

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 27 JUNE 2013 AT 10.15AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY****Present:**

Mr M Hindle – Trust Chairman  
 Mr J Adler – Chief Executive  
 Ms K Bradley – Director of Human Resources  
 Dr K Harris – Medical Director (up to and including Minute 168/13/2 and for Minutes 169/13/2 and 171/13/1)  
 Ms C Ribbins – Acting Chief Nurse  
 Ms K Jenkins – Non-Executive Director  
 Mr R Kilner – Non-Executive Director  
 Mr P Panchal – Non-Executive Director (excluding Minutes 163/13 to 167/13/2)  
 Mr I Reid – Non-Executive Director  
 Mr A Seddon – Director of Finance and Business Services  
 Ms J Wilson – Non-Executive Director

**In attendance:**

Ms C Bufton – Vascular Nurse Specialist (for Minute 167/13/4)  
 Professor S Carr – Associate Medical Director (Clinical Education) (for Minute 171/13/1)  
 Col (Retd) I Crowe – Non-Executive Director Designate (observing)  
 Ms C Free – Medical Lead, Emergency Medicine (for Minute 169/13/2)  
 Ms S Hotson – Director of Clinical Quality (for Minute 167/13/6)  
 Ms E Meldrum – Assistant Director of Nursing (for Minute 167/13/4)  
 Ms N Patel – Finance Graduate Management Trainee (observing for Minutes 163/13 to 179/13)  
 Mrs K Rayns – Trust Administrator  
 Mr S Samuels – Interserve (for Minute 169/13/2)  
 Ms N Topham – Project Director Site Reconfiguration (for Minute 169/13/2)  
 Mr S Ward – Director of Corporate and Legal Affairs  
 Mr M Wightman – Director of Marketing and Communications

**ACTION****151/13 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 151/13 – 161/13), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**152/13 APOLOGIES**

Apologies for absence were received from Dr T Bentley, Leicester City CCG Representative, Dr D Jawahar, Leicester City CCG Representative and Professor D Wynford-Thomas, Non-Executive Director.

**153/13 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

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

**154/13 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.

155/13 CONFIDENTIAL MINUTES

**Resolved** – that subject to an additional paragraph being provided under Minute 129/13/1 to support resolution (B) the confidential Minutes of the Trust Board meeting held on 30 May 2013 be confirmed as a correct record.

156/13 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.

157/13 REPORTS BY THE CHIEF EXECUTIVE

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

158/13 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.

159/13 REPORT BY THE DIRECTOR OF MARKETING AND COMMUNICATIONS

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

160/13 REPORT BY THE DIRECTOR OF HUMAN RESOURCES

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

161/13 REPORTS FROM BOARD COMMITTEES

161/13/1 Audit Committee

**Resolved** – that the confidential Minutes of the 28 May 2013 Audit Committee meeting (paper G) be received and noted.

161/13/2 Empath Programme Board

**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.

161/13/3 Finance and Performance Committee

**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.

161/13/4 Quality Assurance Committee

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

## 162/13 CORPORATE TRUSTEE BUSINESS

### 162/13/1 Charitable Funds Committee

**Resolved** – that the next meeting of the Charitable Funds Committee be held on 13 September 2013.

## 163/13 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

## 164/13 CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

The Chairman welcomed Ms C Ribbins, Acting Chief Nurse, and Colonel (Retired) I Crowe, Non-Executive Director designate to the meeting and drew the Board's attention to the following issues:-

- (a) Dr S Dauncey, Non-Executive Director had resigned from her position following a recent change in her personal circumstances. The contributions made by Dr Dauncey had already been much appreciated by the Trust and the Chairman hoped that, once her personal circumstances allowed, she would be able to re-apply elsewhere in a Non-Executive Director capacity;
- (b) Mr I Reid, Non-Executive Director was stepping down from his second term of office at the end of June 2013. Mr Reid had served the Trust for almost 8 years in a number of capacities including Chairman of the Finance and Performance Committee and a member of the Remuneration Committee. On behalf of the Board, the Chairman thanked Mr Reid for the invaluable advice and support he had provided as Vice-Chairman and for the wisdom, knowledge and experience he had brought to the role of Non-Executive Director, and
- (c) the appointment of Mr P Panchal, Non-Executive Director to the Audit Committee and the Finance and Performance Committee.

The Chief Executive confirmed that discussion on the 2 key issues currently affecting the Trust featured later in the agenda – Emergency Care performance (Minute 168/13/2 below refers) and the Trust's month 2 financial position (Minute 168/13/3 below refers).

**Resolved** – that (A) the verbal information provided by the Chairman and the Chief Executive be received and noted, and

(B) the appointment of Mr P Panchal, Non-Executive Director to the Audit Committee and the Finance and Performance Committee be endorsed.

DCLA

## 165/13 MINUTES

**Resolved** – that the Minutes of the Trust Board meeting held on 30 May 2013 (paper K) be confirmed as a correct record.

