

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 29 NOVEMBER 2012 AT 9AM IN ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL****Present:**

Mr M Hindle – Trust Chairman
 Mr J Birrell – Interim Chief Executive
 Ms K Bradley – Director of Human Resources
 Dr K Harris – Medical Director
 Mrs S Hinchliffe – Chief Nurse/Deputy Chief Executive
 Ms K Jenkins – Non-Executive Director
 Mr R Kilner – Non-Executive Director (from part of Minute 311/12 to Minute 322/12 inclusive)
 Mr P Panchal – Non-Executive Director
 Mr I Reid – Non-Executive Director
 Mr A Seddon – Director of Finance and Business Services (from Minute 310/12)
 Mr D Tracy – Non-Executive Director
 Ms J Wilson – Non-Executive Director (excluding Minute 321/12/3.2)

In attendance:

Ms E Bown – Specialist Registrar (observing) (from Minute 316/12)
 Mr C Carr – Head of Performance Improvement (for Minute 321/12/1.3)
 Mr A Chatten – Acting Director of Estates and Facilities (for Minute 312/12/1)
 Mr J Clarke – Acting Director of IM&T (for Minute 312/12/2)
 Mr L Clarke – DAC Beachcroft (for Minute 312/12/1)
 Ms H Harrison – FT Programme Manager (for Minute 312/12/3)
 Mrs K Rayns – Trust Administrator
 Mr J Smith – Capsticks (Observing) (from part of Minute 311/12)
 Mr J Tozer – Interim Director of Operations (from part of Minute 311/12)
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Communications and External Relations

ACTION**306/12 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 307/12 – 315/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

307/12 APOLOGIES

Apologies for absence were received from Professor D Wynford-Thomas, Non-Executive Director.

308/12 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Resolved – that the declaration of interest by the Trust Chairman in respect of Minute 312/12/1 and the resulting agreement that it was not necessary for him to absent himself from the discussion on that item, be noted.

309/12 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 25 October 2012 be confirmed as a correct record.

310/12 CONFIDENTIAL MATTERS ARISING REPORT

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.

311/12 REPORTS BY THE INTERIM 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.

312/12 REPORTS BY THE DIRECTOR OF FINANCE AND BUSINESS SERVICES

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

313/12 REPORT BY THE CHIEF NURSE/DEPUTY 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.

314/12 REPORT BY THE CHAIRMAN AND THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

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.

315/12 REPORTS FROM BOARD COMMITTEES

315/12/1 Audit Committee

Resolved – that the Minutes of the 13 November 2012 Audit Committee be submitted to the 20 December 2012 Trust Board.

315/12/2 Empath Programme Board

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.

315/12/3 Finance and Performance Committee

Resolved – that the confidential Minutes of the 24 October 2012 Finance and Performance Committee (paper H) be received, and the recommendations and decisions therein be endorsed and noted respectively.

315/12/4 Governance and Risk Management Committee

Resolved – that the confidential Minutes of the 22 October 2012 Governance and Risk Management Committee (paper I) be received, and the recommendations and decisions therein be endorsed and noted respectively.

316/12 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

Resolved – that the declaration of interest by Ms J Wilson, Non-Executive Director in respect of Minute 321/12/3.2 and the resulting agreement that she absent herself from the discussion on that item, be noted.

317/12 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed Ms J Smith from Capsticks who had been observing that day's private and public Board meetings (in connection with the Trust's FT application) and Ms E Bown, Specialist Registrar, who was observing the public meeting. During his announcements, the Chairman particularly drew the Board's attention to the following issues:-

- (a) Children's Cardiac Surgery – during a recent visit to Glenfield Hospital by the Independent Reconfiguration Panel (IRP), UHL staff and key stakeholders had provided a passionate and balanced presentation in support of the continuation of surgery at Glenfield. The IRP would be visiting all of the affected centres before submitting their report to the Secretary of State at the end of February 2013 and the review team would be invited for a second visit towards the end of this review process;
- (b) UHL's Strategic Direction document which was being presented to the Board later for formal adoption (Minute 320/12 below refers);
- (c) the inclusion of 2 good and 2 bad examples of lessons learned or issues which the Trust has been proud of as a standing Trust Board agenda item (Minute 321/12/1.2 below refers), and
- (d) the Trust had joined forces with Age UK in a Christmas campaign to provide older people spending Christmas in hospital with a small gift on Christmas day.

318/12 MINUTES

Resolved – that subject to the inclusion of Mr D Tracy, Non-Executive Director in the attendance list and additional contextual information provided by Ms K Jenkins, Non-Executive Director at Minute 299/12, the Minutes of the meeting held on 25 October 2012 (paper J) be confirmed as a correct record.

