Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON MONDAY 28 JUNE 2012 AT 10AM IN ROOMS 1A & 1B, GWENDOLEN HOUSE, LEICESTER GENERAL HOSPITAL SITE

Present:
Mr M Hindle – Trust Chairman
Ms K Bradley – Director of Human Resources
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse (excluding part of Minute 190/12, Minutes 191/12 to 192/12 inclusive, Minute 206/12/1 and 207/12/3)
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 and including Minute 207/12/1)
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:
Mrs R Broughton – Head of Outcomes and Effectiveness (for Minute 193/12)
Dr B Collett – Acting Medical Director
Mr T Diggle – Head of Fundraising (for Minute 206/12/1)
Miss M Durbridge – Director of Safety and Risk (for Minute 194/12)
Mrs C Ellis – LLR PCT Cluster Chief Executive (up to and including Minute 201/12)
Ms C Griffiths – LLR PCT Cluster Chair (for Minute 187/12)
Dr F Miall – Consultant Adult Haematologist (for Minute 206/12/1)
Mrs K Rayns – Trust Administrator
Dr E Ross – Consultant Paediatric Oncologist (for Minute 206/12/1)
Dr A Tierney – Director of Strategy
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations
Mr D Yeomanson – Divisional Director, Women's and Children's (for Minute 206/12/1)

ACTION

182/12 APOLOGIES

Apologies for absence were received from Dr K Harris, Medical Director.

183/12 DECLARATIONS OF INTERESTS

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

184/12 CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew the Board's attention to the Leicester Royal Infirmary's centenary celebrations, good in-month performance on both MRSA and clostridium difficile prevention, the expected announcement relating to the outcome of the Safe and Sustainable review of children's heart services (on 4 July 2012), and noted also that this was likely to be Mr M Lowe-Lauri's final Board meeting as UHL's Chief Executive. On behalf of the Trust Board, the Chairman recorded an appreciation of the significant contributions made by Mr Lowe-Lauri over the last four years, particularly noting the Trust's raised research and development profile (demonstrated through the introduction of three Biomedical Research Units) and the planned implementation of the EMPATH pathology business model.

185/12 MINUTES

Resolved – that (A) a suggested revised form of words be provided to the Senior Trust Administrator in respect of Minute 176/12 (2) of 7 June 2012, and **DFP/ STA**

(B) subject to the above amendment to Minute 176/12 (2), the Minutes of the meetings held on 28 May 2012 and 7 June 2012 be confirmed as a correct record.

186/12 MATTERS ARISING FROM THE MINUTES

Paper B 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 174/12 (D) – a responsible officer had been identified to support the risk action on strengthening UHL resilience and a draft assurance framework was being prepared which would form the basis for a Trust Board development session. **CHAIR MAN/ DCLA**
(b) Minute 174/12 (F) – plans to strengthen UHL management and capability had now been agreed but these were not yet reflected in the Board Statements accompanying the Provider Management Regime return (page 11 of paper E refers); **CE**
(c) Minute 151/12 – a report on progress against the end of life care programme would be scheduled on the Trust Board agenda in January 2013 and **COO/CN/ STA**
(d) Minute 154/12 – discussions had taken place with the LLR PCT Cluster Chair regarding the development of a potential common LLR risk register. **PCT CHAIR**

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

187/12 LLR RECONFIGURATION UPDATE – BETTER CARE TOGETHER

Ms C Griffiths, Chief Executive, LLR PCT Cluster attended to advise the Trust Board on progress of the LLR Reconfiguration Programme now titled "Better Care Together" (paper D refers). During the presentation she particularly noted that the key themes arising from the 2008 "Excellence for All" consultation were still applicable, an economic analysis had been commissioned to demonstrate that the vision would deliver higher quality care at a lower operating cost, an over arching communications and engagement programme had been developed, and the key issues affecting UHL would be developing the appropriate size and configuration of services.

In discussion on the presentation, the Trust Board noted:-

(a) a query as to how changes in the world economy since the public consultation in 2008 would be taken into account. It was clarified that developments relating to the economic climate had been a catalyst for change in bringing care closer to patients' homes, improving access to diagnostic tests, developing intermediate care facilities within Leicester city and improving occupancy rates within community care;
(b) queries regarding the process for factoring in the results of census data, and more recent data surrounding social deprivation, local demographics and public health issues. It was confirmed that the proposals would be tested through wider public consultation planned to take place in due course;
(c) that issues surrounding palliative and end of life care had been touched upon during the recent Emergency Department Summit and would be built into the review accordingly; **CE, LLR CLUSTER**
(d) that the scope to review the role and logistical involvement of other parties (such as future Facilities Management providers and EMAS) as patient care moved away from the acute facing sector would be explored appropriately as part of the review; **CE, LLR CLUSTER**
(e) that Information Technology support and the process to procure an IM&T managed business partner were recognised as key project enablers. UHL's Chief Information

Officer was supporting the Programme Board in this respect;
(f) the welcomed involvement of two of UHL's Divisional Directors, and
(g) the Chief Executive's comments regarding the direction of travel towards a neighbourhood model for care of the frail elderly patient and the aim to drive up the overall standard of quality within the patient care journey.

