Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 1 DECEMBER 2011 AT 10AM IN ROOMS 1A & 1B, GWENDOLEN HOUSE, LEICESTER GENERAL HOSPITAL SITE

Present:
Mr M Hindle – Trust Chairman
Ms K Bradley – Director of Human Resources
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mrs K Jenkins – Non-Executive Director (up to and including Minute 338/11)
Mr R Kilner – Non-Executive Director
Mr M Lowe-Lauri – Chief Executive
Mr P Panchal – Non-Executive Director
Mr A Seddon – Director of Finance and Procurement
Mr D Tracy – Non-Executive Director
Ms J Wilson – Non-Executive Director

In attendance:
Mr I Baxter – Price Waterhouse Coopers (for Minute 342/11/1)
Ms C Ellis – LLR PCT Cluster Chair (up to and including Minute 338/11)
Mr S Murray – Head of Legal Services
Dr P Shaw – Clinical Director, Empath Project (for Minute 342/11/1)
Mr A Scriven – General Manager, Empath Project (for Minute 342/11/1)
Ms H Stokes – Senior Trust Administrator
Dr A Tierney – Director of Strategy
Mr M Wightman – Director of Communications and External Relations

ACTION

325/11 APOLOGIES AND WELCOME

Apologies for absence were received from Mr I Reid, Non-Executive Director, Professor D Wynford-Thomas, Non-Executive Director and Mr S Ward, Director of Corporate and Legal Affairs. The Trust Chairman welcomed the Trust's Head of Legal Services to the meeting, and also the LLR PCT Cluster Chair.

326/11 DECLARATIONS OF INTERESTS

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

327/11 CHAIRMAN'S ANNOUNCEMENTS

The Chairman drew the Trust Board's attention to the following issues:-

(a) the new 'right place right time' approach introduced within the Trust's Emergency Department (ED) as of 21 November 2011, with 98% of patients subsequently seen and treated within the required time. ED performance was covered further in Minute 331/11/3 below;
(b) his thanks to staff for their infection prevention efforts in successfully achieving a second consecutive month (in October 2011) with no UHL MRSA bacteraemia cases, and
(c) UHL's contingency planning ahead of the 30 November 2011 national strike action, and its ability to have provided a near-normal service with only 4 theatre lists lost. All outpatient clinics had been run other than a pre-agreed decision not to run paediatric outpatients (other than for

oncology patients). The Chairman recorded his thanks to all working UHL staff for their efforts on 30 November 2011 and noted also the constructive discussions which had been held in advance with Staff Side, particularly by the Deputy Director of Human Resources. It was also noted that the level of staff absences had been clearly monitored throughout the day.

328/11 MINUTES

Resolved – that the Minutes of the meeting held on 3 November 2011 be confirmed as a correct record and signed by the Chairman accordingly. **CHAIR MAN**

329/11 MATTERS ARISING FROM THE MINUTES

As previously requested, the Chairman noted that the report at 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 303/11 – an update on NHSLA accreditation had been discussed at the November 2011 GRMC meeting. The accreditation visit was due in December 2011;
(b) Minute 303/11/1 – the increase in public UHL carparking charges had been implemented on 28 November 2011, with a resulting increase also in the take-up of the discounted ticket packages;
(c) Minute 306/11/1 – confirmation that the split of externally and internally acquired pressure ulcers would be reported retrospectively from next month in the quality finance and performance report; **COO/ CN**
(d) Minute 307/11 – an update on the Equality Delivery System actions (with timescales) would be circulated to Trust Board members outside the meeting; **DHR**
(e) Minute 308/11 – at the Chairman's request, a report on the review of UHL's meeting structure would be provided to the February 2012 Trust Board; **DCLA**
(f) Minute 309/11 – the IM&T managed service full business case would be submitted to the April 2012 Trust Board. The electronic patient record (EPR) full business case would be considered in summer 2012 (exact timescale to be confirmed), and **DS**
(g) Minute 284/11 could be removed from the log of outstanding actions, as it had been resolved. **STA**

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

330/11 CHIEF EXECUTIVE'S MONTHLY REPORT – DECEMBER 2011

The Chief Executive's monthly report at paper C particularly highlighted the 'right place right time' initiative referred to by the Chairman above, confirming that any 'lessons to be learned' were reviewed on a daily basis. Improving both inflow and outflow was crucial and the Chief Executive noted the significant progress made within UHL's ED since launching the right place right time approach. The Chief Executive also noted the key themes within the recently-published 2012-13 national operating framework for the NHS, and confirmed that these would be appropriately reflected in UHL's 2012-13 financial planning.

