

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 25 JULY 2013 AT 10.30AM 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
 Ms C Ribbins – Acting Chief Nurse
 Ms K Jenkins – Non-Executive Director
 Mr R Kilner – Non-Executive Director
 Mr R Mitchell – Chief Operating Officer
 Mr A Seddon – Director of Finance and Business Services
 Ms J Wilson – Non-Executive Director
 Professor D Wynford-Thomas, Non-Executive Director

In attendance:

Ms D Baker – Service Equality Manager (for Minute 199/13/1)
 Ms K Bradley – Director of Human Resources
 Staff Nurse N Bonniface, Ward 33, LRI (for Minute 195/13/2)
 Ms P Higgins – Eye Theatres Team Leader (for Minute 187/13/1)
 Sister E Hyde – Ward 33, LRI (for Minute 195/13/2)
 Ms T Jones – Head of Communications (representing Mr M Wightman, Director of Marketing and Communications)
 Dr E Laithwaite – Clinical Lead, Acute Geriatrics (for Minute 196/13/2)
 Mr J Oliver – Inventory and Supplies Manager (for Minute 187/13/1)
 Ms S Mason – Divisional Head of Nursing, Acute Care (for Minute 195/13/2)
 Mrs K Rayns – Trust Administrator
 Professor D Rowbotham – Director of Research and Development (for Minute 198/13/1)
 Ms J Shattock – Ward Resource Coordinator (for Minute 187/13/1)
 Ms A Smith – Assistant Director of Procurement and Supplies (for Minute 187/13/1)
 Dr L Walker – Clinical Lead, Acute Medicine (for Minute 196/13/2)
 Mr S Ward – Director of Corporate and Legal Affairs

ACTION**180/13 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 180/13 – 190/13), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

181/13 APOLOGIES

Apologies for absence were received from Dr T Bentley, Leicester City CCG Representative, Dr D Jawahar, Leicester City CCG Representative, Mr P Panchal, Non-Executive Director, and Mr M Wightman, Director of Marketing and Communications.

182/13 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

183/13 CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

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

184/13 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 27 June 2013 be confirmed as a correct record.

185/13 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.

186/13 REPORT 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.

187/13 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.

188/13 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.

189/13 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.

190/13 REPORTS FROM BOARD COMMITTEES

190/13/1 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.

190/13/2 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.

190/13/3 Remuneration Committee

Resolved – that the confidential Minutes of the Remuneration Committee meeting

held on 27 June 2013 be received and noted.

191/13 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

192/13 CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

The Chairman welcomed Colonel (Retired) I Crowe, Non-Executive Director, Ms T Jones, Head of Communications and Mr R Mitchell, Chief Operating Officer to the meeting. He briefed the Board on the arrangements for the Trust's Annual Public Meeting to be held on Thursday 19 September 2013 at the Big Shed on Freeman's Common in Leicester, noting that displays would be available from 4pm and that the formal meeting would commence at 6.30pm.

The Chief Executive announced the recent appointment of Ms K Caston as UHL's substantive Director of Strategy, noting that Ms Caston was currently the Head of Specialised Commissioning at NHS England and her commencement date with UHL was yet to be agreed.

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

193/13 MINUTES

Resolved – that the Minutes of the Trust Board meeting held on 27 June 2013 (paper J) be confirmed as a correct record.

194/13 MATTERS ARISING FROM THE MINUTES

Paper K 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 the revised format of this report which now incorporated RAG ratings according to the progress of each item. Updated information was received in respect of the following items:-

- (a) item 1 (Minute 166/13) – the Director of Corporate and Legal Affairs would be circulating an updated Trust Board calendar of business for members' information outside the meeting;
- (b) item 3 (Minute 167/13/2) – the Acting Chief Nurse had provided the information relating to maternity staffing levels (as requested by Mr R Kilner and Mr I Reid, Non-Executive Directors);
- (c) item 8 (Minute 69/13/2) – contact details for liaising with UHL volunteers in respect of the development of UHL's emergency floor had been provided to the Medical Lead, Emergency Medicine, and
- (d) item 11 (Minute 177/13) – the Acting Chief Nurse confirmed that she had followed up concerns regarding specific instances of UHL's patient care (as raised by Mr M Woods on 27 June 2013).