Resolved – that (A) the progress report on LLR Reconfiguration "Better Care Together" (paper D) be received and noted, and

(B) the Chief Executive, LLR PCT Cluster be requested to:-
(1) build palliative and end of life care issues into the review process, and **CE, LLR CLUSTER**
(2) explore the scope to develop the role and logistical involvement of third sector parties as part of the review process.

188/12 CHIEF EXECUTIVE'S MONTHLY REPORT – JUNE 2012

The Chief Executive's monthly report for June 2012 particularly noted (i) UHL's month 2 RTT performance (covered in detail in Minute 189/12 below), (ii) continued challenges relating to ED performance (covered under Minute 190/12 below), (iii) proposed arrangements for delivering the Trust's Transformation Programme, (iv) a forthcoming review of the Trust's Information Strategy in line with the DoH Health and Social Care Information Strategy, and (v) the independent "Fair Playing Field" review commissioned by Monitor, where opportunities for UHL and other aspirant FTs to influence the review process were being explored by the Director of Corporate and Legal Affairs. With regard to (i), the Chief Executive commended the actions of the Chief Operating Officer/Chief Nurse for her efforts in achieving the RTT targets for admitted patients in every speciality and for non-admitted patients in all specialities with the exception of Ophthalmology.

Resolved – that the Chief Executive's report for June 2012 be received and noted.

189/12 QUALITY, FINANCE, AND PERFORMANCE

189/12/1 Quality Finance and Performance Report – Month 2

As agreed at the 26 April 2012 Trust Board, the discussion on the monthly quality finance and performance report (paper E) was now structured to receive opening comments from the Chairs of the GRMC and Finance and Performance Committee, followed respectively by issues of note from the appropriate lead Executive Directors for operational performance, quality and HR, then finance, and any views from the wider Trust Board.

Paper E comprised the quality, finance and performance report for month 2 (month ending 31 May 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, and the commentary accompanying the month 2 report identified key issues from each Lead Executive Director.

With regard to quality aspects of the month 2 report, and in reporting on the GRMC meeting of 25 June 2012, Mr D Tracy Non-Executive Director and Committee Chair noted in particular:-

- a presentation on improving fractured neck of femur performance through the implementation of a dedicated fractured neck of femur ward, dedicated theatre sessions and recruitment of a locum Consultant to provide maternity leave cover. Assurance had been received that the above steps would lead to a permanent improvement in performance, although fluctuating emergency activity levels would always remain a challenge to this service;
- a report on the Commissioner-led review of maternity services was scheduled to be

presented to the GRMC in December 2012;

- the Director of Safety and Risk had been requested to report to the GRMC upon completion of her thematic review of recent Never Events. The Trust Chairman requested that the outcome of this review also be reported to the Trust Board; **DSR/MD**
- an ongoing review of UHL's intensive care and high dependency bed capacity (item (iii) below also refers);
- a draft report following the PCT visit to ED and other key areas of the Trust had highlighted improvements in staff morale – the PCT report was currently being updated to reflect factual corrections, prior to circulation. The Director of Safety and Risk had provided similar verbal feedback on improved staff morale, following her participation in recent Executive Director walkabouts. Ms K Jenkins, Non-Executive Director suggested that it would be good practice to seek evidence of this and share views on what had changed to improve staff morale in these areas; **DSR/MD**
- the presentation received from the Planned Care Division had provided assurance regarding any quality and safety implications arising from their 2012-13 CIP schedule, and
- a review of the three fires experienced within the Trust over the last twelve months was being undertaken to draw together any common themes and organisational learning opportunities. This would also include a review of the Trust's current policy on smoking. **DSR/MD**

With regard to the remaining operational and quality aspects of the detailed month 2 report, the following issues were highlighted by the Chief Operating Officer/Chief Nurse, the Acting Medical Director, and the Director of Human Resources:-

(i) successful delivery of all key cancer targets and an increased focused on addressing the challenges associated with lower GI targets. UHL had hosted an event on 22 June 2012 to develop action plans to mitigate the impact of increased referrals and patient DNA rates, arising from the national bowel screening campaign. Proposals to address improvements within this care pathway and referral process were being developed and the final report was expected to be made available on 15 July 2012;

(ii) the causes and effects of a sudden increase in the number of delayed discharges which had been escalated both internally at bed meetings and externally to the Transfer of Care Steering Group;

