UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 5 JANUARY 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
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:
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 (from Minute 19/12)

ACTION

1/12 APOLOGIES

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

2/12 DECLARATIONS OF INTERESTS

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

3/12 CHAIRMAN'S ANNOUNCEMENTS

The Chairman wished all attendees a Happy New Year and drew the Trust Board's attention to UHL's achievement of the Emergency Department (ED) target on 7 out of 9 days over the festive period, despite the particularly high attendance levels experienced between Christmas and New Year. He noted the Trust Board's thanks to all staff for their efforts, both in ED and on assessment units and base wards. In respect of ED performance, UHL was in the top 15 Trusts nationally. High levels of both attendances and admissions had continued in the first week of 2012, and the Chairman noted certain challenges experienced in discharging patients into community facilities.

4/12 MINUTES

Resolved – that the Minutes of the meeting held on 1 December 2011 be confirmed as a correct record and signed by the Chairman accordingly. **CHAIR MAN**

5/12 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of any previous matters arising marked as 'work in progress' or

'under consideration'. In considering these items, the Trust Board noted in particular:-

(a) Minute 329/11 – updated actions and timescales for the Equality Delivery Service requirements would be circulated to members on 6 January 2012; **DHR**

(b) Minute 329/11 – the Director of Strategy commitment to presenting the Electronic Patient Record outline business case to the Trust Board by September 2012 – the exact timescale for this submission would be informed by the choice of commercial partner which itself would not be known until after May 2012; **DS**

(c) Minute 331/11/2 – that the 26 January 2011 GRMC was scheduled to review the issue of recent increases in spinal activity;

(d) Minute 331/11/3 – national trend data on ED attendance levels had been circulated to Non-Executive Directors on 5 January 2012;

(e) Minute 331/11/4 – plans for the February 2012 ECN Board to discuss the potential to repeat the LLR lock-in event on winter planning and the urgent/emergency care system; **COO/ CN**

(f) Minute 333/11/2 – the family did not wish to feature as a Trust Board patient story and an alternative story had therefore been identified for the February 2012 Trust Board;

(g) Minute 336/11 – discussions on the implications of any Government move away from national collective bargaining would be held at either the June or September 2012 Workforce and Organisational Development Committee, and **DHR/ WODC**

(h) Minute 303/11 – the deferral of the ED capital reconfiguration item to February 2012 Trust Board, in light of SHA requests for a more detailed Outline Business Case.

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

5/12/1 Co-location of Interdependent Children's Specialist Services (Minute 331/11/1)

The Director of Strategy confirmed that co-location had now been agreed between the relevant services, with work now underway to resolve the detailed elements re: clinics and staff. In respect of the Safe and Sustainable national review of paediatric cardiac surgery services, the Director of Strategy advised that UHL's research score had not been amended despite a resubmission to the Panel (highlighting UHL's recent successes in the awarding of Biomedical Research Units and its other research strengths). UHL's Chief Executive was now seeking further clarification on this matter from the national panel.

Resolved – that the position be noted.

5/12/2 Update on UHL's Management of Sickness Absence (Minute 331/11/2)

Very detailed discussions had been held on this issue at the December 2011 Workforce and Organisational Development Committee, focusing on (i) work to understand UHL's current sickness absence rates by Corporate and Clinical CBU-level; (ii) discussions with Staff Side colleagues regarding proposed changes (re: the triggers and sanctions) to the Trust's policy on managing sickness absence and promoting wellbeing; (iii) areas with a high sickness absence rate, and (iv) a presentation from the AMICA staff counselling service. The Workforce and Organisational Development Committee Chair also noted that Divisions would be attending that Committee's meetings in March and June 2012 to present their own actions for reducing sickness absence rates.

Resolved – that the Workforce and Organisational Development Committee's continuing attention to this issue be noted.

