UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 28 NOVEMBER 2013 AT 10AM IN THE CUMULUS ROOM, DIABETES CENTRE OF EXCELLENCE, LEICESTER GENERAL HOSPITAL

Present:
Mr R Kilner – Acting Trust Chairman
Mr J Adler – Chief Executive (up to and including part of Minute 311/13)
Colonel (Retired) I Crowe – Non-Executive Director
Dr K Harris – Medical Director (up to and including part of Minute 311/13)
Ms K Jenkins – Non-Executive Director
Mr R Mitchell – Chief Operating Officer (up to and including part of Minute 311/13)
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Mr I Sadd – Non-Executive Director
Mr A Seddon – Director of Finance and Business Services (excluding Minutes 298/13 to 303/13/1)
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:
Dr M Ardron – Deputy Clinical Director, Emergency and Specialist Medicine CMG (for Minute 307/13/2)
Dr T Bentley – Leicester City CCG Representative (from Minute 298/13 up to and including part of Minute 311/13)
Dr T Bourne – Chief Medical Information Officer (for Minutes 293/13/1 and 293/13/2)
Ms K Bradley – Director of Human Resources
Mr J Clarke – Chief Information Officer (for Minutes 293/13/1 and 293/13/2)
Mr P Cleaver – Risk and Assurance Manager (for Minute 305/13)
Professor M Davies – Professor of Diabetes Medicine (for Minute 299/13)
Sister J Dawes – Sister, Ward 32, Leicester Royal Infirmary (for Minute 304/13/1)
Miss M Durbridge – Director of Safety and Risk (for Minute 305/13)
Dr S Jackson – Chief Medical Information Officer (for Minutes 293/13/1 and 293/13/2)
Dr N Morgan – Consultant Physician (for Minute 304/13/1)
Mr P Parkinson – Healthwatch Representative (for Minute 293/13/3 and from Minute 298/13)
Mrs K Rayns – Trust Administrator
Ms K Shields – Director of Strategy
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

286/13 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 286/13 – 297/13), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

287/13 REPORT BY THE 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.

288/13 APOLOGIES AND WELCOME

There were no apologies for absence. The Acting Chairman welcomed Ms K Shields, Director of Strategy to her first meeting of the UHL Trust Board.

289/13 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

There were no declarations of interest in the confidential business being discussed.

290/13 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

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.

291/13 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 31 October 2013 Trust Board meeting and the 17 October 2013 Trust Board Development Session be confirmed as correct records.

292/13 CONFIDENTIAL MATTERS ARISING REPORT

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

293/13 REPORTS BY THE DIRECTOR OF FINANCE AND BUSINESS SERVICES

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

294/13 REPORTS BY THE DIRECTOR OF HUMAN RESOURCES

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

295/13 REPORT BY THE DIRECTOR OF STRATEGY

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.

296/13 REPORT BY THE MEDICAL DIRECTOR

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

297/13 REPORTS FROM BOARD COMMITTEES

297/13/1 Audit Committee

Resolved – 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.

297/13/2 Finance and Performance Committee

Resolved – the confidential Minutes of the Finance and Performance Committee meeting held on 30 October 2013 (paper H refers) be received and noted.

297/13/3 Quality Assurance Committee

Resolved – that the confidential Minutes of the Quality Assurance Committee meeting held on 29 October 2013 (paper I refers) be received and noted.

298/13 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

299/13 DIABETES MEDICINE

The Acting Chairman introduced Professor M Davies, Professor of Diabetes Medicine and thanked her for hosting this meeting in the new Leicester Diabetes Centre on the Leicester General Hospital site.

Professor Davies presented a series of slides outlining the model of research, innovation and education being delivered from this purpose designed centre which had been opened by Sir Steve Redgrave on 7 November 2013. She highlighted the key focus areas for improving the care and treatment of patients with diabetes through clinical delivery, training and development, clinical research, service transformation, patient and public involvement, physical activity and patient education. Trust Board members particularly noted that UHL hosted the NIHR Leicester-Loughborough Diet, Lifestyle and Physical Activity Biomedical Research Unit (BRU), the NIHR South East Midlands Diabetes Research Network and the Desmond patient education programme.

The presentation summarised the significant contributions made towards identification of diabetes risk, offering quality diabetes prevention programmes, locally and internationally delivered education modules to increase knowledge and skills in clinical practice, changes to healthcare policy and implementation of the Walking Away programme for preventing diabetes in groups of people identified as being at risk.

In discussion following the presentation, the Trust Board:-

(i) commented on the high quality of this working environment and the positive impact of the Diabetes service on improving patient health and wellbeing;
(ii) sought further information on the next steps, noting in response that new therapies were being developed which might change future clinical practice and the significant patient benefits of physical activities programmes;
(iii) queried the scope for additional education for UHL's clinical workforce and noted that Professor Davies was in the process of developing an in-patient training module with the aim of increasing the skills and knowledge of ward staff in diagnosing and treating diabetes related illness, and
(iv) noted the importance of maintaining a focus on disease-specific themes within the overall workstreams for treating other long term conditions.

Resolved – that the presentation on Diabetes Medicine be received and noted.

300/13 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

The Acting Chairman welcomed Ms K Shields, Director of Strategy and Mr P Parkinson, co-opted non-voting Healthwatch representative to the meeting, noting that Mr Parkinson

was the Interim Leicester Healthwatch Chair and that he was attending as a nominated deputy on behalf of Mr E Charlesworth who was unable to attend. On behalf of the Board, he wished Mr Charlesworth a speedy recovery. He drew members' attention to the following issues:-

(a) UHL had been designated as a Cancer Research UK Centre (as part of the latest phase in the development of the Cancer Research UK network of excellence) attracting £5m of additional investment in cancer-related research. He congratulated Professor W Steward, UHL's Professor of Oncology and Professor C Pritchard, the University of Leicester's Professor of Cancer Biochemistry and their teams on this achievement;
(b) a Health Service Journal (HSJ) award presented to UHL's 5 Critical Safety Actions Handover Team for their work on developing mobile phone technology to provide clinical staff with 24/7 access to real-time critical information status updates on patients. He congratulated Dr B Collett and her team on this achievement, noting that the challenge would be to implement this across the Trust, and
(c) an invitation from the Chief Nurse to attend a "Listening at its Best" event at Leicester's Guildhall on Thursday 5 December 2013 from 2pm to 6pm. This event was an opportunity for patients, relatives and staff to drop in and talk about their experiences of patient care in Leicester's Hospitals. Following this listening event, it was hoped to develop a range of themes to be taken forwards using the Listening into Action framework. Trust Board members were also encouraged to attend this event.