(iii) the impact of critical care and HDU capacity and availability upon cancelled operations had been raised at a recent Contract meeting with Commissioners. The Executive Team had supported a phased expansion of critical care capacity, commencing with the implementation of six additional beds but work continued to develop a sustainable solution for the longer term. This issue would continue to be progressed through the LLR Reconfiguration Board agenda and the Chief Operating Officer/Chief Nurse suggested that a hosted meeting between CCG leads and UHL clinicians and intensivists would be beneficial. The Acting Medical Director noted that the footprint for centralised theatres and recovery areas would also be key to reducing cancelled operations. **DS/ COO/CN**

(iv) a suggestion by the Acting Medical Director that urgent consideration was required to determine whether the Readmissions Project Board should continue in its present form., noting that Mr S Barton, Readmissions Project Manager had left the Trust and that the final meeting of the Project Board was scheduled to be held on 20 July 2012, and **DS/ COO/CN**

(v) a routine two day CQC review which was taking place on 27 and 28 June 2012. Early feedback from the review was expected to be provided by the CQC during week commencing 2 July 2012.

With regard to workforce aspects of the month 2 report, and in reporting on the Workforce and Organisational Development Committee meeting of 25 June 2012, Ms J Wilson, Non-Executive Director and Committee Chair particularly noted:-

- presentations from the Clinical Support and Women's and Children's Divisions in

respect of staff health and well being, sickness levels, appraisal rates and progress with staff engagement plans. Clarity of expectations had been provided at both Divisional and CBU level and the Committee had seen evidence of green shoots of progress which would now be shared with the remaining Divisions;

- much work had been continuing to address improvements in clinical leadership and engagement, but arrangements had been made for a "step back" review to develop and agree a more focussed plan to promote increased clinical engagement, and
- that a report had been presented on developing UHL as an Employer of Choice and improving the experience for junior doctors was a key aspect of this work. The Committee hoped to receive a presentation on this theme from junior doctors themselves at the next meeting (in August 2012). Professor D Wynford-Thomas requested that feedback on this workstream be provided to the Medical School accordingly. The Director of Human Resources agreed to raise this issue at her meeting with the University of Leicester later that week.

DHR

DHR/MD

DHR/MD

DHR

In wider discussion on the non-financial aspects of the month 2 report, the Trust Board noted:-

(a) a query raised by Ms K Jenkins, Non-Executive Director as to whether there was any risk to patients arising from the number of cancelled operations and what else could be done to reduce such cancellations. In response the Chief Operating Officer/Chief Nurse confirmed that emergency surgery and urgent cancer treatments took priority over planned surgery cases based on an assessment of clinical need and that there was no rigid process for protecting bed capacity for planned surgery. Other neighbouring Trusts (including NUH) were also seeking to improve their cancellation rates and there was considered little opportunity to use other providers to support UHL in reducing cancelled operation rates;

(b) a query from Mr R Kilner, Non-Executive Director on the level of assurance received by the GRMC that the planned improvements to support fractured neck of femur care would lead to a sustainable improvement in performance. In response, Mr D Tracy, Non-Executive Director and GRMC Chair confirmed that all feasible solutions had been supported for implementation but significant swings in activity (such as those experienced during sustained periods of icy weather conditions) would always remain challenging;

(c) confirmation that the thematic review of Never Events would encompass staff culture, performance management issues and the process leading up to these incidents (eg WHO checklist compliance); **DSR/MD**

(d) variances in sickness absence levels across different areas of the Trust had been noted and a report would be provided to the Workforce and Organisational Development Committee in November 2012 (by which time the new Policy for Managing Sickness Absence would have been in place for six months); **DHR**

(e) work continued to improve the number of staff receiving good quality appraisals on an annual basis – performance currently stood at 95% against a target of 100%;

(f) Ms K Jenkins, Non-Executive Director queried the role and involvement of the Workforce and Organisational Development Committee in developing the strategy to transform the workforce culture. In response, Ms J Wilson, the Committee Chair briefed members on the process to re-invigorate UHL's Organisational Development Plan and use this as a vehicle for transforming the workforce culture; **DHR**

(g) additional information provided by the Director of Human Resources regarding the impact of detailed workforce plans contained within the Integrated Business Plan for years 1-3 and the high level workforce plans for years 4-5. She also highlighted new roles and new ways of delivering services (such as the AHP role within theatres) and the development of monthly workforce forecasts, and

(h) a comment by the Director of Strategy that there was currently no Human Resources representative on the LLR Reconfiguration Board. **DHR**

The Trust Chairman then asked the Finance and Performance Committee Chair for that

Committee's comments on the financial elements of month 2 performance, as discussed on 27 June 2012. From that meeting, Mr I Reid, Non-Executive Director and Finance and Performance Committee Chair particularly highlighted:-