## 166/13 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 noted updated information in respect of the following Minutes:-

- (a) item 2 (Minute 141/13/2) – the Chief Executive advised that the timescales for the Better Care Together Programme had been reviewed alongside the trajectory for UHL’s Foundation Trust application and that no issues had been identified. However, a further review of UHL’s trajectory would be undertaken to ensure alignment with the NTDA approvals model (once this guidance became available), and **COO**
- (b) item 5 (Minute 143/13/2) – the Director of Corporate and Legal Affairs advised that he had met with the FT Programme Manager on 24 May 2013 and an updated Trust Board calendar of business was being prepared for circulation to Trust Board members for information. **DCLA**

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

## 167/13 CLINICAL QUALITY AND SAFETY

### 167/13/1 Initial Response to the Publication of the Independent Reconfiguration Panel’s Report into Children’s Heart Surgery

Further to Minute 139/13/1 of 30 May 2013, paper M briefed Trust Board members on the events leading up to the publication of the Independent Reconfiguration Panel report which had concluded that the JCPCT’s decision to implement option B (to suspend Paediatric Cardiac surgery at Glenfield Hospital, the Royal Brompton and the Leeds General Infirmary) was based on a flawed analysis of incomplete proposals and their potential impact. The Secretary of State had since suspended the review process and tasked NHS England to produce a methodology by the end of July 2013 to develop a new way forward in the Autumn of 2013 with plans to be implemented within 12 months. Appendix 2 provided a comparison between the points raised in UHL’s clinical case and the responses provided by the IRP.

The Medical Director and the Director of Marketing and Communications provided feedback from a meeting held in London on 21 June 2013 between NHS England and the other organisations affected by the review, providing assurance that an open and transparent approach would be adopted to improving the care provided for patients with congenital heart disease throughout their lifetime (including pre-natal, childhood, adolescence and adulthood). The Director of Marketing and Communications agreed to circulate copies of a letter sent by the Trust to NHS England summarising the key points arising from this meeting. **DMC**

**Resolved** – that (A) the report on the initial response to the publication of the Independent Reconfiguration Panel’s report into children’s heart surgery be received and noted and further updates be provided to the Board as appropriate, and **MD/ DMC**

**(B) the Director of Marketing and Communications be requested to circulate copies of a letter sent to NHS England following the 21 June 2013 meeting to Trust Board members for information.** **DMC**

### 167/13/2 Clinical Commissioning Groups Maternity Services Review

Paper N provided a briefing on the outcome of the Maternity Services Review (as presented to the CCG Board meetings during June 2013). The Medical Director highlighted some of the key recommendations affecting UHL arising from the report, particularly noting that:-

- (a) the Clinical Commissioning Groups would be leading the work to review the sustainability of services delivered from the St Mary’s Birthing Centre at Melton Mowbray;
- (b) good progress was being made towards providing a midwife to patient ratio of 1:28 and

- that UHL's ratio currently stood at 1:31;
- (c) the Trust was actively reviewing ways to support a more integrated culture between the LRI and LGH maternity units and that this was being driven through improved clinical leadership and staff engagement, and
  - (d) plans were being developed (beyond the agreed interim solution) to provide the required increase in maternity services capacity.

In discussion, Ms J Wilson, Non-Executive Director highlighted the assurance provided by the report in terms of patient safety and queried how improvements in patient experience feedback would be progressed. In response, the Acting Chief Nurse advised that the inpatient Friends and Family Test survey was being rolled out to maternity services on 1 July 2013 and that an action plan to respond to this qualitative feedback was being developed.

Mr R Kilner and Mr I Reid, Non-Executive Directors raised queries on the RAG rating of staffing data (as provided in appendix 2 to paper M) and the Acting Chief Nurse agreed to provide additional information to resolve these queries outside the meeting. The Director of Human Resources noted the interesting trends arising from the roll out of e-rostering and highlighted opportunities for more effective redeployment of staff in key areas.

ACN

**Resolved – that (A) the report on the CCG review of Maternity Services be received and noted, and**

**(B) the Acting Chief Nurse be requested to respond to queries raised by Non-Executive Directors regarding the RAG rating of staffing data outside the meeting.**

ACN

#### 167/13/3 LLR Health Care Community Response to Francis Report

Paper O detailed the LLR health care community cross-cutting actions and organisation specific priorities arising from the Francis Inquiry recommendations, as identified by the Clinical Collaborative Interface Group (CCIG). The Medical Director briefed the Trust Board on the purpose and format of the CCIG meetings which provided a useful local forum for clinical problem solving.

In discussion on the report, members considered whether the arrangements for nursing engagement were sufficiently robust and reviewed ways in which these work streams would link with UHL's Quality and Safety Commitment goal to reduce patient harms. The Trust Board noted that a progress report would be provided to the October 2013 Trust Board meeting.