The Chief Executive highlighted the following issues for particular attention:-

(i) the recruitment process for the substantive Trust Chairman vacancy had proceeded as far as the short listing phase. However, the TDA had expressed concern that the range of candidates was not sufficiently broad – despite the best endeavours of the Trust and Odgers to promote this vacancy widely. Consequently, it was anticipated that the TDA would re-commence the recruitment process early in the new year, and it was confirmed that Mr R Kilner would continue in his role as Acting Chair during the interim period, and
(ii) the expected report on the month 7 financial reforecast (paper T3) had been withdrawn from the public agenda to allow for further detailed consideration of the key issues within the healthcare community. An update on this issue would now be provided at the 20 December 2013 Trust Board meeting.

Resolved – that the verbal information provided by the Acting Chairman and the Chief Executive be received and noted.

301/13 MINUTES

Resolved – that the Minutes of the Trust Board meeting held on 31 October 2013 (paper K) be confirmed as a correct record.

302/13 MATTERS ARISING FROM THE MINUTES

Paper L detailed the status of previous matters arising, particularly noting those without a specific timescale for resolution. In discussion on the matters arising report, the Board received updated information in respect of the following items:-

(a) item 1 – Minute 277/13/1 of 31 October 2013 – the Director of Human Resources advised that the last meeting of the LLR Workforce Group had been cancelled, but she would be highlighting the work of the meaningful activities initiative for dementia patients to this group in the new year; **DHR**
(b) item 2 – Minute 227/13/5 of 31 October 2013 – arrangements had been made for the Acting Chairman and the Chief Executive to consider the governance arrangements for monitoring the Trust's workforce; **Acting Chair/CE**
(c) item 3 – Minute 280/13/1 of 31 October 2013 – the Chief Operating Officer confirmed

that he had fed back concerns to the CSI CMG regarding R&D support provided by Pharmacy and Imaging Services and the position would be monitored through the monthly CMG performance management meetings; **COO**

(d) item 8 – Minute 249/13/1 of 26 September 2013 – the Medical Director advised that 4 of the 7 CMG education leads had now been appointed within the new clinical management structure and that an appropriate focus was being maintained in respect of evidence submissions to support SIFT funding;

(e) item 10 – Minute 252/13/1 of 26 September 2013 – the Chief Nurse advised that she would respond to Ms K Jenkins, Non-Executive Director outside the meeting regarding the monitoring arrangement for risk 4, and **CN**

(f) item 12 – Minute 227/13 of 29 August 2013 – the Director of Marketing and Communications advised that the names of the responsible officers for patient and public involvement within each CMG had been shared with the Patient Adviser group some 2 weeks ago. Predominantly, these were noted to be either the Head or Deputy Head of Nursing within each CMG. It was agreed that these lead roles would be included within the organisational structure chart for clarity. Ms J Wilson, Non-Executive Director also requested that the section of the reporting templates for recording patient and public involvement implications be fully completed fully prior to submission to the Trust Board and its Sub-Committees. **DCM** **All EDs**

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

303/13 REPORTS BY THE CHIEF EXECUTIVE

303/13/1 <u>Monthly Update Report – November 2013</u>

The Chief Executive introduced paper M, the Chief Executive's monthly summary of key issues. Noting that separate reports featured elsewhere on the Trust Board agenda, he drew members' attention to the following issues:-

(a) the Trust's financial position which continued to deteriorate as at the end of month 7 (October 2013);

(b) the weekly meetings being held to address UHL's emergency care performance and the specific focus being developed in respect of a smaller number of deliverable high impact workstreams, including improving discharge processes and preventing non-admitted ED breaches;

(c) the forthcoming inspection by the Care Quality Commission (CQC) due to commence on 13 January 2014. This inspection would be undertaken by a team of between 30 and 40 inspectors and a range of pre-inspection information was due to be submitted to the CQC by 13 December 2013;

(d) updated guidance on the FT application process (as provided within the recently published document "Securing Sustainable Services") suggesting that the FT application process for all Trusts should commence with a positive CQC inspection;

(e) the significant pressure that the NHS Strategic and Operational Planning Guidance on Integrated Transformation Funding was expected to place upon CCGs' and Acute Trusts' budgets which would be progressed with partners through the Better Care Together Programme;

(f) the refreshed Government Mandate to NHS England: 2014-15 had not yet been reviewed in full, but the Director of Strategy provided her view that there were not likely to be significant implications for the Trust;

(g) the Quality Assurance Committee had undertaken an early review of the Government's response to the 290 recommendations arising from the Francis review published on 19 November 2013, and

(h) growing concerns regarding the Trust's RTT 18 weeks performance which would be discussed later in the agenda during discussion on the Quality and Performance report (Minute 307/13/1 below refers).

Resolved – that the Chief Executive's monthly update report for November 2013 be received and noted.

303/13/2 Emergency Floor – Outline Business Case (OBC)

Further to the Trust Board Development Session held on 21 November 2013, the Chief Executive introduced paper N seeking Trust Board approval of the Emergency Floor OBC, as identified in option 3A – extension of the current Emergency Department towards the Victoria Building (incorporating demolition of the Langham Wing and Chapel and retention of the listed elements of the building). The overall project costs were estimated to be approximately £48m including pre-construction fees and enabling works. Discussion took place regarding the following aspects of this project:-

(a) the extent of enabling works that the Trust might be able to proceed with (at risk) pending TDA approval of the Full Business Case (FBC) and whether UHL would be able to fund a proportion of the enabling works through slippage in the 2013-14 capital programme;
(b) the potential impact of enabling works on the overall timescale for delivering the project. If all elements of the approvals and workstreams were processed sequentially, then the new ED would be opened in February 2016 (2 further winters without the new capacity), but with the enabling works being completed in advance of the FBC approval then the new ED would be opened in October 2015 (1 further winter without the new capacity);
(c) supportive feedback had been received following presentation to Overview and Scrutiny bodies and the Trust had been requested to explore ways of accelerating the timescales for the project;
(d) the scheme had been supported by LLR Healthwatch, but some secondary concerns had been raised in respect of car parking capacity. Assurance was provided that plans for a multi-storey car park development were being progressed in parallel;
(e) confirmation that the TDA was expecting to receive the FBC submission for approval in February 2014 and that the TDA's views would be taken into account when determining the extent of enabling works to be undertaken;
(f) assurance provided regarding the technical capacity and capability of Interserve's construction arm.