- a reported month 2 income and expenditure deficit of £43k, making a total year to date deficit of £1.6m. The underlying causational factors were still being investigated but increases in patient care income appeared to have been off-set by increased expenditure on clinical supplies and drugs;
- emergency demand above the 2008-09 activity threshold continued to impact upon the Trust (the year to date impact stood at £0.5m) and this was further exacerbated by the cost of staffing additional capacity wards;
- CIP delivery against plan for the year to date stood at 85% and additional schemes continued to be developed to mitigate the shortfall of £0.6m. The cumulative position for the end of June 2012 (quarter 1) was due to be reported to the Committee in July 2012, together with clear action plans to mitigate any slippage; **DFP**
- the Trust's cash balance for the end of May 2012 had improved by £1m since the 2011-12 financial year end to £19.4m;
- no allowance for potential CQUIN or other performance penalties had been made within the financial plan and this remained a key risk;
- assurance had been received that the current focus on reducing UHL readmissions would be maintained, and
- the need to resolve UHL's concerns relating to Commissioner investment in a sustainable expansion of the Trust's critical care and HDU capacity. **DS/ COO/CN**

With regard to the remaining financial aspects of the detailed month 2 report, the Director of Finance and Procurement particularly noted that the month 1 reduced activity trend had continued during month 2 in respect of key high value/low volume services, such as ECMO, Bone Marrow Transplantation and Renal Transplantation. He also commented upon the potential impact of the double Jubilee bank holiday in terms of clinical supplies procurement, noting that a final analysis would be provided in the June 2012 report. In discussion on the financial aspects of month 2, the Trust Board noted:-

(1) a query from Professor D Wynford-Thomas as to the financial impact of the additional fractured neck of femur ward. The Director of Finance and Procurement clarified that additional staffing costs were expected to be approximately £50k per month. These costs were not included in the financial plan, but were included in the forecast position although they were expected to be covered by the best practice tariff. Reductions in length of stay (both pre and post-operative care) were also expected to deliver further cost savings. The Chief Operating Officer/Chief Nurse added that the full year effect was expected to be in the region of £450k (including additional equipment requirements) and a bid for transformational funding had been submitted to Commissioners accordingly;

(2) that a report on the review of nursing acuity levels was due to be presented to the GRMC in July 2012; **COO/CN**

(3) a query from the Director of Communications and External Relations regarding the fairness of marginal tariffs being paid for emergency activity above the 2008-09 threshold, and the scope to develop a strategic movement for change through discussion at AUKUH and FT network meetings, and **DFP**

(4) a query from Ms K Jenkins, Non-Executive Director regarding the scope to implement centralised spending controls in respect of clinical supplies and drug expenditure. In response, the Director of Finance and Procurement advocated an increased focus upon catalogue compliance and implementation of stock levels for re-ordering purposes and he briefed the Board on arrangements for Internal Audit to review the content and usage of the procurement catalogue. **DFP**

The Chief Executive introduced paper F which summarised the NHS Midlands and East Provider Management Regime for aspirant NHS Trusts and sought Trust Board approval for

the proposed June 2012 monitoring return (May 2012 data), which now featured within the quality finance and performance report (pages 6 to 11 of paper E).

In discussion on this item, members particularly noted that (i) the PMR return would be updated as additional data became available prior to submission to the SHA, (ii) each of the Board Statements now had an assigned Executive Director Lead, and (iii) action plans were in place to address compliance with statements 6, 16 and 17.

Resolved – that (A) the quality finance and performance report for month 2 (month ending 31 May 2012) be noted;

(B) the outcome of a thematic review of Never Events be presented to the GRMC and Trust Board upon completion; **DSR/MD**

(C) evidence of improvements in staff morale and views on what had changed to improve staff morale be shared appropriately within the Trust; **DSR/MD**

(D) the Chief Operating Officer/Chief Nurse be requested to explore the scope to convene a meeting between CCG leads and UHL clinicians to develop a sustainable model for UHL's intensive care and HDU capacity; **COO/CN**

(E) consideration be given to continuing the Readmissions Project Board in its present form; **MD**

(F) a more focused Clinical Engagement action plan be developed to support improvements in clinical leadership and engagement; **DHR/MD**

(G) feedback on the Becoming an Employer of Choice workstream relating to improving the experience for junior doctors be provided to the Medical School; **DHR**

(H) opportunities to develop a strategic movement for change in respect of marginal rates for emergency activity be explored through the appropriate networks; **DFP**

(I) subject to the inclusion of any additional available data, the PMR return be approved and submitted to the SHA as required; **CE**

(J) the Minutes of the 21 May 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively (paper G);

(K) the Minutes of the 23 May 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (paper H), and

(L) it be noted that the Minutes of the Workforce and Organisational Development Committee meeting held on 25 June 2012 would be submitted to the 25 July 2012 Trust Board.