Resolved – that the Chief Executive's monthly report for December 2011 be noted.

331/11 QUALITY FINANCE AND PERFORMANCE

331/11/1 Safe and Sustainable Children's Cardiac Surgery Review – Update

Paper D summarised the national safe and sustainable review process for children's cardiac

surgery services, outlining UHL's previously-reported response and highlighting the key developments taken since to address any shortfalls against the standards for designation and improve UHL's service profitability. With regard to the issues initially identified for further work, a further report on progress in co-locating interdependent specialist children's services (eg children's ENT) would be presented to the January 2012 Trust Board, and a research strategy had now been approved by UHL's Research and Development Committee. Paper D also detailed the next steps, including:- **DS**

(1) continued work both locally and nationally to promote the case for designation of the East Midlands Congenital Heart Centre (EMCHC) as a paediatric cardiac surgical centre, and
(2) resubmission of the EMCHC research strategy on 2 December 2011, following the Royal Brompton Hospital's successful legal challenge.

In response to a query from Mr D Tracy, Non-Executive Director and GRMC Chair regarding UHL's position on a legal challenge, the Director of Strategy advised that she had discussed this issue with the Trust's Head of Legal Services and she confirmed that process issues would continue to be kept under appropriate review. Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair sought assurance that UHL plans were in place to sustain the media coverage of the EMCHC case for designation – in response, the Director of Communications and External Relations confirmed that appropriate activity was planned (noting the key milestone of the 15 December Joint PCT Committee decision) and advised that Leicester was receiving more column inches coverage than other centres. The national review team was also being kept appropriately informed of the impact of the changes made in Leicester to address any designation issues.

Resolved – that (A) it be noted that all EMCHC shortfalls identified as part of the safe and sustainable review had now been addressed;

(B) the Trust Board's support for the strategic development of the EMCHC be reiterated accordingly, and **ALL**

(C) an update on progress in co-locating interdependent specialist children's services be provided to the 5 January 2012 Trust Board. **DS**

331/11/2 Month 7 Quality, Finance and Performance Report

Paper E comprised the quality, finance and performance report for month 7 (month ending 31 October 2011), which included red/amber/green (RAG) performance ratings and covered quality, HR, finance, commissioning and operational standards. Individual Divisional performance was detailed in the accompanying heatmap. The commentary accompanying the month 7 report identified key issues from each Lead Executive Director, and the following points were now noted by exception:-

(a) the impact of key changes to the referral to treatment (RTT) target, and work underway by UHL to quantify and implement any additional activity required. There were particular capacity issues in endoscopy and general surgery, which would likely be exacerbated by expected technical guidance for the 2012-13 NHS national operating framework. The contract with Medinet to undertake additional endoscopy cases was now in place, and work had also already begun to plan the approximate additional 500 general surgery cases between now and the end of March 2012 which would be accommodated through a mix of additional internal and external Independent Sector provision. It was also vital to achieve a sustainable position in both endoscopy and general surgery from quarter 1 of 2012-13, however, and the Chief Operating

Officer/Chief Nurse advised that (as in 2011-12) a period of amber performance on this target would be planned for in order to achieve an overall green rating. The position was challenging particularly in the context of winter, and the Chief Operating Officer/Chief Nurse also outlined UHL's response to the RTT implications of the 2012-13 national operating framework in terms of:-

- treatment for patients on a non-admitted pathway (eg those awaiting physiotherapy input or orthodontic input). A date for treatment was required by the end of December 2011. Of the approximately 180 UHL patients involved, 110 were already listed and planned – of the remaining 70 patients, 40 were awaiting orthodontic input so a plan was required for their management;
- non-admitted/returned patients (noting that UHL hosted a recall service on behalf of LLR primary care) with very significant work required by the end of December 2011 to quantify the number of patients involved (eg 3500 rheumatology patients alone). Plans were in place within UHL to do this, however. The Chief Operating Officer/Chief Nurse commented on the potential next step need for treatment profiles for all such patients. In response to a query, the Chief Operating Officer/Chief Nurse advised that UHL was looking at priority specialties for these two categories of patient, to identify cases for quarter 1 treatment in 2012-13. Following further discussions with Commissioners, an update would be provided accordingly to the January 2012 Trust Board; **COO/ CN**

(b) the red rating on cancelled operations, noting that not all elements were within UHL's control to resolve. The number of patients awaiting emergency surgery and their waiting times were now reported daily to the bed meetings and three additional emergency surgery lists had been implemented per week. As of 2 December 2011, a clinician-led task and finish group would also be reviewing best practice in respect of emergency surgery;

