

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 31 JANUARY 2013 AT
10AM IN SEMINAR ROOMS 2 & 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****Present:**

Mr M Hindle – Trust Chairman
 Mr J Adler – Chief Executive (excluding Minutes 9/13-11/13 (part) and 22/13-28/13)
 Ms K Bradley – Director of Human Resources
 Dr K Harris – Medical Director (excluding Minutes 9/13-11/13 (part) and 14/13-28/13)
 Mrs S Hinchliffe – Chief Nurse/Deputy Chief Executive
 Ms K Jenkins – Non-Executive Director (excluding Minutes 1/13-5/13, 11/13 (part)-12/13, and 28/13)
 Mr R Kilner – Non-Executive Director
 Mr P Panchal – Non-Executive Director
 Mr I Reid – Non-Executive Director
 Mr A Seddon – Director of Finance and Business Services
 Mr D Tracy – Non-Executive Director
 Ms J Wilson – Non-Executive Director
 Professor D Wynford-Thomas – Non-Executive Director

In attendance:

Mr A Chatten – Acting Director of Estates and Facilities) (for Minute 7/13/1)
 Mr N Bond – Head of Estates and Facilities, Glenfield Hospital (for Minute 7/13/1)
 Ms K Brakewell – Interserve (for Minute 7/13/1)
 Mr A Furlong – Divisional Director, Planned Care (representing the Medical Director for Minutes 9/13-27/13 inclusive)
 Mrs K Rayns – Trust Administrator
 Mr S Samuels – Interserve (for Minute 7/13/1)
 Mr J Tozer – Interim Director of Operations
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Communications and External Relations (excluding Minutes 9/13-11/13 (part) and 14/13-28/13)

ACTION**1/13 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 2/13 – 13/13), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

2/13 APOLOGIES

There were no apologies for absence.

3/13 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

4/13 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 20 December 2012 be confirmed as a correct record.

5/13 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.

6/13 REPORTS BY THE CHIEF EXECUTIVE

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

7/13 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.

8/13 REPORT BY THE CHIEF NURSE/DEPUTY CHIEF EXECUTIVE

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

9/13 REPORTS BY THE DIRECTOR OF COMMUNICATIONS AND EXTERNAL RELATIONS

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.

10/13 REPORT BY THE MEDICAL DIRECTOR

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.

11/13 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.

12/13 REPORTS FROM BOARD COMMITTEES

12/13/1 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.

13/13 CORPORATE TRUSTEE BUSINESS

13/13/1 Charitable Funds Committee

Resolved – that the confidential Minutes of the 18 January 2013 Charitable Funds Committee meeting be presented to the February Trust Board meeting.

14/13 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

15/13 CHAIRMAN'S ANNOUNCEMENTS

The Chairman wished everyone a belated Happy New Year and welcomed Mr J Adler, Chief Executive to his first UHL Trust Board meeting, advising that it would be necessary for the Chief Executive, Medical Director and Director of Communications and External Relations to absent themselves from parts of today's Board meeting in order to meet with representatives from the Independent Reconfiguration Panel (IRP) who were visiting Glenfield Hospital's paediatric cardiology unit for a second time as part of their review of the Safe and Sustainable decision to relocate children's heart surgery from Leicester to Birmingham. The Chairman drew the Board's attention to the following issues:-

- (a) a regrettable decision made by Mr D Tracy, Non-Executive Director to step down from his role as UHL Non-Executive Director at the end of March 2013, recognising Mr Tracy's considerable contributions to the work of the Trust, and
- (b) the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry which was expected to be published on 6 February 2013. A Trust Board development session was being convened to consider the implications of recommendations arising from the Francis Inquiry and a report on this issue would be presented to the next Trust Board meeting on 28 February 2013. The Chairman re-iterated the importance of maintaining a transparent culture surrounding negative patient experiences and highlighted the regular patient stories, which featured quarterly on the Trust Board meeting agenda.

16/13 MINUTES

Resolved – that the Minutes of the meeting held on 20 December 2012 (paper I) be confirmed as a correct record.