190/12 EMERGENCY CARE UPDATE

In the absence of the Medical Director, the Chief Operating Officer/Chief Nurse introduced paper I which provided an overview of the Trust's arrangements for delivering emergency care and achieving the 95% target and other clinical indicators on a sustainable and consistent basis. She particularly highlighted the changes being made within the CBU infrastructure and outputs from the Emergency Care Steering Group. A series of ED Summit meetings were being led by CCGs with input from all health and social care organisations across LLR and she briefed members on progress with the development of balanced multi-agency action plans for presentation to the third ED Summit meeting to be

held on 29 June 2012. At this point in the meeting the Chief Operating Officer/Chief Nurse received an urgent message which necessitated her to leave the meeting for a short time.

In discussion on the Emergency Care update report, the Trust Board noted:-

(a) a query from the Director of Communications and External Relations on the process for pursuing UHL's concerns regarding the marginal rate emergency tariff in the light of evidence from the ED front door audit that GPs were signposting a higher percentage of patients to attend ED. The Chairman agreed to discuss this collaborative issue with the Chief Executive (outside the meeting); **Chairman/ CE**
(b) a comment by Ms K Jenkins, Non-Executive Director regarding the importance of respecting a GP's decision for a patient to attend ED and a further comment by Mr R Kilner, Non-Executive Director that any unnecessary GP referrals would be highlighted through the ED deflection reporting route, and
(c) a suggestion by Mr R Kilner, Non-Executive Director that bed breaches and ED process breaches provided in the analysis of type 1 breaches (appendix 1 to paper I refers) might be within the Trust's gift to resolve and that the eradication of these breaches for May 2012 (530) would have supported delivery of the 95% target for that month. In response, the Chief Executive confirmed that the team from Kings College would be reviewing ED processes during their visit on 12 and 13 July 2012. GP referral processes, delayed discharges and primary care models were also under review.

<u>Resolved</u> – that (A) the Emergency Care update report be noted, and

(B) collaborative issues relating to the signposting of patients to ED by GP practices be considered by the Chairman and Chief Executive (outside the meeting). **Chairman/ CE**

191/12 UHL QUALITY ACCOUNT 2011-12

The Acting Medical Director introduced UHL's draft Quality Account 2011-12 (paper J), noting that much of the format and content of the document had been dictated by mandatory Department of Health guidance. She also reported verbally on the External Audit Assurance Opinion which had been received from KPMG (the Trust's External Auditors) since the Trust Board papers were circulated. Mr D Tracy, Non-Executive Director and Chair of the Governance and Risk Management Committee confirmed that the Quality Account had been supported by that Committee on 25 June 2012 for Trust Board approval.

<u>Resolved</u> – that (A) the UHL Quality Account 2011-12 be approved, and

(B) the Statement of Directors' Responsibilities be signed by the Chairman and the Chief Executive accordingly. **CHAIR MAN/CE**

192/12 UHL ANNUAL REPORT 2011-12

The Trust Board considered UHL's Annual Report for 2011-12 (paper K), noting that any comments or suggested amendments would be welcomed outside the meeting and that a shorter abridged version would be made available at the Trust's APM/Open Day event (planned to be held on Saturday 22 September 2012 at the Leicester Royal Infirmary).

The Director of Communications and External Relations advised that the Chairman's and Chief Executive's contributions to the annual report were intended to be added at a later stage in the process to reflect any relevant developments and he sought delegated authority (on behalf of the Board) to include these sections within the annual report prior to its final publication. Following consideration, delegated authority was granted to the Chairman, subject to the Chairman's and Chief Executive's contributions being circulated to Board members by email for review prior to the final publication.

Resolved – that (A) noting the opportunity to send any further comments to the Head of Communications outside the meeting, the (draft) UHL Annual Report 2011-12 be approved, and

(B) the Chairman be granted delegated authority (on behalf of the Board) to include the Chairman's and Chief Executive's contributions to the annual report at a later stage. **CHAIRMAN**

193/12 2012-13 CQUIN SCHEME – MAKING EVERY CONTACT COUNT (MECC)

The Director of Communications and External Relations introduced paper L summarising the Trust's aims, implementation arrangements and progress towards achieving one of the SHA Cluster Board's priorities to "make every contact count" by using every opportunity to deliver brief advice to patients and visitors to improve their health and well being. Appendix 1 set out the agreed thresholds for receiving the associated CQUIN funding (potentially in the region of £1 million), appendix 2 provided the communications toolkit, and appendix 3 detailed the implementation plan for 2012-13 (with timescales).