(c) the new SHMI mortality ratings would be included in future quality, finance and performance reports. The Medical Director noted, however, that SHMI figures were 3 months retrospective. In discussion, Mr D Tracy, Non-Executive Director and GRMC Chair suggested it would be helpful for the detailed November 2011 GRMC report on SHMI to be circulated to other Trust Board members for information; **MD**

(d) continued good progress on CQUIN indicators, with any red ratings expected to switch to green shortly;

(e) plans to report further to the January 2012 GRMC on fractured neck of femur performance, particularly the impact of recent spikes in spinal work; **MD**

(f) continued work on reducing readmissions, now focusing on correct coding and commissioning elements. Improved working relations with GPs might also impact favourably on emergency readmissions;

(g) continued work to understand and address the rise in patient complaints linked to staff attitude. As per the November 2011 GRMC discussions, a working group involving the Chief Executive and the Chief Operating Officer/Chief Nurse would now review two specific CBUs with poor staff attitude levels. Although UHL had recently been reported as having a high number of complaints, Mr D Tracy, Non-Executive Director and GRMC Chair noted the very low number of those complaints which then proceeded to the Ombudsman. The Chief Operating Officer/Chief Nurse, Medical Director, Director of Safety and Risk and a patient representative were now reviewing the processes in place at other Trusts to understand more clearly whether UHL was in fact performing well or poorly on complaints;

(h) the welcomed improvement in appraisals performance, noting the need also to weave in appropriate staff attitude issues (in light of (g) above);

(i) disappointment at the less positive position in terms of sickness absence, with no improvement shown in the October 2011 figures. The December 2011 Workforce and Organisational Development Committee would review the position in detail (taking

appropriate account of the recent Dame Carol Black report findings) and consider proposed changes to the Trust's policy on managing sickness absence. Following those discussions, the Chairman requested an update to the January 2012 Trust Board accordingly, and **DHR**

(j) information relating to the month 7 financial position (which was also covered in paper G at Minute 331/11/5 below and had also been reviewed in detail by the 24 November 2011 Finance and Performance Committee), including:-
- a small deficit, which although predicted was still disappointing;
- clarification that although UHL was below the 2008-09 emergency activity baseline on some elements, certain other aspects (eg specialist commissioning) remained above that level;
- continued discussions with Commissioners regarding the readmissions monies on offer;
- certain specific expenditure elements relating to (i) the Medinet contract for additional RTT work (as discussed above); (ii) capital outlay on equipment for health and safety purposes; (iii) contract overperformance on the Synergy contract, and (iv) undelivered/unidentified cost improvement plan schemes which currently sat in the non-pay expenditure line;
- continued pay controls in place, although noting the likely busier demands of winter;
- a substantial movement in cash due to an advance payment received from PCTs, and
- the revised and more transparent depiction of cashflow as now shown on page 26 of the quality finance and performance report, in line with Deloitte and Finnamore recommendations.

In discussion on the month 7 report, the Trust Board:-
(1) queried whether it was usual for acute Trusts to host a recall service on behalf of primary care as outlined above, and whether additional resource to meet the revised RTT target might therefore be available from community partners. In response, the Chief Operating Officer/Chief Nurse and the Medical Director advised that hosting arrangements varied and they noted the discussions underway on RTT issues with the Clinical Commissioning Groups;

(2) noted a request from Mr R Kilner, Non-Executive Director, for granular detail on the actions proposed to address poor staff attitude, reiterating the need to address this longstanding issue urgently. The Chief Executive advised that this would be part of the review of two CBUs in (g) above and would be reported to both the GRMC and the Trust Board in a few months' time; **COO/ CN/MD**

(3) requested that a monthly run-rate on appraisal performance be included in future quality, finance and performance reports; **DHR**

(4) noted a suggestion from Mr R Kilner, Non-Executive Director that more radical actions were needed to address sickness absence levels, as actions to date had not reduced incidence;

(5) queried the factors behind the significant in-month increase in outpatient performance – in response, the Director of Finance and Procurement commented that this could reflect certain omitted September 2011 data. The greater number of working days in month 7 could also impact, and

(6) noted a query from Ms K Jenkins, Non-Executive Director and Audit Committee Chair as to whether the non-pay variance related solely to unidentified CIPs – the Director of Finance and Procurement advised that CIPs accounted for the bulk of the variance, although noting the other issues listed in (j) above.

