Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 30 AUGUST 2012 AT 10AM IN SEMINAR ROOMS 2 & 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Present:
Mr M Hindle – Trust Chairman
Mr J Birrell – Interim Chief Executive
Ms K Bradley – Director of Human Resources
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mr R Kilner – Non-Executive Director
Mr P Panchal – Non-Executive Director
Mr I Reid – Non-Executive Director
Mr A Seddon – Director of Finance and Procurement
Mr D Tracy – Non-Executive Director (from Minute 238/12)
Ms J Wilson – Non-Executive Director

In attendance:
Dr A Bolger – Lead Cardiologist (for Minute 240/12/1)
Mr A Brown – Consultant Orthopaedic Surgeon (for Minute 240/12/2)
Dr S Campbell – Divisional Director, Clinical Support
Miss M Durbridge – Director of Safety and Risk (for Minute 241/12)
Mr A Furlong – Divisional Director, Planned Care
Dr P Rabey – Divisional Director, Women's and Children's (also representing Dr K Harris, Medical Director)
Mr S Murray – Head of Legal Services (on behalf of Mr S Ward, Director of Corporate and Legal Affairs)
Mrs K Rayns – Trust Administrator
Dr D Skehan – Divisional Director, Acute Care
Mr M Wightman – Director of Communications and External Relations

ACTION

234/12 APOLOGIES

Apologies for absence were received from Dr K Harris, Medical Director; Ms K Jenkins, Non-Executive Director; Dr A Tierney, Director of Strategy; Professor D Wynford-Thomas, Non-Executive Director, and Mr S Ward, Director of Corporate and Legal Affairs.

235/12 DECLARATIONS OF INTERESTS

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

236/12 CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew the Board's attention to (i) Professor D Wynford-Thomas's reappointment for a second term as UHL Non-Executive Director until July 2016; (ii) a clinical trial being led by Dr Andre Ng in the Cardiovascular CBU relating to a new device for heart failure patients which could significantly improve the survival rates and quality of life for patients in this group; (iii) positive early results arising from the trial of a new drug treatment option for the top 5-10% of difficult asthma cases, being developed by Professor Pavord and his team working with GSK, and (iv) the important news that Leicester's hospitals had been free from MRSA for the last six months.

237/12 MINUTES

Resolved – that the Minutes of the meeting held on 26 July 2012 be confirmed as a

correct record.

238/12 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 214/12 – the thematic review of never events would now be presented to the 24 September 2012 GRMC meeting; **MD**
(b) Minute 217/12/1 – the Chief Operating Officer/Chief Nurse confirmed that a collective UHL-CCG report on LLR winter planning would be presented to the 25 October 2012 Trust Board; **COO/CN /CCGs**
(c) 217/12/2 – the Director of Finance and Procurement advised that work currently underway to identify a preferred bidder for the maternity and gynaecology services interim solution business case was almost complete and Board members would be briefed on the outcome outside the meeting, and **DFP**
(d) 221/12 – information re: LLR bed capacity would be included as part of the LLR winter planning report referred to under point (b) above. **COO/CN**

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

239/12 INTERIM CHIEF EXECUTIVE'S MONTHLY REPORT – AUGUST 2012

In introducing paper C, the Interim Chief Executive particularly stressed the importance of the key issues highlighted under section 1.1 of paper C (which featured as separate reports later in this agenda). He also highlighted recently published Monitor consultations and guidance documents which he would keep under review and notify the Trust Board accordingly if any potential conflicts or issues became apparent. **ICE**

Resolved – that (A) the Interim Chief Executive's report for August 2012 be noted, and

(B) the Interim Chief Executive notify the Trust Board of any potential conflicts or issues arising from recently published Monitor guidance and publications. **ICE**