DCLA

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

**NAMED
EDs**

195/13 CLINICAL QUALITY AND SAFETY

195/13/1 UHL Quality Commitment Quarter 1 Performance 2013-14

The Medical Director introduced paper L providing a summary of performance against the UHL Quality Commitment and a new dashboard featuring the 3 core metrics and 7 sub-

metrics by which performance would be measured and reported through the monthly Quality and Performance reporting mechanism. Board members noted that the dashboard had been reviewed by the Quality Assurance Committee on 23 July 2013 and a number of modifications had been agreed. The Chief Executive provided assurance that the Quality Commitment was core business for the Trust and he advised that the Quality Assurance Committee had discussed the profile of these metrics within the Quality and Performance report and some cross-checking was underway to ensure that this report reflected UHL's mainstream performance data.

MD

Resolved – that (A) the report on UHL's Quality Commitment Performance for Quarter 1 2013-14 be received and noted, and

(B) the performance dashboard be updated in line with discussion at the 23 July 2013 Quality Assurance Committee meeting and incorporated into the monthly Quality and Performance reporting mechanism (as appropriate).

MD

195/13/2 Patient Story from the Acute Care Division

The Acting Chief Nurse introduced a short DVD in which the son of a patient who had died on Ward 33 at the LRI recounted his personal experiences surrounding the end of life care provided to his father. Ms S Mason, Divisional Head of Nursing, Acute Care and Sister E Hyde and Staff Nurse N Boniface from Ward 33 attended the meeting for this item.

After viewing the DVD, the Trust Board discussed recent media interest in use of the Liverpool Care Pathway following the publication of an Independent Report by Norman Lamb MP, Minister of State for Care and Support. The Acting Chief Nurse provided assurance that interim advice had been issued to all clinical staff by the Medical Director relating to end of life care at UHL to ensure that joined up patient care was as seamless as possible. The amber care bundle also continued to be rolled out at UHL and used appropriately.

Valuable learning opportunities had arisen from the making of the DVD and this was being shared within the Division through the mandatory training programme. The format of a welcome poster provided on the ward had already been shared widely within the Trust. The Board noted the excellent team spirit and strong leadership on Ward 33, and the importance of robust communications processes between medical staff, nursing staff, patients and visitors. Staff making time to respond to questions from patients and family members was considered key.

Ms J Wilson, Non-Executive Director commended the areas of good practice highlighted in the DVD and queried whether there was any scope to improve patient experience further. In response, Sister Hyde stressed the importance of continuing to recruit to the vacant nursing posts on the ward and suggested that air conditioning would be welcomed by staff and patients alike as the temperature on the ward sometimes became unbearable. The Chief Executive noted recent changes in the function of Ward 33 since changes to the Acute Frailty Unit had been implemented. He sought and received assurance that the current arrangements were working well and that discharge rates were improving.

In summary, the Chairman congratulated the presentation team on the skill, professionalism and compassion highlighted in the DVD and indicated that he would like to write to the patient's son (if appropriate) to thank him for his contribution.

Resolved – that (A) the Patient Story from the Acute Care Division be received and noted, and

(B) the Divisional Head of Nursing arrange for the Chairman to write to the patient's relative (as featured in the DVD) to thank him for this contribution.

DHN,
AC

195/13/3 Review into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England by Sir Bruce Keogh, NHS Medical Director

The Medical Director presented paper N – a summary of the findings and recommendations arising from the Review into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England (commonly referred to as the Keogh report). The review had identified some common themes and barriers to delivering high quality care within the wider NHS and a series of actions required by all Trusts was listed in section 5.1 of paper N.

The Medical Director reported on the process for assessing and benchmarking UHL's current compliance against the recommendations. Members received assurance that robust action plans would be developed to address any areas of non-compliance (if found). Further reports on this issue would be reviewed by the Executive Performance Board and the Quality Assurance Committee in August 2013 and a follow-up report would then be provided to the 26 September 2013 Trust Board meeting.

MD

In discussion on paper N, Mr R Kilner, Non-Executive Director sought and received assurance that proposals would be developed to triangulate real-time feedback and comments from patients, carers and other organisations – possibly through the holding of listening events and focus groups involving patients and staff.