6/12 CHIEF EXECUTIVE'S MONTHLY REPORT – JANUARY 2012

The Chief Executive's monthly report at paper C particularly highlighted the improvements to ED performance as a result of the 'right place right time' initiative, although noting the significant current pressures on both UHL's ED (and wider East Midlands emergency care services) as highlighted above by the Chairman. Paper C also outlined the requirements of the new Board Assurance Framework for Aspirant FTs, which locally would be launched at an event on 10 January 2012. The framework aimed to sharpen the focus on quality, and it was likely that 'professionalism' aspects of the Francis Inquiry report into Mid-Staffordshire NHS FT would also impact on the requirements – once finalised, a further report on this issue would be provided to the Trust Board accordingly. **CE**

As reported to the 4 January 2012 Finance and Performance Committee, UHL was creating a Transformation Support Office to oversee and direct the crucial transformational schemes (in addition to reviewing CIP delivery for the remainder of 2011-12). In response to a query from Mr D Tracy, Non-Executive Director and GRMC Chair, the Chief Executive advised that the Transformation Board would report monthly to the Finance and Performance Committee, which in turn would provide assurance on progress to the Trust Board via its Minutes (and exception reporting if required). Mr I Reid, Non-Executive Director and Finance and Performance Committee Chair, confirmed that on reflection, the initial possibility of having a Non-Executive Director member on the Transformation Board was deemed not to be appropriate.

In respect of innovation health and wealth, and the Government's new strategy for UK life sciences, the Chief Executive advised that further discussion on these crucial strategic issues would take place at the 9 January 2012 Research and Development Committee. He was also considering convening an internal UHL group to focus attention on innovation, health and wealth, linking as appropriate with the bidding round for Academic Health Science Networks.

<u>Resolved</u> – that (A) the Trust Board be informed of any Francis Inquiry implications for the new Board Governance Assurance Framework for Aspirant Foundation Trusts, and **CE**

(B) the Trust Board be kept informed of the work of the new UHL Transformation Board via monitoring by the Finance and Performance Committee (standing item for that Committee). **FPC**

7/12 QUALITY FINANCE AND PERFORMANCE

7/12/1 <u>Month 8 Quality, Finance and Performance Report</u>

Paper D comprised the quality, finance and performance report for month 8 (month ending 30 November 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 8 report identified key issues from each Lead Executive Director, and the following points were now noted by exception:-

(a) significant progress in reducing UHL's referral to treatment (RTT) 'long waiters' down to 10 (orthodontic) cases, in the national context of 21000. All 10 UHL cases were now listed for treatment. In light of a query from the December 2011 Trust Board, the Chief Operating Officer/Chief Nurse confirmed that except one teaching hospital within the AUKUH network (Association of UK University teaching Hospitals) hosted 'recall' services on behalf of primary care. UHL had developed standard operating procedures for all RTT waiters, which had now been approved by Commissioners;
(b) UHL was seeking an amendment to its quarter 2 nationally reported ED performance, as the approach taken seemed to differ from the previously agreed position on including

UCC attendances. An update on this issue would be provided to the February 2012 Trust Board accordingly; **COO /CN**

(c) the receipt of the technical guidance on the 2012-13 NHS National Operating Framework, detailing the changes and their implication. Discussion on the actions required to meet key waiting time targets was now underway with Commissioners – in response to a query from the Trust Chairman, the Chief Operating Officer/Chief Nurse confirmed that these targets would be infrastructurally challenging, with significant levels of outpatient activity required to move to weekends so as to release weekday theatre capacity. Changes to practice and working were being discussed with Clinicians (including normalising cross-site working); **COO/ CN**

(d) the availability of a further £100m nationally for activity bids, which were required from Trusts by 6 January 2012. An outline of UHL's bids would be circulated with the public Trust Board Bulletin in February 2012; **COO/ CN**

(e) good progress on reducing both falls and hospital acquired pressure ulcers;

(f) the Trust's continuing review of the new SHMI mortality ratings, as these were less favourable for UHL than previous indices. Diagnoses for approximately two-thirds of applicable deaths had now reviewed, and a trend was emerging of significant under-coding of complex co-morbidities and diagnoses. Efforts would now be focused on clarifying the medical notes to enable easier and more accurate coding;

(g) improving performance on fractured neck of femur, although still below the Commissioner target. It was noted that theatre capacity issues were scheduled for review at the 26 January 2012 GRMC; **COO/ CN**