CE

**Resolved – that the report on the LLR Health Care Community Response to the Francis Report be noted, and a progress report be provided to the October 2013 Trust Board meeting.**

CE

#### 167/13/4 Contrasting Experiences

The Acting Chief Nurse introduced the following presentations highlighting contrasting experiences that had impacted upon aspects of clinical quality, patient experience and safety at UHL. Ms E Meldrum, Assistant Director of Nursing and Ms C Bufton, Vascular Nurse Specialist attended the meeting for this item:-

- (a) a series of presentation slides summarising the education, resources and leadership improvements being taken forward with the aim of eliminating avoidable pressure ulcers at UHL. Members noted that whilst the Trust had not yet achieved the zero target (implemented by the SHA), significant reductions had been achieved in the number of grade 3 and 4 ulcers and a new focus on grade 2 ulcers had been introduced. Arrangements were in place for:- (1) sharing learning and knowledge with nursing

homes and care homes, (2) celebrating success in the number of days that wards had been pressure ulcer free, and (3) holding Divisions, CBUs and wards to account for their pressure ulcer statistics. Discussion took place regarding an apparent reluctance for other organisations to share their benchmarking data and some potential grey areas in the grading and classification of pressure ulcers (eg whether to include a pressure ulcer caused by oxygen tubing touching a patient's face), and

- (b) a short video was shown to the Board showcasing the work undertaken by UHL staff as part of the SSKIN bundle. This video had been produced for the SHA Collaborative Programme – Ambition One (to eliminate all avoidable grade 2, 3 and 4 pressure ulcers by December 2012). The Chairman commended the dedication and creativity of the team in producing this excellent video and thanked the presenters for attending the meeting.

**Resolved – that the presentation and subsequent discussion on contrasting experiences at UHL be received and noted.**

167/13/5 Making Every Contact Count (MECC) – Revised Implementation Plan

Paper Q provided an update on UHL's progress against the regionally agreed 2012-13 MECC CQUIN scheme, confirming that the 2012-13 thresholds had been met and that the Trust had achieved 100% of the available £1m funding to improve the health of the population by using every contact count towards improving individuals' mental and physical health and wellbeing.

The Trust Board approved the implementation plan for the locally agreed 2013-14 MECC CQUIN scheme which included some elements of the 2012-13 plan being rolled over (smoking cessation and reduced alcohol consumption) and a new focus on advice relating to healthy eating and exercise. Discussion took place regarding opportunities to engage with Loughborough University and the Biomedical Research Unit and the Acting Chief Nurse provided feedback from discussions at the Clinical Quality and Risk Group (CQRG) where it had been agreed to seek expert resources to support the robust delivery of this CQUIN target.

**Resolved – that (A) the update on Making Every Contact Count (MECC) be received and noted, and**

**(B) the implementation plan for the 2013-14 CQUIN scheme be approved.**

167/13/6 Draft Quality Account 2012-13 and Directors' Statement

The Medical Director and the Director of Clinical Quality presented paper R, UHL's draft Quality Account for 2012-13, noting that the finalised version would be published on the NHS Choices website and UHL's own external website. Copies of the Quality Account would also be made available at the Trust's Annual Public Meeting to be held on Thursday 19 September 2013.

Feedback on the Quality Account provided by the Clinical Commissioning Groups, Healthwatch and the Leicester City Health and Wellbeing Scrutiny Commission had been incorporated into this draft version. A letter explaining the reasons why it had not been possible for the Leicester County Health Overview and Scrutiny Committee to provide comments on the draft Quality Account would also be appended to the final version prior to publication.

Ms J Wilson, Non-Executive Director highlighted a query raised at the 18 June 2013 Quality Assurance Committee meeting regarding opportunities for UHL's Patient Advisers to comment upon the draft Quality Account. It was agreed that arrangements would be put in

MD

place to engage with Patient Advisers earlier in the process for the development of the 2013-14 Quality Account.

**Resolved – that (A) the draft Quality Account for 2012-13 be endorsed, and**

**(B) a process be put in place to ensure engagement with UHL’s Patient Advisers during the development of the 2013-14 Quality Account.**

MD

**168/13 QUALITY AND PERFORMANCE**

168/13/1 Month 2 Quality and Performance Report

Paper S, the quality and performance report for month 2 (month ending 31 May 2013) advised of red/amber/green (RAG) performance ratings for the Trust, and set out performance exception reports in the accompanying appendices. Section 2 of paper S provided the NTDA Oversight Quality and Governance Indicators – grouped under the headings of Outcome Measures, Quality Governance Measures and Access Metrics. The Chief Executive provided feedback from the NTDA regarding the development of further key standards, confirming that these would be added to the reporting format once the appropriate guidance had been received by the Trust.

COO

Ms J Wilson, Non-Executive Director and Quality Assurance Committee (QAC) Chair reported on the following items considered at the 18 June 2013 QAC meeting, noting that future QAC meetings had been rescheduled to enable the Committee to review the monthly Quality and Performance reports:-

- (a) patient safety issues including:-
  - a cluster of incidents within the ED in respect of senior clinical review, overcrowding, patient flows and staffing;
  - Electronic Prescribing and Medicines Administration (EPMA) where assurance had been received from the Associate Medical Director, Clinical Effectiveness that appropriate actions were being taken to resolve the issues with deadlocking of the system, and
  - a backlog of clinic letters which had developed – an improvement plan from the Planned Care Division was due to be presented to the QAC meeting in July 2013 for further review. The Chief Executive provided assurance that the Executive Team was actively reviewing the arrangements for transforming transcription services at UHL and that an the action plan for delivering this agreed strategy was being prepared;
- (b) a presentation received from the Women’s and Children’s Division demonstrating the work in progress with a view to achieving a 10% reduction in patient complaints. The Acute Care Division would be presenting their plans for reducing patient complaints to the July 2013 QAC meeting;
- (c) a presentation provided to the Committee in respect of improving discharge performance through a structured project plan consisting of 7 outcome focused workstreams – an update on progress was scheduled to be provided in 3 months’ time.