Responding to a request by the Chairman, the Medical Director and the Acting Chief Nurse agreed to explore ways in which UHL staff could be nominated and released from their normal duties to join the teams of CQC Hospital Inspectors to be led by the new Chief Inspector of Hospitals. A cost/benefits analysis would be undertaken to compare the costs associated with releasing staff and providing appropriate cover with the benefits of organisational learning opportunities that such nominations would provide. The Head of Communications offered her support in respect of the internal communications process for seeking appropriate nominations.

MD/
ACN

Resolved – that (A) the preliminary analysis of the findings and recommendations arising from the Keogh report (paper N) be received and noted;

(B) an assessment of UHL's compliance against the recommendations and a summary of any actions required be considered by the Executive Performance Board and presented to the Quality Assurance Committee during August 2013;

MD

(C) a more detailed follow-up report be presented to the 26 September 2013 Trust Board meeting, and

MD

(D) the Medical Director and the Acting Chief Nurse be requested to explore ways in which UHL staff could be nominated and released from duties to support the CQC inspection teams.

MD/
ACN

196/13 **QUALITY AND PERFORMANCE**

196/13/1 Month 3 Quality and Performance Report

Paper O, the quality and performance report for month 3 (month ending 30 June 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 23 July 2013 QAC meeting:-

COO

- 62 day cancer performance (reported 1 month in arrears) – May 2013 performance had not been compliant with the target and the Committee had reviewed recovery plans which appeared to be reliant upon creation of additional imaging capacity and improvements in imaging performance. The 62 day cancer target had since been met for June 2013 (although not at tumour site level) and the Committee had requested a follow-up report on this issue;
- although fractured neck of femur performance had been RAG rated as red, no performance exception report was provided. The Committee had requested a follow-up report on this issue;
- Acting upon Results – one of UHL's 5 Critical Safety Actions – had been RAG rated as green although the Committee had noted that approximately 18% of serious untoward incidents involved a failure to act upon results. The Committee had requested that an increased focus be maintained in respect of the improvement plan and the pace of its delivery, and
- statutory and mandatory training compliance stood at 46%, which had been deemed unacceptable and a series of enabling actions to improve compliance had been agreed. The Director of Human Resources briefed the Board on the arrangements for learning from pockets of good performance within the Trust and commented that it would be useful to incorporate statutory and mandatory training compliance data within the Quality and Performance report on a monthly basis.

DHR

Paper O1 provided the Minutes of the QAC meeting held on 18 June 2013 for noting.

The Medical Director reported on the quality and patient safety related aspects of the month 3 Quality and Performance report, advising that:-

- (i) capacity for treating fractured neck of femur patients was being reviewed following 2 consecutive months of disappointing performance. Exception reports would be provided to any future meetings where a non-compliant position was reported. The Chairman queried whether it might be appropriate for the Director of Research and Development to re-visit the previous project to improve fractured neck of femur care and noted in response the Medical Director's view that capacity needed to be linked closely with demand and that local demand was increasing alongside the age profile of the local population;
- (ii) the threshold for VTE risk assessments within 24 hours of admission had been raised from 90% to 95% and June 2013 performance stood at 93.1%. Further administrative support was being arranged within admissions areas to address issues relating to timely capture of the relevant data, and
- (iii) the threshold for Caesarean Section rates had been set at 25% by local agreement with Commissioners as part of the 2010-11 CQUIN scheme. UHL's Caesarean Section rates were noted to benchmark well against other providers usually, therefore a review of the threshold was underway to agree a more realistic threshold (based upon national guidance).

Ms K Jenkins, Non-Executive Director noted that the June 2013 data for 30 day emergency readmissions was not completed in the table on page 1 of paper O due to the timing of the report and availability of the data. The Chief Operating Officer agreed to provide this data to Ms Jenkins outside the meeting (once it became available).