Two of the four key MECC strands had been selected for priority attention at UHL during 2012-13 – smoking cessation and alcohol reduction. The strands surrounding increasing physical activity and healthy eating were already incorporated into some UHL patient education programmes, but such advice was more usually accessed via the GP Health Checks. In discussion on this item, the Board noted:-

(a) a note of caution raised by Mr P Panchal, Non-Executive Director regarding appropriate use of cultural sensitivities relating to alcohol, and
(b) a query by Ms J Wilson, Non-Executive Director regarding how the effectiveness of MECC would be assessed and the additional efforts that might be required to contact particular groups of service users who were "hard to reach". It was confirmed that the number of MECC contacts would be appropriately recorded and readily reportable through Public Health reporting routes.

Resolved – that (A) the report on Making Every Contact Count (paper L) be received and noted;

(B) the Trust Board endorsed the direction of travel as outlined within the paper, and

(C) feedback on MECC performance be reported to the Trust Board at appropriate milestones within the implementation process. **DCER**

194/12 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK

Paper M comprised the latest iteration of the Trust's Strategic Risk Register/Board Assurance Framework (SRR/BAF). Members noted that a provisional date of 2 August 2012 was being canvassed for a Trust Board development session to provide a fully revised 2012-13 version. The Director of Strategy particularly welcomed the changes made to **risk 11** ***(organisational IT exploitation)*** as detailed in appendix 3 to paper M, which provided a helpful summary of the current position. **DCLA**

In specific discussion on **risk 1** ***(continued overheating of emergency care system)***, Mr R Kilner, Non-Executive Director suggested that the phrase "behaviour of new clinical Commissioning groups" be replaced with "effectiveness in reducing the numbers presenting at ED" and Mr I Reid, Non-Executive Director noted that there was currently no mention of any ED fine(s) within the potential consequences relating to this risk. Ms J Wilson, Non-Executive Director suggested additional causation factors – lack of bed capacity and critical care capacity – be added to this risk. Ms K Jenkins, Non-Executive Director sought confirmation that assurance on controls reports and outcomes tracking and monitoring **MD** **MD** **MD** **MD**

would be considered at the forthcoming Trust Board development session to refresh the SRR/BAF.

In specific discussion on **risk 5** ***(lack of appropriate PbR income)***, the Director of Finance and Procurement outlined the Trust's progress with unwinding the old contacting regime, strengthening resources within the PLICS team, counting and coding changes and the contract renewal process for 2013-14. Mr R Kilner, Non-Executive Director noted that this risk had previously been described as loss making services and he queried how services would be transformed to become more cost effective. In response the Director of Finance and Procurement highlighted two key focus areas – ensuring that the Trust was remunerated fairly for activity delivered and addressing transformation through a distributed service model in a cost effective way.

In specific discussion on **risk 10** ***(readmission rates)***, the Director of Finance and Procurement noted that whilst the project manager for this workstream had recently resigned, a continued focus on business as usual for this important workstream was being maintained. The Readmissions Board (chaired by Dr P Rabey, Divisional Director, Women's and Children's) was currently awaiting the outcome of the independent review being chaired by Dr R Hsu whereby a sample of UHL readmissions would be audited and evaluated as being avoidable, preventable or predictable. The Chairman requested that the draft findings of this independent review be presented to the 26 July 2012 Trust Board meeting. In wider discussion on this risk, Mr I Reid, Non-Executive Director sought assurance relating to the resolve to maintain the momentum of the Readmissions Project Board. Mr R Kilner queried whether the current risk score was too low, suggesting that discussion on this point was required at the forthcoming Trust Board development session. Ms J Wilson, Non-Executive Director agreed that the likelihood of readmission rates not reducing appeared to have increased which was likely to impact upon the overall risk score. **DFP** **MD**

Finally, Mr R Kilner, Non-Executive Director noted an apparent discrepancy within the statement regarding NED accountability being strengthened via emergency care service and delivery reporting to the Board (risk 15 in appendix 3 of the SRR/BAF refers). **MD**

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

(B) the arrangements to develop a revised 2012-13 SRR/BAF through a Trust Board development session be finalised; **DCLA**

(C) in respect of risk 1 (continued overheating of emergency care system), consideration be given to:- **MD**
(1) changing the wording relating to behaviour of new clinical commissioning groups;
(2) including ED fines within the potential consequences;
(3) including bed capacity and intensive care capacity within the potential causes, and
(4) reviewing assurance on controls reports and outcomes tracking and monitoring at the forthcoming Trust Board development session;

(D) in respect of risk 10 (readmission rates):- **DFP**
(1) the draft findings of the review of UHL readmissions be presented to the Board on 26 July 2012, and
(3) the overall likelihood and risk score rating be reviewed at the forthcoming Board development session, and

(E) an apparent discrepancy regarding NED accountability (within risk 15, appendix 3) be clarified outside the meeting. **MD**

195/12 REPORTS FROM BOARD COMMITTEES

195/12/1 Audit Committee

Resolved – that (A) the Minutes of the 29 May 2012 Audit Committee be received and the recommendations and decisions therein endorsed and noted respectively (paper N), and

(B) the Audit Committee Annual Report 2011-12 (appended to paper N) be noted.

