster to make community beds available, although he acknowledged UHL's disappointment at the response to its Flory bids. The LLR PCT Cluster Chair voiced her view that the Cluster had been very supportive of UHL, noting that discussions continued in a collaborative context;

(3) a query from Mr E Charlesworth, LINKs, as to the action being taken by UHL to counter the JCPCT's response to its further evidence (safe and sustainable national review of paediatric cardiac surgery services). In response, the Director of Strategy agreed to provide a copy of the Chief Executive's letter to the JCPCT (a response to which was awaited) and noted UHL's request to see the Minutes of that JCPCT meeting; **DS**

(4) comments from Mr M Woods on his own similar patient experience at the Trust some 3 years previously – he queried what actions had been taken by UHL in respect of nurse training on attitude, compassion and basic care elements. In response, the Chief Operating Officer/Chief Nurse outlined the teaching introduced to cover UHL's values, caring skills, and leadership and she confirmed the Trust's links with De Montfort University regarding student nurse training. She also reiterated the need to hold nursing staff to account if care fell below acceptable standards, and

(5) concerns from Mr M Woods on his own recent dissatisfactory experience of the Trust's system for booking appointments, which he outlined to the Trust Board. The Trust Chairman apologised for Mr Woods' poor experience and the Chief Operating Officer/Chief Nurse agreed to explore the issues raised further outside the meeting and provide an update on the Trust's booking systems. In further discussion, Mr R Kilner Non-Executive Director suggested it might be helpful for UHL to adopt a 'mystery shopper' approach to testing its own processes, and Mr P Panchal Non-Executive Director commented on the need to know how widespread Mr Woods' experiences were, noting that not all patients were as able to articulate their concerns and/or navigate the system. The Director of Communications and External Relations noted the need to review wider customer care issues, focusing on the primary point of contact. **COO/ CN** **DCER/ COO/ CN**

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

39/12 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 1 March 2012 at 10am in Rooms 1A & 1B, Gwendolen House, Leicester General Hospital site.

40/12 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 41/12 – 53/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

41/12 DECLARATION OF INTERESTS

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

42/12 CONFIDENTIAL MINUTES

CHAIR

Resolved – that the confidential Minutes of the Trust Board meeting held on 5 January 2012 be confirmed as a correct record and signed by the Chairman accordingly. **MAN**

43/12 MATTERS ARISING REPORT

Resolved – that the consideration of the confidential matters arising report (and specific items arising therefrom) 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.

44/12 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, legal privilege, and on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

45/12 REPORTS BY THE DIRECTOR OF FINANCE AND PROCUREMENT

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

46/12 REPORT BY THE CHIEF OPERATING OFFICER/CHIEF NURSE

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

47/12 REPORT 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.

48/12 REPORT BY THE TRUST CHAIRMAN

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.

49/12 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that the reports circulated with the February 2012 confidential Trust Board Bulletin be noted for information.

50/12 REPORTS FROM BOARD COMMITTEES

50/12/1 Finance and Performance Committee

Resolved – that (A) the confidential Minutes of the 4 January 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted, respectively, and

(B) the information re: confidential items discussed at the 25 January 2012 Finance and Performance Committee be noted as detailed in paper V1.

50/12/2 Remuneration Committee

Resolved – that the Minutes of the 5 January 2012 Remuneration Committee be received, and the recommendations and decisions therein endorsed and noted respectively.

51/12 ANY OTHER BUSINESS

51/12/1 UHL Bids for BRU Monies

The Director of Finance and Procurement advised the Trust Board of UHL's successful bids for national BRU capital monies, in relation to both the cardio-respiratory and nutrition/diet/lifestyle BRUs. The proposed newbuild facility for the former would require Trust Board and then SHA approval (at approximately £2m), while the capital funding for the latter related to refurbishment requirements. UHL had secured approximately 40% of the overall national BRU capital funding available (which was welcomed by the Trust Board), which would fully fund both schemes. The Trust Board agreed to delegate authority to the Director of Finance and Procurement to progress the detail of those schemes accordingly. In response to a query from Professor D Wynford-Thomas, Non-Executive Director, the Chief Executive confirmed that a newbuild facility was needed, as the alternative would involve use of existing clinical space and thus be detrimental to patients. **ALL/ DFP**

Resolved – that authority be delegated to the Director of Finance and Procurement to progress the necessary arrangements for use of the nationally-funded BRU capital monies (noting any requirements for future Trust Board and SHA approval as appropriate). **DFP**

51/12/2 EDL March in Leicester – 4 February 2012

The Chief Operating Officer/Chief Nurse confirmed that appropriate multi-agency plans were in place in respect of the 4 February 2012 EDL march (and any countering marches) in Leicester.

Resolved – that the position be noted.

51/12/3 Query by Ms K Jenkins, Non-Executive Director and Audit Committee Chair

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. **DCLA**

51/12/4 Query by Mr I Reid, Non-Executive Director and Finance and Performance Committee Chair

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

51/12/5 Report by the Director of Corporate and Legal Affairs

The Director of Corporate and Legal Affairs advised of ongoing discussions with the SHA to clarify whether the 1 March Trust Board meetings needed to be rescheduled in light of the PMR sign-off dates. Board members would be advised accordingly as soon as possible. **DCLA**

Resolved – that the need (or not) to reschedule the 1 March 2012 Trust Board meeting be confirmed as soon as possible. **DCLA**

51/12/6 Report by the Chief Executive

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.

52/12 MEETING EVALUATION

Resolved – that any evaluation comments be provided to the Trust Chairman outside the meeting. **ALL**

The meeting closed at 5.25pm

Helen Stokes - **Senior Trust Administrator**