COO

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

- the overall June 2013 Friends and Family Test score (reduced to 64.90 from 73.94 in May 2013) reflected a broader spectrum of patients' views and an increase in the number of passive responses received. Professor D Wynford-Thomas commented upon the graphical representation of the ED Friends and Family Test score, noting a satisfactory trend but commenting upon the limited historical data available within the

Trust. He suggested that consideration be given to using national data for benchmarking purposes, and

- Commissioners had issued a contract query seeking further assurance of the Trust's ability to achieve zero avoidable pressure ulcers. A remedial action plan had been presented to the Contract Performance Meeting on 25 July 2013, but the Director of Finance and Business Services advised that negotiations were continuing to agree an appropriate recovery trajectory.

The Chief Executive noted the increased transparency relating to nurse to bed ratios (as provided in section 4.3 of paper O) and advised the Board that a Trust wide review of ward acuity and staffing levels was currently taking place to verify the funded establishment for each ward.

The Chief Operating Officer briefed the Trust Board on UHL's month 3 operational performance particularly highlighting the following issues by exception:-

- (a) ED 4 hour performance – month to date performance for July 2013 stood at 87.6%;
- (b) RTT admitted performance had not been delivered in 5 specialities. Demand and capacity plans were currently being tested using a tool provided by the NHS England Intensive Support Team and sustainable plans for specialty level compliance were being developed;
- (c) 62 day cancer performance (reported 1 month in arrears) – overall Trust level performance was compliant for June 2013, although the targets had not been met for each tumour site;
- (d) cancelled operations – 1% of operations had been cancelled on or after the day of admission for non-clinical reasons (against the threshold of 0.8%). A performance exception report was provided at appendix 4;
- (e) an improvement plan had been developed and submitted to Commissioners to address stroke performance and an exception report was provided at appendix 5, and
- (f) delayed discharges – 211 episodes had been recorded for June 2013 demonstrating an improvement in performance for both City and County patients when compared to the May 2013 data (325 episodes).

The Director of Human Resources reported on the Trust's appraisal rate which stood at 90.7% against the target of 95% and she highlighted some of the challenges experienced during the long term absence of a line manager. Under such circumstances, arrangements were being made for a less comprehensive appraisal to be carried out by another manager during the intervening period.

In response to queries raised by Ms K Jenkins, Non-Executive Director discussion took place regarding the consequences of staff missing their regular appraisal and the value of having a meaningful discussion regarding individual progress against mutually set objectives. It was noted that the likely period of absence was not always known from the start and a degree of judgement was required relating to the circumstances of any managerial absence.

In respect of staff sickness, the reported June 2013 position (3.6%) was expected to reduce slightly as periods of absence were closed down. As part of the Well Being at Work Programme a successful Fun Day had been held on 6 July 2013. The event had been well attended by several hundred staff, family and friends and plans were being developed to build on the success of this event for 2014.

Mr R Kilner, Non-Executive Director noted that both appraisal and sickness absence performance had deteriorated since the same period for 2012-13 and he suggested that it might be more appropriate to RAG rate these metrics as red, rather than amber. Discussion took place regarding potential barriers to incremental pay progression in the event of poor sickness absence and appraisal performance and non-attendance at statutory and

mandatory training sessions.

Resolved – that (A) the quality and performance report for month 3 (month ending 30 June 2013) be noted;

(B) consideration be given to inclusion of statutory and mandatory training compliance within the quality and performance report;

DHR/
COO

(C) the Chief Operating Officer be requested to provide 30 day readmissions data for June 2013 to Ms K Jenkins, Non-Executive Director (when available), and

COO

(D) the Minutes of the 18 June 2013 Quality Assurance Committee meeting (paper O1) be received and noted.

196/13/2 Emergency Care Performance and Recovery Plan

Paper P provided an overview of ED performance during June 2013. The Chief Operating Officer particularly highlighted the success of the single front door model of care and that 2 of the 5 quality indicators had been met for June 2013 – the percentage of patients leaving without being seen and the median time to treatment. He commented upon opportunities to fine-tune the monthly ED performance report moving forwards.

Paper P1 detailed the actions being taken by UHL to improve emergency care performance with the aim of achieving sustainable compliance with the 95% 4 hour target by the end of September 2013. The Chief Operating Officer apologised for the late circulation of paper P1, noting that this report formed a subsection of a wider report being prepared to improve emergency care services provided across the whole of the LLR health and social care system. It was agreed that the final version of the LLR wide improvement plan would be circulated to Trust Board members for information once finalised. UHL's section of the plan was primarily focused around addressing the key reasons for ED breaches and one of the immediate actions was to ensure that the reason for any ED breach was accurately recorded.

