Paper A1

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 5 APRIL 2012 AT 10AM IN ROOMS 1A & 1B, GWENDOLEN HOUSE, LEICESTER GENERAL HOSPITAL SITE

Present:
Mr M Hindle – Trust Chairman
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Ms K Jenkins – Non-Executive Director
Mr R Kilner – Non-Executive Director
Mr M Lowe-Lauri – Chief Executive
Mr P Panchal – Non-Executive Director (up to Minute 113/12)
Mr I Reid – Non-Executive Director
Mr A Seddon – Director of Finance and Procurement
Mr D Tracy – Non-Executive Director

In attendance:
Mrs C Ellis – LLR PCT Cluster Chair (up to and including Minute 108/12)
Mrs E Stevens – Deputy Director of Human Resources
Ms H Stokes – Senior Trust Administrator
Dr A Tierney – Director of Strategy
Mr P Walmsley – Head of Operations (for Minute 100/12/2)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

ACTION

94/12 APOLOGIES AND WELCOME

Apologies for absence were received from Ms K Bradley, Director of Human Resources, Ms J Wilson Non-Executive Director and Professor D Wynford-Thomas Non-Executive Director. The Chairman welcomed Mrs E Stevens, Deputy Director of Human Resources to the meeting in the absence of the Director of Human Resources.

95/12 DECLARATIONS OF INTERESTS

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

96/12 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised that the Trust's Annual Operational Plan for 2012-13 was the main item of business for consideration. As the Plan currently contained a gap of 0.8% of UHL turnover (£5.8m) it was possible that it might be further re-presented to the 26 April 2012 Trust Board for final approval once break-even was achieved within it.

97/12 MINUTES

Resolved – that (A) the Minutes of the 1 March 2012 Trust Board be confirmed as a correct record and signed by the Chairman accordingly, and **CHAIR MAN**

(B) the Minutes of the 30 March 2012 extraordinary Trust Board be submitted to the 26 April 2012 Trust Board for approval. **STA**

98/12 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 57/12 – due to Consultant recruitment difficulties, an alternative model for providing paediatric (and some adult) ENT services on the Glenfield Hospital site was now outlined which would match operating lists whilst the Consultant post was readvertised. The Trust Board noted its thanks to UHL's ENT Surgeons for their flexible and creative approach on this issue, and

(b) Minute 60/12 – it was noted that a date for the plan (to strengthen the Divisional/ Corporate Directorate infrastructure) to be developed was yet to be confirmed, and needed adding in to strategic risk register risk 15 accordingly. **DHR**

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

99/12 CHIEF EXECUTIVE'S MONTHLY REPORT – APRIL 2012

The Chief Executive's monthly report for April 2012 particularly highlighted the ongoing work to finalise UHL's 2012-13 Annual Operational Plan, noting the key need to balance quality, safety, risk, and financial issues in addition to workforce implications. The Chief Executive also voiced his thanks to UHL's staff for their continued efforts in the face of the current significant pressures. With regard to the other topical issues highlighted within the monthly report at paper C, the Chief Executive also noted an additional letter received from the Secretary of State on 4 April 2012 re: support for Applicant FTs, which he would circulate for information. The Chief Executive suggested that it would be helpful to use a future Trust Board development session to discuss the implications of the Health and Social Care Bill in more detail. **CE** **CE**

Resolved – that (A) the April 2012 letter from the Secretary of State for Health re: Applicant FTs, be circulated to Trust Board members for information, and **CE**

(B) a future Trust Board development session be used to explore the implications of the Health and Social Care Bill. **CE**

100/12 QUALITY FINANCE AND PERFORMANCE

100/12/1 Annual Operational Plan 2012-13 (AOP)

Further to Minute 81/12 of 30 March 2012 the Chief Executive introduced the Annual Operational Plan 2012-13 at paper C – following Non-Executive Director comments on the various individual chapters now outlined by the lead Executive Directors, the Finance and Performance Committee and GRMC Chairs would then be asked to comment on their Committees' consideration of the draft AOP (28 and 29 March 2012 respectively).

