

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 29 AUGUST 2013 AT 10.15AM IN SEMINAR ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL****Present:**

Mr M Hindle – Trust Chairman
 Mr J Adler – Chief Executive
 Col (Retd) I Crowe – Non-Executive Director
 Dr K Harris – Medical Director (excluding Minutes 221/13/3, 222/13/1, 222/13/3 and part of 223/13/1)
 Ms K Jenkins – Non-Executive Director
 Mr R Kilner – Non-Executive Director
 Mr R Mitchell – Chief Operating Officer
 Mr P Panchal – Non-Executive Director
 Ms C Ribbins – Acting Chief Nurse
 Mr A Seddon – Director of Finance and Business Services
 Ms J Wilson – Non-Executive Director

In attendance:

Ms K Bradley – Director of Human Resources
 Ms C English – Deputy Sister, Ward 15 Glenfield Hospital (for Minute 222/13/1 only)
 Ms S Johnstone – Sister, Ward 15, Glenfield Hospital (for Minute 222/13/1 only)
 Mrs K Rayns – Trust Administrator
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Marketing and Communications

ACTION**205/13 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 205/13 – 216/13), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

206/13 APOLOGIES

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

207/13 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Resolved – that the declarations of interest in Minute 211/13/1 be noted.

208/13 CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

Resolved – that no confidential opening comments were reported by the Chairman or the Chief Executive.

209/13 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 25 July 2013 be confirmed as a correct record.

210/13 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.

211/13 REPORTS BY THE CHAIRMAN

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.

212/13 REPORT BY THE CHIEF EXECUTIVE

Resolved – the Chief Executive advised that all topical issues he was due to report upon were itemised elsewhere on the Trust Board agenda.

213/13 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.

214/13 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 data and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

215/13 REPORT BY THE CHAIRMAN AND THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

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.

216/13 REPORTS FROM BOARD COMMITTEES

216/13/1 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.

216/13/2 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.

216/13/3 Remuneration Committee

Resolved – that the confidential Minutes of the Remuneration Committee meeting held on 25 July 2013 be received and noted.

217/13 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

218/13 CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

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

- (a) the Trust's Annual Public Meeting which would be held on Thursday 19 September 2013 in the Big Shed, 93 Commercial Square, Freeman's Common, Leicester. Between 4pm and 6pm there would be an information fair showcasing UHL's services. A light buffet would be served at 6pm and the formal business of the meeting would commence at 6.30pm. Car parking and shuttle bus services from the LRI had been arranged;
- (b) the arrangements being progressed to appoint an Acting Trust Chairman once the Trust Chairman stepped down from his role at the end of September 2013. The Acting Chairman would be drawn from the existing UHL Non-Executive Director Board members and the outcome of the selection process would be reported to the 26 September 2013 Trust Board meeting, and
- (c) the Trust Development Authority was leading on the recruitment of a substantive Chairman and an advertisement was expected to appear early in September 2013.

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

219/13 MINUTES

Resolved – that the Minutes of the Trust Board meeting held on 25 July 2013 (paper K) be confirmed as a correct record.

220/13 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 item:-

Item 6 (Minute 196/13/2) – the Chief Executive suggested that the Trust Board might like to receive presentations from Dr B Teasdale, Head of Services for the Emergency Department (ED), or Dr C Free, ED Medical Lead. A presentation on the discharge process might also be helpful with input from the Geriatricians. Board members welcomed these suggestions and the Chief Operating Officer was requested to schedule such presentations accordingly. Ms K Jenkins, Non-Executive Director requested that progress reports be provided to the Trust Board at key points in the trajectory to improving ED performance.

COO

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

NAMED
EDs**221/13 REPORTS BY THE CHIEF EXECUTIVE****221/13/1 Monthly Update Report – August 2013**

Paper M provided the Chief Executive's monthly summary of the key issues affecting the Trust. Separate reports on emergency care performance, the month 4 financial position, facilities management services, planned changes to the clinical management structure and the publication of the Berwick report all featured elsewhere within the Board agenda. The Chief Executive reported orally on the designation of the East Midlands Collaboration for Leadership in Applied Health Research and Care (CLAHRC) funded by the National Institute for Health Research (NIHR) and hosted by Nottinghamshire Healthcare.