240/12 QUALITY AND SAFETY

240/12/1 Safe and Sustainable – Children's Cardiac Surgery Services

Paper D provided the Trust Board with an overview of the Trust's responses and actions following on from the decision made by the Joint Committee of Primary Care Trusts (JCPCT) on 4 July 2012 in respect of the future configuration and long term sustainability of paediatric cardiac surgery and the recommendation that children's respiratory ECMO services also be relocated to Birmingham Children's Hospital. The report also highlighted the potential domino effect upon the remaining tertiary children's services if paediatric intensive care provision were to be lost from Leicester. In consideration of paper D, the Trust Board particularly noted:-

(a) a verbal update by the Interim Chief Executive providing feedback from UHL's 29 August 2012 meeting with Sir N McKay, Chair of the JCPCT, and the arrangements for presenting the findings of the clinical review to the next meeting of the Leicester, Leicestershire and Rutland Joint Overview and Scrutiny Committee on 4 September 2012, with a view to seeking onward referral to the Independent Reconfiguration Panel;
(b) the Chairman's expression of appreciation on behalf of the Trust Board for the overwhelming support received from local patients, stakeholders, charities, local MPs,

LINks and the Joint OSC;

(c) Dr A Bolger's helpful summary of the three main areas at the centre of the clinical challenge surrounding predicted demand and capacity at Birmingham Children's Hospital based upon renewed population census data, the risk of increased patient mortality associated with transferring ECMO services, and paediatric intensive care capacity in the midlands. Each of these concerns was reported in detail within appendices 1 to 4 of paper D;

(d) that detailed legal advice had been received as to whether there were any grounds for a Judicial Review challenge. Based on a thorough examination of the process, robust assurance had been provided that there was no realistic chance that such a Judicial Review challenge would be successful:

(e) views expressed by Ms J Wilson, Non-Executive Director and supported by Mr I Reid, Non-Executive Director, that the clinical case for reviewing the decision was extremely compelling and should be progressed with vigour;

(f) a query raised by Mr P Panchal, Non-Executive Director, as to whether appropriate legal scrutiny had been applied to the review process and in particular the 6 new options arising from the review. In response, the Head of Legal Services briefed the Board on UHL's appointment of legal advisors at an early stage in the review and their ongoing involvement in the case as the situation progressed, culminating in very clear Queen's Counsel advice that the legal route would not be a viable option for UHL within the challenge process.

In summary, the Chairman confirmed that UHL's clinical concerns had been articulated in a clear and helpful way within paper D. The Trust Board accepted the legal advice provided that there would be no merit in pursuing a legal challenge and endorsed the presentation of the Trust's clinical challenge to stakeholders and Commissioners as appropriate.

At this point in the meeting, the Trust Chairman invited questions from the press and public, relating to paper D, instead of waiting until the end of the public Board meeting. The following questions and comments were raised:-

(a) Mr K Blanks, LINks, commended the excellent paper and clinical input it represented, but queried whether sufficient emphasis had been included on the impact upon patient choice under the NHS Constitution. In response, the Interim Chief Executive re-iterated the aims of Commissioners to ensure that specialised services were delivered from units of a sufficient size to retain the skills required to deliver safe and high quality patient care from a smaller number of centres;

(b) Mr Blanks also queried the scope to build on Leicester's specialist capacity to avoid the risk of patients receiving a lower quality service during the next 18 months during the transition period. The Chairman requested that the Executive and Divisional Director members consider this point to assess whether it would enhance or diminish the Trust's case for clinical challenge; **EDs/ DDs**

(c) a query from Mr D Gorrod regarding the scope for any willing and qualified providers to deliver ECMO services as a potential future option. In response, the Interim Chief Executive noted that ECMO was not considered an attractive commercial proposition for private providers due to the usually low volume of cases and requirements to maintain surge capacity for use during epidemics;

(d) a further query from Mr Gorrod regarding whether the marital relationship between key members of the review panel and Birmingham Children's Hospital had any bearing on the panel's decision. The Chairman refuted this suggestion noting that there were no concerns regarding the integrity of the individuals involved. It was not known whether any declaration of interest had been declared or indeed whether this was a requirement, and

(e) a query raised by Mr M Woods regarding the process for escalating the clinical challenge to the Secretary of State. Confirmation was provided that the Overview and Scrutiny Committee would have responsibility for writing to the Secretary of State and seeking onward referral to the Independent Reconfiguration Panel.