(h) a quarter 3 increase in VTE patients and an adverse impact on performance, noting that a review of medical notes had taken place accordingly. The Medical Director noted, however, national debate on the extent to which hospital acquired thrombosis was avoidable in some cases;

(i) continued work to understand UHL's readmissions and the extent to which penalties might be incurred (range of categorisations). For some groups of readmission where no alternative care pathway had been available there might be no penalty, whereas a penalty would apply in cases of avoidable readmissions – UHL was focusing on this latter group, potentially amounting to 20% of all readmissions;

(j) the continued robust GRMC focus on patient safety issues, which would also be explored at the Trust's 26 January 2012 quality meeting with Commissioners. The Medical Director advised that following investigation, there had been no increased patient safety risk on AMU despite a rise in staffing-related incident reporting;

(k) the continued rise in the Trust's appraisal rate, currently at almost 94%;

(l) the intention to report the UHL results of the Staff Attitude and Opinion Survey to the March 2012 Trust Board – this item was also scheduled for the 25 January 2012 Finance and Performance Committee in light of its relation to performance issues. In discussion, Mr R Kilner, Non-Executive Director, reiterated his wish for consideration of this item also to link to ongoing work re: senior management objectives. In response to a query from the Chairman, the Director of Human Resources clarified that any developmental aspects of the survey results would also be discussed by the Workforce and Organisational Development Committee as appropriate, and **DHR**

(m) information relating to the month 8 financial position (which had also been reviewed in detail by the 4 January 2012 Finance and Performance Committee) including:-

- a small surplus for the first time in 2011-12 – this was virtually in line with UHL's financial recovery plan, although more reliant on income than would have been wished;
- a continued fall in pay expenditure, although still running above the ideal;
- clarification that UHL remained below the 2008-09 baseline in terms of its core contract work (which was welcomed), although it was overperforming against that baseline in respect of specialised work;

- the Trust's internal view of its forecast as detailed in section 5.4. Divisions continued to face challenges in identifying the additional savings allocated to them at the November 2011 Finance and Performance Committee – however, the Director of Finance and Procurement emphasised that UHL remained committed to delivering the planned year-end position, with a range of supporting actions in place accordingly. Although cautiously optimistic, the Director of Finance and Procurement also noted that the potential impact of current high emergency demand;
- £8.2m additional monies received at the end of month 8 relating to readmissions and FOPAL work (frail elderly), which was welcomed, and
- The Trust's PLICS/SLR position (patient line information costings and service line reporting), which was now reported one month in arrears. The impact of the counting and coding changes presented to Commissioners would be material, however, as they would recurrently affect UHL's baseline and thus its underlying position.

In discussion on the month 8 report, the Trust Board noted:-

(1) the significant importance and impact of accurate coding, in both clinical and contractual terms. This had also been discussed by the 4 January 2012 Finance and Performance Committee, which had requested a detailed progress report on the coding transformational workstream for its 25 January 2012 meeting – this was being progressed by the Chief Operating Officer/Chief Nurse accordingly as the Executive lead. Although noting the good progress made on both procedural coding and in moving towards clinician-led coding, the Medical Director considered that further work was needed on the coding of complex co-morbidities;

(2) a query from Professor D Wynford-Thomas, Non-Executive Director, as to the impact of reducing UHL's non-agency pay expenditure, given that the effect of reducing agency/bank spend was clearly shown in paper D. In response, the Director of Finance and Procurement acknowledged the need to transform the way in which UHL delivered its services, in order to make a significant impact on its paycosts. Productivity and appropriate performance management aspects were also key;

(3) additional information from the Chief Operating Officer/Chief Nurse regarding the impact of recent high activity levels – she confirmed that although some local procedures had been moved out to the community (eg infusions, IV drugs), the level of UHL's cancellations had been very low, with only a single category A patient cancelled;

(4) a query from the Director of Strategy as to the impact of the 'central division' on UHL's PLICS/SLR position. The Director of Finance and Procurement advised that this related to income which was centrally received and not apportioned to an individual CBU. The Director of Finance and Procurement also noted the challenging payment-by-results position of certain tertiary services and the impact on profitability – the Director of Strategy suggested it would be helpful to review their EBITDA position as part of the business planning process, and it was agreed to discuss this further in the 5 January 2012 Trust Board development session, and **DFP/DS /ALL**

(5) the Trust's commitment to delivering its year-end position, although cognisant of the risks and challenges involved.