319/12 MATTERS ARISING FROM THE MINUTES

Paper K detailed the status of previous matters arising, particularly noting those without a specific timescale for resolution. In discussion on the matters arising report the Trust Board noted in particular:-

- (a) Minute 295/12(a) – a briefing on the maternity and gynaecology interim solution business case had not yet been circulated by the Acting Director of Estates and Facilities; **ADEF**
- (b) Minute 296/12 – formal concerns regarding a lack of progress in communicating alternatives to attending ED to be escalated to the CCG Chair; **DCER**
- (c) Minute 296/12 – the requested information regarding availability of primary care services over the Christmas and New Year period would be included in the 20 December Trust Board report (when received); **IDO**
- (d) Minute 298/12/5 – the Interim Director of Operations outlined feedback from the Executive Team's consideration of continued use of Fielding Johnson and Odames wards, noting that fire evacuation procedures had been re-tested and the medical criteria for patients admitted to these wards had been reviewed accordingly;
- (e) Minute 298/12/5 – the Medical Director advised that a pilot was taking place in general surgery in respect of the 5th critical safety action (senior clinical review, ward rounds and notation);
- (f) Minute 298/12/5 – the Executive Team had reviewed the LLR readmissions audit report and agreed to implement the key recommendations provided by the readmissions panel **QAC
CHAIR**

(chaired by Dr R Hsu). Progress would be monitored by the GRMC (now re-titled Quality Assurance Committee) alongside the governance mechanism to ensure that readmissions penalties were re-invested in UHL's services;

(g) Minute 298/12/7 – the Director of Human Resources confirmed that the development of appropriate trend targets for improvements in local staff polling results would be addressed through the Organisational Development Plan workstream, and

(h) Minute 262/12/2 of 27 September 2012 – the 1-page digest relating to the clinical case for retaining paediatric cardiology services at Glenfield Hospital was no longer required. This item to be removed from the matters arising list.

DHR

TA

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

NAMED
EDs

320/12 INTERIM CHIEF EXECUTIVE'S MONTHLY REPORT – NOVEMBER 2012

The Interim Chief Executive introduced his monthly briefing report (paper L), providing updates on: (1) the development of UHL's Strategic Direction (included separately within the Trust Board reporting packs); (2) the review of safe and sustainable proposals for children's congenital heart services; (3) Standards for Members of NHS Boards and Clinical Commissioning Group governing bodies in England (provided at appendix 1); (4) the publication of the NHS Mandate; (5) a consultation on strengthening the NHS Constitution; (6) a consultation on the regulation and governance of NHS Charities; (7) the Trust's response to a report by the Hillsborough Independent Panel; (8) the Trust Special Administration regime to protect services in the event of a Trust becoming insolvent, and (9) the initial findings arising from Monitor's Fair Playing Field Review.

In discussion on the report, the Trust Board endorsed the adoption of UHL's Strategic Direction and the Standards for Members of NHS Boards and Clinical Commissioning Group governing bodies in England. In respect of the Consultation on strengthening the NHS Constitution, it was agreed that the Director of Corporate and Legal Affairs would collate members' comments and compile and submit UHL's response prior to the 28 January 2012 closing date. A copy of the response would then be submitted to the 31 January Trust Board meeting for information. The Board also noted that a report on the regulation and governance of NHS Charities would be considered by the Charitable Funds Committee on 18 January 2013 (with the Trust's recommended response being presented to the 31 January 2012 Trust Board) and the Interim Director of Operations would be reporting to the GRMC (now re-titled Quality Assurance Committee) on the arrangements for responding to major incidents in respect of recommendations made by the Hillsborough Independent Panel.

DCLA

DCLA

IDO

Resolved – that (A) UHL's Strategic Direction and the Standards for Members of NHS Boards and Clinical Commissioning Group governing bodies in England be endorsed for formal adoption;

(B) the Director of Corporate and Legal Affairs be requested to collate members' comments on the consultation on Strengthening the NHS Constitution and compile and submit a response by 28 January 2013 (copy to be provided to the 31 January 2013 Trust Board);

DCLA

(C) a report on the regulation and governance of NHS Charities be considered by the Charitable Funds Committee on 18 January 2013 (with the Trust's recommended response being presented to the 31 January 2012 Trust Board), and

DCLA

(D) the Interim Director of Operations be requested to report to the GRMC (now re-titled Quality Assurance Committee) on UHL's arrangements for responding to major incidents.