Resolved – that (A) option 3A and the Emergency Floor Outline Business Case be approved (as presented in paper N); **CE**

(B) delegated authority be provided to the Chief Executive to determine the pace at which any enabling works proceed in consultation with the Acting Chair and having regard to the views of the TDA, and **CE**

(C) development of the Full Business Case be supported prior to TDA approval in order to maintain the programme for delivering this project. **CE**

304/13 CLINICAL QUALITY AND SAFETY

304/13/1 Contrasting Experiences – Better Care for Frail Older Patients Following a Hip Fracture

The Chief Nurse introduced paper O, providing the Board with an insight into the workstreams in place to improve the quality of care for patients admitted to the hip fracture ward (ward 32) on the LRI site. She introduced Dr N Morgan and Sister J Dawes who had attended the meeting to present this item. A short video was shown, providing highlights from an interview with a patient and his wife in which they had expressed their views on the positive and negative aspects of his recent care on ward 32 and their thoughts on how the service could be improved for patients.

Following the video, the Board received an update on the development of a new patient information pack relating the various rehabilitation care facilities offered to patients. These packs had been developed by one member of the ward's team and included all the salient information that patients might require, including the visiting hours and the timetables for local public transport. The content of the packs had been verified and confirmation was provided that the timetables, etc would be regularly updated. The average length of stay on ward 32 was noted to be 14 days and activities were being developed to engage with patients during this time. These included music, communal dining areas and tables within the bays for patients to play traditional board games. Ward 32 was one of the 7 wards currently seeking Quality Mark status and they welcomed any Board members to visit the ward themselves.

Dr T Bentley, CCG Representative welcomed the rehabilitation facility information packs and requested that the arrangements for rolling out this initiative to other wards be accelerated. He provided Board members with an update on plans to increase rehabilitation capacity for Leicester City patients through the Intensive Community Support Service and use of Clarendon Ward and the Evington Centre.

Dr Bentley also queried the arrangements for addressing an issue relating to laminar flow theatre capacity for hip fracture patients. In response, the Medical Director briefed the Board on the increasing trend towards total hip replacements (instead of pinning the fracture), noting that total hip replacements had to be carried out in an operating environment with laminar flow ventilation and that the only UHL theatres with laminar flow were located on the LGH site. He provided assurance that plans were in place to provide laminar flow within theatres on the LRI site in the near future.

Ms K Jenkins, Non-Executive Director noted the positive use of ward space represented by the retreat rooms and communal dining facilities. She particularly thanked the team for their presentation and the helpful insight that this had provided for Board members.

Resolved – that (A) the presentation on improving care for frail older patients following a hip fracture be received and noted, and

(B) consideration be given to rolling out the information packs on rehabilitation facilities to other ward areas, to support the discharge workstreams. **CN**

304/13/2 Update on LLR Response to Francis Inquiry and UHL Response to Keogh and Berwick Reviews

The Chief Nurse introduced paper P providing assurance that the key themes arising from the Francis Inquiry and the Keogh and Berwick reviews had been reviewed by the Quality Assurance Committee and that appropriate action plans had been developed to address any gaps. Appendix II provided an integrated action plan for the key themes arising from this work.. The Chief Nurse proposed that an additional column be added to the action plan to confirm which UHL Committee would be reviewing progress with each theme. Ms J Wilson, Non-Executive Director and Quality Assurance Committee Chair supported this proposal. **CN**

Resolved – that (A) the update on responses to the Francis Inquiry and the Keogh and Berwick reviews be received and noted, and

(B) the Chief Nurse be requested to amend the action plan to indicate which Corporate Committee would be reviewing progress against each action plan theme. **CN**

304/13/3 Clwyd Report on NHS Complaints

The Chief Nurse introduced paper Q, providing the background and outputs arising from the Review of the NHS Hospitals Complaints System – "Putting Patients Back in the Picture" by

the Right Honourable Ann Clwyd, MP and Professor Tricia Hart, as published on 28 October 2013. A copy of the full final report was appended to paper Q. Members noted that the Director of Safety and Risk had undertaken an initial analysis of the implications for Acute Trusts and it was proposed and agreed that a detailed report would be presented to a future meeting of the Quality Assurance Committee in December 2013.

In discussion on the report the Trust Board:-

1) noted the scope to significantly improve the areas of handling, reporting and following up on complaints and that a proposed UHL root and branch review of the complaints system had been deferred, pending the outcome of this review. Ms J Wilson, Non-Executive Director queried the scope for a Trust Board workshop to be held on the subject of complaints systems and that opportunities to gain an external perspective on complaints handling from commercial organisations be explored;
2) received an update from the Chief Nurse on the arrangements to re-energise UHL's Patient Experience Committee and plans to draw together the outputs from patient complaints, social networking and patient survey results through quality assurance mechanisms;
3) sought and received additional benchmarking information regarding the total number of complaints received, ratio of complaints to patient activity and the number of Ombudsman reviews that had been upheld;
4) received assurance from Professor D Wynford-Thomas, Non-Executive Director that quality and safety education for junior doctors was mirrored in the undergraduate training programme;
5) queried the scope to analyse and report upon the number of repeated complaints or any themes not adequately addressed by the response;
6) welcomed the early involvement of Healthwatch representatives, noting that early collaboration meetings had already been held with the Director of Safety and Risk;
7) noted the views expressed by the Director of Marketing and Communications regarding potential interpretations of high numbers of complaints, suggesting that this might be because the Trust made it easy for patients to complain, or it might be an indication that the Trust made more errors. He requested that reference to a meeting held with key stakeholders be included within future reports on this subject;
8) commented on opportunities to alleviate the need for patients to complain (as highlighted in chapter 3 of the report) and the scope to review these at the planned Trust Board workshop;
9) noted the increasing use of social media, NHS choices and Twitter as routes to complain and considered ways in which these sources of information could be better harnessed, and
10) commented on the scope to improve staff training to communicate more effectively with the Trust's customers (patients).