Within UHL, the development of the 2012-13 AOP had been a more collaborative and robust process than previously. The document used a template developed by the SHA, and the Director of Strategy particularly noted the contextual impact of the 2010-11 and 2011-12 winters on UHL. She reiterated the Trust Board's earlier thanks to staff for their efforts in the face of significant pressures, acknowledging that these were reflected in the findings of the 2011 staff attitude and opinion survey at Minute 101/12/1 below. The Director of Strategy reiterated the recognised need to focus on quality and patient experience, and outlined a number of recent

quality reviews/visits including the CQC and the Deanery. Although analysis showed there had been no worsening of clinical outcomes as a result of 2011-12 pressures, the Trust continued to be mindful of the impact on patient experience. The need to improve and energise staff engagement was also recognised as being a key issue. It was also confirmed that all cost improvement programme (CIP) schemes were being reviewed to reconfirm that they could be delivered in a safe and sustainable way – this work was being led by the Trust's Transformation Director and the transformation support office.

The Medical Director and the Chief Operating Officer/Chief Nurse confirmed their own confidence in the 2012-13 AOP (and the safety and robustness of the underlying CIP development process), noting their assurance also that more robust winter planning was now in place for the future. The Chief Operating Officer/Chief Nurse also particularly commented on nurse staffing, confirming that (in addition to monthly reviews of staffing ratios and an annual benchmarking exercise) in late summer 2011 the Trust had proactively brought-forward its 3-yearly acuity review – although detailed analysis was still underway the results were expected to support UHL's plans for further investment in nursing staff.

The Deputy Director of Human Resources outlined the principles underpinning the workforce chapter of the AOP, noting the role of the Voluntary Severance Scheme and tight vacancy controls. She echoed earlier comments on the key need to act upon staff views as expressed through (eg) the staff attitude and opinion survey and outlined work in place to refresh UHL's organisational development plan.

The Chief Operating Officer/Chief Nurse highlighted UHL's plans to deliver key 2012-13 operational targets, building on good performance during 2011-12. However, she recognised the continuing challenge of the Emergency Department target, which in 2012-13 would not be delivered until the second quarter due to the need for further action including an external expert review of ED processes. Management of arrivals and the flow of patients through UHL were crucial issues.

With regard to financial considerations, the Director of Finance and Procurement outlined the key movements in the development of the AOP, and noted a reduced CIP aspiration compared to 2011-12. Due to the new 2012-13 contract agreement (including key counting and coding changes agreed with Commissioners) UHL's income base was now clearer and more sustainable than previously. Work continued to build up the detail of certain schemes (eg ED floor) within the Trust's 2012-13 capital programme of £32.1m as outlined in the AOP.

Noting the AOP's ongoing evolution since its 28 March 2012 discussions, the Finance and Performance Committee Chair advised that further assurances on the AOP would be sought by that Committee on 25 April 2012, focusing on the CIPs and transformation schemes, delivery of key operational targets (particularly ED performance), and actions to bridge the current £5.8m gap to a break-even plan. The GRMC Chair advised that his Committee's 29 March 2012 review had focused on the quality aspects of the Plan (noting the evidence that patients continued to receive a safe service at UHL) and on the key importance of improving the patient experience within the Trust. Both Committee Chairs considered that the AOP process was more robust than previously, both in terms of its development and the credibility of the underpinning CIPs. **DFP**

In terms of appropriately reflecting the ensuing Non-Executive Director comments on the 2012-13 AOP, it was agreed to update the Plan further to:- **EDs**

(a) clarify section 7.1 to make the 5 critical safety actions more visible to the Trust Board;
(b) consider attaching the ECN plan to reduce emergency attendances, as this was a crucial element of UHL's own plans;