Resolved – that (A) the quality finance and performance report for month 7 (month ending 31 October 2011) be noted;

(B) an update on the actions/resourcing needed to meet the new RTT target be provided to the January 2012 Trust Board; **COO/ CN**

(C) an update on fractured neck of femur performance (eg the impact of increased spinal work) be reported to the January 2012 GRMC; **MD**

(D) the Chief Operating Officer/Chief Nurse and the Medical Director be requested to provide granular detail on the actions to resolve staff attitude complaints to the February 2012 GRMC (and then to the Trust Board via those Minutes); **COO/ CN/MD**

(E) the November 2011 GRMC SHMI report on mortality indicators be circulated to Trust Board members for information; **MD**

(F) a detailed report on sickness absence actions be provided to the December 2011 Workforce and Organisational Development Committee and then to the January 2012 Trust Board, and **DHR**

(G) the monthly run-rate for appraisals be included in future iterations of the monthly quality finance and performance report. **DHR**

331/11/3 Emergency Department (ED) Performance

In introducing the update on UHL ED performance (paper F), the Chief Operating Officer/Chief Nurse advised that she would focus on two key issues:- (i) the impact of rising attendance levels, and (ii) the actions being taken now to improve performance. In respect of (ii), she advised members of the new 'right place right time' initiative introduced within UHL's ED on 21 November 2011 and noted the significant improvements since that date. A daily review (also open to all involved parties [eg EMAS, PCTs]) took place to learn any lessons accordingly, with an action log developed from those discussions. The sustainability of the initiative through winter required further consideration. Consequences of the right place right time process included the need for alternative discharge lounge accommodation, improvements to the discharge lounge pharmacy process, and the roll-out of the surgical triage process (already in place at the Leicester General Hospital). Three additional emergency surgical lists were running which would ease flow. The Chief Operating Officer/Chief Nurse reiterated that any issues arising from the changed ED process were being addressed, and noted her view that the right place right time initiative significantly improved both patient safety and patient experience. She also noted that five incidents had been reported since the changed process had been implemented.

In discussion on ED performance, the Trust Board noted:-
(a) a query from Mr R Kilner, Non-Executive Director regarding the significant in-month rise in ED attendances – in response, the Chief Operating Officer/Chief Nurse advised that the reasons for this were not yet known; in light of an additional query from the Director of Communications and External Relations she agreed to circulate national trend information to Trust Board members outside the meeting; **COO/ CN**

(b) a comment from Mr R Kilner, Non-Executive Director on the apparent significant reduction in the level of UCC diverts compared to October 2010. The Chief Operating Officer/Chief Nurse noted continuing work with the UCC on a more integrated front door for ED, and also advised of a rise in child attendances in October 2011 (for which UCC divert would not be

appropriate). She also confirmed that the flash report for all agencies would be included in the ED update in January 2012 – this would provide data on all parties' performance and urgent care activity levels in other facilities (eg walk-in centres) as now queried by the Director of Communications and External Relations; **COO/ CN**

(c) a query from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair, as to whether the right place right time initiative allowed for sufficient patient experience data to be collected. The Chief Operating Officer/Chief Nurse confirmed that such data collection remained a priority, and noted that the survey forms were being amended following the LLR urgent and emergency care lock-in event of 22 November 2011;

(d) a query from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair as to any work underway to prevent inappropriate Bed Bureau admissions, noting that a whole system review would be useful. The Chief Operating Officer/Chief Nurse recognised this point and noted the likely beneficial impact of the surgical triage roll-out. She also advised that Clinical Commissioning Interface Group primary care colleagues would be visiting the triage facilities to see them in action, and

(e) a query from Ms K Jenkins, Non-Executive Director and Audit Committee Chair as to whether the 7% rise in October 2011 ED attendance levels had continued in November 2011. She further requested that attendance levels be discussed at the ECN Board. In response, the Chief Operating Officer/Chief Nurse considered that November 2011 attendance levels had dropped from October 2011, although still above the previous level. She also agreed to raise this issue at the 7 December 2011 ECN Board meeting. **COO/ CN**

<u>Resolved</u> – that (A) national trend data on rising ED attendance levels be circulated to Trust Board members outside the meeting; **COO/ CN**

(B) the flash report covering all LLR agencies be included in the ED update report from the January 2012 Trust Board onwards, and **COO/ CN**

(C) the issue of rising UHL ED attendance levels be discussed at the December 2011 ECN Board meeting. **COO/ CN**