<u>Resolved</u> – that (A) the report on the review of NHS Hospital Complaints System "Putting Patients Back in the Picture" (paper Q) be received and noted;

(B) consideration be given to holding a Trust Board workshop on the subject of UHL's complaints handling system, and **CN/ DCLA**

(C) a further detailed report and action plan be presented to the Quality Assurance Committee in December 2013. **CN**

305/13 RISK

305/13/1 <u>Board Assurance Framework (BAF) Update</u>

The Chief Nurse presented the latest iteration of UHL's BAF (paper R). Ms M Durbridge, Director of Safety and Risk and Mr P Cleaver, Risk and Assurance Manager attended the

meeting for this item. The Chief Nurse particularly drew members' attention to the 3 actions highlighted as red in the action tracker provided at appendix 3 and gaps in controls for risk 3 in relation to the current level of nursing vacancies and difficulties in recruiting sufficient numbers of new nursing staff.

In respect of the 3 risks selected for detailed consideration at today's meeting, the Trust Board noted the following information:-

- risk 2 – failure to transform the emergency care system – the Chief Operating Officer commented upon opportunities to include additional assurance on the controls in place to address ED performance and the Chief Nurse commented that nurse staffing within ED were almost up to establishment now;
- risk 3 – inability to recruit, retain, develop and motivate staff – the Chief Nurse supported an increased current risk rating in respect of the significant level of nursing vacancies and it was proposed that this be amended to impact 4 x likelihood 5 = 20. The Director of Human Resources sought clarity whether the narrative relating to this risk was expected to identify specific actions being taken forward or actions to address any gaps in control. It was agreed that either the Director of Safety and Risk or the Risk and Assurance Manager would be invited to attend a meeting of the Executive Team to clarify this point and that consideration of a worked example would be considered helpful. Colonel (Retired) I Crowe, Non-Executive Director suggested that a clear reference to a specified action plan would be sufficient for this purpose, rather than listing the detailed actions, and
- risk 4 – ineffective organisational transformation – the Director of Strategy advised that she had recently assumed accountability for this risk and she requested an opportunity to review the narrative provided. Ms J Wilson, Non-Executive Director provided feedback from the Finance and Performance Committee's review of the Improvement and Innovation Framework and the timescale for delivering visible improvements. The Director of Strategy responded that the Executive Strategy Board was due to consider undertake a formal review of the Improvement and Innovation Framework on 3 December 2013.

In respect of the red and amber items listed in the action tracker provided at appendix 3, the following updated information was received and noted:-

- action 1.11 – had been completed;
- action 2.9 – had been covered off;
- action 3.3 – the Pay Progression Policy was due to be considered at the Executive Strategy Board on 3 December 2013;
- action 3.4 – ED recruitment and retention premia had been in place for nurses since July 2013 and for doctors since October 2013;
- action 6.11 – the draft policy for addressing recommendations from external reviews was being reviewed in draft form by the Chief Executive prior to presentation to the Policy and Guideline Committee;
- action 9.8 – the formal recovery plan for RTT performance was currently being finalised;
- action 10.2 – the FT application timeline was subject to variation due to changes in the national approach;
- action 11.2 – the Trust's IT Disaster Recovery arrangements were due to be reviewed again in December 2013;
- action 11.8 – the Chief Operating Officer was due to review progress during November 2013;
- action 11.11 – business continuity updates were outstanding from Interserve;
- action 12.8 – the timescale for TDA approval of the EPR business case had slipped to January 2014 – Dr T Bentley, CCG representative queried whether compatibility issues had been considered with community based systems and he noted in response that this was being addressed as part of the work on the Elective Care Bundle. The Acting Chair advised that one of the available EPR solutions did not interface with System 1;

- action 13.7 – the Medical Director noted delays in accessing the LETB benchmarking data, and
- action 13.8 – Odames ward had been set aside for the new library facility, but this area was currently being used as decant ward accommodation.

In further discussion on paper R, Ms K Jenkins, Non-Executive Director requested that clarity of the underlying impact of any slippage in the timescales for risk mitigation actions be provided in the next iteration of this report. In response, the Director of Safety and Risk provided assurance that the risk owner was encouraged to review the risk ratings in the event of any slippage and that none of the risk ratings had required such revisions on this occasion.

The Director of Corporate and Legal Affairs noted that consideration of the BAF had been brought forward in the agenda to allow sufficient discussion time, but he suggested that the Board's later consideration of the RTT performance exception report (Minute 307/13/1 below refers) would also be pertinent to UHL's risk profile. The Chief Executive reminded members of the importance of ensuring that the BAF provided an up-to-date and accurate reflection of the Trust's key risks in preparation for the forthcoming CQC inspection.

Resolved – that (A) the Board Assurance Framework (presented as paper R) be received and noted, and

(B) all risk owners be requested to review their sections of the BAF and provide the Risk and Assurance Manager with updated narrative by 6 December 2013 to inform the evidence submission for UHL's forthcoming CQC inspection. **EDs**

306/13 HUMAN RESOURCES

306/13/1 Implementation of the Clinical Management Structure

Further to Minute 279/13/1 of 31 October 2013, paper S provided the final report on the implementation of the new Clinical Management Group (CMG) structure, confirming that the appointment of CMG Medical Leads, CMG Managers and CMG Lead Nurses was largely complete. Progress of the appointment to Medical Education and Quality and Safety Leads was detailed under sections 4 and 5 of the report.

Members noted that the first round of monthly CMG Performance Management meetings had been held between 19 and 25 November 2013 and that these had mainly focused upon the financial reforecast for each CMG. Future sessions would be structured to focus upon (1) quality, (2) performance, (3) finance and (4) workforce. Further to a facilitated meeting held on 1 November 2013 with the CMG leaders, a programme of quarterly CMG development meetings was being developed which would strengthen understanding of the support required for individuals and teams in terms of personal development and provision of the appropriate tools and information to undertake their roles effectively.