(c) include more explicit reference to UHL's approach of actively encouraging patient complaints/concerns;
(d) include an explanation (in section 7) as to why the Trust's target for WHO checklist usage was 97% rather than 100% (mirroring the useful explanation provided to the March 2012 GRMC);
(e) clarify how the Plan would be delivered, including measures to empower and engage staff in that delivery. It was vital that communication of the Plan focused on delivery and on the quality messages underpinning and driving it. As part of this, work continued to refresh and re-energise UHL's OD Plan, an update on which would be provided to the late June 2012 Trust Board, and **DHR**
(f) augment the 'key risks' section (6.1) to include mitigating actions, particularly for the clinical quality risks. Although noting that the document needed to follow the SHA template, the Chairman requested that those mitigating actions nonetheless be included in the AOP when it was circulated more widely. **DS/ EDs**

Once finalised, Non-Executive Directors suggested developing a compact, more user-friendly summary of the AOP for circulation to staff and Trust members. The Director of Communications and External Relations confirmed that work was in progress accordingly.

In light of the discussions above, the Trust Board agreed to approve the 2012-13 AOP subject to the further work outlined above, with a further updated iteration therefore being presented for information to the 26 April 2012 Trust Board. **ALL/ DS**

<u>Resolved</u> – that (A) the 2012-13 Annual Operational Plan including the 2012-13 capital programme be endorsed subject to the further work detailed above and additional Finance and Performance Committee review on 25 April 2012, noting that a further iteration of the Plan would therefore be presented to the 26 April 2012 Trust Board for endorsement; **EDs**

(B) as noted in (A) above, further assurances be provided to the 25 April 2012 Finance and Performance Committee re: the CIPs and transformational schemes, plans to achieve a break-even plan and delivery of key operational targets including ED; **EDs**

(C) the refreshed UHL Organisational Development Plan be presented to the 28 June 2012 Trust Board, and **DHR**

(D) further information on the actions to mitigate the key risks (particularly clinical quality risks) be included when circulating the finalised AOP more widely, as part of the overall communication process and focusing on quality drivers. **EDs/ DCER**

100/12/2 <u>Month 11 Quality, Finance and Performance Report</u>

Paper D comprised the quality, finance and performance report for month 11 (month ending 29 February 2012), 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 11 report identified key issues from each Lead Executive Director, and the following points were now noted by exception:-

(a) the Trust's confidence that the 2011-12 infection prevention targets re: MRSA and CDT would be achieved;
(b) continued good performance against the revised RTT targets;
(c) UHL's January and February 2012 delivery of the 62-day cancer wait targets, with March

2012 performance also looking promising;

(d) the expectation that the number of cancelled operations would reduce from April 2012 as the backlog eased, with an improvement also therefore in patient experience;

(e) outcomes from the recent pilot to provide additional ward support volunteers to underperforming wards would be circulated to Trust Board members for information once available; **COO/ CN**

(f) significant improvements in the UHL's outpatient survey results;

(g) an ongoing internal assessment of LLR 2011 winter planning, the results of which would be available at the end of April 2012;

(h) continuing challenges in respect of Emergency Department (ED) performance, with further work needed to improve both internal processes and external attendance-deflection. Key actions were outlined in section 2.3.6 of paper D, and in response to a specific timing query the Chief Operating Officer/Chief Nurse noted the availability constraints on the clinically-led external review;

(i) the measures put in place to improve ED planning over the forthcoming Easter Bank Holiday period, as queried at the 1 March 2012 Trust Board. The Trust's Head of Operations detailed the extensive multi-agency planning undertaken (some of which was normal practice in any event), and the focus on improving post-Easter LLR and UHL discharge arrangements/capacity (as historic data analysis showed that Easter ED attendances were no higher than normal weekend levels). Although fast-track arrangements were also in place with LPT to move appropriate patients out to an expanded LPT bedbase, the UHL Head of Operations noted the challenges posed by primary care services not running over the Bank Holiday period. The Chief Executive reiterated the need to move to a 24/7 emergency care system across LLR. Appropriate forward planning was also underway for the June 2012 Jubilee long Bank Holiday weekend;