<u>Resolved</u> – that (A) the quality finance and performance report for month 8 (month ending 30 November 2011) be noted;

(B) an update on the quarter 2 position re: ED performance (efforts to correct the reported performance level) to be provided to the February 2012 Trust Board via the month 9 quality, finance and performance report; **COO/ CN**

(C) a summary of UHL bids for the £100m of national activity monies be provided to the February 2012 Trust Board as a Bulletin report for information; **COO/ CN**

(D) theatre capacity issues be discussed at the 26 January 2012 GRMC; **COO/ CN**

(E) the Staff Attitude and Opinion Survey UHL results be discussed at the March 2012 Trust Board (also the 25 January 2012 Finance and Performance Committee with appropriate reflection of links to management objectives), and **DHR**

(F) tertiary services profitability and EBITDA issues be discussed further in the 5 January 2012 Trust Board development session. **DFP/DS /ALL**

7/12/2 Emergency Department (ED) Performance

In introducing the update on UHL ED performance (paper E), the Chief Operating Officer/Chief Nurse confirmed that the weekly LLR flash report was now appended for information, although noting its apparent predominant focus on UHL system elements. In respect of the Bed Bureau admissions query raised at the December 2011 Trust Board, the Chief Operating Officer/Chief Nurse advised that the Clinical Commissioning Groups (CCGs) received reports on referral rates by GP practice – more detail had recently been added to that report thus enabling an appropriate focus on relevant services. Based on a review of 2010 and 2011 crude mortality data, the Chief Operating Officer/Chief Nurse also noted a fall in mortality rates since the Right Place Right Time initiative had been introduced, although it was too early to draw any specific conclusions. In discussion on paper E the Trust Board noted:-

(a) a query from Mr R Kilner, Non-Executive Director on whether greater use of triage facilities would increase the % of patients appropriately deflected – in response, the Chief Operating Officer/Chief Nurse advised that the triage system was already selective in that it was not used for patients unsuitable for triage. It was hoped, however, to include figures from the new LRI surgical triage facility in future ED reports. Mr Kilner further queried whether target deflection rates for CCGs should be included in the LLR flash report, although this was recognised as a matter for PCTs to consider; **COO/ CN**
(b) a request from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair that patient experience data and associated targets be built into the LLR flash report. The Chief Operating Officer/Chief Nurse advised that UHL was supportive of CCG requests to expand the ED patient experience questionnaire;
(c) continuing work by UHL to raise awareness that LLR emergency/urgent care challenges applied across the system not only within ED;
(d) a suggestion from Mr R Kilner, Non-Executive Director that it would be helpful for the flash report to include the weekly number of inappropriate Bed Bureau attendances at ED – the Chief Executive noted, however, that this would need to be accompanied by information on whether those patients had been seen prior to such referral;
(e) the vital need for appropriate targets to be set for all partners and included accordingly in the flash report;
(f) measures agreed in respect of winter pressures, including Commissioner support for a spot purchase approach to care home beds and their request for Leicestershire Partnership Trust to fund a further 17 rehabilitation beds, and
(g) the successful agreement (by all parties) of appropriate vicarious liability arrangements for GPs in respect of UCC activity.