Resolved – that (A) the position relating to any proposed legal challenge of the JCPCT's decision be noted;

(B) the clinical case for retaining safe and sustainable paediatric cardiac surgery services at Glenfield Hospital be endorsed for presentation to the relevant stakeholders and commissioners, and **ICE**

(C) an update on progress be provided to the 27 September 2012 Trust Board. **ICE**

240/12/2 Fractured Neck of Femur Performance

Paper E informed the Trust Board on current performance and progress of the agreed actions to improve the quality of care for fractured neck of femur (NOF) patients, through providing additional theatre capacity, a dedicated NOF ward and appropriate Orthogeriatrician cover. Mr D Tracy, Non-Executive Director and Chair of the Governance and Risk Management Committee (GRMC) introduced this item noting that as part of the aim to increase the profile of patient quality issues at the Trust Board, this would be the first of a number of reports being highlighted for Trust Board attention by the GRMC. **GRMC CHAIR**

Mr A Brown, CBU Medical Lead and Mr A Furlong, Divisional Director, Planned Care presented the report jointly, particularly noting the clinical benefits of timely surgery within 36 hours of admission in respect of the deteriorating patient (risk 8 on the strategic risk register refers). Sections 3 and 4 of paper E reported performance to date against CQUIN indicators and criteria for Best Practice Tariff. Early indications were that compliance with the targets for August 2012 would also be met. A National Hip Fracture Database audit report was due to be published on 4 September 2012 and UHL was expected to benchmark favourably amongst the 188 participating Trusts in the areas of time to surgery and patient length of stay. Performance was less satisfactory in the area of avoiding hospital acquired pressure ulcers and an increased focus upon staff training, leadership and resources was being applied in this area. In discussion on this item:-

(a) the Divisional Director, Planned Care welcomed the excellent progress to date and noted the areas for continued focus to reduce the number of hospital acquired pressure ulcers and capturing appropriate income through best practice;
(b) the Divisional Director, Women's and Children's sought and received assurance that patient outcomes not covered by the targets (including mortality and degrees of patient mobility following surgery) were appropriately tracked and monitored;
(c) the Chief Operating Officer/Chief Nurse and the Interim Chief Executive commended the drive and enthusiasm displayed by staff on the new NOF ward and expressed confidence that levels of pressure ulcers were expected to reduce significantly in the coming weeks, and
(d) Mr R Kilner, Non-Executive Director noted that activity levels over the last 3 months had been manageable and queried how performance would be sustained during peaks of higher activity. In response, it was noted that the Fractured NOF Operational Group would continue to meet monthly and the GRMC would monitor performance on a quarterly basis with a particular focus on reducing pressure ulcers, achieving best practice tariff and sustainability of performance during peaks in activity.

Resolved – that (A) the update on fractured NOF care be received and noted, and

(B) fractured NOF performance continue to be monitored quarterly by the GRMC and reported to the Trust Board through the Minutes of that Committee. **GRMC CHAIR**

240/12/3 UHL Response to the Appreciative Enquiry

Paper F provided assurance to the Trust Board in respect of the actions taken following the

Appreciative Enquiry visit led by the Strategic Health Authority in April 2012. Appendix 1 summarised the Trust's response to each of the 10 recommendations arising from the visit. The Chief Operating Officer/Chief Nurse provided an update in respect of recommendation 3, where an external review would be taking place between the beginning of September 2012 and the first week in October 2012. The Chairman particularly noted the comprehensive programme of actions being developed and elements of positive feedback arising from the visit. The Trust Board agreed to continue to monitor progress against the action plan through the Minutes of the GRMC.