(j) continuing work to review and understand the Trust's SHMI mortality rates, noting that the current position reflected 2010 figures due to statistical data collection issues;

(k) relatively good quarter 3 performance on CQUIN indicators (noting the penalty incurred);

(l) a disappointing deterioration in fractured neck of femur performance – this was a complex issue and a remedial plan was in development accordingly;

(m) the recent publication of national guidance clarifying the readmissions penalties issue;

(n) continued improvements on appraisal rates;

(o) a rise in sickness absence rates to 4.5% (expected to be 4% once all data was validated), reflecting current pressures. It was planned to implement the Trust's revised policy on managing sickness absence (as now agreed with Staff Side) in May 2012, and

(p) information relating to the month 11 financial position (which had also been reviewed in detail by the 28 March 2012 Finance and Performance Committee) including:-

- good performance in-month (against both plan and forecast), resulting in a £3m surplus and reflecting also the receipt of certain non-recurrent monies, and
- a revised year-end forecast of achieving a break-even position for 2011-12.

In discussion on the month 11 report, the Trust Board noted:-

(i) a suggestion from Mr R Kilner Non-Executive Director that UHL patient polling should also be undertaken in temporarily-opened areas – the Chief Operating Officer/Chief Nurse advised that this was already the case (also for nursing metrics), and confirmed that she would report the data through the GRMC; **COO/ CN**

(ii) that additional endoscopy work would continue during quarter 1 of 2012-13 in light of an anticipated rise in referrals. Work was underway with the Clinical Commissioning Groups to review the referral process;

(iii) the need to develop an urgent/emergency care LLR-wide plan (for periods such as Easter and the Jubilee weekend) which matched actual need. The Director of Communications and External Relations noted plans to discuss this with his colleagues in PCT Communications;

(iv) the Chief Executive's concerns over the need to increase UHL ICU/HDU capacity – a strategic capital solution was being explored for HDU and would be reported to a future Trust Board; **CE**

(v) the wish to be kept informed of any slippage on improving ED performance, given UHL's stated aim of delivering against the ED targets from quarter 2 of 2012-13;

(vi) a query from Ms K Jenkins Non-Executive Director and Audit Committee Chair on how to improve the Trust Board's awareness of quality themes (eg the rise in staffing issues reported as incidents, as detailed in the Divisional heatmap). She recognised that the GRMC received very comprehensive information on these issues, but queried how to ensure that the Trust Board was also sufficiently sighted. The Trust Chairman undertook to discuss this further with the GRMC Chair and advise Trust Board members on the best way forward. As GRMC Chair, Mr D Tracy Non-Executive Director also outlined the very detailed review of complaints undertaken by that Committee, and efforts to make the complaints process more user-friendly and user-focused; **UHL CHAIR/ GRMC CHAIR**

(vii) some likely adverse outcomes from the recent CQC visit to AMU (although the final report was not yet available), particularly in respect of waiting times, trolley waits, and privacy and dignity issues. The Medical Director outlined the CQC's concerns and advised that plans had already been in place to revamp AMU by 15 April 2012. The Trust Board queried the patient care impact of using trolleys in AMU – in response, the Medical Director noted a number of inter-related through-flow issues, and outlined the need to monitor ED outflow when ceasing use of AMU trolleys;

(viii) (in response to a query) the Medical Director's views that the quarter 3 rise in Hospital Acquired Thrombosis likely related to seasonal co-morbidities;

(ix) (in response to a query) that UHL was also likely to incur a stroke CQUIN penalty in quarter 4, although options for progress were being reviewed;

(x) (in response to a query) continued work to measure and monitor the effectiveness of appraisals, including some telephone sampling of staff. The timescale for this work to be reported back to the Workforce and Organisational Development Committee would be confirmed to Trust Board members outside the meeting, and **DHR**

(xi) a query from Ms K Jenkins Non-Executive Director and Audit Committee Chair, re: the non-pay variance of £1.9m. In response, the Director of Finance and Procurement clarified that this reporting line also included unidentified CIPs, with outsourced endoscopy work the other significant contributor to the variance. Ms Jenkins further queried the recurrent/non-recurrent % of the variance and the actions being taken to stabilise the position. In further discussion, the Director of Finance and Procurement outlined the impact of CNST and MES scheme inflation.