The Chief Executive invited any questions on the issues covered in the monthly briefing report and sought members' views as to whether any updates to the Board Assurance

Framework were required. Members also noted that once Ms K Caston, the Trust's incoming Director of Strategy was in post, he would be asking her to develop the outward-facing aspects of this report.

CE

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

221/13/2 UHL Management Arrangements

The Chief Executive presented paper N, detailing proposals for a simplification of UHL's clinical management structure and revised arrangements for Executive Director portfolios. He particularly highlighted the intention to minimise disruption by retaining the existing Clinical Business Units and ensuring that the revised arrangements were no more expensive than the current Divisional structure in terms of management costs. Subject to the timescales for management of change processes, it was hoped to implement the new structure with effect from 1 October 2013.

In respect of the Executive Director portfolios, these had been constructed to move away from the existing interim arrangements. Although it had not yet been confirmed when the new Director of Strategy would be commencing in post, the worst case scenario was noted to be January 2014. Key changes that were highlighted included the allocation of operational aspects of estates and facilities (lot 1) to the Chief Nurse and the re-allocation of Information from the Chief Operating Officer to the Director of Strategy (once she had commenced in post).

In discussion on the proposals, Board members raised the following comments and queries:-

- (a) Mr R Kilner, Non-Executive Director sought and received assurance regarding the arrangements for transferring ownership and accountability of existing CIP schemes;
- (b) in response to a further query raised by Mr Kilner, the Medical Director advised that 5 Programmed Activities (PAs) would be allocated to management responsibilities within the job plans for each of the 7 Clinical Directors of the new Clinical Management Groups. This represented a significant increase from the 4 PAs allocated to the existing 3 Divisional Directors. The Director of Human Resources also reported on the arrangements for protected time to attend Executive Team meetings and Confirm and Challenge sessions;
- (c) Mr Kilner advised that he was very supportive of the proposals but he requested sight of the project plan and risk assessment on the transitional arrangements for additional assurance purposes;
- (d) the Director of Human Resources confirmed that proposals were being formulated to support the development of medical leaders to ensure that appropriate time was set aside for this purpose;
- (e) Ms K Jenkins, Non-Executive Director noted the need to ensure that appropriate management time was available to support the effective delivery of the 2013-14 Annual Operational Plan, suggesting that a risk log be established to capture this information;
- (f) Ms Jenkins also noted the need for reporting lines to be clarified within the Executive Director structure and stressed the fundamental importance of updating job descriptions and objectives accordingly;
- (g) Mr P Panchal, Non-Executive Director sought clarity regarding the arrangements for patient and public involvement (PPI) within the new clinical management structure. In response, the Director of Marketing and Communications noted that Mr G Smith, Patient Adviser had raised this query in advance of the meeting. He briefed the Board on the previous arrangements which were delegated to the Heads of Nursing within each Division and proposed that it the Clinical Management Group teams be asked to specify proposals for PPI engagement. Mr Panchal voiced his view that senior level accountability was crucial and that this should form a core objective for one of the

- Executive Directors, and
- (h) the Chief Executive confirmed that copies of the risk assessment for the restructuring arrangements would be circulated accordingly. He summarised the accountability arrangements between the CMG Clinical Directors and the Chief Operating Officer and the Medical Director and he noted forthcoming changes to the membership of the Executive Team advising that the majority of Executive Team members would have a clinical background.

The Trust Board supported the proposals as presented in paper N, noting that a further report on the Clinical Management Structure including the project plan and risk assessment would be presented to the Trust Board on 26 September 2013 for formal approval.

Resolved – that (A) the proposals for the simplification of the Clinical Management Structure be supported (paper N refers), and

(B) a further report on UHL’s Clinical Management Structure be presented to the 26 September 2013 Trust Board meeting (including the project plan and risk assessment).

CE/DHR
/COO

221/13/3 Listening Into Action (LiA) Update

The Chief Executive introduced paper O, updating the Trust Board on progress with adopting the LiA approach across the whole of the Trust. He particularly thanked Ms M Cloney, LiA Lead for preparing this report and for the regular LiA briefing notes that had been circulated to staff. He confirmed that the LiA Sponsor Group continued to meet on a fortnightly basis and that any issues arising from the implementation process were addressed appropriately as and when they arose. The Director of Human Resources commented upon the next newsletter to be issued which would invite the next Pioneering Teams to attend a Pass it On event to be held on 6 November 2013. Details of this event would be circulated to Non-Executive Directors outside the meeting.