IDO

321/12 QUALITY AND SAFETY

321/12/1 CLINICAL QUALITY

321/12/1.1 2 Good/2 Bad Clinical Quality Issues

The Chief Nurse/Deputy Chief Executive introduced a series of presentation slides highlighting the following positive and negative issues which had impacted upon clinical quality and safety at UHL:-

- (a) negative experiences of a 91 year old patient and her family who had experienced long delays in entering the ED between calling for an ambulance, arriving at the LRI and eventually transferring to Glenfield Hospital (as reported by the Leicester Mercury on 26 November 2012);
- (b) negative feedback from inquests highlighting concerns surrounding the application of the Mental Capacity Act (MCA) and failure to instruct an Independent MCA advocate where appropriate;
- (c) the positive aspects of early work relating to AMBER Care pathways to improve the quality of end of life care for patients;
- (d) positive improvements in the quality of dementia care at UHL including the development of a resource guide, related CQUIN scheme, cognitive assessments, dementia care pathways, staff training, and meaningful activities for patients, and
- (e) a final slide celebrating the achievements of staff who had been recognised for award nominations or significant developments in their work.

In discussion following the presentation:-

- (1) the Board welcomed the concept of showcasing both positive and negative issues at future Trust Board meetings and requested that the presentation slides be circulated with the Minutes of this meeting; TA
- (2) Ms K Jenkins, Non-Executive Director queried ways in which the ED admissions process could be improved recognising that patients might feel intimidated and be disturbed by the behaviour of other patients and their relatives. In response, the Interim Director of Operations reported on the work being undertaken to streamline the patient journey through ED using rapid assessment and appropriate transfers to more suitable environments;
- (3) Mr P Panchal, Non-Executive Director commented upon the positive impact that volunteers could have in providing a friendly face and comforting words during the emergency admissions process;
- (4) the Chief Nurse/Deputy Chief Executive invited members to submit their suggestions for items to be included in future presentations (including nominations for staff awards), and ALL
- (5) Ms J Wilson, Non-Executive Director queried the scale of issues relating to dementia care and end of life care and suggested that it would be helpful for Board members to be briefed on the numbers of patients affected by these issues via the GRMC (now re-titled Quality Assurance Committee). The Chief Nurse/Deputy Chief Executive also reported on the development of national key performance indicators in these areas as referred to within the Trust's Quality and Safety Ambition (Minute 321/12/1.2 below refers). CN/DCE

Resolved – that (A) copies of the 2 good/2 bad presentation slides be circulated with the Minutes of this meeting; TA

(B) all members be requested to forward their contributions for future 2 good/2 bad presentations to the Chief Nurse/Deputy Chief Executive (including any staff award nominations), and ALL

(C) Trust Board members be briefed on the scale and numbers of patients affected by end of life and dementia care via the GRMC (now re-titled Quality Assurance Committee). CN/DCE

321/12/1.2 Quality and Safety Ambition 2012-2015

Further to the Trust Board quality development session held on 18 October 2012, paper M provided an early draft summary of UHL's Quality and Safety Ambition 2012-2015 for the Board's consideration. The Chief Nurse/Deputy Chief Executive particularly highlighted the 3 key goals surrounding reducing mortality, avoiding harm and patient centred care. Workshops were due to be held on 5, 11 and 12 December 2012 as part of the staff engagement process in achieving the goals. The Medical Director noted that these workshops would be key in moving forward to deliver appropriately "SMART" ambitions (with a particular emphasis on measuring progress against identified timescales). In discussion on this report:-

- (a) Mr D Tracy, Non-Executive Director and Chairman of the GRMC advised that the GRMC had reviewed the Quality and Safety Ambition at its last meeting and supported a phased approach towards a limited number of attainable targets (noting the challenges associated with progressing too many separate work strands concurrently);
- (b) Mr R Kilner, Non-Executive Director suggested that the word "avoidable" be included within references to reducing mortality. He also challenged the rationale behind including both the SHMI and a physical number of lives saved within the target. In response, the Medical Director confirmed that the goal of 1000 extra lives to be saved over the next 3 years had been calculated based upon the reduced target SHMI;
- (c) Mr P Panchal, Non-Executive Director queried the areas of focus for delivering goal 3 (patient centred care) and noted in response that this would be clarified following the workshops, to which additional representatives were welcomed, and
- (d) Mr I Reid, Non-Executive Director noted that SHMI data also included out of hospital deaths up to 30 days post-discharge and queried any implications for patient care post-discharge. In response, the Medical Director confirmed that focused work would be taking place with representatives from the CCGs and Public Health in respect of out of hospital follow-up care and avoiding inappropriate end of life admissions.

CN/DCE

MD

Resolved – that (A) the final draft Quality and Safety Ambition be presented to the 20 December 2012 Trust Board, and

CN/DCE

(B) outputs from focused work with CCGs and Public Health in improving out of hospital follow-up care and avoiding inappropriate end of life admissions be built into the final draft.