<u>Resolved</u> – that (A) the quality, finance and performance report for month 11 (month ending 29 February 2012) be noted;

(B) patient experience outcomes of the pilot to provide additional ward support volunteers to underperforming wards, be circulated to Trust Board members for information; **COO/ CN**

(C) patient polling and nursing metrics data for temporarily-opened areas be reported to GRMC for information; **COO/ CN**

(D) development of a strategic capital solution for increasing UHL HDU capacity be reported to a future Trust Board; **CE**

(E) the Trust Board be kept informed of progress towards meeting the ED target from quarter 2 of 2012-13, and **COO/ CN**

(F) the timescale for work on the effectiveness of appraisals to be reported back to the Workforce and Organisational Development Committee, be confirmed to Trust Board members outside the meeting. **DHR**

100/12/3 Finance and Performance Committee

Resolved – that (A) the Minutes of the 22 February 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the Minutes of the 28 March 2012 Finance and Performance Committee be presented to the 26 April 2012 Trust Board (summary of items discussed as noted in paper G). **STA**

101/12 HUMAN RESOURCES

101/12/1 Staff Attitude and Opinion Survey 2011

Paper H advised members of UHL's results from the 2011 national staff attitude and opinion survey, benchmarked UHL nationally against other acute Trusts, assessed the impact of interventions arising from the 2010 survey results, and detailed the actions now to be taken in response to the 2011 findings. Both the Finance and Performance Committee and the Workforce and Organisational Development Committee had previously reviewed the 2011 results. Discussion on the results and related organisational development issues had also taken place at two Executive Team meetings, and a further Trust Board development session was planned for mid-May 2012 to review work on UHL's organisational development plan. Rather than develop a new action plan in response to the 2011 survey results, it was proposed to reactivate and reinvigorate UHL's existing 8 point action plan. **DHR**

The Deputy Director of Human Resources acknowledged that although disappointing, the 2011 results were not surprising. Although UHL was performing well compared to peers on certain aspects within the survey (eg % of staff appraised in the last 12 months) the report identified the 4 key areas on which UHL compared least favourably which would now be the focus for targeted review, discussion and action planning. Of particular concern was UHL's underperformance in terms of the % of staff who would recommend the Trust as a place to work or be treated. In discussion on the results and proposed UHL response, the Trust Board:-

(a) voiced significant disappointment at the results;
(b) welcomed the planned mid-May 2012 development session, which could be used to look at the factors underlying the survey results and perhaps also explain the somewhat contradictory findings on some issues (eg appraisals);
(c) noted the need to free up Executive and management time to enable appropriate feedback to/communication with staff, as per key actions 3 and 4 of appendix 1;
(d) noted (in response to a query) the view that managers should be responsible for appraising no more than 10 staff, to ensure a quality experience;

(e) noted the reduced response rate compared to 2009, querying how UHL's 2011 response rate compared to other Trusts and what actions were planned to improve response rates. The Deputy Director of Human Resources confirmed that UHL's response rate had been below both the national and East Midlands average rate – this was disappointing and was being explored further within the Trust;

(f) commented on an absence of deadlines/target dates within the 8 point action plan, and queried how progress would be monitored. Although acknowledging the difficulty of setting measurable targets for some of the softer issues, appropriate monitoring would be looked at as part of the overall review of the plan. The Trust Board noted the need for an appropriately innovative and creative approach (which would be welcomed), and

(g) urged that the mid-May development session also look at the results in conjunction with patient feedback and patient experience impacts. **DHR**

<u>Resolved</u> – (A) the additional 18 May 2011 Trust Board development session on the staff attitude and opinion survey also cover:- **DHR**
(1) the organisational development plan for UHL;
(2) discussion of the detail underlying the staff attitude and opinion survey results;
(3) the relationship of the staff attitude findings to patient feedback and the patient experience impact, and