Paper S1 provided the Minutes of the QAC meeting held on 21 May 2013 for noting and paper S2 detailed the Trust’s performance in the 2012 National Inpatient Survey (as reviewed by the QAC on 18 June 2013).

The Medical Director reported on the quality and patient safety related aspects of the month 2 Quality and Performance report, advising that:-

- (i) a CCG commissioned SHMI review was underway at UHL, the findings of which were expected to be made available in September 2013;

- (ii) fractured neck of femur time to theatre performance stood at 58.4% against a target of 70% due to higher than normal activity levels during May 2013. Capacity was available for approximately 3 patients per day, but on some days 8 or 9 cases had presented. The Division had benchmarked this data with other organisations, but similar spikes in activity had not been experienced elsewhere, and
- (iii) clostridium difficile performance remained challenging in view of the full year target of no more than 67 cases. The Executive Team had approved funding for the use of Fidaxomicin, but lack of spare decant ward capacity was still restricting the Trust's ability to fully deliver the programme of deep cleaning.

In discussion on this section of the report, Mr R Kilner, Non-Executive Director suggested that the heading on page 3 of the report "our understanding of the governance structure" be removed. Mr Kilner also sought and received additional assurance from the Medical Director relating to section 4 of the report where the Trust's performance for senior clinical review, ward rounds and notation was RAG rated as green.

Trust Board members noted that the QAC would be undertaking a "deep dive" in respect of each of the 5 Critical Safety Actions. Ms K Jenkins, Non-Executive Director commented on the RAG rating for C-Section rates (rated as red on page 1 of paper S) and requested that greater clarity be provided regarding the actions being taken to address any red NTDA indicators. The Chief Executive noted that there was some scope to restructure the narrative of this report to reflect the structure of the NTDA dashboard in future iterations.

The Chief Executive highlighted opportunities to set annual targets in respect of each of the 3 Quality Commitment goals and the Medical Director responded that one third of each of the 3 year targets were expected to be achieved annually.

The Acting Chief Nurse highlighted key elements from the patient experience section, particularly noting that clostridium difficile performance had been covered by the Medical Director in his report (point (iii) above refers). The target for coverage of the Friends and Family Test had been met and this test had recently been extended to ED, outpatients, eye casualty and admissions units with appropriate targets being set. Plans were in place to roll out the Friends and Family Test in maternity services in the next month and formal results would be included in the October 2013 report.

The Director of Marketing and Communications suggested that additional validation work be carried out in respect of the net promoter survey Friends and Family Test results and the Acting Chief Nurse confirmed that this work was already underway. Discussion took place regarding the complexity of the inpatient surveys and whether this could be simplified in any way (given that a number of the questions asked were stipulated at a national level).

The Chief Executive briefed the Trust Board on the Trust's month 2 operational performance particularly highlighting the following issues by exception:-

- the Trust's 62 day cancer performance (80.9% against the 85% target) – assurance was provided that an action plan and trajectory for improving this performance had been produced in response to a formal contract query with Commissioners and that good clinical engagement was being evidenced within the improvement plans;
- specialty level RTT admitted performance targets had been missed for 2 specialties – recovery plans were in place which would include a further deliberate breach to address the backlog of patients already exceeding 18 weeks. Proposals were being developed to utilise additional funding being made available to address this backlog;
- cancelled operations performance stood at 1.5% against the target of 0.8%, and
- ED performance which was covered by a separate report (Minute 168/13/2 below refers).

The Director of Human Resources advised that any workforce related issues arising from



the month 2 Quality and Performance report were covered in the quarterly update report on Workforce and Organisational Development to be considered later in the agenda (Minute 170/13/1 refers).

**Resolved – that (A) the quality and performance report for month 2 (month ending 31 May 2013) be noted;**

**(B) further key standards be added to the NTDA Oversight Indicators within the Quality and Performance report once the appropriate guidance had been issued by the NTDA, and**

COO

**(C) the Minutes of the 21 May 2013 Quality Assurance Committee meeting (paper S1) be received and noted.**

168/13/2 Monthly Update on Emergency Care

The Chief Executive introduced paper S3 summarising recent progress with UHL's Emergency Care performance, noting a slight improvement in the 4 hour performance for May 2013 which stood at 88.7%. He also tabled copies of a briefing note (paper S4) providing a progress report on the Emergency Care Action Team (ECAT) action plan, modifications to UHL's assessment and frailty model, ED patient flows, the development of a dashboard containing key ED metrics, arrangements for the Chief Operating Officer to focus almost exclusively on improving emergency care performance when he commenced on 10 July 2013, and the expected outcomes of the first meeting of the Urgent Care Board (to be held on the evening of 27 June 2013).