17/13 MATTERS ARISING FROM THE MINUTES

Paper J detailed the status of previous matters arising, particularly noting those without a specific timescale for resolution. In discussion on the matters arising report the Trust Board noted in particular:-

- (a) Minute 344/12/1.3 – a verbal update on the Patient Experience Strategy would be provided during discussion on the Quality and Performance Report (Minute 22/13/1 below refers); **CN/DCE**
- (b) Minute 344/12/1.4 – the Chief Nurse/Deputy Chief Executive confirmed the timescale for the expected publication of the National Nursing Strategy (Compassion in Practice) was still Spring 2013 and that a report to the Trust Board on any implications for UHL would follow soon afterwards; **CN/DCE**
- (c) Minute 344/12/1.5 – the Medical Director confirmed that suggested amendments to UHL's Clinical Strategy had been completed, and **CN/DCE**
- (d) Minute 346/12/1 – the most recent data on UHL's six lowest performing wards would be circulated to Non-Executive Directors outside the meeting and updated data would be circulated on a two-monthly basis thereafter. **CN/DCE**

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

18/13 REPORTS BY THE CHIEF EXECUTIVE

18/13/1 Chief Executive's Monthly Update Report – January 2013

The Chief Executive introduced his monthly briefing report (paper K), providing updates on: (1) the Francis Inquiry final report which was due to be published on 6 February 2013; (2) Monitor publications and consultations; (3) a national review of urgent and emergency services in England, and (4) a welcome capital improvement initiative to improve energy efficiency in the NHS.

Resolved – that the Interim Chief Executive’s January 2013 update report be received and noted.

18/13/2

Listening into Action

Paper L described the Listening into Action (LiA) approach to improving two-way staff engagement and sought Trust Board approval to adopt this approach at UHL (in partnership with Optimise Limited) as part of the third wave of Trusts due to commence in March 2013. The Chief Executive provided a briefing on the benefits of the LiA approach as a vehicle to improving staff engagement on a permanent basis, thereby supporting delivery of good quality patient care by a highly motivated workforce. He reported on his personal experience of implementing this approach at Sandwell and West Birmingham Hospitals NHS Trust.

The Director of Human Resources confirmed that the LiA approach would support one of the six key themes identified in UHL’s Organisational Development plan (improving two way staff engagement) and she described the proposed phased approach involving a series of five high profile (Chief Executive-led) staff events – each one involving up to 100 staff from different levels, services and hospital sites. In discussion on this proposal:-

- (a) members noted the approximate cost of investing in LiA would be £155,000, which would include £70,000 for 12 months contract fees with Optimise and £85,000 for in-house project management resources;
- (b) Ms J Wilson, Non-Executive Director, recorded her support of the LiA proposals but queried how this approach would be different from the Big Conversation events held by UHL some years previously and sought assurance that this initiative would be followed through robustly. In response, the Chief Executive briefed the Board on the energy and enthusiasm which Listening into Action usually generated amongst staff, confirmed the unwavering support of the Sponsor Group led by the Chief Executive through fortnightly meetings for the first 12 months and highlighted the rigorous implementation programme and project management arrangements;
- (c) Mr D Tracy, Non-Executive Director, challenged the need for an external contract and queried whether a similar approach could be delivered in-house. In response, the Board noted that the intellectual property for the LiA model was owned by Optimise Limited and that the £70,000 cost for the initial 12 month contract was considered excellent value for money considering the wide ranging, systematic and comprehensive facilitation services provided. Networking opportunities with the other participating Trusts and the depth of experience arising from implementation at other Trusts were highlighted as supplementary benefits, and
- (d) Mr I Reid, Non-Executive Director, supported the LiA concept and provided his view that selection of the Sponsor Group membership would be crucial to successful implementation at UHL.

Resolved – that (A) the proposal to adopt the Listening into Action approach at UHL be endorsed at a cost of approximately £155,000 (to include 12 months contract fees and appropriate in-house project management resources), and

CE/DHR

(B) a further report detailing the implementation arrangements and communications processes be provided to a future Trust Board meeting.