DHR

In discussion on the report the following comments and queries were raised:-

- (a) Mr P Panchal, Non-Executive Director challenged the aim of the Cardio, Renal and Respiratory Pioneering Team to put patients at the heart of what they do, and noted in response that the team felt that there was some scope to become more patient focused than they already were. The Director of Human Resources offered to send Mr Panchal the action plan for this Pioneering Team (if required);
- (b) Ms K Jenkins, Non-Executive Director sought and received assurance that the Pioneering Teams were selected from a broad cross section of the Trust and noted that any key areas not being reached would be subjected to an increased focus in future to promote direct involvement from the relevant staff;
- (c) Ms J Wilson, Non-Executive Director queried the timescale for building Leadership into Action into the Trust Board Development Plan and noted that this would link into the Trust Board development sessions already scheduled, and
- (d) the Director of Human Resources reported on the arrangements to hold LiA sessions to discuss the Clinical Management Structure and capture staff views on what worked well under the existing structure, so that such elements were preserved within the new Clinical Management Groups.

Resolved – that (A) the LiA update report (paper O) be received and noted, and

(B) the Director of Human Resources be requested to circulate details of the LiA Pass it on Events to Non-Executive Directors outside the meeting.

DHR

222/13 **CLINICAL QUALITY AND SAFETY**

222/13/1 Contrasting Experiences

The Acting Chief Nurse introduced the Sister and Deputy Sister from Ward 15 at Glenfield Hospital who provided a presentation on Releasing Time to Care and the Productive Ward. The presentation incorporated the positive impact of improvements to the ward environment, including storage of medicines, improving the communications processes between patients' relatives and medical staff, ward based discharge co-ordinators, and patient handover modules. Board members noted the improvements in staff morale which had resulted in a low rate of staff turnover.

The Chairman thanked the presentation team for this helpful insight into the Releasing Time to Care Programme. He noted the professionalism and enthusiasm that had been displayed by staff and highlighted opportunities for the Acting Chief Nurse to follow up the developmental potential for ward based discharge processes.

ACN

Resolved – that (A) the presentation on Releasing Time to Care and the Productive Ward be noted, and

(B) the Acting Chief Nurse be requested to follow-up the developmental issue highlighted above outside the meeting.

ACN

222/13/2 Berwick Report – Improving the Safety of Patients in England

The Medical Director introduced paper Q, providing a briefing on the publication of the above report by Don Berwick and the key messages and recommendations arising from the report. He noted a number of common themes arising from the Berwick report and the Keogh report and he highlighted opportunities to address these common themes within the existing structures provided under UHL's Quality Commitment. A further update on this workstream would be presented to the September 2013 Trust Board meeting.

MD

Resolved – that a report on the common themes arising from the Berwick and Keogh reports be presented to the Trust Board in September 2013.

MD

222/13/3 Congenital Heart Disease Review

The Director of Marketing and Communications presented paper R, summarising recent developments in the national review of Congenital Heart Disease and confirming that NHS England had been tasked to produce a methodology by the end of July 2013 with a view to announcing the new way forward in the Autumn of 2013 for implementation within the next 12 months. NHS England had provided assurance that there were no pre-conceived perceptions regarding the optimum number of centres for delivering this service.

In response to a query raised by Mr R Kilner, Non-Executive Director, the Chief Executive confirmed that the incoming Director of Strategy would assume the lead role for this review once she had commenced in post and that the aim of the Business Support Strategy Team (BSST) would be to learn from previous experiences and build UHL's capacity and resources for responding to such reviews. In addition, the Director of Marketing and Communications briefed Board members on the physical location of the BSST which would be based in the office which was previously occupied by the Executive Directors' PAs on level 3 in the Balmoral Building.

Resolved – that the update on the Congenital Heart Disease Review and the verbal information relating to the Business Support Strategy Team be noted.

222/13/4 Medical Appraisal and Revalidation at UHL

The Medical Director presented paper S, providing an update on progress following the

formal introduction of Medical Revalidation in December 2012. He emphasised the key differences between the GMC process and the UHL appraisal process acknowledging that there were some areas of overlap between them. Board members noted that a small number of doctors had initially failed to engage in the process (approximately 1.5%), but this had since been addressed with appropriate support being provided by the GMC and there had not been any requirement for formal GMC referrals.