Resolved – that (A) the update report on UHL's response to the Appreciative Enquiry be received and noted, and

(B) continued progress be monitored through the Minutes of the GRMC. **COO/ CN**

240/12/4 Emergency Care Update

The Chief Operating Officer/Chief Nurse introduced paper G, an update on the improving position in respect of emergency flows and emergency care delivery despite a third consecutive month of increased Emergency Department (ED) attendances. Appendix A summarised the short term top 10 impact actions for UHL and appendix B provided the medium term actions for delivery throughout quarters 2 and 3 of 2012-13. In discussion on paper G, the Trust Board noted:-

(a) a query from Mr D Tracy, Non-Executive Director and Chair of the GRMC regarding the increasing number of patients attending ED without first trying to access their own GP. The Chief Operating Officer/Chief Nurse noted that the ED front door audit was managed by the George Eliot Hospital NHS Trust and work was currently taking place to review and further develop this audit mechanism. Mr Tracy suggested that it would be helpful to ascertain the reasons for patients not trying to access their GP in the first instance and whether the cost of prescription charges might have any bearing in this respect; **COO/ CN**

(b) queries raised by Mr R Kilner, Non-Executive Director regarding the increased level of breaches on a Thursday night and opportunities to reduce the number of Urgent Care Centre referrals to previous levels. In response, a variety of potential causes for increased attendance at ED on a Thursday – these included frail elderly patients sustaining injuries whilst collecting their pension, accidents associated with increased alcohol consumption on the pay day for weekly paid staff, and some doctors surgeries being closed on a Thursday. The Chief Operating Officer/Chief Nurse also noted that the levels of UCC referrals fluctuated between different teams on duty;

(c) concerns relating to the timing of EMAS bed bureau arrivals where only 25 out of 169 transfers had been completed within the contractual 2 hour standard (as demonstrated by the graph on page 6 of paper G). The Chief Operating Officer/Chief Nurse advised that timeliness of patient transport was due to be raised as an agenda item at the next meeting of the Emergency Care Network; **COO/CN**

(d) a request that the Chief Operating Officer/Chief Nurse consider populating the actions plans provided at appendix A and B with completion dates (instead of the number of weeks attributed to each action); **COO/CN**

(e) that the finalised action plan to respond to the Emergency Care Intensive Support Team (ECIST) visit in June 2012 would be shared with Non-Executive Directors outside the meeting, once it had been signed off by the Executive Team, and **COO/CN**

(f) Ms J Wilson, Non-Executive Director, noted a lack of clarity regarding potential interventions in terms of the numbers of patients attending ED without first trying to access their GP. The Chief Operating Officer/Chief Nurse agreed to incorporate this theme into the combined ULH-CCG report on winter capacity plans (due to be presented to the October 2012 Trust Board). **COO/CN**

Resolved – that the Chief Operating Officer/Chief Nurse be requested to:-

(1) include identified themes arising from this discussion and the discussion on the Quality and Performance Report (Minute 240/12/5 below) within the October 2012 Trust Board report on winter planning, and **COO/CN**

(2) include more explicit timescales within the action plans (appendices A and B to paper G), and **COO/CN**

(3) share the ECIST action plan with Non-Executive Directors outside the meeting once finalised and signed off by the Executive Team. **COO/CN**

240/12/5 Quality and Performance Report (Month 4) and PMR Return

As agreed at the 26 April 2012 Trust Board, the discussion on the monthly quality and performance report (paper H) 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 H comprised the quality, finance and performance report for month 4 (month ending 31 July 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 4 report identified key issues from each Lead Executive Director.