CN/DCE
/MD

321/12/1.3 Data Quality Diamond Assessment

The Head of Performance Improvement attended to introduce paper M1 which detailed proposals for a revised 6-part data quality diamond process to cover the targets and standards provided in the "UHL at a glance" section of the Trust's Quality and Performance reporting template (aligned to the 6 dimensions of data quality as identified by the Audit Commission). Appendix 1 provided a detailed case study of the methodology in respect of the RTT process. Whilst noting the potential reduction in the actual size of the diamonds in the report, the Board supported this new process for adoption at UHL. At the suggestion of the Director of Corporate and Legal Affairs, it was agreed that the Audit Committee would review a summary report on data quality assurance at the February 2013 meeting.

CN/DCE

CN/DCE
AC
CHAIR

Resolved – that (A) the revised data quality diamond assessment process be approved for adoption at UHL, and

CN/DCE

(B) a summary report on data quality assurance be presented to the Audit Committee

CN/DCE
AC
CHAIR

in February 2013.

321/12/2 THEMATIC REVIEW OF UHL NEVER EVENTS – UPDATE ON WORKSTREAMS

Further to Minute 262/12/2 of 27 September 2012, paper N provided an update on the Trust's thematic review of never events, appendix 1 provided a copy of the Department of Health never events policy framework, appendix 2 summarised each of the 10 never events reported during the 3 year period from August 2009 to August 2012, and appendix 3 detailed a further UHL never event which had occurred in October 2012 and was currently being investigated. In discussion on paper N the Trust Board:-

- (a) queried the timescales for implementing the lessons and required actions arising from the never event workstreams (eg marking operation sites, adherence to the WHO safer surgical checklist and reviewing appropriate local policies); the Medical Director confirmed that these actions would be implemented within 1 month and that the GRMC (now re-titled Quality Assurance Committee) would be monitoring progress accordingly; MD/
GRMC
CHAIR
- (b) noted continuous learning opportunities to share analysis work from never events through the Grand Round process; the Medical Director agreed to check whether other Trusts used never events for such learning opportunities; MD
- (c) sought and received assurance that staff would be disciplined where any never event had arisen from a known deliberate staff failure to follow the Trust's procedures or policies, and
- (d) noted an update provided by the Chief Nurse/Deputy Chief Executive in respect of a forthcoming table top external review of UHL never events.

Resolved – that (A) the timescales for implementing the lessons and required actions be implemented within 1 month and progress be monitored by the GRMC (now re-titled) Quality Assurance Committee, and MD/
GRMC
Chair

(B) the Medical Director be requested to confirm whether other Trusts used their never event reviews as opportunities for continuous learning (eg Grand Rounds). MD

321/12/3 GOVERNANCE

321/12/3.1 UHL Organisational Development Plan

Paper O provided an early draft version of UHL's refreshed Organisational Development (OD) Plan, incorporating feedback from local and national staff polling, objectives arising from the Trust's strategic direction, and achievements and learning arising from the 2010-12 version. The paper summarised the 6 key themes to facilitate the OD changes required and the series of actions which had been developed against each theme. These actions (including how they would be achieved and by when) would be finalised in consultation with the Divisional Directors, CCG leads and the Trust's substantive Chief Executive (once he commenced in post in January 2013). The Director of Human Resources welcomed members' comments on the OD Plan and the following comments were raised:-

- (a) Mr R Kilner, Non-Executive Director queried whether there were sufficient output measurements included in the final section (evaluation of success) and suggested that it would be helpful to target specific average scores for the results of the national staff attitude survey. In response, the Director of Human Resources noted that clear evaluation criteria could be difficult to measure accurately, but agreed to consider the inclusion of realistic achievements in discussion with the Divisional Directors; DHR
- (b) Ms K Jenkins, Non-Executive Director recognised the key importance of improving two-way engagement and noted (in response) that work was still ongoing in order to increase the focus contained within the "how" column, DHR
- (c) Ms J Wilson, Non-Executive Director and Workforce and Organisational Development

Committee Chair commended the work that had taken place already and stressed the importance of regular review to ensure that appropriate deployment progress was maintained and monitored;

- (d) the Director of Human Resources noted that elements of the Board Development plan would read across to the OD plan and be translated into additional actions, and
- (e) the Chairman commented that Mr J Adler, UHL's substantive Chief Executive had won a HSJ award for staff engagement and was also a previous runner-up in the competition for Chief Executive of the Year.

DHR

Resolved – that (A) any further comments on the OD Plan be submitted to the Director of Human Resources outside the meeting;

All

(B) the draft OD Plan be finalised in January 2013, with appropriate input from Divisional Directors, CCG leads and the substantive Chief Executive, and

DHR

(C) consideration be given to increasing the focus on outputs within the OD Plan (including potential targets and mechanisms for tracking progress).