(B) the refresh of UHL's OD Plan also include appropriately creative, measurable monitoring requirements (see also Minute 101/12/1 above). **DHR**

101/12/2 <u>Voluntary Severance Scheme (VSS) 2012-13</u>

Noting assurance now provided that the VSS would not adversely affect nurse staffing ratios, the Trust Board approved the 2012-13 Voluntary Severance Scheme as presented, noting that the scheme was for all staff with the exception of band 5 and 6 qualified nurses, midwives, health care assistants and patient-facing medical doctors. The eligibility criteria and timescales for the scheme were as detailed in paper I.

<u>Resolved</u> – that the implementation of a Voluntary Severance Scheme anticipated to commence in May 2012 be approved as detailed in paper I. **DHR**

102/12 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).

In specific discussion on **risk 7 *(estates issues*)** the Trust Board noted the significant work underway with LLR partners and stakeholders to develop an improved site and service reconfiguration strategy (as also covered in the Annual Operational Plan). In response to a query from Ms K Jenkins Non-Executive Director and Audit Committee Chair, the Director of Strategy outlined how the various strands of this risk interlinked with UHL's overarching strategic goals, noting the Trust's wish to reduce backlog maintenance, make better use of the LLR estate, and ensure that UHL's estate continued to contribute towards the Trust's ability to deliver high quality patient care. It was agreed to reflect these aspects more explicitly in future iterations of this risk entry. Noting the appointment of Mr P Panchal as UHL's Non-Executive Director champion on sustainability, it was also agreed to reflect the sustainability agenda more explicitly in the next iteration. **DS**

In specific discussion on **risk 9 *(CIP delivery*)** the Director of Finance and Procurement confirmed that the phase II Deloitte and Finnamore work was largely complete, although the

capacity planning workstream might be extended. The Trust Board endorsed the Director of Finance and Procurement's suggestion that this risk be split in future iterations of the strategic risk register, with CIP aspects being retained in risk 9 and the transformation aspects moving to be covered within risk 16 (*lack of innovation culture*). **DFP/ DS**

In specific discussion on new **risk 19 *(inadequate data protection and confidentiality standards)***, the Director of Strategy advised of continuing Audit Committee interest in this issue (standing item at that Committee). Ms K Jenkins Non-Executive Director and Audit Committee Chair queried what actions would be put in place to clarify performance expectations and requirements on this risk, and at which staff those would be aimed. Although noting a significant improvement in 2011-12 re: Information Governance Toolkit compliance, the Director of Strategy acknowledged the need to raise staff awareness of (un)acceptable practices – this was being developed accordingly by the Information Governance Manager and the Communications Team. In response to a further query, the Director of Strategy considered that this risk entry appropriately covered both electronic and paper-based information risks.

For future clarity, the Chairman emphasised the need for any risks whose scores had changed to be individually identified in the covering sheet to this report. In response to comments from Ms K Jenkins Non-Executive Director and Audit Committee Chair on understanding the timeframe for the changes, the Chief Executive noted previous agreement to dedicate a future Trust Board development session to reviewing the document and its associated processes in detail. It was considered that March 2012 had been unusual in terms of the number of risk movements/changes. **MD** **MD/ DCLA**

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

(B) future iterations of the covering report clearly identify which individual risks had seen their risk score change; **MD**

(C) consideration be given to using a Trust Board development session to discuss the SRR/BAF document and its associated processes in their entirety; **MD/ DCLA**

(D) future iterations of risk 7 clarify the links to UHL's overall strategic goal(s) re: estates issues and make more explicit reference to the sustainability agenda, and **DS**

(E) the transformation elements currently located within risk 9 be moved to sit within SRR/BAF risk 16 (lack of innovation culture). **DSF/ DS**

103/12 REPORTS FROM BOARD COMMITTEES

103/12/1 <u>Audit Committee</u>

<u>Resolved</u> – that the Minutes of the Audit Committee meeting scheduled for 18 April 2012 be submitted to the 28 May 2012 Trust Board. **STA**