Resolved – that (A) LRI surgical triage data be included in future iterations of the LLR emergency/urgent care flash report, and **COO/ CN**

(B) appropriate patient experience indicators be added to the LLR flash report. **COO/ CN**

7/12/3 Stabilisation to Transformation – Financial Recovery Update

The Director of Finance and Procurement advised verbally that there were no significant developments to report in addition to the month 8 position in Minute 7/12/1 above. A range of actions remained in progress, and the position against the financial recovery plan had been discussed in detail by the Finance and Performance Committee on 4 January 2012. The Director of Finance and Procurement thanked both Executive and Non-Executive Director colleagues for their support of the November and December 2011 confirm and challenge sessions, and reiterated that Divisions had been tasked with identifying a further £3m savings with differential responses to date. The position remained under close Finance and Performance Committee scrutiny, and a detailed update would be provided to the February 2012 Trust Board. **DFP**

Resolved – that a detailed update report on stabilisation to transformation be provided to the 2 February 2012 Trust Board. **DFP**

7/12/4 Finance and Performance Committee

Resolved – that (A) the Minutes of the 24 November 2011 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the Minutes of the 4 January 2012 Finance and Performance Committee be presented to the 2 February 2012 Trust Board. **STA**

8/12 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

Paper H comprised the latest iteration of the Trust's Strategic Risk Register/Board Assurance Framework (SRR/BAF), noting that new risk 19 had been added to capture information governance issues. As at the November and December 2011 Trust Board meetings, Mr D Tracy, Non-Executive Director and GRMC Chair reiterated his concerns that the top three rated risks were still financial in nature and queried whether it was planned to review this. The Medical Director clarified that appendix 2 listed the risks in order of the perceived risk to their achievement, rather than (necessarily) in their level of importance to the organisation. Noting Mr Tracy's further query on how the top 3 rated risks had been agreed, the Chief Executive suggested it might be helpful to use the February 2012 Trust Board development session to discuss this further, matching the SRR/BAF to the 2012-13 business planning process. Mr Tracy also suggested it might be useful to focus on the impact of risks, rather than on their likelihood. Ms K Jenkins, Non-Executive Director and Audit Committee Chair, also noted her support for a whole-Board review of the risk ratings. In further general discussion on paper H, the Chief Operating Officer/Chief Nurse outlined the reasons for the increased risk score for risk 8 (*deteriorating patient experience*), which included a rise in the number of complaints, public concerns over waiting times, and the fact that there had been no significant rise in patient experience scores. She advised that cancellations were now classed internally as 'never events'. **MD/DS**

In specific discussion on **risk 13 (*skill shortages*),** the Trust Board noted:-
(i) the need to correct the listed action date re: over-recruitment discussions with the Deanery (to January 2012); **DHR**
(ii) the Director of Human Resources' intention to work with the Medical Director to strengthen assurance of compliance with statutory and mandatory training requirements; **DHR/ MD**

(iii) a query on the workforce implications of the LLR left shift model, and the recognised requirement for clear, integrated LLR-wide workforce planning – this was being discussed outside the meeting with input from the Trust's external financial advisers and it was agreed that input from UHL's Associate Medical Director (Clinical Education) would also be useful; **DHR/ MD/DS**

(iv) the suggested need to review the frequency of (and reporting line for) existing work to address specific gaps in recruitment, with the aim of moving to more regular updates. The Director of Human Resources agreed to progress this suggestion, noting also that the Trust needed to identify any such 'hotspots' as part of its Integrated Business Plan, and **DHR**

(v) the Chief Executive's suggestion that the Director of Communications and External Relations and the Director of Human Resources discuss measures to enhance UHL's existing brand/ ethos. Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair noted that Committee's lengthy discussion on this issue at its December 2011 meeting and its identification of actions accordingly. **DHR/ DCER**

In specific discussion on **risk 14 (*ineffective clinical leadership*)** (no changes made in-month to this risk entry), the Trust Board noted:-

(i) plans to present a detailed report to the March 2012 Workforce and Organisational Development Committee, following an initial discussion by that Committee at its December 2011 meeting, and **MD**

(ii) the Medical Director's intention to update this risk entry ahead of the February 2012 Trust Board, reflecting 'professionalism' issues arising from the Francis Inquiry into Mid Staffordshire NHS Foundation Trust. **MD**

There were no queries in relation to the third risk for consideration (**risk 12** – ***non-delivery of operating framework targets***).