CE/DHR

19/13 GOVERNANCE19/13/1 Foundation Trust (FT) Update

Further to Minute 345/12/1 of 20 December 2012, paper P advised members of progress on UHL's FT application and the timetable as set out in the Trust's Tripartite Formal Agreement (TFA), noting that the Trust Board would continue to receive monthly updates on this issue. The Chief Executive reported on (1) independent reviews of the Quality Governance Framework and the Board Governance Memorandum, (2) progress with the Historical Due Diligence (HDD1) review and (3) the development of an integrated approach to Better Care Together and CCG joint working which supported UHL's strategic planning process and the development of the draft IBP/LTFM.

The Chief Executive particularly highlighted a requirement to liaise further with the SHA to review UHL's FT application timeline to ensure a logical progression of the business plan and financial model sequencing, also taking into account the expected impact of the Francis Inquiry recommendations. In the meantime, however, he provided assurance that all key elements of the Trust's FT application would continue to be progressed in parallel.

CE

Resolved – that the Trust Board continue to receive monthly updates on its FT Application process.

CE

20/13 QUALITY AND SAFETY**20/13/1 CLINICAL QUALITY**20/13/1.1 Contrasting Experiences

The Chief Nurse/Deputy Chief Executive introduced two presentation slides highlighting the following contrasting experiences which had impacted in different ways upon aspects of clinical quality, patient experience and safety at UHL:-

- (a) the case of a patient who had been leading an upstairs existence prior to his admission to UHL and the difficulties experienced in fully diagnosing his condition prior to his death, partly due to an inability to access an MRI scanner due to his weight and size, and
- (b) "Sally's Bag" – small hospital gift bags being given to patients (or their families) who were receiving end of life care at UHL (either on the Liverpool Care Pathway or as part of the AMBER care bundle). The Chief Nurse/Deputy Chief Executive displayed the contents of these gift bags (one aimed specifically for children and one for adults). The contents were practical and reasonably inexpensive and designed to help friends and relatives to capture and document memories of their loved ones. Funding for these bags had been provided through a combination of commercial sponsorship, fundraising efforts and ward budgets for small items. A gift message accompanied each bag (prepared by the family who had originated the idea) describing the purpose of the items and the sentiment behind these donations.

In discussion following the presentation, Board members considered the arrangements for treating and diagnosing bariatric patients and the specialist equipment regularly used to support their care and dignity, in line with a robust risk assessment process already in place. The Divisional Director, Planned Care reported on a national shortage of MRI scanners suitable for use by this patient group, noting that some specialist MRI scanners were available to purchase, but the quality of the resultant scans was less than ideal and such equipment would not be a preferred option for scanning non-bariatric patients. He also advised that UHL was currently in the process of responding to a Department of Health consultation on this issue, noting the need for regional co-ordination to promote appropriate access to efficient services for this increasing cohort of patients. The Chief Nurse/Deputy

Chief Executive also highlighted the work being undertaken to offer healthy eating, diet and lifestyle advice to patients as part of the “Making Every Contact Count” work stream.

The Chairman particularly commended the “Sally’s Bag” initiative, noting that this strongly supported the values underlying UHL’s Caring at Its Best model.

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

20/13/1.2 Never Events

The Chief Nurse/Deputy Chief Executive introduced paper M, providing an update on actions and progress arising from two recent never events at UHL. She provided assurance that investigations were being undertaken in line with the recently broadened DOH Never Events Policy Framework and that the patients (and their families) had been approached and were fully supportive of the investigation process and the communication of any lessons learned.

Case 1 had involved the retention of a broken suture needle following surgery. This investigation had been completed and the full action plan was appended to paper M. Discussion took place regarding attempts by staff to escalate the incident at the time of occurrence and an apparent lack of understanding that the patient should have been retained in the operating theatre prior to completion of radiological investigation.

Case 2 had involved appropriate use of a vaginal pack to control heavy bleeding in theatres following an elective Caesarean section. This incident investigation was due to be completed by 8 March 2013, but the initial indications were that the need to remove the pack at a later point in time did not appear to have been documented in the patient’s notes.