With regard to quality aspects of the month 4 report, and in reporting on the GRMC meeting of 20 August 2012, Mr D Tracy Non-Executive Director and GRMC Chair noted in particular:-

- that the August GRMC meeting had been held too early in the month to review the quality and performance report and consideration was being given to rescheduling some GRMC meeting dates to address this; **GRMC CHAIR**
- a presentation received by the Committee demonstrating good progress against the 5 critical safety actions;
- a clinical audit presentation on patient outcomes received from the Women's and Children's Division. Further presentations had been scheduled from the remaining Divisions over the next 3 months;
- a query regarding progress of the proposal made by the Trust's previous Chief Executive in respect of establishing a benchmarking group with other Trusts;
- concerns regarding an increase in the number of staffing level issues being reported as incidents, particularly those in labour wards and acute medical wards;
- opportunities to increase the Committee's understanding of the value and purpose of medical metrics;
- arrangements for monitoring of the action plan in respect of CQC compliance;
- a thematic review of never events (due to be presented to the September 2012 GRMC meeting);
- performance against 60 day cancer targets (particularly lower GI), and
- a review of any learning opportunities arising from a Guided Solutions report into a patient care incident in 2003.

With regard to the remaining operational and quality aspects of the detailed month 4 report, the following issues were now highlighted by the Chief Operating Officer/Chief Nurse, the Acting Medical Director, and the Deputy Director of Human Resources:-

(i) UHL's SHMI data (published in July 2012) stood at 105 for the period January to December 2011 and was within the expected range, although the Trust continued to strive towards reducing this to below 100. The risk adjusted mortality rate also remained within the expected range;

(ii) that 88 out of the 136 reported staffing level issues reported during July 2012 were

attributed to the Women's and Children's Division where there was a strong safety culture to report any incidents where it had not been possible to provide one-to-one care to all women in labour. Dr P Rabey, Divisional Director, Women's and Children's provided assurance that robust escalation plans were in place which would eventually culminate in the temporary closure of one or more of the Trust's delivery suites (if necessary). Midwife recruitment campaigns continued to be actively progressed.

(iii) strict rules relating to nursing metrics compliance with documenting resuscitation equipment checks continued to prove challenging, where just one missed signature on one day resulted in a zero score for the whole month. The Chief Operating Officer/Chief Nurse was currently reviewing opportunities to recalibrate this scoring mechanism and agreed to brief Board members upon completion of her review. Changes had already been made to the responsibility for the documentation process moving away from a pre-arranged rota towards a daily nomination to avoid the impact of sickness absence; **COO/CN**

(iv) following the CQC's findings in respect of medicines management and security of ward level drug fridges, members considered opportunities to improve the organisation's horizon scanning mechanism and agreed that the Trust Board development session on 1 October 2012 would be utilised for further discussion on this theme. The Chairman noted that Ms K Jenkins, Non-Executive Director and Chair of the Audit Committee had indicated that she would welcome this approach; **MD/DSR**

(v) the Chief Operating Officer/Chief Nurse had written to all Divisions with a suite of questions relating to ward staffing levels and inviting them to raise any particular concerns regarding vacancies or recruitment delays. There were noted to be 269 nursing vacancies at varying stages of recruitment (which was not considered unusual for a Trust of UHL's size). Reporting of staffing level concerns as incidents was employed as a routine escalation mechanism, but this did not always represent a risk to patient safety, and

(vi) following a query from Mr M Wightman, Director of Communications and External Relations assurance was provided regarding the staffing levels in extra capacity wards currently open and the collective solutions being explored to reduce the number of delayed discharges (including care homes, nursing homes and the pathways for dementia care and end of life care) to support increased demand over the winter period.

The Trust Chairman then asked the Finance and Performance Committee Chair for that Committee's comments on the financial elements of month 4 performance, as discussed on 29 August 2012. From that meeting, Mr I Reid, Non-Executive Director particularly highlighted:-

- disappointing performance in July 2012, moving further adverse to plan and reflecting a year-to-date deficit of £3.8m;
- the Trust's year-to-date income was £3.0m over plan, but the impact of marginal rate deductions for emergency inpatient income over the 2008-09 threshold stood at £1.6m;
- year-to-date pay costs were £2.4m adverse to plan (reflecting the continued use of extra capacity wards to meet emergency demand) and non-pay costs were £3.9m adverse to plan (mainly in the areas of drugs, consumables and clinical supplies);
- an in-month cash balance of £31.7m, and
- the range of measures planned to close the current financial gap and deliver the year-end forecast surplus of £46k (as highlighted in section 6.6 of the commentary report accompanying paper H).