103/12/2 <u>Governance and Risk Management Committee (GRMC)</u>

<u>Resolved</u> – that the Minutes of the 23 February 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the Minutes of the 29 March 2012 GRMC be submitted to the 26 April 2012 Trust Board (cover sheet as at paper K1). **STA**

103/12/3 UHL Research and Development Committee

The Trust Board particularly noted the PhD student presentation on the implementation of The Productive Ward initiative, as discussed at the 5 March 2012 Research and Development Committee. It was agreed to circulate this presentation (and those from the 2 April 2012 meeting) to Trust Board members for information. **STA**

Resolved – that (A) the Minutes of the 5 March 2012 Research and Development Committee be received, and the recommendations and decisions therein be endorsed and noted respectively;

(B) the presentations from the 5 March and 2 April 2012 Research and Development Committee meetings be circulated to all Trust Board members for information, and **STA**

(C) the Minutes of the 2 April 2012 Research and Development Committee be submitted to the 26 April 2012 Trust Board (cover sheet as at paper L1). **STA**

103/12/4 Workforce and Organisational Development Committee (WODC)

Resolved – the Minutes of the 26 March 2012 Workforce and Organisational Development Committee be submitted to the 26 April 2012 Trust Board (cover sheet as at paper M). **STA**

104/12 CORPORATE TRUSTEE BUSINESS

104/12/1 Charitable Funds Committee

Resolved – that the Minutes of the 16 March 2012 Charitable Funds Committee be received, and the recommendations and decisions therein be endorsed and noted respectively

105/12 TRUST BOARD BULLETIN

Resolved – that the following reports circulated with the April 2012 Trust Board Bulletin be noted:-
(1) Trust Board declarations of interest 2012-13, and
(2) list of Trust sealings 1 October 2011 – 31 March 2012.

106/12 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 number of comments from Mr Z Haq, relating to:-
(i) his concern that UHL's Trust Board had not been represented at a recent University of Leicester event re: the cardiac research centre. The Chief Executive acknowledged this point and confirmed that Trust Board members did support and attend such events where possible;
(ii) his query as to whether agency staff accounted for all of the overspend on staffing, and if so how this tied in with the 2012-13 Annual Operational Plan workforce reductions. In response, the Director of Finance and Procurement confirmed the significant staffing spend which had been seen through to August 2011, and he confirmed that robust plans were in place for 2012-13;

(iii) the apparent low level of patient awareness of the UCC, and whether it would be preferable to close the UCC and also certain Community walk-in facilities given that their existence was not advertised within ED. The Chief Executive advised that the future of Community facilities was not within the remit of the UHL Trust Board, nor was it the place of the Trust to advertise those facilities. In response to a further query from Mr Haq as to why community facilities could not be mentioned on (eg) UHL patient leaflets, the Director of Communications and External Relations agreed to discuss awareness-raising with his PCT Communications colleagues. The LLR PCT Cluster Chairman also confirmed that Mr Haq had raised similar points at the March PCT Cluster Board meeting, where a number of actions had been agreed; **DCER**

(iv) a query on pharmacy working hours within UHL's hospitals (daytime only). In response, the Medical Director confirmed that the Trust's Pharmacy Services operated within the appropriate legal framework to provide safe and effective patient care;

(v) a query as to whether UHL maternity services would pursue (with City primary care colleagues in particular) the provision of additional clinics/care pathways for patients at risk of having small babies. In response, the Medical Director confirmed that perinatal mortality data had been reviewed in detail with public health colleagues – he noted the key need to establish (on a cross-community basis) what interventions would be appropriate. The GRMC Non-Executive Director Chair also noted that Committee's significant interest in this issue. In response to a further comment from Mr Haq, the Chief Executive noted work currently in progress to optimise maternity capacity on the LRI site;

(vi) a query as to whether further moves were planned for the gynaecology service – in response the Director of Strategy advised that the location of all services remained under review as part of the LLR reconfiguration exercise;