DHR

321/12/3.2 Appointment of a Senior Independent Director

Ms J Wilson, Non-Executive Director left the room at this point in the meeting and did not participate in this discussion. Paper O1 summarised the role of a Senior Independent Director, highlighted issues for consideration when deciding whether UHL should establish such a post prior to attaining FT status, and recommended that Ms J Wilson, Non-Executive Director be appointed to this role (if deemed appropriate). The Chairman confirmed that he had consulted with his Executive Director and Non-Executive Director colleagues prior to the meeting and all had been supportive of implementing the role and appointing Ms Wilson to the post.

Resolved – that (A) Ms J Wilson, Non-Executive Director be appointed to the role of Senior Independent Director, and

JW,
NED

(B) the Director of Corporate and Legal Affairs be requested to present a further report to the Board early in 2013 setting out a proposed role description and clarifying the remit of this role prior to FT authorisation.

DCLA

321/12/3.3 Foundation Trust (FT) Update

Further to Minute 298/12/4 of 25 October 2012, paper O2 advised members of progress on UHL's FT application and the timetable set out in the Trust's Tripartite Formal Agreement (TFA), noting that the Trust Board would continue to receive monthly updates on this issue. The Interim Chief Executive confirmed that majority of workstreams were progressing according to their trajectory and preparations for a readiness review with NHS Midlands and East to be held on 19 December 2012 were well advanced.

Resolved – that the Trust Board continue to receive monthly updates on its FT Application process.

ICE

321/12/4 **QUALITY AND PERFORMANCE REPORT (MONTH 7) AND PROVIDER MANAGEMENT REGIME (PMR) RETURN**

As agreed at the 26 April 2012 Trust Board, the discussion on the monthly quality and performance report (paper P) was now structured to receive opening comments from the Chairs of the GRMC, Finance and Performance, and Workforce and Organisational Development Committees (if they had all met) followed respectively by issues of note from the appropriate lead Executive Directors for quality and patient safety, patient experience, operational performance, HR, and finance. Views were then invited from the wider Trust

Board. The quality and performance report for month 7 (month ending 31 October 2012) advised of red/amber/green (RAG) performance ratings for the Trust, and set out individual Divisional performance in the accompanying heatmap.

With regard to quality aspects of the month 7 report, Mr D Tracy Non-Executive Director and GRMC Chair highlighted the following issues from the GRMC meeting of 26 November 2012:-

- recent complaints trends and improvements to the process to address patient complaints at source prior to instigation of the formal complaints process. It was agreed that the Chief Nurse/Deputy Chief Executive would circulate CBU-level complaints data for the top 5 complaints themes to Non-Executive Directors outside the meeting. Some innovative work to reduce complaints levels had been implemented in the Planned Care Division and this was being shared with the remaining Divisions. An important measure of the way that UHL handled complaints was also provided by the Parliamentary Health Service Ombudsman, where 3 UHL complaints had been reviewed but none of the Trust's responses had been overturned;
- an increase (during October 2012) in the number of complaints relating to staff attitude. Members noted that the next complaints report to the GRMC (now re-titled Quality Assurance Committee) would include data on the number of complaints received per attendance/admission;
- improving performance in respect of the number of clinical audits completed in the last 3 month period;
- developments in respect of improving complex discharge performance – a further report was due to be presented to the GRMC (now re-titled Quality Assurance Committee) in January 2013;
- concerns relating to the number of C Difficile infections in October 2012 (13 cases) although overall year to date performance remained within the Trust's trajectory (55 cases against a trajectory of 63);
- significant improvements in respect of the proportion of patients that were harm free in relation to the 4 harms data captured by the Safety Thermometer measurement tool, and
- in response to a concern that WHO safer surgery checklist compliance might have reached a plateau, a presentation had been scheduled to the GRMC (now re-titled Quality Assurance Committee) in January 2013.

CN/DCE

IDO

**GRMC
CHAIR**

With regard to the remaining quality and operational performance aspects of the detailed month 7 report, the Interim Chief Executive, the Medical Director, the Chief Nurse/Deputy Chief Executive and the Director of Human Resources highlighted the following issues:-

- (i) the positive outcomes of CQC visits to the Leicester Royal Infirmary and Glenfield Hospital on 5 November and 22 November 2012 (respectively) and an expectation that an unannounced visit to the Leicester General Hospital was likely to take place before Christmas 2012;
- (ii) assurance that the increase in C Difficile infections was being monitored closely through a series of UHL and LLR infection prevention incident meetings. At the current time, this increase had been attributed to normal seasonal variation and an increase in the incidence of Norovirus infections. The Board noted that 2 consecutive monthly increases in C Difficile infections would trigger escalation plans across the whole LLR health economy (including residential homes and care homes). However it was noted there had only been 2 reported cases for November 2012 to date.
- (iii) an update on seasonal flu variations – whilst there was no pandemic indicated currently, incidences in the northern hemisphere were increasing and it was considered prudent to maintain preparedness and continue with the vaccination programme;
- (iv) the Chief Nurse/Deputy Chief Executive particularly highlighted changes to the reporting mechanism in respect of Safety Thermometer patient harms data, whereby any "old" patient harms (ie those which had occurred before the patient was admitted

