

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 25 APRIL 2013 AT 9AM IN ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL****Present:**

Mr M Hindle – Trust Chairman  
 Mr J Adler – Chief Executive  
 Ms K Bradley – Director of Human Resources  
 Dr K Harris – Medical Director  
 Mrs S Hinchliffe – Chief Nurse/Deputy Chief Executive  
 Ms K Jenkins – Non-Executive Director (from part of Minute 100/13/1)  
 Mr R Kilner – Non-Executive Director  
 Mr P Panchal – Non-Executive Director (up to and including part of Minute 111/13/3)  
 Mr I Reid – Non-Executive Director  
 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 I George – Staff Nurse, Ward 21, Leicester Royal Infirmary (for Minute 111/13/2)  
 Dr T Bentley – Leicester City CCG Representative (from Minute 107/13)  
 Ms J Carlin – Matron, Ward 21, Leicester Royal Infirmary (for Minute 111/13/2)  
 Ms T Jones – Head of Communications (representing the Director of Communications and External Relations from Minute 107/13)  
 Mrs K Rayns – Trust Administrator  
 Ms C Ribbins – Director of Nursing/Deputy DIPAC (for Minute 111/13/2)  
 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 (up to and including Minute 106/13)

**ACTION****93/13 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 93/13 – 106/13), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**94/13 APOLOGIES**

Apologies for absence were received from Mr M Wightman, Director of Communications and External Relations (for Minutes 107/13 to 120/13 inclusive).

**95/13 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

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

**96/13 CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS**

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

97/13 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meetings held on 28 March and 5 April 2013 be confirmed as correct records.

98/13 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.

99/13 REPORT 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.

100/13 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.

101/13 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.

102/13 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 of commercial interests and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

103/13 REPORT BY THE DIRECTOR OF HUMAN RESOURCES

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

104/13 REPORTS 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.

105/13 REPORTS FROM BOARD COMMITTEES

105/13/1 Audit Committee

Resolved – that the confidential Minutes of the 3 April 2013 Audit Committee meeting (paper I) be received and noted.

105/13/2 Empath Programme Board

**Resolved** – that the confidential Minutes of the 25 March 2013 Empath Board meeting and the consolidated Director’s report (papers J and J1) be received and noted.

105/13/3 Finance and Performance Committee

**Resolved** – that the confidential Minutes of the Finance and Performance Committee meeting held on 27 March 2013 (paper K) be received and noted.

105/13/4 Quality Assurance Committee

**Resolved** – that, subject to an amendment to clarify that the meeting had been Chaired by Ms J Wilson, Non-Executive Director, the confidential Minutes of the Quality Assurance Committee meeting held on 19 March 2013 (paper L) be received and noted.

TA

## 106/13 CORPORATE TRUSTEE BUSINESS

106/13/1 Charitable Funds Committee

**Resolved** – that the confidential Minutes of the 15 March 2013 Charitable Funds Committee meeting (paper M) be received and noted.

## 107/13 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

## 108/13 CHAIRMAN’S AND CHIEF EXECUTIVE’S OPENING COMMENTS

The Chairman welcomed Ms T Jones, Head of Communications and Dr T Bentley, GP and Leicester City CCG Board member to the meeting, advising that Dr Bentley would be attending future UHL Trust Board meetings as a co-opted non-voting representative on behalf of the Leicester City Clinical Commissioning Group (CCG) as UHL’s lead Commissioner and noting that similar reciprocal arrangements were being established for a UHL clinician to attend the Leicester City CCG Board meetings. He drew the Board’s attention to the following issues:-

- (a) the Trust’s achievements in reducing clostridium difficile infections by 20% during the financial year 2012-13 and only having 2 incidences of MRSA during the same period. Whilst he conceded that this was still 2 cases too many, the Chairman recorded an appreciation of the concerted efforts of the Chief Nurse/Deputy Chief Executive, the Infection Prevention Team, Microbiologists and all staff in achieving this significant improvement in infection prevention performance;
- (b) this would be the last Trust Board meeting attended by Mrs S Hinchliffe, Chief Nurse/Deputy Chief Executive before she left the Trust in May 2013 to take up her new post as Chief Nurse at Leeds Teaching Hospitals NHS Trust. On behalf of the Trust Board, the Chairman recorded an appreciation of the significant contributions provided by Mrs Hinchliffe during the 4 years she had worked for UHL, citing the excellent work in driving down hospital acquired infections as just one example.

The Chief Executive noted the following key issues:-

- (c) following interviews held on 22 April 2013, the Trust had appointed a Chief Operating Officer and a formal announcement was expected to be made on 26 April 2013 in this respect;
- (d) an interview date for the post of Chief Nurse had been arranged for 24 May 2013, and
- (e) continued pressures on the emergency care system remained a concern, but he provided assurance that the Trust was doing everything possible (both internally and

externally) to improve the position within the national context of challenging emergency activity and performance levels.