Mr P Panchal, Non-Executive Director sought and received information regarding the Chief Pharmacist role residing within the Clinical Supporting and Imaging CMG, but with a duty to report to the Medical Director. The Chief Executive requested that a further iteration of the structure chart be produced to clarify the role of the Chief Pharmacist and to detail the service and operational management structures within each CMG. **DHR**

Colonel (Retired) I Crowe, queried whether linked Patient Advisers had been nominated for each of the CMGs and the Director of Marketing and Communications confirmed that they had although these were not indicated within the structure chart. It was felt that it would be helpful to also identify these persons within the chart. Mr I Sadd, Non-Executive Director stressed the importance of setting appropriate objectives and focusing on these through the staff appraisal process. Finally, the Chief Executive requested that a brief update on the

finalised quality and safety structures be provided to the 20 December 2013 Trust Board meeting as a matter arising. **DHR/ CN**

Resolved – that (A) the final report on the implementation of UHL's Clinical Management Group structure be received and noted, and

(B) an update on the finalised quality and safety supporting structure be provided to the 20 December 2013 Trust Board meeting. **DHR/ CN**

307/13 QUALITY AND PERFORMANCE

307/13/1 Month 7 Quality, Performance and Finance Report

Paper T, the quality, performance and finance report for month 7 (month ending 31 October 2013) advised of red/amber/green (RAG) performance ratings for the Trust, and set out performance exception reports in the accompanying appendices. Ms J Wilson, Non-Executive Director and Quality Assurance Committee (QAC) Chair briefed Trust Board members on the following points, as considered at the 27 November 2013 QAC meeting:-

- a report on the Quality Commitment workstream for improving patient experience for older people and patients suffering from dementia;
- an exception report received in respect of fractured neck of femur performance and the assurance received that the October 2013 position would reflect an improved position and that laminar flow theatre capacity was being progressed for the LRI site;
- MRSA cases had been individually reviewed and assurance had been provided that these had been unavoidable. Clostridium Difficile performance remained challenging;
- improvements relating to facilities management performance metrics, although there was further work being undertaken to strengthen performance in this area;
- quarter 2 complaints data which was contained in the patient safety report. The number of complaints relating to communications and cancellations had increased. In respect of cancellations, she noted that the Ophthalmology service had been invited to attend the Finance and Performance Committee in December 2013, and
- an update on positive developments to be provided by the Chief Nurse in respect of pressure ulcer performance.

Papers T1 and T2 provided the Minutes of the QAC and Finance and Performance Committee meetings held on 29 and 30 October 2013 (respectively) for noting.

The Medical Director reported on key aspects of UHL's quality and patient safety performance, advising that the plans to recover fractured neck of femur performance were robust and providing assurance that patient outcomes were improving and that mortality rates for this service remained below 100. The target for VTE risk assessments within 24 hours of admission had been achieved for the last 4 months. There had been no Never Events during October 2013. In terms of the saving lives workstream within the Quality Commitment, he provided assurance that the processes had been implemented as planned, but the outputs had not yet been measured, hence the red RAG rating.

Both the HMSR and the SHMI mortality indicators remained within the expected range. However, it was noted that Dr Fosters would be changing their reporting methodology in the near future and that a briefing on this issue would be provided to the Trust Board once clarity on this point became available. The Trust had challenged the data leading to UHL being declared an outlier alert for deaths from low risk procedures and confirmation had just been received from Dr Foster that this information was incorrect. The Chief Executive particularly noted that deaths from low risk procedures was one of the "elevated risks" which had acted as a trigger for the Trust being categorised as a level 1 risk by the CQC. Furthermore, the Acting Chairman noted that 2 of the other "risks" – composite staff turnover rates and in-hospital mortality from paediatric and congenital disorders – had since been

explained by the transfer of staff to FM and IM&T providers and the fact that UHL was one of the few centres nationally to provide ECMO services.

The Chief Nurse summarised the Trust's infection prevention performance, confirming that detailed analysis of the MRSA cases had indicated that they were unavoidable. Clostridium Difficile infections were within the challenging trajectory to date although the position would remain vulnerable throughout the winter period. CQC benchmarking data for pressure ulcers had recently been considered by the Clinical Quality Review Group (CQRG) and UHL's data had compared well against other Trusts. Confirmation was provided that the Trust continued to strive to meet the zero pressure ulcer target. However, following admission of a patient with an existing grade 3 ulcer and due to lapses in the documentation process, the Trust had just reported its first grade 4 pressure ulcer. The likely penalties arising from this incident were currently being negotiated with Commissioners. The following questions were raised relating to pressure ulcer performance:-

- Ms K Jenkins, Non-Executive Director referred to the pressure ulcer information provided on page 12 of paper T and queried what the Trust would be doing differently to improve the performance. In response, it was noted that the detailed action plans were reviewed by the Quality Assurance Committee, but it would be considered helpful to provide a high level summary of the actions being taken within future iterations of this report, and
- Colonel (Retired) I Crowe, Non-Executive Director sought and received confirmation that the arrangements for supplying pressure reducing mattresses had been resolved and that the process for managing these at ward level was being strengthened.

Ms J Wilson, Non-Executive Director summarised the following issues arising from the items of business considered by the Finance and Performance Committee on 27 November 2013:-

(i) significant concerns regarding admitted and non-admitted RTT performance (to be reported upon in detail at this meeting by the Chief Operating Officer);
(ii) benchmarking data for medical workforce costs which appeared to indicate that the Trust was an outlier;
(iii) in-month financial performance for month 7 was noted to be the worst month in the 2013-14 financial year to date;
(iv) an improving trend in respect of pay costs, although agency expenditure remained higher than expected, and
(v) additional assurance requested by the Committee in respect of financial recovery plans.

The Chief Operating Officer referred to the table of operational performance indicators provided on page 20 of paper T, providing a detailed summary of the issues reviewed by the Finance and Performance Committee in respect of RTT performance (as outlined in the exception report provided at appendix 3). In addition, he detailed the recurrent and non-recurrent actions planned to reduce these backlogs of patients by increasing the volume of activity in a range of specialities. The Chief Executive expressed concern about the operational and financial viability of the recovery plans and confirmed that a formal review of the way that patients had been selected from the waiting lists was underway. In response to a query raised by Dr T Bentley, CCG representative, the Chief Operating Officer confirmed that patients already scheduled for treatment would not be cancelled in favour of longer waiting patients. Ms K Jenkins, Non-Executive Director sought and received assurance that emergency patients and urgent cancer referrals were not being cancelled.