195/12/2 Research and Development Committee

Resolved – that the Minutes of the 14 May 2012 Research and Development Committee be received and the recommendations and decisions therein endorsed and noted respectively (paper O). **STA**

196/12 TRUST BOARD BULLETIN

Resolved – it be noted that no reports had been circulated with the June 2012 Trust Board Bulletin.

197/12 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. The following queries/comments were received regarding the business transacted at the meeting:-

(1) a query from Mr M Woods relating to the increasing use of intensive care beds following complex surgery, the impact of non-availability of critical care beds upon cancelled operations and the strategy to develop further intensive care capacity for the immediate and longer term. In response the Chief Operating Officer/Chief Nurse detailed the phased approach to creating additional intensive care capacity, as supported by the Executive Team several weeks earlier;

(2) a query from Mr G Smith, LINKS, regarding the welcomed work of the LLR Reconfiguration Board and seeking assurance that the same assertive style of leadership would be applied following the closure of the PCT Cluster at the end of March 2013. The Chairman responded that UHL would work with the PCT Cluster and PCT colleagues to consider how such assurance could be provided;

(3) congratulations to the Chief Executive on his new appointment from Mr D Gorrod, Leicester Mercury Patients' Panel and a query regarding the reasons for recruiting an interim (instead of a substantive) Chief Executive. Mr Gorrod also noted from the 2011-12 accounts that the Chief Executive had set a good example in the form of his salary sacrifice. The Chairman responded that a statement would be issued shortly regarding the interim Chief Executive position, but he confirmed that there were currently no plans for a merger with another Trust, as suggested by Mr Gorrod, **CHAIR MAN**

(4) a number of queries from Mr Z Haq, relating to
- a request for more robust enforcement of the no-smoking area outside the Balmoral building at Leicester Royal Inifrmary. The Chairman noted previous reports of aggressive and abusive behaviour by smokers when they were asked to leave this area to smoke in the shelter provided for this purpose across the road from the Balmoral entrance;
- opportunities to tackle public health issues surrounding liver disorders within particular communities through the MECC campaign, noting that some recently bereaved family members had expressed a wish to support this workstream, and
- confirmation of the Trust Board's commitment to giving staff appropriate time to deliver the MECC programme

(5) further comments from Mr M Woods relating to:-

- confirmation that a patient experience issue recently highlighted to the Trust Board had now been escalated as a formal complaint. The Chairman noted that such patient experiences were a regular feature of the Trust Board meetings, and
- a reminder that some questions previously submitted to the Trust Board in writing had not yet been responded to. The Director of Corporate and Legal Affairs apologised for this delay and undertook to progress the Trust's response outside the meeting; **DCLA**

(6) a comment from Mr G Smith, LINKS seeking assurance that appropriate recovery plans would be implemented to mitigate the slippage to date, to avoid a recurrence of the deteriorating financial position experienced during 2011-12. On a separate note, Mr Smith recorded an appreciation of the open and frank dialogue that the Chief Executive had maintained with the LLR LINKS;

(7) further queries raised by Mr Z Haq relating to:-

- gaps in GP cover at the Belgrave Health Centre which might also be impacting upon the increased attendances at UHL's ED;
- the number of attendances at UHL's ED where patients had been unable to secure an appointment with their own GP. The Chief Operating Officer/Chief Nurse highlighted data from the ED front door audit (appendix A to paper E refers) which indicated that during May 2012, 36% of patients had tried to see their GP before coming in;
- concerns regarding the availability of diagnostic tests and physiotherapy services at weekends which might be contributing to increased length of stay and delayed discharges. The Chief Operating Officer/Chief Nurse summarised the arrangements already being progressed to deliver 24/7 access to UHL diagnostic and therapy services and an associated bid for transformational funding – the outcome of which was still awaited;
- winter planning arrangements and the opportunity to build public awareness of where the first port of call should be in seeking emergency care. The Chief Operating Officer/Chief Nurse advised that the Head of Operations was preparing a report on winter planning for submission to the Trust Board. The PCT Cluster Chair also reported on plans to launch the 111 telephone assistance service and arrangements to triage emergency care from one single point of access. In response, the Chief Executive noted emerging evidence that the introduction of a 111 service might actually increase ED attendances; **COO/ CN**

(8) further queries from Mr Gorrod relating to:-

- how the current disparity between wards in respect of their net promoter scores would be addressed. The Chief Operating Officer/Chief Nurse reported on potential issues surrounding the interpretation of guidance and the SHA led process already underway to set benchmarking standards based upon these scores, and
- assurance regarding UHL's arrangements for IM&T resilience, in the light of the difficulties experienced by the Royal Bank of Scotland recently. The Director of Strategy highlighted the existing arrangements to provide an integrated and robust IT system and the arrangements to build resilience arrangements into the procurement process to secure an IM&T managed business partner.