The Board particularly considered any staff disciplinary issues arising from these events and members noted that Human Resources advice was sought in the event of any perception that staff had deliberately not followed established policies and procedures. The Divisional Director commented that (whilst not all UHL never events directly related to compliance with the WHO safer surgery checklist) the checklist did empower and encourage all members of staff to challenge decisions and escalate their concerns where appropriate.

Resolved – that the update on Never Events (paper M) be received and noted.

20/13/1.3 UHL Quality and Safety Commitment 2012-2015

Paper N provided an overview of progress since the Trust Board had approved the UHL Quality and Safety Commitment on 20 December 2012 (Minute 344/12/1.2 refers). Three Quality Action Groups had been implemented during January 2013 and each group had drafted action plans for delivery against seven priority focus areas for 2013 as well as fundamental activities within each area. Draft milestones for each of the priority focus areas were provided in section 4 of paper N. The Chief Nurse/Deputy Chief Executive confirmed that these priorities would link to the Quality Schedule and CQUIN areas and that more detailed action plans would be presented to the 28 February 2013 Trust Board meeting, together with any resource requirements identified.

In discussion on this item, Professor D Wynford-Thomas, Non-Executive Director, queried the arrangements for evaluating and monitoring key performance indicators, noting in response that monitoring arrangements would be clarified in the next update report to the Board in February 2013. Mr R Kilner, Non-Executive Director queried the timescale for implementing a seven day service for Consultant led senior clinical review. The Interim Director of Operations confirmed that such plans were being progressed as part of the Right Place Consulting work stream and interim arrangements were already in place for weekend

cover due to current Emergency Department pressures. Robust arrangements for seven day working were expected to take effect within the next three months.

Resolved – that (A) the update on work streams arising from the Quality and Safety Commitment 2012-15 (paper N) be received and noted, and

(B) a further report be provided to the Trust Board on 28 February 2013, to include clarification of the arrangements for monitoring performance.

CN/DCE

21/13/1 HUMAN RESOURCES – NATIONAL STAFF SURVEY 2012

The Director of Human Resources introduced paper O, noting the disappointing staff survey results in 2011 and the various ways in which this feedback was used to rate NHS Trusts on their performance. The first cut results for 2012 (appended to the report) had been pleasing and demonstrated marked improvements in the number of staff strongly agreeing with a range of positive statements – including whether care was a top priority, whether staff would recommend the Trust as a place to work and improvements in the quality of staff appraisals. Below average results had been received in respect of recommending the Trust as a place to receive treatment and small deteriorations had been noted in the areas of pressure to come to work and work related stress.

Analysis work continued to be undertaken and the Executive Team had reviewed the first cut results with a view to increasing the organisational understanding behind these significant improvements in results. As the Divisional and CBU breakdowns of results become available, managers would be talking to staff about the survey results in their areas and making arrangements to integrate the Organisational Development Plan into Corporate, Divisional and CBU plans.

In discussion on the report, Trust Board members requested the development of target trajectories to strengthen the focus on further improvements and considered the arrangements to share the survey results with staff possibly using the same opportunities to launch the communications process around building staff engagement through Listening into Action. The Director of Human Resources also highlighted opportunities to increase the clarity of expectations for leaders within the draft Leadership and Management Standards and objective setting processes.

Resolved – that (A) the report on first cut National Staff Survey results for 2012 be received and noted,

(B) the overall results and CQC analysis be presented to the Trust Board in March or April 2013 (when available), and

DHR

(C) CBU level results be disseminated to staff (possibly using the same briefing sessions to launch the Listening into Action approach at UHL).

DHR

22/13 QUALITY AND PERFORMANCE

22/13/1 Month 9 Quality and Performance Report

Paper Q, the quality and performance report for month 9 (month ending 31 December 2012) advised of red/amber/green (RAG) performance ratings for the Trust, and set out individual Divisional performance in the accompanying heatmap.