The Acting Chairman noted that due to the high volume of patient activity in Ophthalmology, approximately 60% of the backlog volume related to this specialty. Mr P Parkinson, Healthwatch representative confirmed that the Ophthalmology service had been a source of concern for some time amongst patient groups and he welcomed the proposals to resolve this backlog effectively. The Chief Operating Officer reported on recent improvements

within the Ophthalmology service which had resolved 5 of the 6 main challenges facing this service. The remaining challenge was the timeliness of typing and returning patient letters. Progress was being made in reducing the backlog of clinical letters, but this had been slower than planned due to the increased volume of activity.

The Chief Operating Officer also reported by exception on the following areas of UHL's operational performance:-

(a) cancelled operations which stood at 1.7% against the threshold of no more than 0.8%. The primary cause for these was noted to be high levels of emergency activity;
(b) choose and book slot unavailability (16% against the threshold of 4%) – discussion took place regarding the need to increase the number of outpatient slots, the frustration experienced by GPs when they were unable to book forward appointments and the arrangements for "dummy" appointments to ensure that 2 week wait cancer patients were seen within that timescale, and
(c) 31 day cancer waits for subsequent surgery had been revalidated and performance had improved from 88.6% to 90% against the 94% target. It was noted that 7 patients had missed this target and that 4 of these cases had reflected patient choice. However, the quarter 2 target had been met for this indicator and all other cancer targets were RAG rated as green. Mr M Metcalfe, Cancer Centre Lead Clinician, had been invited to attend the Finance and Performance Committee to provide a presentation on the transformation of cancer performance and opportunities for further organisation learning arising from the improvement models adopted.

The Director of Human Resources noted the potential impact of the clinical management restructure upon the slight reduction in appraisal rates (91% against the 95% target). However clarity had now been provided regarding the accountability and staff reporting arrangements and overdue appraisals were being scheduled accordingly. She reminded Board members that UHL's appraisal rates benchmarked well against other Trusts noting that other Trusts considered rates above 70% to be good.

The Director of Human Resources also reported on levels of staff sickness and statutory and mandatory training compliance. In response to a query raised by Ms K Jenkins, Non-Executive Director, it was confirmed that the trajectory for statutory and mandatory training compliance had been set at 75% for the end of March 2014 and a focus was being delivered in key areas, such as safeguarding and resuscitation training – where access to courses was good but the rate of DNAs had been disappointing. Responding to a further query by Ms Jenkins, the Director of Corporate and Legal Affairs advised that the application process for the NHS Litigation Authority Risk Pooling Scheme for Trusts was currently suspended although the Women's and Children's CMG was actively pursuing its application for CNST Level 3 accreditation.

Section 8 of paper T provided a summary of facilities management performance through the contract with Interserve and provided an analysis of indicative service delivery across a range of 10 key performance indicators. The Chief Nurse reported on the improvements demonstrated to date and the high level of confidence that these would improve significantly in the near future. A further report on progress with the facilities management recovery plans was due to be presented to the Quality Assurance Committee in January 2014 and an update would be presented to the February 2014 Trust Board meeting.

In discussion on the facilities management indicators, the Acting Chairman noted that the number of portering requests had increased by 1,000 in October 2013 from the previous month's activity of 14,000 requests. Members also noted that the performance indicators selected for monthly reporting were being further reviewed to ensure that the most appropriate indicators were reported upon.

The Director of Finance and Business Services introduced section 9 of paper T, providing

the highlights and performance of UHL's IM&T service through the contract with IBM and NTT. He confirmed that the transition arrangements were proceeding according to the planned phasing and that (to date) there had been no visible issues arising for the Trust.

Section 10 of paper T detailed the Trust's financial performance for month 7 and provided the detailed financial statements covering income and expenditure, balance sheet, cash flow, capital programme, CIP performance and financial performance broken down by each CMG and Corporate Directorate. The Director of Finance and Business Services highlighted the following key issues:-

1. variances in the price and volume of patient care activity, noting that the fully coded patient activity had improved by £1m from the early cut data;
2. the analysis of pay expenditure by CMG (as detailed on page 39) indicated that approximately 80% of the adverse £11m variance to plan was attributable to 2 CMGs – Emergency and Specialist Medicine and ITAPS;
3. non-pay expenditure was £9.3m adverse to plan. Whilst a proportion of this expenditure was linked to patient activity, robust discretionary non-pay controls remained in place to reduce this trend;
4. appropriate cash management controls were in progress in order to maintain sufficient levels of operating cash and the support of the CCGs in re-phasing monthly SLA payments to the start of the month had been appreciated in this respect;
5. delivery of the Cost Improvement Programme was tracking according to the trajectory, and
6. performance against the Trust's year to date capital programme was £13.4m (75%) and the year end forecast had been reduced to £34.1m (£5.7m below plan).

In discussion on the Trust's month 7 financial position, Ms K Jenkins, Non-Executive Director sought the views of the Director of Finance and Business Services in respect of the elements and extent of financial recovery actions which were considered to lie within the Trust's own gift. In response, the Director of Finance and Business Services highlighted the significance of financial penalties for contractual issues (as detailed in section 7 of paper T) and the lack of adjustments from the 2008-09 baseline for marginal rate emergency activity. He also drew the Board's attention to opportunities to improve the depth of clinical coding to accurately reflect case mix at the LGH and LRI hospital sites, through strengthening the coding teams and improving the level of automation and interaction between clinicians and coding teams. The scale of potential improvements in realised available income might be in excess of £10m.

<u>Resolved</u> – that (A) the quality, performance and finance report for month 7 (month ending 31 October 2013) be noted;

(B) high level actions relating to improvements in pressure ulcer performance be included in future iterations of the quality, performance and finance report; **CN**

(C) the Minutes of the 29 October 2013 Quality Assurance Committee meeting (paper T1) be received and noted, and

(D) the Minutes of the 30 October 2013 Finance and Performance Committee meeting (paper T2) be received and noted.