Resolved – that the progress report on implementation of Medical Appraisal and Revalidation at UHL (paper S) be received and noted.

223/13 QUALITY AND PERFORMANCE

223/13/1 Month 4 Quality, Performance and Finance Report

Paper T, the quality, performance and finance report for month 4 (month ending 31 July 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 items which were considered at the 28 August 2013 QAC meeting:-

- fractured neck of femur performance which would be the subject of a further a detailed review by the Committee;
- revised national guidance of end of life care (including use of the Liverpool Care Pathway);
- an independent review of 7 Never Events which had been commissioned by the Local Area Team (LAT), and
- recent Commissioner led visits to wards on the LRI and LGH sites – a copy of this report would be circulated to all Trust Board members for information.

TA

In respect of the quality and patient safety section of paper T, discussion took place regarding a recent rise in the number of complaints received, improvement compliance with response times and the number of re-opened complaints. Additional information on complaints performance was provided in the quarterly Patient Safety Report to the Quality Assurance Committee and it was agreed that copies of this report would be circulated to all Board members for information.

Referring to page 7 of paper T, Mr R Kilner, Non-Executive Director requested greater clarity regarding the timescale for improving out of hours response times to patients with an Early Warning Score of less than 4. The Medical Director commented upon opportunities to re-format section 3.4 of the report in respect of the 5 Critical Safety Actions, noting that there were now 8 sub-sections within this section and a new Critical Safety Action had recently been agreed in respect of Sepsis.

In respect of the Trust's fractured neck of femur performance reported on page 8 of paper T, Mr Kilner also suggested that it would be helpful to see the patient numbers as well as the percentage of patients receiving their surgery within the required timescale. The Medical Director proposed that an exception report on fractured neck of femur be produced for any future periods of non-compliant performance.

MD

Copies of the Quality Commitment Dashboard were tabled during the meeting as a separate appendix to paper T. Ms K Jenkins, Non-Executive Director commented that it would be helpful for Board members to see the supporting data where any adverse trends were noted. Paper T1 provided the Minutes of the QAC meeting held on 23 July 2013 for noting.

The Acting Chief Nurse highlighted key elements from the patient experience section, particularly noting that:-

- an unavoidable MRSA bacteraemia in July 2013 (for which the Trust would not be penalised);
- the overall Friends and Family Test score of 66.00 for July 2013, and
- fluctuations in monthly Clostridium Difficile incidences where it was noted that the Trust's speed of response in the event of an outbreak was crucial. Year to date performance remained stood at 21 reported cases (within the cumulative trajectory which was set at 27 cases).

The Chief Operating Officer briefed the Trust Board on UHL's month 4 operational performance particularly highlighting the following issues by exception:-

- (a) minor changes to the operational performance table provided on page 17 of paper T (as requested by the Finance and Performance Committee);
- (b) RTT 18 weeks admitted performance of 89.1% - an exception report was provided at appendix 3;
- (c) 62 day cancer performance (reported one month in arrears) had been met for June 2013 and stood at 85.9% against the 85% target;
- (d) Choose and Book slot unavailability stood at 15% and resolution of the key issues continued to feature as a component of the RTT recovery plan;
- (e) cancelled operations – an exception report was provided at appendix 4;
- (f) stroke performance (reported one month in arrears) stood at 77.3% against a target of 80% in June 2013, but compliance had now been achieved for July 2013;
- (g) 217 delayed transfers of care had been recorded during July 2013 and these continued to be escalated both internally and externally. A specific element of the ED improvement plan focused on improving discharge arrangements and the Urgent Care Board had allocated additional resources to open Intensive Community Support capacity in October 2013.

The Director of Human Resources reported on the Trust's appraisal rate which had improved to 92.4% against the target of 95%. Assurance was received that the target was likely to be reached by the end of September 2013. In respect of staff sickness, the reported July 2013 position (3.5%) was expected to reduce slightly as periods of absence were closed down. The adjusted June 2013 sickness rate was noted to be 3.1%.