Mr D Tracy, Non-Executive Director and Chairman of the Quality Assurance Committee (QAC) briefed the Board on discussions held at the 22 January 2013 QAC meeting surrounding the following issues:-

- (a) comprehensive and rigorous arrangements for assessing the quality and safety impact of CIP schemes, although some minor adjustments had been recommended and the potential implications of the Francis Report would need to be taken into account (when published);
- (b) significant improvements in WHO safer surgery checklist compliance which had improved from 90% 12 months ago to 99.6% currently. Mr Tracy provided his view that there was no reason why 100% compliance would not be achieved. The Divisional Director advised that 100% compliance had been achieved during the previous week, but further clarification was being communicated relating to the timing of the checklist process and steps to limit progression of the patient to the next stage without checklist compliance, and
- (c) recent presentations on improving UHL's discharge performance and confirmation that the QAC would continue to monitor progress in this area.

The Chief Nurse/Deputy Chief Executive then highlighted key points from the report relating to patient safety, quality and patient experience, particularly noting:-

- an overall decrease in the number of reported new patient harms which had fallen from 107 in April 2012 to 45 in December 2012;
- that only 1 case of MRSA had been reported in the year to date (against a trajectory of 6). Confirmation had recently been received that a zero MRSA trajectory would be in place for UHL in 2013-14;
- following the three Quality Action Group sessions held as part of the Quality and Safety Commitment, it had become apparent that there would be significant areas of cross-over between the Quality and Safety Commitment relating to patient centred care and the development of a Patient Experience Strategy. Consequently it was proposed and agreed that this work would now be aligned to the development of the Quality and Safety Commitment, and
- predicted RAG rating for UHL's Quarter 3 2012-13 Quality Schedule and CQUIN Schemes were appended to paper Q. Members noted the arrangements to expedite timeliness of CQUIN reporting and consolidate the agreed reporting processes between UHL and the CCGs.

In discussion, Ms J Wilson, Non-Executive Director, sought and received assurance that the current focus on UHL's Patient Experience Strategy would not be diminished as a result of the decision to progress this through the Quality Action Groups.

Mr R Kilner, Non-Executive Director requested further assurance relating to patient mortality rates out of hours and escalation of early warning scores. He was aware of the additional training packages being rolled out to nursing staff and health care assistants but queried the arrangements for improving responses by medical staff. On behalf of the Medical Director, the Divisional Director, Planned Care reported on the lessons learned from root cause analyses undertaken, induction training for junior doctors, a focus on medical handover, hospital care 24/7 and standards relating to ward rounds. The Chief Nurse/Deputy Chief Executive also advised that as part of the Quality Commitment work streams, Boston Consulting Group had been reviewing the arrangements for improving patient mortality rates in the evenings and at weekends.

Ms K Jenkins challenged whether the CIP quality and safety impact assessment process could be adapted to capture any positive improvements in patient safety and patient experience (rather than just evidencing that existing standards were being maintained).

The Interim Director of Operations highlighted specific elements from the operational performance section of paper Q including the exception reports (papers R1 to R6) and a comment received at the 30 January 2013 Finance and Performance Committee meeting that sign off by the lead clinician for each exception report would be welcomed. Discussion took place regarding the following aspects of the report:-

- (1) choose and book slot availability and the potential financial consequences of non compliance with the quarter 4 target for an Appointment Slot Issue (ASI) rate no greater than 5%. Paper R2 provided an exception report covering this issue;
- (2) the achievement of 18 week RTT performance targets for December 2012 – in all specialties with the exception of Ophthalmology. Paper R3 provided an exception report covering this issue;
- (3) cancelled operations performance which stood at 1.1% against a target of 0.8%. Paper R6 provided an exception report highlighting increased emergency demand as the main reason for short notice cancellations. Discussion took place regarding the number of cases cancelled, the arrangements for addressing bed availability and anything more that the Trust could do to provide patients with increased notice periods for any necessary cancellation;
- (4) performance against the 6 week DOH target for imaging waiting times stood at 1.1% (just outside the 1% target) and further details were provided in the exception report (paper R5 refers), and
- (5) performance against the November 2012 target for two week cancer waits stood at 90.6% against a target of 93% and an exception report was provided at paper R1.