331/11/4 <u>LLR Winter Planning and Urgent/Emergency Care System Update</u>

As agreed at the Trust Board development session of 3 November 2011, an LLR winter planning and urgent/emergency care system 'lock-in' event involving all LLR partners had taken place on 22 November 2011. The Trust Chairman noted that – despite the positive intentions of all participants – it had proved difficult to identify (and subsequently progress) specific actions from that session. Regrettably, certain misperceptions persisted between the partners – for example the erroneous belief that UHL sought an increase in the overall LLR bedbase, when in reality the issue was the distribution and allocation of the existing sufficient number of LLR beds. Some progress had been made, however, in terms of developing a weekly flash report for review by all partners' boards thus avoiding ambiguity – this would be discussed further at the December 2011 ECN Board. Although also welcoming the fact that the event had been held, the Chairman of the LLR PCT Cluster echoed UHL's disappointment at its outcome, feeling that not all of the more positive actions had been appropriately captured. In discussion on this issue, the Trust Board noted:-

(a) the view of the Medical Director that ECN engagement with GP colleagues would now be easier, as a result of the lock-in;

(b) general agreement by UHL attendees (and the PCT Cluster Chair) that the facilitation of the event had been overly-focused on negative system aspects;
(d) a suggestion from Ms K Jenkins, Non-Executive Director and Audit Committee Chair that the event should perhaps be repeated with a change of facilitator, to challenge any remaining misperceptions and maintain momentum. The Chief Executive agreed that good relationship-building had occurred, and agreed that the event should be run again once GPs were more engaged with the ECN Board (potentially in February/March 2012), which could be discussed accordingly at the December 2011 ECN Board meeting, and **CE/ COO/ CN**
(e) a query from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair as to any further steps UHL could take to improve its engagement with GPs, given that the Trust now had a specific post for this purpose (Head of GP Engagement). In response the Director of Communications and External Relations advised that the results of UHL's second GP survey demonstrated a quite significant improvement in relations, with a further GP event also scheduled for January 2012. Key themes and resulting proposals from the second GP survey would be discussed by the Executive Team on 6 December 2011. **DCER** In response to further comments from Ms Wilson, the Director of Communications and External Relations agreed also to look at how best to prioritise and raise awareness of the ECN work. **DCER** This point was also echoed by the Medical Director, who commented that primary care was wider than the CCG Chairs.

<u>Resolved</u> – that (A) the verbal update on the LLR winter planning and urgent/emergency care system lock-in event be noted;

(B) the timescale for a repeat 'lock-in' event on LLR urgent/emergency care systems be considered at the December 2011 ECN Board meeting, noting the suggestion of a February/March 2012 timescale and the use of a different facilitator, and **CE/ COO/ CN**

(C) key themes/proposals from UHL's second GP survey be discussed by the Executive Team on 6 December 2011, with consideration also to be given to promoting the ECN work to GPs. **DCER**

331/11/5 <u>Stabilisation to Transformation – Financial Recovery Update</u>

Paper G from the Director of Finance and Procurement updated the Trust Board on progress in implementing the 2011-12 financial recovery plan. Each Clinical Business Unit (CBU) had presented its reforecast month 7 position to the Executive Team in a series of detailed confirm and challenge sessions on 14 and 16 November 2011, which had also been attended by a number of Non-Executive Directors and the Trust Chairman. Somewhat disappointingly, the results showed a movement of £3.4m from the position laid out in the 21 July 2011 Trust Board report, as detailed in on page 2 of paper G. However, the Director of Finance and Procurement considered that the benefits of the 'deep dives' by the external advisers were not yet fully reflected. The benefit of certain wider schemes (eg e-rostering [£0.5m] had also slipped to 2012-13). The 24 November 2011 Finance and Performance Committee meeting had received presentations from all Divisions on their overarching forecast, in addition to an overview of the UHL transformational scheme benefits. At that meeting, Divisions had been given specific additional savings targets for 2011-12, and the Director of Finance and Procurement acknowledged that the position was subject to an element of risk at present. Costs had also been factored in for additional targeted support within the Medicine CBU and to establish a Programme Management Office (PMO) function within UHL. The Director of Finance and Procurement also reiterated the need to develop a safe, sustainable solution which protected patient safety and service standards, which was particularly welcomed by the Trust Board. In discussion on the financial recovery update, the Trust Board:-

(a) noted the Chairman's view that the CBU confirm and challenge sessions had been useful in identifying key areas for further work;