307/13/2 <u>Emergency Care Performance and Recovery Plan</u>

Mr M Ardron, Deputy Clinical Director, Emergency and Specialist Medicine attended the meeting to brief the Trust Board on patient flows through the Acute Medical Assessment Areas and ward capacity with the aim of supporting the Emergency Department flows. He particularly noted the positive impact of the 8am ward rounds, bed bureau triage systems and deflections, and the Acute Medical Clinic for ambulatory care patients. The Acting

Chairman advised that he had visited wards 15 and 16 on a walkabout earlier that week and had seen the processes taking place as described. However, he also noted some delays on the base wards (of up to 2 days) whilst patients were awaiting senior clinical reviews prior to discharge. In response, Mr Ardron confirmed that there were some issues to be addressed in respect of weekend ward and board rounds, but the system was considered to be robust between Monday and Friday. Discussion also took place regarding the opportunities to increase 7 day working by support services, including imaging and physiotherapy.

The Chief Operating Officer introduced paper U, providing an overview of ED performance for the month of October 2013 (91.8% against the 95% 4 hour target). Members particularly noted that UHL had the second highest number of elective and non-elective admissions in the NHS and that UHL had 300 beds fewer than the Trust which had the highest number of admissions nationally. He reported on plans to strengthen the discharge process at weekends, acute bed capacity requirements and the escalation process for preventing non-admitted ED breaches. In addition the site management team was being supplemented by 6 new site managers and a senior manager was being appointed.

A briefing note on the patient census approach to improving discharge processes was appended to paper U. The Chief Nurse briefed the Board on the twice daily conference calls which were used to inform a single list of patient information and where they were within their individual pathways in order to support a timely discharge. The new model reduced staff time away from the ward, provided a clear audit trail of the number of patients awaiting discharge and enabled the various teams to focus in a structured way on supporting discharge earlier in the day.

The Chief Operating Officer confirmed that work continued to be undertaken in partnership with the CCGs to resolve community factors such as increasing community bed capacity, single front door access and reducing emergency demand. Dr T Bentley, CCG representative noted that he attended the weekly meetings of the Urgent Care Board and he reported on developments to strengthen end of life care pathways, extend the hours of local walk in centres and arrangements to increase the support provided by nursing homes. Responding to a query raised by Ms K Jenkins, Non-Executive Director, Dr Bentley confirmed the CCGs view that all the appropriate actions were being taken to improve emergency care performance, but that robust progress relating to the UHL-led actions relating to discharge processes, TTO prescriptions and IT systems was crucial.

Resolved – that the presentation and report on Emergency Care Performance be received and noted.

307/13/3 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns for August 2013 (paper V refers), inviting any comments or questions on this report. He sought and received the Board's delegated authority to agree a form of words with the Chief Executive in respect of sections 6 (risks to NTDA's accountability framework) and 10 (plans in place to ensure ongoing compliance with all existing targets). **DCLA/ CE**

Subject to the above amendments, the November 2013 self certification against Monitor Licensing Requirements (appendix A), and Trust Board Statements (appendix B) were endorsed for signature by the Chief Executive and submission to the TDA accordingly.

Resolved – that subject to the inclusion of additional wording in Board Statements 6 and 10, the NHS Trust Over-Sight Self Certification returns for November 2013 be approved for signature by the Chief Executive, and submitted to the TDA as required. **CE**

308/13 GOVERNANCE

308/13/1 UHL Emergency Preparedness, Resilience and Response (EPRR) Self-Assessment

The Chief Operating Officer introduced paper W, detailing the Trust's current position against the NHS England EPRR Core Standards. Following consideration by the Executive Team, opportunities to strengthen the action plan had been identified and he undertook to arrange for the Emergency Planning Team to incorporate these improvements. It had been agreed that the Executive Team would receive a revised action plan in January 2014, against which progress would closely monitored. The Acting Chairman noted the scope for more robust actions to be developed and he requested the Executive Team to consider whether an entry on the Trust's Strategic Risk Register would be appropriate in the short to medium term.

COO

COO/ET

Resolved – that (A) the UHL Emergency Preparedness, Resilience and Response Self-Assessment be received and noted, and

(B) the Executive Team be requested to monitor progress and consider whether an additional entry on the Trust's Strategic Risk Register would be relevant. **COO/ET**

308/13/2 Results of Reputation Audit

The Director of Marketing and Communications introduced paper X, providing a summary of the results of the reputation audit undertaken over a 3 week period in November 2013 and proposing that a follow-up audit be undertaken in May 2014 (6 months later). Members particularly noted the distribution of the 319 responses received between members of the public (53%), Trust public members (28%) and public and voluntary sector bodies (15%).

Approximately 70% of respondents had indicated that they would either be likely or very likely to recommend the Trust's hospitals to friends and family if they needed care or treatment. Question 27 had asked the question "Do you think that Leicester's Hospitals have a good reputation locally" and only 59% of responses had agreed or strongly agreed with this question. The Director of Marketing and Communications indicated an aspiration to improve this result by at least 10%.

In discussion on paper X, the Board requested that a further analysis of the responses be undertaken to develop a greater understanding of which groups had responded positively or negatively to different sections of the questionnaire and recommended that only 1 reputation audit be undertaken per year. Mr P Parkinson, Healthwatch representative commented that having now observed a UHL Trust Board meeting first hand, he had developed an insight into how some potentially negative issues could be viewed differently with greater understanding of the underlying factors.

Resolved – that (A) the results of the reputation audit be received and noted, and

(B) the Director of Marketing and Communications be requested to undertake a further analysis of the audit results and consider the Board's recommendation that the reputation audit be undertaken annually. **DMC**

309/13 REPORTS FROM BOARD COMMITTEES

309/13/1 Audit Committee

Ms K Jenkins, Non-Executive Director and Audit Committee Chair presented the Minutes of the Audit Committee meeting held on 12 November 2013 for noting. She particularly highlighted the following items:-

- Minute 74/13/1 noting that no recent updates had been provided in respect of a number of outstanding overdue Internal Audit actions as listed on the web based system

"TrAction" which was used to monitor progress. Some users had experienced difficulty in accessing this system to provide their progress reports and it was noted that members of the Trust Administration team would be supporting this process in future. The Chief Executive recommended that the summary of outstanding overdue Internal Audit actions be reviewed by the Executive Performance Board, via extracts from the "TrAction" reporting system, and

- Minute 73/13/3, members noted that the Remuneration Committee had received an update on "Off-Payroll Arrangements" at its meeting held earlier that day.