The Director of Human Resources reported on the Human Resources related issues arising from the month 9 Quality and Performance report, advising that appraisal performance had reduced to 90.8% (from 92.1% in November 2012), due to operational pressures within the Trust. Plans for recovery actions were being implemented to improve the position. The December 2012 sickness rate remained relatively stable at 4.4% (compared to 4.1% for November 2012). Discussions were taking place regarding the impact of changes to the Trust's policy for managing sickness absence and Occupational Health had recently purchased a software management system to provide accurate and timely data and aid the identification of areas with specific needs which might benefit from proactive support.

Mr I Reid, Non-Executive Director and Chairman of the Finance and Performance Committee reported on the issues discussed at the Finance and Performance Committee meeting held on 30 January 2013, including the likely 2012-13 year end position and CIP and transformation work streams relating to the 2013-14 financial year. For the month of December 2012 the reported £159,000 income and expenditure deficit was favourable against the planned £1.4m deficit. However, the current year to date deficit of £7.3m was noted to be £7.1m adverse to plan. Concerns had been raised at the meeting regarding UHL's ability to deliver the forecast break-even year end position, although the Director of Service Improvement had expressed a degree of confidence regarding delivery of additional CIP savings in the order of £2m to £3m and negotiations were continuing with Commissioners in respect of additional funding to support readmissions, emergency activity, transformation of services and additional winter pressures. The Committee had also considered UHL's cash position and progress against the Capital Plan.

The Director of Finance and Procurement reported on the Trust's in month position, reflecting on recent operational pressures, appropriate progress with CIP schemes in line with quality and safety assessments and constructive dialogue with Commissioners and the wider health economy in respect of additional financial support. In discussion on the financial elements of paper Q:-

- (i) Mr D Tracy, Non-Executive Director noted the perennial problems surrounding high levels of bank and agency expenditure and queried whether opportunities to reduce premium payments through the recruitment of permanent staff were being progressed appropriately. In response, the Director of Finance and Business Services confirmed that the full year effect of theoretical savings might be as high as £8m, but national staffing shortages, the European Working Time Directive and national training regimes were all key contributory factors towards high agency usage. He also reported on the time delays between staff being appointed to posts and becoming fully operational;

- (ii) the Chief Nurse/Deputy Chief Executive highlighted the significant number of medical and nursing agency staff currently in use to support extra capacity wards and recommendations expected to arise from the Francis Inquiry relating to ward level staffing levels and skill mix, and
- (iii) the Director of Human Resources reported on the successful Nursing Recruitment Open Day held recently with a view to creating a pool of interested applicants for a range of flexible contract options. The event had been well attended and approximately 57 expressions of interest in working for UHL had been received.

Resolved – that (A) the quality and performance report for month 9 (month ending 31 December 2012 be noted;

(B) consideration be given to adapting the quality and safety impact assessment tool to demonstrate any active improvements in patient quality and safety, and

CN/DCE

(C) exception reports relating to operational performance be signed off by the relevant clinical lead.

IDO

22/13/2

Monthly Update on Emergency Care

The Interim Director of Operations introduced the monthly Emergency Department performance report (paper R) which detailed December 2012 ED activity and performance, provided an overview of the issues faced by the Trust over the Christmas and New Year period and reported progress against plans to improve emergency flows and deliver sustainable improvements in UHL's emergency processes. During the discussion on this item, Trust Board members particularly noted:-

- (a) that ED attendances rates had remained consistently higher than the equivalent period during 2011-12;
- (b) a further deterioration in achievement of the 4 hour target had been experienced, with December performance rated at 89.4% (against the 95% target);
- (c) increases in admission rates, the number of patients over the age of 85 being admitted, patient length of stay, bed occupancy rates and delayed transfers of care;
- (d) confirmation that the UHL step down ward (ward 2 at Leicester General Hospital) and all spare bed capacity within the wider health economy was being fully utilised;
- (e) the revised ED and Assessment Unit Pathway models (provided at appendix 1) which were due to be implemented on 18 February 2013 and the associated need to create sufficient capacity within the system to embed the model appropriately;
- (f) a query raised by Mr R Kilner, Non-Executive Director, regarding opportunities to increase the numbers of patients being diverted to the urgent care centre;
- (g) ongoing CCG support and associated incentives offered for each week that the 95% target was achieved or exceeded, and
- (h) the Interim Director of Operations and the Chairman recorded an appreciation of the magnificent efforts by all ED staff, matrons and Divisional teams who had responded so well to the recent pressures.