With regard to the remaining financial aspects of the detailed month 4 report, the Director of Finance and Procurement noted the ongoing review of non-pay expenditure by category within each CBU and arrangements for Divisional recovery plans to be scrutinised by the Executive Team and Finance and Performance Committee ahead of the 27 September 2012 Trust Board meeting.

In discussion on the financial aspects of month 4, the Trust Board:-

(1) noted concerns raised by Mr R Kilner that non-pay expenditure had contributed in such a significant manner to the month 4 position. In response, the Director of Finance and Procurement advised that a high proportion of consumables, prostheses and other orthopaedic clinical supplies related directly to increased RTT activity, but he provided assurance that the systems and processes were being reviewed for all stock holding locations alongside an additional manual stock taking exercise;
(2) received additional information from the Divisional Director, Planned Care regarding the unrealistic plan for elective orthopaedic activity, impact of marginal rate tariffs, additional expenditure on cancer drugs and prosthesis, and discrepancies between manual and electronic stock records;
(3) received assurance that the end of September 2012 deadline for submission of any counting and coding changes would be met, and **DFP**
(4) agreed that the Director of Finance and Procurement would review any implications arising from draft Monitor guidance for Commissioners on ensuring continuity of services and provide feedback to Trust Board members (outside the meeting). **DFP**

The Trust Board also considered the July 2012 Provider Management Regime (PMR) return for approval and submission to NHS Midlands and East, as detailed on pages 6 to 14 of the month 4 quality and performance report. In discussion, members noted the negative responses to Board Statements 4 (financial risk rating) and 11 (compliance with all known targets going forwards) and endorsed the PMR return for signature by the Chairman and submission to the SHA.

<u>Resolved</u> – that (A) the quality and performance report for month 4 (month ending 31 July 2012) be noted;

(B) the GRMC Chairman to:-
(1) consider rescheduling those GRMC meeting dates which were currently scheduled too early in the month to receive the monthly quality and performance report; **GRMC CHAIR**
(2) seek an update on progress with the previous Chief Executive's proposal to form a benchmarking group with other NHS Trusts; **GRMC CHAIR**
(3) continue to progress the following items of business through the GRMC agenda:- medical metrics, CQC compliance, thematic review of never events and learning opportunities arising from a guided solutions review; **GRMC CHAIR**

(C) the Chief Operating Officer/Chief Nurse be requested to feedback to the Trust Board on the outcome of a review of the resuscitation equipment nursing metrics; **COO/CN**

(D) consideration be given to including discussion on improved organisational horizon scanning at the 1 October 2012 Trust Board development session; **MD/DSR**

(E) the Director of Finance and Procurement to:- **DFP**
(1) present financial recovery plans to the Executive Team and Finance and Performance Committee prior to the 27 September 2012 Trust Board meeting;
(2) develop and implement improvements to systems and procedures within stock holding areas; **DFP**
(3) ensure that any counting and coding changes were submitted to Commissioners by the end of September 2012 deadline; **DFP**
(4) review any implications arising from draft Monitor guidance for Commissioners on ensuring continuity of services; **DFP**

(F) the Provider Management Regime return for July 2012 be approved as presented within paper H, signed accordingly and submitted to NHS Midlands and East; **ICE**

(G) the Minutes of the 23 July 2012 GRMC be received, and the recommendations and decisions therein be endorsed and noted respectively (paper I), and

(H) the Minutes of the 25 July 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (paper J).