In discussion on appendix 3 of paper H (detailing any slippage on the action timescales), the Trust Board noted the following updates as now provided:-

- Risk 9 – all CIPs were now being quality assessed for their impact on quality of care;
- Risk 9 – the supported review of 2011-12 CIPs and month 7 reforecast had now been completed;
- Risk 13 – UHL would meet with the Deanery in January 2012 (as noted above), after which this risk action would be updated according, and
- Risk 17 – a date was still awaited externally for the Olympic preparedness exercise.

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

(B) the February 2012 Trust Board development session potentially be used to review the focus of the SRR/BAF, and match it to the business planning process and agreement of Trust objectives for 2012-13; **MD/DS**

(C) in respect of risk 13:-

(1) the date for action re: over-recruitment discussions with the Deanery be corrected to January 2012; **DHR**

(2) the integrated LLR workforce implications of the 'left shift' model be discussed outside the meeting; **DHR/ DS**

(3) the risk entry be amended to reflect an appropriate role for the Associate Medical Director (Training); **DHR/ MD**

(4) a review be undertaken of the frequency of, and reporting line for, the work to address specific targeted recruitment gaps, with the aim of moving to more regularised reporting; **DHR**

(5) ongoing work re: strengthening of a UHL 'brand/ethos' in respect of recruitment be discussed further outside the meeting, and **DHR/ DCER**

(D) in respect of risk 14:-
(1) a detailed report be provided to the March 2012 Workforce and Organisational Development Committee, and **MD**
(2) the risk entry be updated to reflect appropriate implications of 'professionalism' issues arising from the Francis Inquiry. **MD**

9/12 REPORTS FROM BOARD COMMITTEES

9/12/1 Audit Committee

As per recommendations from the KPMG audit of Divisional governance, the Chief Operating Officer/Chief Nurse advised that a common front sheet and agenda template had now been circulated to all Divisions/CBUs. In addition to any individual objectives, five core objectives had now been commonly-set for all CBU Managers. Mr R Kilner, Non-Executive Director, requested that copies of the meeting templates and of those core objectives be circulated to Trust Board members for information, and to enable an assessment of compliance with the former. **COO/ CN**

Resolved – that (A) the Minutes of the 15 November 2011 Audit Committee be received, and the recommendations and decisions therein endorsed and noted respectively, and

(B) the template for Divisional/CBU meeting papers and agendas, and the five core objectives for CBU Managers, be circulated to Trust Board members. **COO/ CN**

9/12/2 Governance and Risk Management Committee (GRMC)

Mr D Tracy, Non-Executive Director and GRMC Chair, highlighted the following issues from that Committee's meeting of 4 January 2012 (as itemised on paper J1):-

(a) a rise in 10x medication errors – following a full investigation by the Medical Director, the Chief Pharmacist and the appropriate Divisional Director, no trends nor linking factors had been identified. The previous task and finish group had been reactivated, with a review of the action plan underway. Although now confirmed that e-prescribing could be used in Children's services, work was needed to input an appropriate children's formulary, and discussions were underway with Great Ormond Street Children's Hospital NHS Trust accordingly (also re: benchmarking);
(b) progress on the '5 critical safety actions', which would also be discussed at the 26 January 2012 quality meeting with Commissioners, and
(c) discussions on the ward 16 Glenfield Hospital Fire, a report on which would be provided to the February 2012 Trust Board if appropriate. **DS**

Resolved – that (A) the Minutes of the 25 November 2011 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively;

(B) the Minutes of the 4 January 2012 GRMC be submitted to the Trust Board on 2 February 2012, and **STA**

(C) a report on the ward 16 Glenfield Hospital fire be provided to the February 2012 Trust Board, if appropriate. **DS**

9/12/3 UHL Research and Development Committee

The Chief Executive noted a recent national report placing UHL in the top 10 list of researching hospitals – he and Professor D Wynford-Thomas, UHL Non-Executive Director and Dean of the

University of Leicester Medical School would discuss how best to highlight this achievement further. The Chairman also noted favourable references to UHL made by Professor Dame Sally Davies, Director General of Research and Development and Chief Scientific Adviser for the Department of Health, at a recent meeting of the Chairs of Teaching Trusts. **CE/ DWT**