Resolved – that (A) the monthly update report on Emergency Care (paper R) be received and noted, and

(B) the Interim Director of Operations continue to submit monthly updates to future Trust Board meetings.

IDO

22/13/3

NHS Trust Over-Sight Self Certification

In the absence of the Chief Executive at this point in the meeting, the Chief Nurse/Deputy Chief Executive introduced UHL's January 2013 self certification (paper S refers) and the return was endorsed (as presented) for signature by the Chairman and Chief Executive and

CHAIR
MAN/
CE

submission to the SHA accordingly.

Resolved – that the NHS Trust Over-Sight Self Certification return for January 2013 be approved for signature by the UHL Chairman and Interim Chief Executive, and submitted to NHS Midlands and East as required.

CHAIR
MAN/
CE

23/13 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

Further to Minute 347/12 of 20 December 2012, the Chief Nurse/Deputy Chief Executive presented the latest iteration of UHL's SRR/BAF (paper T), noting that this iteration reflected comments and amendments arising from both the 20 December 2012 Trust Board meeting and subsequent discussion at the 22 January 2013 Executive Team meeting. The Trust Board particularly considered the following three risks which had been selected for discussion based upon their current risk scores and the following comments and suggestions were noted:-

- (a) **risk 3 (inability to recruit, retain, develop and motivate staff)** – the Director of Human Resources noted the need to include updated information relating to the work underway to improve UHL's branding as an employer and include reference to the recently held nursing recruitment day;
- (b) **risk 4 (failure to transform the emergency care system)** – members challenged whether the current and the target risk scores were scored sufficiently high and noted that the January 2013 target score date had now been exceeded, and
- (c) **risk 8 (failure to achieve financial sustainability)** – the Executive Team was requested to consider reviewing the link between this risk and risk 7 (ineffective organisational transformation).

Resolved – that (A) the SRR/BAF (presented as paper T) be received and noted;

(B) the comments and suggestions raised under points (a) to (c) above be considered by the Executive Team or relevant Executive Director leads, and any amendments reflected in the next iteration of the SRR/BAF to be presented to the Trust Board on 28 February 2013.

CN/DCE

24/13 REPORTS FROM BOARD COMMITTEES

24/13/1 Research and Development Committee

Resolved – that the Minutes of the 10 December 2012 Research and Development Committee be received and noted.

24/13/2 Workforce and Organisational Development Committee

Resolved – that the Minutes of the 14 December 2012 Workforce and Organisational Development Committee be received and noted.

25/13 CORPORATE TRUSTEE BUSINESS

25/13/1 Charitable Funds Committee

Resolved – that the Minutes of the 18 January 2013 Charitable Funds Committee be presented to the 28 February 2013 Trust Board meeting.

TA

25/13/2 Leicester Hospitals Charity Final Accounts and Annual Report 2011-12

Paper X comprised the audited annual accounts 2011-12, the Trustees' annual report 2011-12, and the 2011-12 letter of representation for the Leicester Hospitals Charity, presented

for Trust Board approval as Corporate Trustee. The Director of Finance and Business Services reported verbally that the Auditor's ISA 260 memorandum had now been received, which provided a clean audit opinion with no material issues or recommendations being made. Once approved, the accounts would be signed and submitted to the Charity Commission by 31 January 2013 as required.

Trustees
/DFBS

In addition, the Trust Chairman acknowledged the significant efforts and tremendous energy that had supported the "Our Space" fundraising campaign, noting the fantastic achievements raised and that this unit had opened successfully in November 2012. He also highlighted the slightly higher than usual charitable funds balance and the arrangements to encourage appropriate bids for charitable funding. Finally, he noted changes to Executive Director portfolios and that the Charitable Fundraising Team was now part of the Directorate of Communications and External Relations.