- to UHL) would now be included in UHL's data. Overall numbers were therefore expected to increase significantly in future reports; CN/DCE
- (v) the majority of staffing level incident reports had originated from maternity services and were linked to occasions when 1 of the Trust's 2 delivery units had been temporarily closed to new deliveries. A review of the reporting mechanism was underway to reduce the number of multiple reports for a single shift, but such reports were still encouraged. The Board noted that 16 additional midwives had recently commenced in post and active recruitment processes continued to appoint further additional midwives and midwifery care assistants. Contractual discussions continued with NHS Midlands and East in relation to proposed changes in the target midwife to birth ratio (1:28) – UHL's ratio currently stood at just under 1:33; CN/DCE
- (vi) the development of UHL's Patient Experience Strategy which would be presented to the Board for comments in December 2012, CN/DCE
- (vii) details of 2 expected external quality reviews by UHL's Commissioners and by NHS Midlands and East. Dates for these reviews were awaited, but it was expected that each would be supported by a series of presentations and staff interviews, and CN/DCE
- (viii) amber ratings for appraisals (which stood at 91.1%) and sickness absence performance (which stood at 3.9%) – key developments in respect of these metrics were provided on page 14 of the narrative report accompanying paper P. CN/DCE

In discussion, Mr R Kilner Non-Executive Director noted the marked variation between the top and bottom performing wards in respect of their Net Promoter scores (how likely it was that patients would recommend this service to friends and family) and queried how this information was used to target improvement activity. In response, the Chief Nurse/Deputy Chief Executive reported on the special measures implemented to focus on particular wards for performance in 6 key areas and she agreed to circulate ward-level data to Board members outside the meeting. CN/DCE

The Director of Communications and External Relations noted that the low incidence of C Difficile infections to date for November 2012 was exceptional and – if this trend continued to the end of the month – this would be the lowest November data recorded at UHL.

With regard to the remaining aspects of quality and operational performance, the Interim Director of Operations highlighted performance in respect of:-

- RTT 18 weeks – where plans were in place to address backlogs in Ophthalmology, General Surgery and Gastric Surgery in order to comply with the expected 2013-14 target of 94%;
- ED 4 hour waits (see Minute 321/12/4.1 below for discussion on this item);
- Cancer targets – performance against the 62 day target had been re-rated as amber and Commissioner penalties were due to be re-imbursed accordingly;
- choose and book slot availability – detailed discussions had been held regarding improved visibility of slots within the system and the outcome of focused improvements were expected to be evidenced within the next 2 weeks;
- cancelled operations – responding to a query raised by Mr Panchal, Non-Executive Director, the Interim Director of Operations noted the inter-relationship between cancelled operations and pressures on the Trust's emergency care flows. He confirmed that any decisions to cancel operations were taken on the basis of clinical need and that any patients affected were spoken to personally regarding the circumstances leading to their cancelled surgery, and
- delayed discharges and transfers of care – members discussed the various causes for delays as detailed in a table on page 13 of the narrative report accompanying paper P, particularly noting those factors which were outside the Trust's control and were contributing to the penalties being imposed upon UHL by Commissioners. The Trust Board supported a collaborative approach towards addressing the issues raised with the CCGs and social services, and the Chairman suggested that it would be helpful for the Interim Director of Operations to attend the 13 December 2012 Cluster Board IDO

meeting for this purpose.

The Trust Chairman then asked the Finance and Performance Committee Chair for that Committee's comments on the financial elements of month 7 performance, as discussed on 28 November 2012. From that meeting, Mr I Reid, Non-Executive Director and Committee Chair particularly highlighted detailed discussions on the month 7 financial position and potential year-end forecast, including pay and non-pay expenditure, an increased income position (£5m net of MRET penalties), a sharp increase in staffing costs relating to additional activity wards, progress against CIP delivery, movements in debtors and creditors, the capital plan, financial recovery progress and cash flow forecasts (which were now included in the monthly quality and performance report).

The Trust Board also considered the November 2012 Provider Management Regime (PMR) return for approval and submission to NHS Midlands and East, as detailed within paper P. Subject to the correction of a typographical error in the response to Board statement 5, the Trust Board endorsed the PMR return as presented, for signature by the Chairman and Interim Chief Executive and submission to the SHA accordingly.