COO

Professor D Wynford-Thomas, Non-Executive Director congratulated the Chief Operating Officer on the insightful data provided in the charts on page 2 of paper P1, providing breach analyses by time of day and day of week over the past 6 months. Professor Wynford-Thomas also sought and received further information regarding national trends in ED performance and the systems, processes and winter planning required to create a buffer against further variances in activity.

Ms J Wilson, Non-Executive Director sought additional information regarding the Urgent Care Centre's accountability for any further refinements required to the single front door protocols, the change in mindset required in some instances to reduce the number of 4 hour breaches, and opportunities for the Trust Board to review the learning points arising from the Right Place Consulting project (when appropriate).

In addition, the Trust Board received a presentation by Dr L Walker, Clinical Lead for Acute Medicine and Dr E Laithwaite, Clinical Lead for Acute Geriatrics, providing an overview of recent changes to UHL's Acute Medical Unit model. Dr Walker presented a set of slides illustrating the pros and cons of the previous model (as implemented in February 2013 by Right Place Consulting) and described the improved patient flows delivered by the new model. Assurance was provided that all Consultants had been engaged in the development of the new process and that a review of GP admissions routes was underway with a view to increasing the number of direct GP admissions and possibly reducing some of the pressure on ED. Dr Laithwaite reported on progress with the arrangements to re-instate the Acute Frailty Unit, noting that currently the service was currently available from Monday to Friday, but the plan was to re-instate a full 7 day service.

Ms J Wilson, Non-Executive Director sought assurance from the Clinical Leads regarding their level of confidence that the existing bed capacity was sufficient to manage current and future demand. In response, it was noted that some additional capacity within the assessment units might help to improve discharge rates prior to admission for some cohorts of patients. Once admitted, the Trust's ability to discharge these patients in a timely manner was noted to diminish.

Mr R Kilner, Non-Executive Director sought and received additional information regarding the added value of Consultant Geriatrician input within the ED and the associated impact upon patient length of stay. Members noted that the Emergency Care Action Team (ECAT) was also pursuing the development of pathways to facilitate a higher proportion of direct GP admissions.

Ms K Jenkins, Non-Executive Director sought assurance that the proposed ED performance trajectory was likely to be accepted by the TDA and that the action plan would be clearly mapped to this trajectory. She suggested that further presentations from key UHL clinicians be scheduled on the Trust Board agenda and the Chief Executive advised that the Executive Team would review the merits of this suggestion.

CE

Resolved – that (A) the reports on UHL's Emergency Care Performance and Recovery Plan (papers P and P1) be received and noted, and

(B) the Chief Operating Officer be requested to circulate the finalised version of the LLR Emergency Care Recovery Plan to Trust Board members for information, and

COO

(C) the Executive Team consider the merits of arranging further clinical presentations to the Trust Board relating to the emergency care system.

CE

196/13/3 Month 3 Financial Performance

Paper Q detailed the Trust's month 3 financial performance and paper Q1 provided the Minutes of the 26 June 2013 Finance and Performance Committee meeting for noting. 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 3 financial position at the meeting held on 24 July 2013. Noting that the detailed financial summary was provided within paper Q, he drew the Board's attention to the following key issues:-

- (a) the financial deficit at the end of June 2013 had materially accelerated since May 2013 and the Committee had noted that the overspend on pay was not fully offset by patient activity or additional capacity;
- (b) financial recovery plans had been presented from the Acute and Planned Care Divisions, but neither of these had provided adequate assurance and further work was being undertaken by the Executive Team to manage the recruitment of premium paid staff in specific areas;
- (c) a major review of the nursing workforce was underway and due to be completed in the first week of August 2013. Assurance was provided that this review was consistent with the findings of the Francis and Keogh reports and would ensure that all wards were appropriately staffed in line with the patient acuity. A key component of this work would be addressing the current level of nursing vacancies (approximately 260) which were being covered by an approximate 50:50 mix of bank and agency staff. Opportunities to increase the bank fill rate were being explored and members noted potential estimated savings of £2m per annum associated with this work;
- (d) a report on the detailed management of UHL's cash flow (particularly during the month of October 2013) had been requested for submission to the 28 August 2013 Finance and Performance Committee meeting, and

(e) the Committee had agreed to undertake a detailed review of 3 material CIP schemes at the 28 August 2013 meeting:- (i) right sized nursing workforce, (ii) theatre productivity, and (iii) medical workforce productivity. A review of the outpatients project would be submitted to the 25 September 2013 meeting.