Section 6.3 of paper T reported staff compliance against Statutory and Mandatory Training across the 9 core areas. Performance stood at 48% and the Director of Human Resources reported on improvements to the eLearning modules and reporting processes being implemented with a view to achieving a target trajectory of 75% compliance by the end of March 2014. Trust Board members considered the implications of non-attendance at Statutory and Mandatory training courses and agreed that resuscitation training, information governance training and safeguarding training should receive a priority focus. The Chief Executive cautioned against setting a target for 100% compliance advising that a 5% margin might be required to manage levels of sick leave, maternity leave, etc.

The Director of Finance and Business Services highlighted key aspects of the Facilities Management section of paper T (section 8 which commenced on page 27 of the report), noting that the Executive Director leadership for this function would transfer to the Chief Nurse in September 2013. Performance against a range of performance indicators was recorded in the table on page 28 and the Director of Finance and Business Services reported orally on the performance penalties that had been deducted from the payment schedule. A remedial action plan was due to be considered at the next Horizons Board meeting and feedback would be provided to the September 2013 Trust Board meeting.

CN

Particular discussion took place regarding the pricing of menu items in the staff and visitor restaurants which had now been harmonised across the 3 hospital sites. The Director of Human Resources advised that the Joint Staff Consultation and Negotiation Committee

would be undertaking a review of staff catering issues with a view to ensuring that healthy and affordable catering provision was available within the Trust on a 24 hour 7 days per week basis.

Mr R Kilner, Non-Executive Director and Chairman of the Finance and Performance Committee reported verbally on that Committee's consideration of the Trust's month 4 financial position at the meeting held on 28 August 2013. Noting that the detailed financial summary was provided within paper T, he drew the Board's attention to the following key issues which were considered at that meeting:-

- (a) the continued month 4 adverse variance to plan in respect of pay and non-pay;
- (b) cash flow forecasts and the range of mitigating options available to preserve the Trust's minimum cash balance throughout the year;
- (c) progress of the Acute and Planned Care Divisional recovery plans;
- (d) the consolidated year-end forecast position for Corporate Directorates;
- (e) encouraging progress of the corporate workstream to improve the ratio between agency and bank nursing expenditure, and
- (f) progress of CIP schemes and the detailed review undertaken in respect of 4 of the main schemes.

Ms K Jenkins, Non-Executive Director queried the level of assurance provided to the Finance and Performance Committee in respect of the Divisional recovery plans, and noted in response that these plans were now considered to be reasonably robust but further iterations were required before the finalised plans and associated year end forecasts could be signed off by the Executive Team.

The Director of Finance and Business Services briefed the Board on the Trust's month 4 position as detailed in section 9 of paper T, particularly noting the impact of changes in patient care activity levels, penalties and fines, reductions in non-contracted pay expenditure, CIP progress and the visibility of the arrangements for managing UHL's cash flow. He reported on UHL's TDA financial risk rating (level 4) and the process for finalising the Trust's financial recovery plans and trajectory for improvement, noting that these were due to be submitted to the TDA prior to a meeting scheduled to be held on 12 September 2013. Discussion took place regarding potential strategic transitional support, winter capacity funding and transformation funding.

The Minutes of the Finance and Performance Committee meeting held on 24 July 2013 were received and noted.

Resolved – that (A) the quality, performance and finance report for month 4 (month ending 31 July 2013) be noted;

(B) copies of the report on Commissioner led ward visits and the quarterly Patient Safety Report be circulated to Trust Board members for information;

TA

(C) an exception report on fractured neck of performance be issued for any future non-compliant performance;

MD

(D) feedback on the facilities management remedial action plan be provided to the 26 September 2013 Trust board meeting;

CN

(E) the Minutes of the 23 July 2013 Quality Assurance Committee meeting (paper T1) be received and noted, and

(F) the Minutes of the 24 July 2013 Finance and Performance Committee meeting (paper T2 be received and noted.

223/13/2 Emergency Care Performance and Recovery Plan

Paper U provided an overview of ED performance during July 2013. The Chief Operating Officer particularly highlighted some benchmarking work he had undertaken with other Trusts (2 high performing and 1 poor performing) and comparisons he had drawn relating to examples of best practice. Board members noted that both of the high performing Trusts were consistently getting the basics right. The Chief Operating Officer had been highlighting this message in his weekly staff briefing notes. Priority focus was being maintained in respect of improving access to UHL beds and avoiding non-admitted 4 hour breaches. The Chief Operating Officer reported orally on the range of actions being taken forward to meet the trajectory for UHL's improvement plan by the end of September 2013.