(b) noted the additional £3m cost reductions now sought from Divisions. Given that this was a centrally-decided amount (rather than having been identified at CBU level) the Trust Board sought assurance on when those additional savings would confidently be delivered. The Director of Finance and Procurement advised that a further round of CBU confirm and challenge sessions was likely to held in December 2011, focusing on at least 5 key CBUs (the 7 December 2011 Quality and Performance Management Group would also review progress). Further assurance on that additional £3m would therefore be available by the January 2012 Trust Board; **DFP**

(c) welcomed the additional confirm and challenge sessions planned for December 2011. Ms K Jenkins, Non-Executive Director and Audit Committee Chair reiterated, however, the need for a robust performance management process to be in place throughout the year, to ensure that all staff had a clear understanding of their responsibilities, and

(d) noted comments from the Chief Operating Officer/Chief Nurse regarding the weekly metrics being used to monitor patient experience, as detailed in the month 7 quality finance and performance report.

Resolved – that (A) progress on the 2011-12 financial recovery plan be noted, and

(B) a further round of (targeted) CBU confirm and challenge sessions be held in December 2011. **DFP**

331/11/6 Finance and Performance Committee

It was noted that a number of additional Non-Executive Directors had chosen to attend the November 2011 Finance and Performance Committee meeting for the Divisional presentations, including Ms K Jenkins, Audit Committee Chair, Mr P Panchal, and Mr D Tracy, GRMC Chair.

Resolved – that (A) the Minutes of the Finance and Performance Committee meeting held on 27 October 2011 be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the Minutes of the Finance and Performance Committee meeting held on 24 November 2011 be presented to the 5 January 2012 Trust Board. **STA**

332/11 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

Paper I comprised the latest iteration of the Trust's Strategic Risk Register/Board Assurance Framework (SRR/BAF), noting that an additional dashboard showing risk movement was now included as appendix 2 as per the November 2011 Audit Committee discussions. In general discussion on the SRR/BAF, Ms K Jenkins Non-Executive Director and Audit Committee Chair commented on the need to focus on key controls and to avoid the document becoming overly cumbersome. She also sought assurance on whether November 2011 deadlines for actions had been met. The Audit Committee Chair also suggested that it would be helpful for the narrative report accompanying the risk register to specify why risk scores had changed since the previous iteration. Mr D Tracy, Non-Executive Director and GRMC Chair welcomed the additional clarity offered on UHL's top three risks by appendix 2, but reiterated his November 2011 concerns that those top three risks were still financial in nature – the Trust Chairman asked that the Medical Director consider this point further outside the meeting. **MD** **MD**

In specific discussion on **risk 6 (*loss of liquidity*),** the Trust Board noted:-
(i) the Chairman's wish for any consideration of reducing the likelihood of this risk from 5 to 4 (resulting therefore in a reduced risk of 20 from 25) to be deferred until after the Trust's meeting with SHA on 19 December 2011, and **DFP**
(ii) the need also to reflect the following issues within this risk:- **DFP**

- the SHA's review of the LLR contracting base;
- January 2012 rule changes for applicant Foundation Trusts.

In specific discussion on **risk 8 (*deteriorating patient experience*)**, the Trust Board noted:-
(i) the increased risk score (to 15) and additional actions listed, in light of recent patient experience reports and increased complaint numbers. Mr D Tracy, Non-Executive Director and GRMC Chair welcomed this increase, which demonstrated the dynamic and responsive nature of the SRR/BAF and also appropriately reflected those areas rated red within the month 7 quality, finance and performance report;
(ii) the request from Ms J Wilson, Non-Executive Director and Workforce and Organisational Development Committee Chair for a more explicit focus on poor staff attitude (as a reason for poor patient experience) within this risk, and **COO/ CN**
(iii) the suggestion from Mr P Panchal, Non-Executive Director that the GP interface be included as a potential control within this risk. **COO/CN/ DCER**

In specific discussion on **risk 11 (*IM&T*),** the Trust Board noted:-
(i) that 'lack of an IT Strategy' had now been removed from this risk, having been approved by the November 2011 Trust Board. The Director of Strategy therefore proposed to reduce this risk score to 12 (from 16), which was now approved by the Trust Board; **DS**
(ii) a correction in the action date for the future systems outline business case, which should read summer 2012 not December 2011, and
(iii) confirmation that recruitment to vacant posts had been actioned as per the November 2011 timescale.