Resolved – that (A) the Minutes of the 5 December 2011 Research and Development Committee be received (noting a clarification required to the title of the *oncology* clinical trials facility), and the recommendations and decisions therein be endorsed and noted respectively, and

(B) appropriate discussions take place on how best to highlight UHL's growing reputation as a researching hospital. **CE/ DWT**

9/12/4 Workforce and Organisational Development Committee (WODC)

Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair highlighted the following issues from that Committee's 19 December 2011 meeting:-

(a) sickness absence issues;
(b) a presentation from junior doctors;
(c) progress on the core objectives work by the Chief Operating Officer/Chief Nurse, which would now be rolled out by 1 April 2012, and
(d) the very positive Caring at its Best Awards, which recognised and rewarded staff commitment and performance. In response to a query, the Director of Human Resources agreed to ensure that all nominated staff were advised of their nomination, for the next (and future) rounds of the awards. **DHR**

Resolved – that (A) the Minutes of the 19 December 2011 Workforce and Organisational Development Committee be submitted to the Trust Board on 2 February 2012, and **STA**

(B) arrangements be made for all staff nominated of a Caring at its Best award to be informed of that fact, from the next award round onwards. **DHR**

10/12 CORPORATE TRUSTEE BUSINESS

10/12/1 Charitable Funds Annual Accounts and Annual Report 2010-11

Paper M comprised the audited annual accounts 2010-11, the Trustees' annual report 2010-11 and the 2010-11 letter of representation for Leicester Hospitals Charity, presented for Trust Board approval as Corporate Trustee. Once approved, the accounts would be signed and submitted to the Charity Commission by 31 January 2012 as required. The Director of Finance and Procurement advised that although the formal audit report had not yet been received on the annual accounts, he understood that it would provide a clean opinion. **Trustees /DFP**

Resolved – that (A) the letter of representation 2010-11 be noted;

(B) the 2010-11 annual accounts of the Leicester Hospitals Charity and its 2010-11 annual report be approved by the Trust Board as Corporate Trustee for submission to the Charity Commission by 31 January 2012, and **Trustees /DFP**

(C) the relevant certificates be signed by appropriate Trust Board as detailed in paper M. **Trustees**

11/12 TRUST BOARD BULLETIN

<u>Resolved</u> – it be noted that no reports had been circulated with the 5 January 2012 Trust Board Bulletin.

12/12 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 comment from the LINKS representative regarding his recent Freedom of Information Act request made to the national Safe and Sustainable team, the response to which he would share with the Trust Board. He now sought clarity from the Trust Board on the number of paediatric cardiac surgery procedures undertaken at the Glenfield Hospital, as this appeared to be a key judging criteria. In response, the Director of Strategy advised that under option A, the Glenfield Hospital's catchment area would enable the hospital to perform 450 procedures per year;

(2) a query from the LINKS representative as to progress on reclaiming charges incurred in respect of overseas visitor treatment, in particular any resolution of outstanding ECMO charges. The Director of Finance and Procurement advised that no element of the ECMO charges had been recovered (which was not unexpected), and confirmed that he would provide a response on overseas treatment charges to the questioner outside the meeting; **DFP**

(3) a comment from the LINKS representative on the assurances received from various Community organisations that adequate Christmas and New Year primary care cover was in place – this appeared not to have been borne out by experience and would be pursued with those groups accordingly. The Chief Operating Officer/Chief Nurse advised that a review of winter provision and relevant learning for all involved groups would be actioned through the LLR Emergency Care Network Board – she commented that she would be happy to share the resulting findings with the LINKS representative; **COO/ CN**