In discussion on the report and the verbal briefing on the actions to improve UHL's emergency care performance, the Trust Board noted the following points:-

- (a) Colonel (retired) I Crowe, Non-Executive Director commended the improved arrangements for data capture and information flows to staff, noting the potential for improved co-ordination with the new Clinical Management Groups;
- (b) the Chief Executive stressed the severity of pressure in the emergency care system and the crucial importance of compliance with the latest iteration of UHL's improvement trajectory;
- (c) Mr R Kilner, Non-Executive Director sought assurance regarding the level of staff commitment to the recovery plans. The Chief Operating Officer confirmed that UHL staff cared passionately about improving the service and had undertaken to deliver all elements of the plan considered within their control, and
- (d) Ms K Jenkins, Non-Executive Director queried the level of external support being provided by the CCGs and the Urgent Care Board, particularly in the area of delayed discharges. The Chief Executive reported orally on progress of various projects relating to improving discharge processes and a pilot scheme being implemented by the CCGs for improving GP referrals.

Resolved – that the report on UHL's Emergency Care Performance and Recovery Plan (paper U) be received and noted, and

(B) a further progress report on Emergency Care Performance be provided to the 26 September 2013 Trust Board meeting.

COO

223/13/3 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification submissions for August 2013 (paper V refers) and welcomed any comments or questions on this report. The Trust Board endorsed the returns as presented 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 returns for August 2013 be approved for signature by the UHL Chairman and Chief Executive, and submitted to the TDA as required.

CHAIR
MAN/
CE223/13/4 2013-14 Capital Programme Update

The Director of Finance and Business Services introduced paper W providing an update on progress of the 2013-14 Capital Programme and seeking Trust Board approval of the revised plan of £39.781m. Members noted the ongoing monitoring arrangements for the Trust's Capital Programme through the Commercial Executive and Finance and Performance Committee and supported the revised plan as presented in paper W.

Resolved – that the revised Capital Programme of £39.781m be approved as

presented in paper W.

223/13/5 Progress Against Annual Plan Priorities – Quarter 2 2013-14

The Director of Finance and Business Services introduced paper X providing a high level overview of UHL's performance against the 2013-14 Annual Operational Plan objectives for April to June 2013 (quarter 1). The Director of Finance and Business Services thanked Ms H Seth, Deputy Director of Strategy for preparing this report and the Chief Executive commended the covering proforma which provided a succinct summary of the key issues raised within the report.

Following discussion, it was agreed that a copy of paper X would be submitted to the TDA for information alongside the self-certification returns for August 2013 (Minute 223/13/3 above refers). The Chief Executive also requested that a summary of the report be presented to the next Executive Strategy Board meeting.

DCLA

DDoS

Resolved – that (A) the quarter 1 progress report against the Trust's Annual Operational Plan objectives be received and noted;

(B) the Director of Corporate and Legal Affairs be requested to submit a copy of this report to the TDA alongside the August 2013 self-certification returns, and

DCLA

(C) the Deputy Director of Strategy be requested to present a summary of the key issues highlighted within the report to the next meeting of the Executive Strategy Board.

DDoS

224/13 **STRATEGY AND FORWARD PLANNING**

224/13/1 Update on UHL's Foundation Trust Application

The Chief Executive introduced paper Y which updated the Trust Board in respect of UHL's application process for Foundation Trust status. Members noted that (1) there was no change proposed to the overall timescale for seeking authorisation as a Foundation Trust, (2) the revised date for UHL's Quality Governance Assessment would not affect the overall timeline, and (3) changes highlighted in respect of the completion of the reconfiguration options appraisal.

Resolved – that the update on progress with UHL's FT application (paper Y) be received and noted.