The Trust Board also discussed appendix 3 detailing any slippage on the action timescales, and the Chairman asked that the reasons for this slippage be explained in future iterations. **MD**
Although recognising that slippage could be legitimate, Ms K Jenkins, Non-Executive Director and Audit Committee Chair sought reassurance that it did not create additional risk and requested that the Executive Team explore this as part of their monthly review of the SRR/BAF. The Trust Chairman also noted that the PMO work in risk 9 was now underway, which would be discussed further later in this meeting. **EDs**

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

(B) the Medical Director be requested to:- MD
(1) include an explanation of any movements in individual risk scores, within the narrative report accompanying the SRR/BAF;
(2) review the nature of the top 3 risks on appendix 2, noting their current financial (rather than patient) focus;
(3) include an explanation for any extensions to/slippage on action timescales in appendix 3;

(C) the Executive Team's monthly review of the SRR/BAF include confirmation that slippage on actions created no additional risk; EDs

(D) in respect of risk 6 (loss of liquidity), the Director of Finance and Procurement be requested to:- DFP

(1) await the outcome of the 19 December 2011 meeting with the new SHA prior to considering any reduction in this risk score from 25 to 20;
(2) amend the risk to reflect both the SHA independent review of the LLR contracting basis, and January 2012 changes to the requirements for aspirant FTs;

(E) in respect of risk 8 (patient experience) GP interface issues be reflected in the controls column, and **COO/ CN**

(F) the risk score for risk 11 (IM&T) be reduced from 16 to 12, in light of the November 2011 Trust Board approval of the IM&T Strategy. **DS**

333/11 REPORTS FROM BOARD COMMITTEES

333/11/1 Audit Committee

Resolved – that the Minutes of the Audit Committee meeting held on 15 November 2011 be submitted to the Trust Board on 5 January 2012. **STA**

333/11/2 Governance and Risk Management Committee (GRMC)

Mr D Tracy, Non-Executive Director and GRMC Chair noted three items to highlight from the 25 November 2011 GRMC meeting, as itemised on paper K1. Complaints performance and mortality issues had already been covered earlier in this Trust Board meeting, and it was noted that an update on the Patients' Association report would be provided to the 4 January 2012 GRMC. **COO/ CN**

Resolved – that (A) the Minutes of the GRMC meeting held on 27 October 2011 be received, and the recommendations and decisions therein be endorsed and noted respectively;

(B) the Minutes of the GRMC meeting held on 25 November 2011 be submitted to the Trust Board on 5 January 2012, and **STA**

(C) a further update on the Patients' Association report be provided to the 4 January 2012 GRMC. **COO/ CN**

333/11/3 UHL Research and Development Committee

Resolved – it be noted that the next meeting of the Research and Development Committee would be 5 December 2011, the Minutes of which would be submitted to the Trust Board on 5 January 2012. **STA**

333/11/4 Workforce and Organisational Development Committee (WODC)

Resolved – it be noted that the next meeting of the Workforce and Organisational Development Committee would be 19 December 2011, the Minutes of which would be submitted to the Trust Board on 5 January 2012. **STA**

334/11 CORPORATE TRUSTEE BUSINESS

334/11/1 Charitable Funds Committee

Resolved – that the Minutes of the Charitable Funds Committee meeting held on 4

November 2011 be received, and the recommendations and decisions therein be endorsed and noted respectively by the Trust Board (in its capacity as Corporate Trustee).

334/11/2 Charitable Funds Approvals Requests

Paper M sought Trust Board approval as corporate Trustee for two charitable funds applications, which had been supported in principle by the 4 November 2011 Charitable Funds Committee but which were outside that Committee's scheme of delegation to approve. It was noted that a further application would also be submitted to the January 2012 Trust Board for approval (reference APP3751). The Trust Board as corporate Trustee approved the two applications (APP3635 and APP3669), noting that the Director of Corporate and Legal Affairs would provide further assurance outside the meeting in respect of APP3635's fit with Disability Discrimination Act priorities.

Resolved – that approval be given as Corporate Trustee to the following charitable funds applications:- **Trustees**
(1) APP3635 at £20412 (on which further assurance would be provided by the Director of Corporate and Legal Affairs outside the meeting, in respect of its fit with Disability Discrimination Act priorities) – hearing loops and maintenance service at the Glenfield and Leicester General Hospital plus additional loops and service at the LRI, and
(2) APP3669 at £40933.39 – MRI haemodynamic monitoring equipment within cardio-respiratory research.

335/11 TRUST BOARD BULLETIN

Resolved – it be noted that no reports had been circulated with the 1 December 2011 Trust Board Bulletin.