Resolved – that (A) the Minutes of the 12 November 2013 Audit Committee meeting be received and noted, and

(B) progress against outstanding Internal Audit Actions be monitored through the Executive Performance Board. **DCLA**

310/13 TRUST BOARD BULLETIN – NOVEMBER 2013

Resolved – that the Trust Board Bulletin report containing declarations of interest, and a briefing note on Sickle Cell patient experience feedback (paper Z) be received for information.

311/13 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following comments and questions were received regarding items of business on the Trust Board meeting agenda:-

(1) a query on the arrangements for assessing the impact of immigration from Romania and Bulgaria on UHL's emergency department and maternity unit attendances and whether reference should be included to this issue on the Trust's Strategic Risk Register. The Director of Strategy agreed to raise this issue with the whole health community through the Better Care Together Board. In addition, Dr T Bentley, CCG representative provided assurance that any immigrants presenting at the ED single front door would be given appropriate advice regarding the arrangements for registering with a GP practice; **DoS**

(2) a perception that the Trust did not take questions raised by members of the public as seriously as it should. The requester (Mr M Woods) noted that he had not yet received responses to some of the queries he had raised at the 28 September 2013 Trust Board meeting, even though he had subsequently sent these by email to the Director of Corporate and Legal Affairs. On behalf of the Board, the Acting Chairman apologised if this impression had been given. He provided assurance that questions raised by stakeholders and members of the public were very important to the Trust and that wherever possible a full response would always be provided. The Acting Chairman also expressed his disappointment with the low numbers of public attendees at Trust Board meetings and hoped that this would improve as a selection of the 2014 meeting dates were planned to be held at external locations around the county.

On further investigation, it was noted that the Director of Corporate and Legal Affairs had acknowledged Mr Wood's email of 28 September 2013 and that he had passed the relevant questions to other Board members for their response. The Director of Corporate and Legal Affairs was requested to review the status of these outstanding queries and remind the relevant Board members to issue any outstanding replies as soon as possible; **DCLA/ EDs**

(3) a suggestion (arising from a recommendation from the Cavendish report) that the Trust might consider referring to unqualified nurses as "unregistered nurses", in order to make them feel more valued. The Chief Nurse responded that this issue had been considered

by the Quality Assurance Committee and that the term "nursing assistants" had now been agreed;

(4) a suggestion that GP surgeries be advised not to routinely send patients to ED – the requester quoted a specific case where a patient's relatives had contacted the GP surgery for advice regarding symptoms of diabetic illness and had been told to call for an ambulance. This patient had subsequently been given sugar containing treatments and had recovered fully. Dr T Bentley, CCG representative advised that it would not be appropriate to discuss the details of this specific case but he provided the requester with the contact details for the relevant CCG to enable him to follow up this incident further;

(5) a query regarding the Interserve contract for providing Facilities Management services and to what extent the modified contract price had impacted upon the quality of the service provision. In response, the Director of Finance and Business Services and the Acting Chairman reported on the commercially sensitive nature of this information. However, they confirmed that the overall cost envelope had been reduced in line with the economies of scale expected to be delivered when moving from a range of 75% multiple out-sourced providers and 25% in-house providers to a single out-sourced provider. It was also confirmed that the service specification had been maintained or improved in order to protect the quality of service, although it was acknowledged that the contractual obligations around the timing of patient meal deliveries to the ward were not sufficiently robust and this was being addressed. The requester suggested that as much public visibility as possible be provided on this important issue.

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

312/13 ANY OTHER BUSINESS

312/13/1 Better Care Together Governance Arrangements

Ms J Wilson, Non-Executive Director sought additional information regarding the arrangements for enhancing the governance around the Better Care Together Programme (as considered at a recent meeting with the CCGs and lay members). In response, the Acting Chairman noted that he would be taking this action forward. **Acting Chair**

Resolved – that the information be noted.

312/13/2 Quality and Safety Walkabouts

Ms K Jenkins, Non-Executive Director queried the arrangements for Quality and Safety Walkabouts at UHL. The Director of Corporate and Legal Affairs confirmed that these visits were undertaken at regular intervals (including evenings and weekends). He agreed to contact the Director of Safety and Risk to request a programme of the visits undertaken and when these were scheduled. **DCLA**

Resolved – that the Director of Corporate and Legal Affairs be requested to contact the Director of Safety and Risk to obtain a programme of the Quality and Safety Walkabouts undertaken within the Trust. **DCLA**

312/13/3 Improving Access to Public Board Meetings

Mr P Panchal, Non-Executive Director queried the scope for UHL to work with Healthwatch to increase the number of people accessing public Trust Board meetings. The Director of Marketing and Communications noted that 3 Trust Board meetings were planned to be held at external venues during 2014 and he welcomed any further suggestions to boost attendance at all public meetings in the Trust Board's calendar.

Resolved – that the information be noted.

313/13 DATE OF NEXT MEETING

Resolved – that (A) the next scheduled Trust Board meeting be held on Friday 20 December 2013 in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital, and

(B) the Director of Corporate and Legal Affairs be requested to schedule an additional private Trust Board meeting on Friday 13 December 2013. **DCLA**

The meeting closed at 4.38pm

Kate Rayns,
Trust Administrator

Cumulative Record of Members' Attendance (2013-14 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Acting Chair from 26.9.13)	9	9	100	R Overfield	3	3	100
J Adler	9	8	89	P Panchal	9	8	89
T Bentley*	8	4	50	I Reid	4	4	100
K Bradley*	9	7	78	C Ribbins	4	4	100
I Crowe	5	4	80	I Sadd	2	2	100
S Dauncey	1	1	100	A Seddon	9	9	100
K Harris	9	9	100	K Shields*	1	1	100
S Hinchliffe	2	2	100	J Tozer*	3	2	66
M Hindle (Chair up to 26.9.13)	7	7	100	S Ward*	9	9	100
K Jenkins	9	8	89	M Wightman*	9	8	89
R Mitchell	5	5	100	J Wilson	9	8	88
				D Wynford-Thomas	9	4	44

* non-voting members