In discussion on the above reports, Trust Board members noted:-

- (a) a suggestion raised by Ms K Jenkins, Non-Executive Director that it would be helpful for the ECAT action plan to include some indicative weightings according to the impact of expected improvements to be delivered;
- (b) that a work plan relating to the recruitment of ED staff would be presented to the Trust Board in July 2013;
- (c) the additional patient quality and safety benefits of the revised model for the Acute Frailty Unit to be implemented on 2 July 2013;
- (d) the arrangements in place for increasing visibility of any patient safety related concerns through the new ED dashboard, and
- (e) further delays in the implementation of a single front door emergency care model. The Chief Executive voiced his confidence that the Trust had now agreed the most appropriate single emergency front door model. Proposed costs and the timescale for implementation would be discussed with Commissioners over the next week.

DHR

**Resolved – that (A) the reports on UHL's Emergency Care performance (papers S3 and S4) be received and noted, and**

**(B) a work plan relating to recruitment of ED staff be provided to the 25 July 2013 Trust Board meeting.**

DHR

168/13/3 Month 2 Financial Performance

In his capacity as Finance and Performance Committee Chairman, Mr I Reid, Non-Executive Director reported verbally on the Trust's month 2 financial position noting an in month deficit of £2.5m which was £2m adverse to plan due to significant overspends in both pay and non-pay expenditure. The Trust was reporting a year to date deficit of £3.5m which reflected the continued use of extra capacity wards and premium pay costs to meet emergency patient activity levels. The year to date deficit also included approximately £2.7m of the contingency release assumed within the Annual Operational Plan.

Performance against the 2013-14 Cost Improvement Programme (CIP) stood at £3.8m (76%) reflecting an adverse position of £1.2m. Any CIP schemes which were not progressing according to plan were being re-examined to ensure that they were robust and where necessary these were being rationalised to reflect their deliverability (eg bed closures not being taken forwards due to high levels of emergency activity). All schemes were RAG rated according to their deliverability and assurance had been provided to the Finance and Performance Committee that there would be no schemes RAG rated as red from July 2013 onwards.

Following the Divisional Confirm and Challenge meetings held on 19 June 2013, the Executive Team was actively reviewing financial recovery plans for the Acute Care and Planned Care Divisions. Assurance had been provided that these Divisions would be delivering their planned financial run-rate by the end of August 2013.

Section 8 of paper T summarised the Trust's cash position (standing at £14.3m as at the end of April 2013) and detailed the management actions that might be required in mid-July and September 2013 to prevent the Trust's forecast cash balance falling below the minimum £2m allowable level set by the Trust.

The Director of Finance and Business Services reported that since the first-cut financial performance data had been prepared, a £1m improvement had been noted in respect of the final coding of costed patient activity. Work was ongoing to understand the reasons for this variance, but the main contributory factor was noted to be patient care over-performance in respect of Outpatients and ED.

In discussion on paper T, Ms K Jenkins, Non-Executive Director sought assurance that a more detailed breakdown of non-pay expenditure would be provided in future reports and that Divisions were being held to account for delivering their planned financial position. In response, the Chief Executive confirmed that absolute clarity had been provided to the Divisional teams in respect of financial performance expectations and that performance was being monitored through the Executive Performance Board accordingly. He stressed the importance of agreeing deliverable CIP targets and the scope for alternative mitigating schemes before implementing any performance management measures.

Responding to a further query raised by Ms K Jenkins, Non-Executive Director, the Director of Finance and Business Services highlighted the work taking place with commissioning organisations with a view to securing transitional funding to address the shortfall and allow the Trust to progress with key strategic reconfiguration projects.

**Resolved – that (A) the Month 2 Financial Performance report (paper T) be received and noted, and**

**(B) the Minutes of the 29 May 2013 Finance and Performance Committee meeting (paper T1) be received and noted.**

168/13/4 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns (paper U refers) and welcomed any comments or questions on this report. In respect of section 10, Ms J Wilson, Non-Executive Director challenged the anticipated date for sustainable compliance with the ED target (week ending 4 August 2013) and it was agreed that the next iteration of this report would be updated to reflect the Trust's latest trajectory for achieving this target. The June 2013 Single Operating Model return (appendix A) was endorsed for signature by the Chairman and Chief Executive and submission to the TDA accordingly.

CHAIR  
MAN/  
CE

**Resolved – that the NHS Trust Over-Sight Self Certification return for June 2013 be**

CHAIR  
MAN/

approved for signature by the UHL Chairman and Chief Executive, and submitted to the TDA as required.

CE

## 169/13 STRATEGY AND FORWARD PLANNING

### 169/13/1 Improvement and Innovation Framework

The Chief Executive presented paper V, which provided a comprehensive overview of the future approach to improvement and innovation at UHL and the arrangements for mapping new and existing activity into the Improvement and Innovation Framework (IIF) and linkages with the Cost Improvement Programme (CIP). Appendix 1 to paper V detailed the IIF operating model, leadership arrangements, processes and governance structure.