336/11 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' representative who would coordinate a response outside the meeting accordingly and ensure it was reported through the following Trust Board Bulletin. The following queries/comments were received regarding the business transacted at the meeting:-

(1) a query from the LINKS representative regarding the apparent significant amount of business being transacted in private at this meeting. The Chairman outlined the various reasons that business might be taken in the confidential section, which would be clarified as usual for each item in the Minutes of this meeting. Any specific concerns could be discussed outside the meeting;
(2) a query as to any implications for UHL (as a non-FT) of the Government's comments on dismantling national collective bargaining. In response, the Director of Human Resources advised that local level negotiations would be required and she commented that such a move would impact on both Foundation and non-Foundation Trusts. The Trust Chairman requested that the Workforce and Organisational Development Committee review these implications further (noting that FT opportunities were already scheduled for discussion by that Committee at a future [2012] meeting). It was also noted that there had been only minimal movement away from national terms and conditions even in existing FTs; **DHR/ WODC**
(3) queries from Mr M Woods, relating to:-

- the number of UHL patients waiting longer than 18 weeks, and whether any measures were in place within the Trust to defer appointments as a cost-saving exercise. He also queried whether UHL would be one of the Trusts who would incur penalties for being more than 8% over the level of RTT referrals. In response (and as also covered in Minute 331/11/2 above) the Chief Operating Officer/Chief Nurse advised that approximately 80 UHL non-admitted patients were awaiting treatment, of whom 30-40 were waiting for orthodontic treatment. She was confident that UHL would have plans in place to list all patients by the end of the year. There may have been patients within that group who had been waiting for a year. The Chief Operating Officer/Chief Nurse also reiterated the position in terms of 'recall' patients – UHL was not currently subject to any penalties but would continue to monitor the situation carefully. In response to a further question, the Chief Operating Officer/Chief Nurse confirmed that there were no "hidden" waiting lists within UHL;
- his concerns at UHL's continuing financial deficit, and whether UHL (as a non-FT) had been approached to be taken over by any other organisations. In response, the Director of Finance and Procurement confirmed that UHL had not been approached on this issue, and commented that financial stratification of Trusts was not new. He reiterated that UHL was placed to be sustainable within an appropriate LLR healthcare economy, and would continue to operate successfully both on patient care and financial terms;
- why Imaging services were not included in the quality finance and performance report. The Chief Operating Officer/Chief Nurse clarified that imaging indicators were reported in the Divisional heatmap part of that report, and
- UHL's position in terms of weekend mortality rates, as per national media reports. In response, the Medical Director advised that UHL was well aware of weekend mortality issues and noted that deathrates also varied seasonally. UHL was in the expected mortality range (as per the Dr Foster data).

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

337/11 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 5 January 2012 at 10am in Rooms 1A & 1B, Gwendolen House, Leicester General Hospital site.

338/11 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 339/11 – 350/11), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

339/11 DECLARATION OF INTERESTS

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

340/11 CONFIDENTIAL MINUTES

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

341/11 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.

342/11 REPORTS BY THE DIRECTOR OF HUMAN RESOURCES

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests and on the grounds of personal information (data protection).

343/11 REPORTS BY THE DIRECTOR OF FINANCE AND PROCUREMENT

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

344/11 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.

345/11 REPORT BY THE MEDICAL DIRECTOR

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

346/11 CONFIDENTIAL TRUST BOARD BULLETIN

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.

347/11 REPORTS FROM REPORTING COMMITTEES

347/11/1 Finance and Performance Committee

Resolved – that the confidential Minutes of the Finance and Performance Committee meeting held on 27 October 2011 be received, and the recommendations and decisions therein be endorsed and noted, respectively.

347/11/2 Governance and Risk Management Committee (GRMC)

Resolved – that the confidential Minutes of the GRMC meeting held on 27 October 2011 be received, and the recommendations and decisions therein be endorsed and noted, respectively.

347/11/3 Remuneration Committee

Resolved – that the Minutes of the Remuneration Committee meeting held on 3 November 2011 be circulated to Trust Board members outside the meeting. **DCLA**

348/11 CORPORATE TRUSTEE BUSINESS

348/11/1 Charitable Funds Committee

Resolved – that the confidential Minutes of the Charitable Funds Committee meeting held on 4 November 2011 be received, and the recommendations and decisions therein be endorsed and noted, respectively (particularly the recommendation at Minute 57/11).

349/11 ANY OTHER BUSINESS

349/11/1 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.

349/11/2 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.

349/11/3 Query from Mr R Kilner, Non-Executive Director

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

350/11 MEETING EVALUATION

In evaluating the meeting, members commented on the length of time allowed for public questions, and also on the fact that today's meeting had run to time.

The meeting closed at 4pm

Helen Stokes
Senior Trust Administrator