The Director of Finance and Business Services advised the Board that CIP delivery was on track in headline terms but commented that the Trust's workforce had increased since the same period in 2012-13 by approximately 300 posts. The majority of these posts were based within the Acute and Planned Care Divisions. Section 1.5 of paper Q summarised the arrangements for managing the Trust's cash position and section 1.6 detailed the year to date progress against the Capital Programme. A breakdown of penalties was provided in section 1.3.4 and members particularly noted that no provision had been made for fines arising from ambulance turnaround times.

Ms K Jenkins, Non-Executive Director noted a significant increase in monthly pay expenditure between August 2012 and May 2013 and the Director of Finance and Business Services reported on the increased medical cover to cover new doctors' rotas and the impact of a 1% pay increase.

The Chief Executive circulated copies of paper Q2, providing a summary of the key issues arising from consideration of the Acute and Planned Care Divisional recovery plans at the Executive Performance Board and Finance and Performance Committee meetings held on 23 and 24 July 2013, respectively. Section 3 of paper Q2 set out the detailed actions that had been agreed by the Executive Performance Board and the Finance and Performance Committee in order to strengthen assurance relating to robust financial recovery plans.

Resolved – that (A) the Month 3 Financial Performance report, Minutes of the 26 June 2013 Finance and Performance Committee meeting and summary of Divisional Recovery Plans (papers Q, Q1 and Q2) be received and noted, and

(B) an update on the Divisional Financial Recovery plans be provided to the 29 August 2013 Trust Board meeting.

DFBS/
COO

196/13/4 NHS Horizons – Facilities Management Performance Report Quarter 1 2013-14

Due to the timing of this meeting, the Quarter 1 Facilities Management Performance report (paper R) was not yet available and discussion on this item was deferred to the 29 August 2013 Trust Board meeting.

Resolved – that consideration of the Quarter 1 Facilities Management Performance report be deferred to the 29 August 2013 Trust Board meeting.

DFBS

196/13/5 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns for July 2013 (paper S refers) and welcomed any comments or questions on this report. He noted that the TDA template for self certification against progress towards FT status was still awaited. The July 2013 self certification against Monitor Licensing Requirements (appendix A), Trust Board Statements (appendix B) and Single Operating Model return (appendix C) were 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 returns for July 2013 be approved for signature by the UHL Chairman and Chief Executive, and submitted to the TDA as required.

CHAIR
MAN/
CE

197/13 **STRATEGY AND FORWARD PLANNING**

197/13/1 LLR Better Care Together Programme – Progress Report

The Chief Executive presented paper T, providing a progress report on the governance structure of the LLR Better Care Together Programme and he thanked Ms H Seth, Head of Planning and Business Development for preparing this report. Members noted that UHL's Director of Finance and Business Services would now be chairing the Economic Activity and Capacity Modelling Task Group and that a consistent and regular reporting mechanism was being implemented. Discussion took place regarding the LLR IM&T Group and how this group would interact with UHL's IM&T managed business partner IBM.

Resolved – that the progress report on the Governance Structure of LLR Better Care Together Programme be received and noted.

197/13/2 Update on UHL's Foundation Trust Application

The Chief Executive introduced paper U which updated the Trust Board in respect of UHL's application process for Foundation Trust status. Members noted that discussion had taken place at the 23 July 2013 FT Programme Board meeting regarding the timescale for UHL's second independent review of the Quality Governance Framework Self Assessment and it had been agreed to defer this by 2 months.