<u>Resolved</u> – that the comments above and any related actions, be noted. **ALL**

198/12 DATE OF NEXT MEETING

<u>Resolved</u> – that the next Trust Board meeting be held on Thursday 26 July 2012 at 10am (venue to be confirmed). ****

******** ***post-meeting note – the July 2012 venue was subsequently confirmed as rooms A and B, Education Centre, Leicester General Hospital site.***

199/12 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 200/12 – 209/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

200/12 DECLARATION OF INTERESTS

Resolved – that the declarations of interest by the Trust Chairman and Professor D Wynford-Thomas, Non-Executive Director and Dean of the Medical School in respect of Minute 208/12/5 and the resulting agreement that it was not necessary for them to absent themselves from the discussion on that item (to which they did not contribute), be noted.

201/12 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.

202/12 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meetings held on 28 May and 7 June 2012 be confirmed as correct records.

203/12 MATTERS ARISING REPORT

Resolved – that the confidential matters arising report be received and noted.

204/12 REPORT BY THE DIRECTOR OF STRATEGY

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, and on the grounds of commercial interests.

205/12 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that the reports appended to the confidential Trust Board Bulletin be noted for information.

206/12 CORPORATE TRUSTEE BUSINESS

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, and on the grounds of commercial interests.

207/12 REPORTS FROM REPORTING COMMITTEES

207/12/1 Audit Committee

Resolved – that the confidential Minutes of the 29 May 2012 Audit Committee be received, and the recommendations and decisions therein be endorsed and noted, respectively.

207/12/2 Finance and Performance Committee

Resolved – that the confidential Minutes of the 23 May 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted, respectively.

207/12/3 Governance and Risk Management Committee (GRMC)

Resolved – that the confidential Minutes of the 21 May 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted, respectively.

207/12/4 Remuneration Committee

Resolved – that the confidential Minutes of the 18 May, 25 May and 7 June 2012 Remuneration Committee meetings be received, and the recommendations and decisions therein be endorsed and noted, respectively.

208/12 ANY OTHER BUSINESS

208/12/1 Report by the Chief Operating Officer/Chief Nurse

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

208/12/2 Report by the Chief Operating Officer/Chief Nurse

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

208/12/3 Safe and Sustainable Review of Paediatric Cardiac Surgery

Members noted the proposed arrangements for key personnel to attend the announcement of the Safe and Sustainable review in London on Wednesday 4 July 2012 and the intention to web cast the announcement to staff in the Clinical Education Centre at Glenfield Hospital.

Resolved – that the information be noted.

208/12/4 UHL 2012-13 Annual Budget

The Director of Finance and Procurement tabled copies of the 2012-13 annual budget packs detailing phased expenditure profiles by CBU.

Resolved – that the information be noted.

208/12/5 Report by the Acting Medical Director

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

208/12/6 Doctors' Industrial Action

The Director of Human Resources briefed members on the limited impact of the Doctors' Industrial Action held on 21 June 2012.

Resolved – that the information be noted.

208/12/7 25 Year Club Awards

Members noted that 119 members of staff would be celebrating their 25 year (and above) awards later that evening. On behalf of the Trust Board, the Chairman thanked these valued staff members and requested that such events be publicised more widely to encourage more Board members to attend such events. **DHR**

Resolved – that the 25 Year Club Awards be publicised more widely to enable more Board members to support such events.

208/12/8 Report by Mr R Kilner, Non-Executive Director

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

208/12/9 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.

208/12/10 Chief Executive

Further to Minute 184/12 above, the Chairman summarised Mr M Lowe-Lauri's significant achievements during his 30 years' service to the NHS and more recently within UHL, particularly noting his dedicated support to raising the Trust's research profile. On behalf of the Trust Board, the Chairman wished Mr Lowe-Lauri well for the future.

Resolved – that the information be noted.

209/12 MEETING EVALUATION

Resolved – that any comments on the meeting be sent to the Chairman. **ALL**

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Hindle (Chair)	5	5	100	I Reid	5	5	100
K Bradley	5	4	80	A Seddon	5	5	100
K Harris	5	4	80	D Tracy	5	4	80
S Hinchliffe	5	5	100	A Tierney*	5	5	100
K Jenkins	5	5	100	S Ward*	5	5	100
R Kilner	5	5	100	M Wightman*	5	5	100
M Lowe-Lauri	5	5	100	J Wilson	5	3	60
P Panchal	5	5	100	D Wynford-Thomas	5	2	40

* non-voting members

The meeting closed at 3.30pm

Kate Rayns
Trust Administrator