Trust Board members particularly noted the additional information provided by the Chief Executive in respect of the arrangements for coaching/up-skilling existing staff within the IIF Support Office and opportunities being explored to secure appropriate programme management software/toolkit for use by the IIF Support Office. Further reports on these outstanding issues would be presented to the Finance and Performance Committee on 28 August 2013, alongside the reporting arrangements for the IIF Board.

CE

During discussion on this item, the Trust Board:-

- (a) considered the outputs from the IIF and the scope to measure both financial and non-financial benefits through the IIF management toolkit;
- (b) agreed that the Listening into Action (LiA) approach would be an appropriate vehicle for driving small scale innovation and sharing of good ideas within the Trust;
- (c) requested that an appropriate focus be maintained in respect of good attendance at the Project Board meetings, and
- (d) approved the adoption and implementation of the IIF at UHL as described in paper V.

**Resolved – that (A) the adoption and implementation of the Improvement and Innovation Framework be approved, and**

**(B) a further progress report be provided to the Finance and Performance Committee on 28 August 2013 (including the arrangements for staff coaching and programme management software).**

CE

### 169/13/2 Strategic Outline Case for UHL's Emergency Floor

The Chief Executive introduced papers W and W1, seeking Trust Board approval for the Strategic Outline Case for UHL's Emergency Floor scheme and approval of the development costs for the Full Business Case. Ms N Topham, Project Director, Site Reconfiguration, Mr S Samuels, Interserve and Ms C Free, Medical Lead, Emergency Medicine attended the meeting for this item.

In consideration of the outline business case, Trust Board members particularly:-

- (a) considered the capacity constraints within UHL's existing emergency floor which was constructed to handle 100,000 attendances per annum, but actually handled in the region of 155,000 attendances;
- (b) noted that the enabling components of the plan might include relocation of some outpatient services to the Brandon Unit on the Leicester General Hospital site and that appropriate engagement with patients, stakeholders and Overview and Scrutiny Committees would be undertaken to ensure that the impact upon patients, other services, travel and car parking were kept to a minimum;
- (c) recognised the challenges surrounding the timescale for the development and submission of the Full Business Case for Trust Board approval in December 2013 (as

- considered at the 24 June 2013 Trust Board development session);
- (d) queried the arrangements for appropriate clinical engagement in the proposals, noting in response that separate work streams were being progressed with senior level clinical leaders for onward dissemination within speciality level teams. Good quality staff communications messaging was considered crucial in this respect;
  - (e) noted a suggestion raised by Mr P Panchal, Non-Executive Director that views be sought from UHL volunteers regarding ways in which the Trust could strengthen the support available to patients. The Acting Chief Nurse agreed to provide the project team with appropriate contact points for this purpose, and
  - (f) noted a comment from the Director of Finance and Business Services that the assumption that this project would be revenue neutral (as contained within section 14 of the covering sheet to paper W1) might be misleading.

ACN

**Resolved – that (A) the Strategic Outline Business Case for UHL’s Emergency Floor (paper W1) be approved for submission to the NTDA;**

**(B) the Acting Chief Nurse be requested to provide the project team with the contact details for liaison with UHL volunteers, and**

ACN

**(B) the Chief Executive be granted delegated authority to sign the necessary contract documentation and incur costs to develop the Full Business Case for UHL’s Emergency Floor.**

169/13/3 Update on UHL’s Foundation Trust Application

The Chief Executive introduced paper X which updated the Trust Board in respect of UHL’s application process for Foundation Trust status.

**Resolved – that the update on progress with UHL’s FT application be received and noted.**

169/13/4 Response to NHS Trust Development Authority Feedback on UHL’s 2013-14 Annual Operational Plan

Paper Y outlined the 4 conditions that the NHS Trust Development Agency had placed upon approval of UHL’s 2013-14 Annual Operation Plan and documented the Trust’s response to these conditions. The Director of Finance and Business Services highlighted an error in respect of the £4.3m surplus originally indicated within the plan (noting that the TDA had omitted the symbol for million in their letter of 29 May 2013). The Chief Executive advised that no formal response to the TDA conditions was required.

**Resolved – that the information provided in paper Y relating to TDA conditions placed upon approval of UHL’s Annual Operational Plan be received and noted.**

169/13/5 Application for Central Energy Efficiency Funding

The Director of Finance and Business Services introduced paper Z, providing a briefing on the progress of UHL’s bids for energy efficiency funding and seeking the Board’s endorsement of the following commitments made within the application process:-

- (a) approval of the submissions to the NHS Energy Efficiency Fund;
- (b) confirmation that the revenue consequences to the project were affordable;
- (c) agreement to the principle of re-investing 100% of the savings gained into patient related services and environment, and
- (d) confirmation that any difference between the stage 1 submission cost and the actual cost of the scheme will be funded from the Trust’s Capital Programme – this difference was currently estimated at £112,110.

**Resolved** – that (A) the applications for the NHS Energy Efficiency Fund (paper Z) be endorsed by the Trust Board as presented, and (B) the commitments outlined in points (a) to (d) above be endorsed.