(4) queries from Mr M Woods, relating to:-

- whether the reported national rise in mortality at weekends had been investigated within UHL – in response, the Medical Director confirmed that UHL did not have excessive weekend mortality, noting ongoing work through the Trust's Clinical Effectiveness Committee to explore this issue further;
- whether the number of beds had decreased within UHL and whether the Trust used cheaper medicines than previously. In response, the Chief Operating Officer/Chief Nurse outlined a national trend of decreasing numbers of acute provider beds and the Medical Director confirmed that UHL would always seek to use the most cost-effective drug treatment available. The Chief Executive commented on the number of drugs nearing the end of their unique licence, at which point they would move into generic provision. It was also emphasised that all generic drugs were licensed;
- the Trust's ability to discharge patients into community facilities (a national issue). The Chief Operating Officer/Chief Nurse reiterated that UHL had previously acknowledged being unable to discharge certain patients who no longer required acute care – she noted, however, that prior to Christmas 2011 the Trust had agreed a block-booking arrangement (re: care places) with PCTs – this was a new approach and had worked well for a number of patients. In response to Mr Woods' follow-on query regarding the proposed community intermediate care facility at the Leicester General Hospital site, the Trust noted that PCTs had decided instead to support LPT in opening 17 community beds;

- the adverse impact on patients of a change in practice at the Loughborough hearing aid clinic. The Chief Executive advised that this query needed to be addressed to either LPT (as the service provider) or the relevant service commissioner;
- the impact on UHL of national moves to reduce the number of PCT Boards. The Chief Executive advised that this had already occurred in Leicester(shire) which was now covered by one LLR PCT Cluster Board. There were, however, also 3 Clinical Commissioning Groups in place, and
- his perception of a more positive air to the Trust Board meeting than previously. However, he noted his frustration at raising the same questions on numerous occasions. The Trust Chairman emphasised UHL's determination to achieve FT status and thanked Mr Woods for his observations on the Board meeting.

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

13/12 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 2 February 2012 at 10am in Rooms 1A & 1B, Gwendolen House, Leicester General Hospital site.

14/12 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 15/12 – 25/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

15/12 DECLARATION OF INTERESTS

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

16/12 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 1 December 2011 be confirmed as a correct record and signed by the Chairman accordingly. **CHAIR MAN**

17/12 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.

18/12 REPORTS BY THE DIRECTOR OF FINANCE AND PROCUREMENT

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

19/12 REPORTS 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 and on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

20/12 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 that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

21/12 REPORT BY THE DIRECTOR OF STRATEGY

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

22/12 CONFIDENTIAL TRUST BOARD BULLETIN

Members agreed that the standing update from the Chief Operating Officer/Chief Nurse need no longer be included as an item for Trust Board consideration or information, noting that the information would continue to be captured in a different format at the monthly Finance and Performance Committee meetings. **STA**

Resolved – that the standing confidential Trust Board Bulletin item from the Chief Operating Officer/Chief Nurse be removed from the Trust Board agenda, noting its continued attention by the Finance and Performance Committee in another format. **STA**

23/12 REPORTS FROM REPORTING COMMITTEES

23/12/1 Audit Committee

Resolved – that the confidential Minutes of the 15 November 2011 Audit Committee be received, and the recommendations and decisions therein be endorsed and noted respectively, noting particularly the risk issue in Minute 75/11.

23/12/2 Finance and Performance Committee

Resolved – that the confidential Minutes of the 24 November 2011 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted, respectively.

23/12/3 Governance and Risk Management Committee (GRMC)

Resolved – that the confidential Minutes of the 25 November 2011 be received, and the recommendations and decisions therein be endorsed and noted, respectively.

23/12/4 Remuneration Committee

Resolved – that the Minutes of the 3 November 2011 Remuneration Committee be received, and the recommendations and decisions therein endorsed and noted respectively.

24/12 ANY OTHER BUSINESS

24/12/1 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.

24/12/2 Schedule of Meetings for 2013

The Chief Executive asked that the schedule of 2013 Corporate Committee meetings be reviewed to avoid multiple meetings in the first week of January 2013. **DCLA/ STA**

Resolved – that the above request be actioned accordingly. **DCLA**

24/12/3 Report by the Chief Operating Officer/Chief Nurse

Resolved – that the latest ED patient experience survey results and the comparative East Midlands sitrep be noted, as now tabled for information.

25/12 MEETING EVALUATION

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

The meeting closed at 3.40pm

Helen Stokes - **Senior Trust Administrator**