Resolved – that (A) the letter of representation 2011-12 be noted;

(B) the 2011-12 annual accounts of the Leicester Hospitals Charity and its 2011-12 annual report be approved by the Trust Board as Corporate Trustee for submission to the Charity Commission by 31 January 2013, and

Trustees/
DFP

(C) the relevant certificates be signed by appropriate Trust Board members as detailed in paper X.

Trustees

26/13 TRUST BOARD BULLETIN – JANUARY 2013

Resolved – that the following Trust Board Bulletin reports be received for information:-

- (1) Patient Experience – Improving the Quality of End of Life Care in UHL;**
- (2) Declarations of Interests from the Chief Executive and the Interim Director of Operations;**
- (3) List of Trust Sealings for quarters 2 and 3 2012-13, and**
- (4) LLR FM Quality Standards and Monitoring Processes.**

27/13 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following queries and comments were received regarding the business transacted at the meeting:-

- (a) a query relating to the 2013-14 zero target for MRSA bacteraemias and whether there was any scope to challenge this based upon the risks associated with community acquired infections. In response, the Chief Nurse/Deputy Chief Executive confirmed that this was a nationally set target and there was no scope for further negotiation;
- (b) concerns regarding UHL's emergency capacity and reduced patient flows through community healthcare beds and the impact that this was having on UHL's ED performance and associated financial penalties. The requester also queried whether there were any opportunities for UHL to impose penalties on partner organisations and whether the Urgent Care Centre had a wider role to play in this respect. The Chairman confirmed that the Trust was conscious of all these issues, but patient safety and maintaining a safe hospital environment remained the key priority. The Director of Finance and Business Services advised that appropriate discussions were already underway with UHL's Commissioners to agree mutually acceptable solutions to these issues and he was hopeful that a solution would be achieved without the need for implementing cross-organisational penalties. The Chief Nurse/Deputy Chief Executive also reported that capacity, case mix and skill mix issues relating to the Urgent Care Centre and the declining number of deflections were being addressed;
- (c) a commendation for the transparency involved in raising discussion of UHL's never

events during the public section of the meeting and a challenge as to whether such events were reducing appropriately or whether they might be occurring as a result of any financial pressures or performance target pressures. In response, the Chairman confirmed the open and transparent arrangements for never events to be scrutinised for any thematic commonality and the arrangements for sharing detailed information (including any lessons learned) with Commissions and the SHA. The questioner suggested that never event reviews were mainly undertaken by other NHS organisations and they might benefit from involvement of the Overview and Scrutiny Committee or the LINKs, and

- (d) a query regarding the intended publication of the new Divisional structure, as referenced in Minute 49/12 of the Minutes of the Workforce and Organisational Development Committee meeting held on 14 December 2012. In response, it was noted that an initial announcement had been made to the Trust's 100 meeting in January 2013 and that the arrangements to communicate the detailed changes were being put in place.

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

28/13 ANY OTHER BUSINESS

28/13/1 Trust Board Presentations

Mr R Kilner, Non-Executive Director commented upon opportunities to increase the amount of time available for discussion by circulating any relevant Trust Board presentation material in advance of the meeting. Presenters could then be advised to take any pre-circulated material as read by the day of the meeting.

Resolved – that this comment be noted.

28/13/2 Report by the Chief Nurse/Deputy Chief Executive

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

29/13 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 28 February 2013 at 10am in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.

Post Meeting note:

The start time for this meeting was subsequently amended to 9am.

The meeting closed at 5.25pm

Kate Rayns,
Trust Administrator

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Hindle (Chair)	12	12	100	I Reid	12	12	100
J Adler	1	1	100	A Seddon	12	12	100
J Birrell	5	5	100	D Tracy	12	11	92
K Bradley	12	10	83	A Tierney*	6	5	83
K Harris	12	10	83	J Tozer*	4	4	100
S Hinchliffe	12	12	100	S Ward*	12	11	92
K Jenkins	12	11	92	M Wightman*	12	12	100
R Kilner	12	12	100	J Wilson	12	10	83
M Lowe-Lauri	5	5	100	D Wynford-Thomas	12	7	58
P Panchal	12	11	92	Mr A Chatten*	2	2	100
Mr J Clarke*	2	1	50				

* non-voting members