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

198/13 **RESEARCH, DEVELOPMENT AND MEDICAL EDUCATION**198/13/1 Quarterly Review of Research and Development

Professor D Rowbotham, Director of Research and Development attended the meeting to introduce paper V, the quarterly update to the Trust Board in respect of Research and Development issues at UHL. Members noted that this was the first such quarterly update provided to the Trust Board, since the restructure of UHL's Trust Board Sub-Committees was undertaken in March 2013. The Research and Development Committee was now designated as an executive level group and had been re-titled as the Research and Development Executive.

A detailed quarterly performance report for the Leicestershire, Northamptonshire and Rutland Comprehensive Local Research Network (LNR CLRN) was appended to paper V and the Director of Research and Development welcomed any comments on this data.

In discussion on the report, Mr R Kilner, Non-Executive Director commended the progress outlined in section 2 of the report which set out the Trust's major strengths. In response to a series of questions raised by Mr Kilner, the Director of Research and Development (1) advised that the 3 Biomedical Research units (BRUs) would welcome greater involvement by Trust Board members, (2) confirmed that there was some scope to expand commercial partnerships, and (3) provided assurance that commercial research did generate income via a recently implemented accounting system to ensure that appropriate invoices were raised for all commercial research work undertaken at UHL.

The Chief Executive sought and received information regarding the factors which might enhance recruitment to clinical trials, although the CLRN was already above the target for both April and May 2013. This data was suggested to be a crude measure of performance due to the variance in recruitment rates between interventional studies and high level questionnaire type studies. In addition, areas of the Trust which were not undertaking any network studies were in the process of being identified and enabling actions were being taken to address this.

Professor D Wynford-Thomas, Non-Executive Director noted that many of the performance targets were process and activity related measures and suggested that future reports might include a narrative focus on the top 5 or 6 achievements.

DR&D/
MD

The Medical Director advised that Professor D Rowbotham was retiring as UHL's Director of Research and Development and that Professor N Brunskill had been appointed as his successor. On behalf of the Trust Board, the Chairman thanked Professor Rowbotham for his significant contributions, noting that he would be continuing his involvement with the East Midlands Academic Health Science Network.

Resolved – that (A) the quarterly review report on Research and Development issues (paper V) be received and noted, and

(B) consideration be given to including a narrative focus on the top 5 or 6 research and development related achievements in the next quarterly update report.

DR&D/
MD

199/13 GOVERNANCE

199/13/1 Equality Update

The Director of Human Resources introduced paper W providing a copy of the Equalities Annual Report for 2012-13 and an update in respect of the Work Programme for 2013-14. Members noted that bi-annual reports on equality issues would now be presented to the Trust Board in July and December.

Ms D Baker, Service Equality Manager attended the meeting for this item and she particularly highlighted the key achievements across all 4 domains during 2012-13. Appendix 2 provided the Workforce Equality and Diversity Programme of Work for 2013-14 and the Chief Executive requested that the Service Equality Manager adopted the standard UHL 5 colour RAG rating mechanism for monitoring progress against the actions. It was agreed that a refreshed action plan (using the revised RAG rating format) would be circulated with the 29 August 2013 Trust Board bulletin.

SEM/
DHR

Ms J Wilson, Non-Executive Director sought and received an update in respect of work being undertaken to develop inclusive leadership at all levels and opportunities to learn from other organisations (including local authorities) in respect of recruitment conversion rates. The Director of Human Resources highlighted some external recruitment training courses that had been offered to staff focusing upon value based recruitment and some work undertaken with Learn Direct to strengthen basic literacy, numeracy and IT skills.

Ms K Jenkins, Non-Executive Director noted that key challenge continued to be embedding the principles of equality in every day thinking and practice at all levels and received assurance that the results of the Divisional Equality audit would be analysed and used to provide recommendations and highlight examples of good practice. The audit results would be presented to the Trust Board in December 2013, but it was agreed that any major issues arising from the Audit would be highlighted to Ms Jenkins during the interim period (in her capacity as Audit Committee Chair).

SEM/
DHR

The Director of Corporate and Legal Affairs noted an action arising from the Board Governance Review relating to Trust Board representation and advised that this issue would be considered further at the 15 August 2013 Trust Board development session.