241/12 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

The Director of Safety and Risk attended the meeting to present the latest iteration of UHL's SRR/BAF (paper K) noting the complete refresh of the SRR/BAF due to be undertaken at the 1 October 2012 Trust Board development session on risk. Members noted that 12 actions due for completion in July 2012 had been completed and the timescale for 9 actions had been amended (these were summarised within appendix 3 to paper K). Particular discussion took place regarding risks 5, 10 and 17 which had been closed as the level of risk had achieved the target score:-

(a) risk 5 (lack of appropriate PbR income) – Mr R Kilner, Non-Executive Director voiced concern regarding the impact of potential financial penalties which might have a similar impact to the risk of reduced PbR income. The Director of Finance and Procurement briefed members on the potential quantum of such penalties and the over-arching purpose of the SRR/BAF – a discussion which might be more appropriate to be held at the 1 October 2012 development session. Members agreed that risk 5 would be a useful case study for the Trust Board development session on risk 5; **MD/DSR**

(b) risk 10 (readmission rates not reducing) – Ms J Wilson, Non-Executive Director requested that this risk be retained on the SRR/BAF until feedback from the recent audit of UHL readmissions had been circulated. Dr P Rabey, Divisonal Director, Women's and Children's provided assurance regarding the rigorous local audit process to determine whether readmissions had been appropriate or avoidable and the agreement reached with the local health economy. The Interim Chief Executive provided information on the risk scoring methodology since increased controls measures had been put in place. However, Mr I Reid, Non-Executive Director commented that readmission rates seemed to be increasing (as reported in the Quality and Performance report - paper H) and additional clarity was required to explain this. In summary, the Trust Chairman requested that a synopsis of the readmissions audit be circulated to Trust Board members outside the meeting (once available) and that risk 10 be reinstated on the SRR/BAF in the interim period; **MD** **MD/DSR**

(c) there was no specific discussion regarding risk 17 (organisation may be overwhelmed by unplanned events).

On a more general note, Mr D Tracy, Non-Executive Director commented upon opportunities to consider ways to strengthen the links between the organisational and strategic risk registers at the 1 October 2012 development session, citing as an example the work on improving fractured neck of femur care which linked to risk 8 (deteriorating patient experience). **MD/DSR**

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

(B) risk 10 be re-instated on the SRR/BAF pending circulation of the independent review of readmissions (outside the meeting), and **MD/DSR**

(C) a case study on risk 5 and opportunities to strengthen the links between organisational and strategic risk registers be debated at the 1 October 2012 Trust Board development session on risk. **MD/DSR**

242/12 REPORTS FROM BOARD COMMITTEES

241/12/1 Audit Committee

Resolved – that the Minutes of the Audit Committee meeting scheduled for 4 September 2012 be submitted to the 27 September 2012 Trust Board. **STA**

241/12/2 Research and Development Committee

Resolved – that (A) the Minutes of the 13 August 2012 Research and Development Committee be received and the recommendations and decisions therein be endorsed and noted respectively (paper L), and

(B) the membership and terms of reference for the UHL Research and Development Committee be update to include a representative from Loughborough University. **CHAIR MAN**

241/12/3 Workforce and Organisational Development Committee

Resolved – that the Minutes of the Workforce and Organisational Development Committee meeting scheduled for 17 September 2012 be submitted to the 25 October 2012 Trust Board. **STA**

242/12 TRUST BOARD BULLETIN

Resolved – the following Trust Board Bulletin report be received for information:-
(1) List of Trust sealings for quarter 1 2012-13.

243/12 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) comments from Mr K Blanks, LINks, relating to:-
- the excellent work being undertaken to improve care for fractured neck of femur patients and opportunities to improve the understanding of admittance patterns especially during adverse weather conditions;
- potential reasons for increased ED attendances on a Thursday which might relate to frail elderly patients leaving home to collect their pension on this day of the week;
- a suggestion that further work be undertaken to better understand the reasons for ED attendances and GP referrals as part of the work to improve relationships with GPs and CCGs (risk 3 on the SRR/BAF refers);
- concerns that some patients might find notices about patients not attending OPD clinics offensive. He referred to posters stating "*we were here, where were you?"* and noted that there were often valid reasons for patients not attending their clinic appointment, such as reliance upon transport and adverse weather conditions;
- a plea for the Trust to consider reviewing the mechanism for gathering patient experience through ED front door audit and inpatient surveys in more depth.