(vii) queries as to whether the Trust Board was happy with the number of complaints received by UHL in 2011-12, whether the CIP set for 2012-13 was appropriate, and what view was being taken of potential competitors for UHL business. The Trust Chairman advised that in a spirit of openness and learning UHL did encourage patients/relatives to raise concerns, and took the content of those complaints/concerns appropriately seriously. Quality remained the Trust's key driver and UHL would continue to monitor any patient care/experience impact of its required financial savings. The Chief Operating Officer/Chief Nurse reiterated earlier comments on work to benchmark UHL's staffing ratios and patient acuity levels, and commented on the likely £2m investment in additional nursing staff which had now been identified, and

(2) a query raised by Mr Z Haq on behalf of Mr D Gorrod, LINKS, as to whether UHL had quantified the potential impact of any loss of paediatric cardiac surgery facilities. The Director of Strategy advised that this had been covered in the Trust's safe and sustainable business case submission, with figures therefore available to send to Mr Gorrod accordingly. **DS**

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

107/12 DATE OF NEXT MEETING

The Trust Chairman noted the need to reschedule the remaining 2012 Trust Board meeting dates to align with the timetable to submit UHL's provider management regime to the SHA. A list of revised dates would be published shortly, with the next Trust Board meeting date confirmed as being 26 April 2012 (replacing the original 3 May 2012 date).

Resolved – that the next Trust Board meeting be held on Thursday 26 April 2012 at 10am in Rooms 1A & 1B, Gwendolen House, Leicester General Hospital site.

108/12 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 109/12 – 121/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

109/12 DECLARATION OF INTERESTS

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

110/12 CONFIDENTIAL MINUTES

Resolved – that (A) the confidential Minutes of the 1 March 2012 Trust Board be confirmed as a correct record and signed by the Chairman accordingly, and **CHAIR MAN**

(B) the confidential Minutes of the 30 March 2012 extraordinary Trust Board be submitted to the 26 April 2012 Trust Board for approval. **STA**

111/12 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.

112/12 REPORT BY THE DIRECTOR OF FINANCE AND PROCUREMENT

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

113/12 REPORTS BY THE DIRECTOR OF STRATEGY

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.

114/12 REPORT BY THE DIRECTOR OF HUMAN RESOURCES

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.

115/12 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 personal data.

116/12 REPORT BY THE MEDICAL DIRECTOR

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

117/12 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that the reports circulated with the April 2012 confidential Trust Board Bulletin

be noted for information.

118/12 REPORTS FROM REPORTING COMMITTEES

118/12/1 Finance and Performance Committee

Resolved – that the confidential Minutes of the 22 February 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted, respectively.

118/12/2 Governance and Risk Management Committee (GRMC)

Resolved – that the confidential Minutes of the 23 February 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted, respectively.

118/12/3 Research and Development Committee

Resolved – that the confidential Minutes of the 5 March 2012 Research and Development Committee be received, and the recommendations and decisions therein be endorsed and noted, respectively.

119/12 CORPORATE TRUSTEE BUSINESS

119/12/1 Charitable Funds Committee

Resolved – that the confidential Minutes of the 16 March 2012 Charitable Funds Committee be received, and the recommendations and decisions therein be endorsed and noted, respectively.

120/12 ANY OTHER BUSINESS

120/12/1 Comment by Ms K Jenkins, Non-Executive Director

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.

120/12/2 Comment by Mr R Kilner, Non-Executive Director

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.

120/12/3 Comment by Mr R Kilner, Non-Executive Director

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.

120/12/4 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.

120/12/5 Report by the Chairman and 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.

120/12/6 Report by the 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.

120/12/7 Communication from the Secretary of State for Health re: a Clinically-led NHS

Resolved – that the above communication be noted, as now highlighted by the Chairman.

121/12 MEETING EVALUATION

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

The meeting closed at 3.55pm

Helen Stokes
Senior Trust Administrator