## 170/13 HUMAN RESOURCES

### 170/13/1 Quarterly Update on Workforce and Organisational Development (OD) – April to June 2013

The Director of Human Resources introduced paper AA, providing the Trust Board with the first quarterly update report on Workforce and OD related issues since the Workforce and Organisational Development Committee had been disbanded at the end of March 2013. The Director of Human Resources particularly drew the Board's attention to the following aspects of the report:-

- (a) the format which was structured to provide sections on the Trust's Organisational Plan Priorities for 2013-14 (section 1), HR Operational Performance (section 2), and Transformation of HR Services (section 3);
- (b) key findings from the most recent audit of appraisal quality carried out between January and March 2013 (page 6 refers);
- (c) progress in respect of providing Consultant workshops on finance and Service Line Management, developing Clinical Senates and mentoring arrangements for new Consultants;
- (d) appendices 1 and 2 provided a summary of the Trust's progress against the key priorities identified within the Trust's OD Plan for 2013-15, and
- (e) appendices 3 to 5 provided the targets for key National Staff Survey results, named the winners of the Caring at its Best Awards in March 2013 and highlighted the NHS Leadership Academy Professional Development Programmes (respectively).

In discussion on this item:-

- (1) Ms J Wilson, Non-Executive Director commended the Trust's progress in a number of areas linked to the OD Plan and requested that this report be scheduled to feature earlier in the agenda for future Trust Board meetings; DCLA/  
TA
- (2) Mr R Kilner, Non-Executive Director noted (from section 5.3 of the report) an improvement in the quality of staff appraisals and he queried whether it would be possible to provide a RAG rating to indicate progress against each heading of the report; DHR
- (3) Mr R Kilner, Non-Executive Director raised the issue of attendance at Corporate Induction sessions within the first 8 weeks of commencement, where the Trust had not achieved the 95% target since November 2012. Assurance was provided that local induction processes were in place in line with NHSLA requirements. The Chief Executive highlighted opportunities to introduce a zero tolerance approach using pay sanctions to ensure 100% attendance at Corporate Induction within the first 8 weeks of employment; DHR
- (4) Ms K Jenkins, Non-Executive Director recommended that the Trust explored greater use of social networking to support recruitment plans; DHR
- (5) Mr P Panchal, Non-Executive Director commented on the Community Ambassador training under the Patient and Public Involvement Strategy seeking assurance that such engagement would be wider-reaching than the Trust's Patient Advisers, and
- (6) Ms J Wilson, Non-Executive Director drew the Board's attention to the following issues:-
  - a query regarding the timescale for managers to be held to account in respect of the Leadership and Management Standards, and whether this would be covered under the Trust Board Development Programme;
  - opportunities to develop a more strategic approach to the strategy for recruitment and retention of staff (including equality and diversity elements), and
  - the HR IT portal would be subject to approval of the business case and it was hoped that there would not be too many barriers preventing progression.

**Resolved** – that (A) the quarterly update on Workforce and Organisational Development issues (paper AA) be received and noted,

(B) the quarterly reports on Workforce and OD issues be scheduled earlier in the agenda for future Trust Board meetings, and

DCLA/  
TA

(C) the comments and queries raised in discussion on this report be reflected in the next update report to be presented to the 26 September 2013 Trust Board.

DHR

## 171/13 RESEARCH, DEVELOPMENT AND MEDICAL EDUCATION

### 171/13/1 Quarterly Update on Medical Education

Professor S Carr, Associate Medical Director (Clinical Education) attended the meeting to introduce paper BB, the quarterly update to the Trust Board in respect of Education and Training issues at UHL and provide a presentation on UHL's current progress against the strategy, priorities, current issues and challenges. Copies of the draft Education Quality Dashboard were tabled at the meeting and all members were requested to provide their comments on this template to the Associate Medical Director outside the meeting. When finalised, it was intended that this dashboard would be incorporated into the Trust's Quality and Performance reporting mechanism.

ALL

Particular discussion took place regarding the following elements of the presentation:-

- (a) arrangements for improving transparency and accountability of education funding through quality measures, job planning, appraisal, representation on CBU/Divisional Boards and consideration of education and training issues within the planning stages for reconfiguration of UHL's services;
- (b) outline plans for providing a new clinical education library/learning centre within Odames ward on the LRI site. Odames ward was due to be utilised as ward decant accommodation to support improvements to the ventilation system in the Osborne building, but the area was expected to become available again in October 2013;
- (c) the crucial importance of maintaining a training culture with due focus on patient safety (as set out in the Francis Report), and
- (d) consideration of any implications for UHL's Board Assurance Framework, eg risks surrounding recruitment, retention and funding.

**Resolved** – that the quarterly update report on Medical Education and Training issues (paper BB) be received and noted.

## 172/13 GOVERNANCE

### 172/13/1 Draft UHL Annual Report 2012-13

The Director of Marketing and Communications presented the Trust's draft Annual Report for 2012-13 (paper CC refers), particularly noting the intention to change the front and back covers which currently depicted the skull and skeleton of King Richard III. Some alternative covers were circulated at the meeting for members' comments. Trust Board members were requested to provide any detailed comments on the content and presentation to the Director of Marketing and Communications outside the meeting. The Chairman welcomed the style and format of this report and thanked the Director of Marketing and Communications and his team for this work.