DCLA

Resolved – that (A) the progress report on the 2013-14 Equalities Programme and the 2012-13 Annual Report be received and noted;

(B) the Service Equality Manager be requested to refresh the action plan (using the

SEM/

standardised 5 colour RAG rating) and re-circulate this document in the August 2013 Trust Board bulletin; DHR

(C) feedback from the Equality Audit be presented to the Trust Board in December 2013 and any major issues noted be highlighted to the Audit Committee Chair in the interim period, and SEM/DHR

(D) Equality issues and Trust Board representation be considered at the Trust Board development session on 15 August 2013. DCLA

200/13 RISK

200/13/1 Board Assurance Framework (BAF) Update

The Medical Director presented the latest iteration of UHL's BAF (paper X), particularly noting that 2 new high risks had been opened during June 2013 relating to unplanned loss of theatres, ITU or critical care capacity due to estates issues or staffing shortages. The new entry agreed relating to medical education and training at UHL would be submitted to the 29 August 2013 Trust Board meeting.

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:-

- risk 1 – failure to achieve financial sustainability – no comments were made on this item;
- risk 2 – failure to transform the emergency care system – it was agreed to include the single front door model of care as one of the mitigating actions and that this risk would be reviewed again by the Board on 29 August 2013, and MD
- risk 3 – inability to recruit, retain, develop and motivate staff – members noted that the actions currently being undertaken to strengthen assurance related to this risk were not accurately reflected within the paper. The Medical Director was requested to arrange for appropriate entries to be added to the action tracker. MD

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

(B) a summary of the single front door model of care be added to risk 2 and this risk be highlighted for further Trust Board review on 29 August 2013, and MD

(C) the actions in place to mitigate risks surrounding risk 3 be added to the BAF and highlighted in the action tracker. MD

201/13 TRUST BOARD BULLETIN – JULY 2013

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

202/13 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 positive comment regarding the successful implementation of the single front door model of care and a request that the performance be closely monitored moving forwards;
- (2) a question regarding the 778 delayed discharges that had occurred between April and

June 2013 (as reported in section 5.9 of paper O) and concerns raised that the closure of Charnwood Ward at Loughborough General Hospital might increase the number of delayed discharges from UHL's wards. The Chief Operating Officer confirmed that he would be examining this risk in some detail. In the meantime, the impact of a pilot Intensive Community Service initiative upon UHL bed capacity was being assessed. Requirements for Community bed capacity would be made explicit within the LLR emergency care recovery plan;

- (3) concerns raised regarding the waiting times for imaging results. In response it was noted that the Quality Assurance Committee would be reviewing the action plan surrounding 62 day cancer performance at its August 2013 meeting and some of the actions identified for additional focus would also improve imaging turnaround times;
- (4) a question raised in respect of significant reductions in the Friends and Family Test scores for Ward 19 and the Bone Marrow unit at the LRI. In response, the Acting Chief Nurse advised that both of these areas had received a low rate of returns in June 2013 and this had adversely affected their scores, and
- (5) a question regarding UHL's FT timetable and whether the arrangements to delay the second Quality Governance Framework would impact upon the overall timeline. In response, the Chief Executive provided assurance that there would still be scope to complete the Trust's application process within the timescale previously indicated as there was some margin for manoeuvre within the timeframes set for key milestones.

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

203/13 ANY OTHER BUSINESS

203/13/1 Fundraising

The Director of Finance and Business Services invited Trust Board members to sponsor him during his forthcoming cycling event and he advised that the proceeds would be donated to the Leicester Hospitals Charity Our Space Appeal.

Resolved – that the information be noted.

204/13 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 29 August 2013 in Seminar Rooms A and B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 4.30pm

Kate Rayns,
Trust Administrator

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Hindle (Chair)	5	5	100	R Mitchell	1	1	100
J Adler	5	5	100	P Panchal	5	4	80
T Bentley*	4	1	25	I Reid	4	4	100
K Bradley*	5	4	80	C Ribbins	3	3	100
I Crowe	1	1	100	A Seddon	5	5	100
S Dauncey	1	1	100	J Tozer*	3	2	66
K Harris	5	5	100	S Ward*	5	5	100
S Hinchliffe	2	2	100	M Wightman*	5	4	80
K Jenkins	5	5	100	J Wilson	5	4	80
R Kilner	5	5	100	D Wynford-Thomas	5	2	40

* non-voting members