CHAIR
MAN/
ICE

Resolved – that (A) the quality and performance report for month 7 (month ending 31 October 2012 be noted;

(B) CBU-level complaints data for the top 5 themes be circulated outside the meeting; CN/DCE

(C) the next complaints report to the GRMC (QAC) to include the number of complaints received per attendance/admission; CN/DCE

(D) a report on improving discharge processes to be provided to the GRMC (QAC) in January 2013; CN/DCE

(E) a presentation on WHO safer surgery checklist compliance be provided to the GRMC (QAC) in January 2013; CN/DCE

(F) the draft Patient Experience Strategy be presented to the 20 December 2012 Trust Board meeting; CN/DCE

(G) the Minutes of the 26 October 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively (paper Q);

(H) the Minutes of the 28 October 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (paper R), and

(I) subject to the correction of a typographical error in the response to Board statement 5, the Provider Management Regime return for November 2012 be approved for signature by the UHL Chairman and Interim Chief Executive, and submitted to NHS Midlands and East as required.

CHAIR
MAN/ICE

321/12/4.1 Monthly Update on Emergency Care

The Interim Director of Operations introduced the monthly ED performance report (paper S), particularly noting the unusual pattern of GP admissions by time of day (when compared to that of other Trusts). A detailed piece of work was being progressed with the CCG leads and patient transport providers to address issues surrounding the timing of GP admissions and the subsequent time of patients' arrival by ambulance. Responding to a query raised by the Chairman, he also reported on progress in respect of increasing Consultant ward rounds and improving the process for early discharge and discharging patients by 1pm.

Resolved – that the Trust Board continue to receive monthly updates on Emergency Care.321/12/4.2 Financial Recovery 2012-13 – Update

Tabled paper T summarised progress against UHL's 2012-13 financial recovery plan. In discussion on this item, Mr D Tracy, Non-Executive Director queried the arrangements for accelerating recruitment in order to reduce the Trust's reliance upon bank and agency staff and noted in response a 4% decrease in non-clinical staffing. Mr Tracy also sought assurance that the rise in non-pay costs (particularly clinical supplies) was being appropriately addressed. The Director of Finance and Business Services reported on the workstreams being progressed by the Assistant Director of Procurement and Supply including appropriate compliance with the procurement catalogue and proposed changes in clinical practice to support best value.

Resolved – that the November 2012 update on financial recovery plans be received and noted.322/12 **STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)**

The Chief Nurse/Deputy Chief Executive presented the latest iteration of UHL's SRR/BAF (paper U), noting that the document was undergoing a full revision following the 1 October 2012 Trust Board development session on risk and the refreshed version would be presented to the 20 December 2012 Board meeting.

In terms of **risk 2** (new entrants to markets), Mr R Kilner, Non-Executive Director suggested that this risk might have been scored highly as the likelihood had now decreased. In response, the Director of Communications and External Relations confirmed that this was a valid challenge and advised that a report on market position and current market trends would be presented to the Board in December 2012.

DCER

In discussion on paper U, the following queries and comments were raised:-

- (a) Mr D Tracy, Non-Executive Director reported on the recent consideration of the SRR/BAF by the GRMC and a particular emphasis requested to clarify the links between the strategic and the Divisional risk registers. The Interim Chief Executive requested that assurance on this aspect of the risk management process be included in the 20 December 2012 Board report;
- (b) Ms K Jenkins, Non-Executive Director also requested that assurance be provided regarding the process for each risk to be reviewed by the relevant Board-level Committee;
- (c) the Chairman noted that of the 35 actions due for completion in September and October 2012, the deadline for 21 actions had slipped to a later date. He requested that these be scrutinised for any common themes and a summary of these be provided to the Board in December 2012;
- (d) Ms J Wilson, Non-Executive Director noted that whilst the score for **risk 10** (readmission rates not reducing) had been reduced to the target score, there were still a number of actions to be completed, particularly the arrangements for monitoring re-investment of readmission penalties in UHL's services. The Board agreed to retain risk 10 on the SRR/BAF to support the continued monitoring of these actions.

CN/DCE

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CN/DCE

Resolved – that (A) the SRR/BAF be received and noted, and

(B) the Chief Nurse/Deputy Chief Executive be requested to incorporate the actions agreed in points (a), (b) and (c) above in the next SRR/BAF report to the 20 December 2012 Board meeting, and

CN/DCE

(C) the new format SRR/BAF be presented to the 20 December 2012 Trust Board, following discussion by the Executive Team.

323/12 REPORTS FROM BOARD COMMITTEES

323/12/1 Audit Committee

Resolved – that (A) the Minutes of the 13 November 2012 Audit Committee be submitted to the 20 December 2012 Trust Board, and

TA

(B) the Annual Audit Letter (provided at paper V) be approved as endorsed by the 13 November 2012 Audit Committee.

323/12/2 Research and Development Committee

Resolved – that Minutes of the 8 October 2012 Research and Development Committee be received and noted (paper W).