In response, the Trust Chairman observed that relationships with GPs and CCGs had improved significantly in recent months. He requested the Chief Operating Officer/Chief Nurse and Director of Communications and External Relations to meet with Mr Blanks outside the meeting to discuss his views on improving the monitoring of patient experience, and **COO/CN/ DCER**

(2) comments from Mr M Woods, relating to:-

- observations relating to low staffing levels on certain wards which might be leading to low staff morale and incidents of poor staff attitude. He recounted a relative's personal experience at Glenfield Hospital regarding staff attitude, lack of meal choice options and difficulties experienced by relatives when contacting the ward by telephone via the hospital switchboard;
- dissatisfaction regarding a discrepancy contained in a specific complaint response where the written response had not agreed with the verbal information provided;
- outstanding queries from previous Trust Board meetings which had not yet been fully resolved;
- a query on progress with the Trust's regular forum for potential FT Governors.

In response the Chairman requested Mr Woods to discuss specific concerns regarding his relative's personal experiences with the Chief Operating Officer/Chief Nurse outside the meeting. The Director of Communications and External Relations apologised for the delays in communicating the arrangements for re-instating the forum for potential FT Governors and undertook to provide an update on this matter outside the meeting. He highlighted some current Patient Adviser vacancies and offered to send Mr Woods details of these outside the meeting. Mr P Panchal, Non-Executive Director also requested a copy of this information. **DCER** **DCER**

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

244/12 DATE OF NEXT MEETING

Resolved – that (A) the next Trust Board meeting be held on Thursday 27 September 2012 at 10am (venue to be confirmed), and

(B) the Trust's 2012 Annual Public Meeting be held on Saturday 22 September 2012 from 11.30am in The Royal Restaurant, Leicester Royal Infirmary, with a Health Fair in the same venue from 9.30am.

245/12 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 246/12 – 252/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

246/12 DECLARATION OF INTERESTS

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

247/12 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 26 July 2012 be confirmed as a correct record.

248/12 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.

249/12 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.

250/12 REPORT 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.

251/12 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.

252/12 CONFIDENTIAL TRUST BOARD BULLETIN

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

253/12 REPORTS FROM REPORTING COMMITTEES

253/12/1 Finance and Performance Committee

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.

253/12/2 Governance and Risk Management Committee (GRMC)

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.

253/12/3 Research and Development Committee

Resolved – that the confidential Minutes of the 13 August 2012 Research and Development Committee meeting be received, and the recommendations and decisions therein be endorsed and noted, respectively.

253/12/4 Remuneration Committee

Resolved – that the confidential Minutes of the 1 August 2012 Remuneration Committee meeting be received, and the recommendations and decisions therein be endorsed and noted, respectively.

254/12 ANY OTHER BUSINESS

254/12/1 Query from Mr I Reid, 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.

254/12/2 Caring at Its Best Awards

The Director of Human Resources briefed members on the arrangements for presentation of

the above awards at a ceremony to be held on 12 September 2012 and encouraged members to attend and support this event where possible. **ALL**

Resolved – that the information be noted. **ALL**

254/12/3 Query from 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.

255/12 MEETING EVALUATION

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

The meeting closed at 2.35pm

Kate Rayns
Trust Administrator

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Hindle (Chair)	7	7	100	I Reid	7	7	100
J Birrell	2	1	50	A Seddon	7	7	100
K Bradley	7	5	71	D Tracy	7	6	86
K Harris	7	5	71	A Tierney*	6	5	83
S Hinchliffe	7	7	100	S Ward*	7	6	86
K Jenkins	7	6	86	M Wightman*	7	7	100
R Kilner	7	7	100	J Wilson	7	5	71
M Lowe-Lauri	5	5	100	D Wynford-Thomas	7	3	43
P Panchal	7	7	100				

* non-voting members