Subject to any comments being raised and the appropriate inclusion of comments by the Chairman and the Chief Executive, the Trust Board endorsed the draft Annual Report and provided the Director of Marketing and Communications with delegated authority to produce

the final version.

**Resolved** – that (A) the draft UHL Annual Report for 2012-13 be approved, subject to the development of replacement covers, inclusion of comments by the Chairman and the Chief Executive, and

DMC

(B) the Director of Marketing and Communications be given delegated authority to produce the final version.

DMC

## 173/13 RISK

### 173/13/1 Board Assurance Framework (BAF) Update

The Medical Director presented the latest iteration of UHL's BAF (paper DD) particularly highlighting the refreshed format which had brought this document into line with UHL's Integrated Business Plan (IBP) and Annual Operational Plan (AOP). Appendix 5 to paper DD detailed 2 high/extreme risks relating to overcrowding in the Emergency Department and dead locking of the Electronic Prescribing and Medicines Administration (EPMA) system. An action tracker had also now been incorporated into this report to monitor progress of the relevant actions.

The Chairman invited Board members to consider whether any additional (existing or new) risks required urgent Trust Board consideration, or whether they wished to comment on the 3 risks highlighted for review:-

- (1) risk 4 – ineffective organisation transformation – the Chief Executive noted the synergies between this risk and his report on the Improvement and Innovation Framework (Minute 169/13/1 above refers). Mr R Kilner, Non-Executive Director, suggested that the impact associated with this risk might require a higher score rating;
- (2) risk 5 – ineffective strategic planning and response to external influences – members considered the arrangements being considered for creating a Business Strategic Support Team within UHL and the process for recruitment of a substantive Director of Strategy;
- (3) risk 12 – failure to exploit the potential of IM&T – the Director of Finance and Business Services noted the need to strengthen clinical and nursing engagement in key IM&T developments and the communications processes with staff.

Discussion took place regarding the process for risks to migrate from their current scores towards their target scores and opportunities to check for any anomalies in the scoring process to clarify whether there were any residual problems which were preventing progression.

**Resolved** – that (A) Board Assurance Framework (presented as paper DD) be received and noted.

## 174/13 REPORTS FROM BOARD COMMITTEES

### 174/13/1 Audit Committee

**Resolved** – that the Minutes of the Audit Committee meeting held on 28 May 2013 be received and noted.

## 175/13 CORPORATE TRUSTEE BUSINESS

### 175/13/1 Charitable Funds Committee

The Trust Chairman noted that the meeting of the Charitable Funds Committee due to be

held on 14 June 2013 had been cancelled and the next meeting was scheduled to be held on 13 September 2013. He provided assurance that a robust approvals process was in place for the Corporate Trustees to approve any urgent applications for charitable funding during the intervening period.

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

**176/13 TRUST BOARD BULLETIN – JUNE 2013**

**Resolved** – that the Trust Board Bulletin report containing updated declarations of interests and a quarterly briefing on the IM&T Strategy (paper FF) be received for information.

**177/13 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

The following questions were received regarding the business on the Trust Board meeting agenda:-

- (1) a question regarding ward staffing levels, the ratio of contracted to non-contracted staffing and high levels of pay expenditure on non-contracted workforce. The Director of Finance and Business Services agreed that the Trust's non-contracted staffing levels were higher than the optimum ratio, due to high levels of emergency activity. He confirmed that UHL had been recruiting to substantive posts since August 2012 with the aim of increasing contracted staffing in line with sustained levels of patient activity;
- (2) concerns raised regarding the quality of outsourced medical transcription. In response, the Chief Executive reported on the arrangements for consolidating and checking progress with the transforming transcription project at UHL. He also noted that an alternative delivery model was being piloted by the Trust prior to the wider roll-out of this project, and
- (3) some concerns raised by Mr M Woods regarding 2 specific instances of patients waiting on trolleys within the ED and a patient who had subsequently fallen out of bed on one of UHL's wards. It was agreed that the Acting Chief Nurse would follow up these concerns with Mr M Woods following the meeting.

ACN

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

**178/13 ANY OTHER BUSINESS**

**178/13/1 Retirement of Mr I Reid, Non-Executive Director**

The Chairman presented Mr Reid with a small gift to celebrate his retirement and members viewed a presentation slide featuring a tribute to Mr Reid and his work at UHL.

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

**179/13 DATE OF NEXT MEETING**

**Resolved** – that the next Trust Board meeting be held on Thursday 25 July 2013 at 9am in Seminar Rooms A and B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 5.22pm

Kate Rayns,  
Trust Administrator



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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Hindle (Chair)	4	4	100	P Panchal	4	3	75
J Adler	4	4	100	I Reid	4	4	100
T Bentley*	3	1	33	C Ribbins	2	2	100
K Bradley	4	3	75	A Seddon	4	4	100
S Dauncey	1	1	100	J Tozer*	3	2	66
K Harris	4	4	100	S Ward*	4	4	100
S Hinchliffe	2	2	100	M Wightman*	4	4	100
K Jenkins	4	4	100	J Wilson	4	3	75
R Kilner	4	4	100	D Wynford-Thomas	4	1	25

\* non-voting members