TA

324/12 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The Chairman confirmed that 1 question per questioner would be taken at the meeting, with any additional questions therefore to be advised to the Director of Corporate and Legal Affairs who would coordinate a response outside the meeting. The following queries/comments were received regarding the business transacted at the meeting:-

- (1) a comment regarding Choose and Book performance where a combination of issues had been apparent over the last 7 years and a perceived lack of re-assurance that these issues were being appropriately addressed moving forwards. Choose and Book performance also remained a challenging position for the CCGs. In response, the Chief Nurse/Deputy Chief Executive reported on the workstreams detailed in a paper prepared by UHL's Head of Performance Improvement and presented previously both to the UHL Trust Board and Commissioners;
- (2) a suggestion that UHL's Chairman and Non-Executive Directors might find it helpful to attend CCG Board meetings on a regular basis to provide appropriate challenge in areas impacting upon UHL's performance. In response, it was agreed that the Director of Communications and External Relations would prepare and circulate a schedule of CCG Board meetings to support attendance by UHL's Board members (where appropriate).

DCER

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

ALL/
DCER

325/12 ANY OTHER BUSINESS

325/12/1 Report by the Chief Nurse/Deputy 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.

326/12 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 20 December 2012 at 10am in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 3.06pm

Kate Rayns, Trust Administrator

Cumulative Record of Members' Attendance (2012-13 to date):

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|------------------|----------|--------|--------------|------------------|----------|--------|--------------|
| M Hindle (Chair) | 10 | 10 | 100 | I Reid | 10 | 10 | 100 |
| J Birrell | 4 | 4 | 100 | A Seddon | 10 | 10 | 100 |
| K Bradley | 10 | 8 | 80 | D Tracy | 10 | 9 | 90 |
| K Harris | 10 | 8 | 80 | A Tierney* | 6 | 5 | 83 |
| S Hinchliffe | 10 | 10 | 100 | S Ward* | 10 | 9 | 90 |
| K Jenkins | 10 | 9 | 90 | M Wightman* | 10 | 10 | 100 |
| R Kilner | 10 | 10 | 100 | J Wilson | 10 | 8 | 80 |
| M Lowe-Lauri | 5 | 5 | 100 | D Wynford-Thomas | 10 | 5 | 50 |
| P Panchal | 10 | 9 | 90 | Mr A Chatten* | 2 | 2 | 100 |
| Mr J Clarke* | 2 | 1 | 50 | | | | |

* non-voting members

What can we learn from?

- **Patient Experience at 91 years of age**
 - 8am daughter visits mother at home – ambulance arranged – patient arrives at LRI at 16.40
 - Long waits to enter the emergency department
 - Despite staff trying their best, no room to move, sit down, use any toilet facilities or have a drink
 - Lots of intimidating patients with security staff
 - Move to Glenfield at 19.55
- **Mental Capacity Act/Deprivation of Liberty**
 - Inquest cases. Delays in treatment
 - Failure to instruct an Independent MCA advocate
 - Learning Disability Acute Liaison Team
 - Mandatory training package

One team shared values

What are we proud of?

- **AMBER – End of Life Care/Route to Success**
 - Improve the quality of end of life care
 - Rapid discharge home pathway
 - Advance Care Planning
 - AMBER care bundle
 - Electronic locality register
- **Dementia Friendly Hospital – trust sign up**
 - Caring for people with dementia – resource guide
 - Dementia CQUIN
 - Cognitive assessment of the older person
 - Dementia care pathway & training
 - Meaningful activity rooms & co-ordinators
 - Dementia care mapping – patient experience
 - Delirium clinic

One team shared values

What are we proud of?

- Development of patient information discharge DVD within maternity services
- The RW Günther Award For Excellence and Innovation was given to Amman Bolia, Leicester Royal Infirmary, and Jim Reekers, Department of Radiology, Academic Medical Centre, University of Amsterdam, for their work in the development and promotion of subintimal angioplasty for the management of critical limb ischaemia.
- Lindsey Heald, Acute Liaison Nurses - won the 'Celebrating Success Award' (in conjunction with LLPT Lindsey developed a bowel screening DVD for people with a learning disability.
- Shaheen Mulla, Equalities Team, UHL - won the Regional Inclusion and Equalities award for her work with the Leicester Works project.
- Andy Mear, Senior Radiographer UHL - won 'Midlands Radiographer of the year'
- Cardioversion service about to embark on a European clinical trial looking at the use of a new anticoagulant drug for cardioversion
- Nurse Led Vascular Access Team has been recognised as a good practice initiative by NHS Evidence, a search engine for authoritative evidence and best practice
- Kate Pickering, Nutritional Nurse Specialist Lead, nominated by DMU for the Ann Barson award for 'Champion and Innovation within Gastroenterology'
- Liz Darlison, Nurse Consultant, Mesothelioma - received the British Thoracic Oncology Group 10 Achievement Award for Major Impact to Lung Cancer Patient Care

One team shared values