225/13 **RISK**

225/13/1 Board Assurance Framework (BAF) Update

The Medical Director presented the latest iteration of UHL's BAF (paper Z), particularly drawing members' attention to appendix 5 and the increased score for the risk surrounding backlogs of unreported images. This score had increased from 12 to 16 during the reporting period but assurance was provided that mitigating actions were being addressed. He invited members to consider the 3 risks which had been highlighted for review:-

- risk 6 – failure to achieve FT status – this risk had already been discussed under Minute 224/13/1 above;
- risk 7 – failure to maintain productive and effective relationships – the Director of Marketing and Communications noted a gap in assurance due to the nature of the current stakeholder survey. He advised that resources had now been allocated to extend the GP surveys into a wider group of stakeholders and that a Trust Board development session was due to be held in October 2013 in connection with

- strengthening stakeholder engagement, and
- risk 8 – failure to achieve and sustain quality standards – the Medical Director and the Acting Chief Nurse confirmed that they had reviewed the mitigating actions with the Risk and Assurance Manager and all the relevant actions were appropriately reflected within the report.

Mr R Kilner, Non-Executive Director noted that risk 4 – ineffective organisational transformation – had reached its target score and was due to be closed. Noting that the Improvement and Innovation Framework was now in place, he requested that this risk be kept open until such time as the framework was fully embedded within the organisation. Responding to a query raised by the Chief Executive regarding any further actions required to address this risk, Mr Kilner suggested that a greater focus on Improvement and Innovation Framework outputs would be helpful. The Board agreed to keep this risk open on the BAF.

MD

Referring to item 1.6 on page 2 of appendix 2, the Chairman noted the need to review the completion date for re-establishing the clinical coding improvement team in August 2013 and the Chief Operating Officer undertook to progress this discussion through the Executive Team.

COO

Ms K Jenkins, Non-Executive Director invited the Board to consider the arrangements for monitoring any key risks that were not being appropriately managed and/or the required outputs were not being delivered. In discussion it was agreed that assurance would be provided through the monitoring of key performance indicators or audit data.

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

(B) the risk relating to ineffective organisational transformation (risk 4) be kept open on the BAF;

MD

(C) the Chief Operating Officer be requested to lead at discussion with the Executive Team relating to the proposals to re-establish the clinical coding improvement team.

COO

226/13 TRUST BOARD BULLETIN – AUGUST 2013

Resolved – that the Trust Board Bulletin report containing updated declarations of interests (paper AA) be received for information.

227/13 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 the arrangements for patient and public involvement leadership within the proposed Clinical Management structure. The Director of Marketing and Communications confirmed that he would be discussing this issue with the Clinical Management Groups and feedback would be provided to the next Patient Advisers meeting on 12 September 2013. The Chief Executive suggested that a specific reference to PPI leadership be included in the September 2013 update on the new structure, and
- (2) a request for the Chairman to reconsider whether opportunities could be provided for members of the public to contribute to Trust Board discussions, instead of waiting to raise their queries at the end of the meeting during the public questions section on the agenda. The Chairman agreed to discuss the merits of this proposal with Board member colleagues outside the meeting.

DMC/
DHR

CHAIR
MAN

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

228/13 ANY OTHER BUSINESS

228/13/1 Report by the Medical Director

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

228/13/2 Ms C Ribbins – Acting Chief Nurse

The Chairman thanked the Acting Chief Nurse for her contributions to the Trust Board meetings, noting that Ms R Overfield, Chief Nurse would be commencing in post on 9 September 2013.

Resolved – that the information be noted.

228/13/3 Annual Caring at its Best Awards

The Director of Human Resources briefed members on the arrangements for the Caring at its Best Annual Awards ceremony to be held on 12 September 2013.

Resolved – that the information be noted.

229/13 DATE OF NEXT MEETING

Resolved – that (A) the Trust's Annual Public Meeting be held on Thursday 19 September 2013 at 6.30pm in the Big Shed, 93 Commercial Square, Freeman's Common, Leicester, and

(B) the next Trust Board meeting be held on Thursday 26 September 2013 in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 4.21pm

Kate Rayns,
Trust Administrator

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Hindle (Chair)	6	6	100	R Mitchell	2	2	100
J Adler	6	6	100	P Panchal	6	5	83
T Bentley*	5	1	20	I Reid	4	4	100
K Bradley*	6	5	83	C Ribbins	4	4	100
I Crowe	2	2	100	A Seddon	6	6	100
S Dauncey	1	1	100	J Tozer*	3	2	66
K Harris	6	6	100	S Ward*	6	6	100
S Hinchliffe	2	2	100	M Wightman*	6	5	83
K Jenkins	6	6	100	J Wilson	6	5	83
R Kilner	6	6	100	D Wynford-Thomas	6	2	33

* non-voting members