## 109/13 MINUTES

**Resolved – that the Minutes of the Trust Board meeting held on 28 March 2013 (paper N) be confirmed as a correct record.**

## 110/13 MATTERS ARISING FROM THE MINUTES

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

- (a) Minute 73/13/3 – the Chief Nurse/Deputy Chief Executive confirmed that discussions were being held with partner agencies from the wider LLR health economy to compile a comprehensive response to the Francis Inquiry which would identify composite whole health economy workstreams and workstreams within the remit of individual organisations to be taken forward. This comprehensive response would be shared with the Trust Board when available;
- (b) Minute 73/13/4 – an update on improvements in patient experience relating to Sickle Cell disease would be provided in the Trust Board bulletin in October 2013. In the meantime, the Chairman noted his intention to write a letter of thanks to the patient featured in the April 2013 patient story for her valued contribution, and
- (c) Minute 75/13/1 – arrangements were being made for the Quality Assurance Committee to review a “Wordle” analysis of sample complaints letters at a future meeting.

ACN

CHAIR  
MANACN/  
DCER

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

NAMED  
EDs

## 111/13 CLINICAL QUALITY AND SAFETY

### 111/13/1 Update on the Safe and Sustainable Review of Paediatric Cardiac Surgery

The Medical Director reported orally on the recent temporary closure of the Leeds centre for paediatric cardiac surgery and progress of UHL’s clinical challenge of the review process, noting that the Independent Reconfiguration Panel would be actively considering cardiac mortality outcome data in its report due to be submitted to the Secretary of State by 30 April 2013. The Medical Director confirmed his view that UHL had articulated its clinical case well for retaining this service in Leicester and that the Trust would now await the outcome of the Secretary of State’s review. In the meantime, the legal proceedings continued and NHS England had filed for the right to appeal against the outcome of the Leeds Judicial Review.

**Resolved – that the verbal information on the Safe and Sustainable review of Paediatric Cardiac Surgery be received and noted and further updates be provided to the Board as appropriate.**

MD/  
DCER

### 111/13/2 Contrasting Experiences and Quality Mark

The Chief Nurse/Deputy Chief Executive introduced 2 sets of presentation slides highlighting the following contrasting experiences that had impacted in different ways upon aspects of clinical quality, patient experience and safety at UHL:-

- (a) a summary of the challenging performance issues and interventions implemented in respect of one of UHL’s wards which had been identified as requiring special support. Additional Corporate Nursing oversight had been applied to address the issues raised in relation to ward leadership, increases in capacity, staff vacancy rates, nursing metrics,

net promoter scores, long term staffing relationships and changes in staff behaviour and culture. Following an intensive 4 week intervention period, the ward had since been taken out of special supporting measures, although a watching brief was still being maintained by Corporate Nursing.

In discussion on this presentation slide, the Board noted opportunities for learning in respect of reducing the frequency of ad-hoc visits to such wards by concerned parties and appropriate triangulation between the metrics data, the impact of additional activity levels and engagement between the Divisional Director Lead Clinician and the wider clinical team. Dr T Bentley, CCG Representative confirmed that the CCGs had noted the issues surrounding this ward and had re-visited the area following the interventions and found that the ward had a completely different atmosphere, demonstrating improved patient privacy and dignity arrangements and improved staff morale.

Responding to a query by Ms J Wilson, Non-Executive Director, the Chief Nurse/Deputy Chief Executive noted the value of good ward clerk support and the impact of ward managers and nursing staff being diverted to undertake clerical tasks. She advised that the Head of Operations was reviewing the role of ward clerks across the Trust and exploring the scope for additional investment and sharing such resources between wards in the event of any temporary staff shortages. The Interim Director of Operations provided assurance that the role of the ward clerk featured strongly in the workstreams to develop the Emergency Care Model. Ms K Jenkins, Non-Executive Director commented upon opportunities for earlier intervention in respect of any wards demonstrating a downward trend in their nursing metrics or patient experience feedback, and the Chief Nurse/Deputy Chief Executive confirmed that the possibility of reducing the trigger points (from 3 to 2) before implementing support was being reviewed but she cautioned against premature management intervention, and

- (b) Ms J Carlin, Matron, Ms I George, Staff Nurse and Ms C Ribbins, Director of Nursing/Deputy DIPAC attended the meeting to provide a presentation on the application process for the Quality Mark programme in order to promote excellence in the care of older people within UHL's general ward settings. Members noted that 8 UHL wards were in the process of applying for the Quality Mark and that this presentation was particularly focused upon progress of the application for Ward 21 at the LRI. This ward was currently undergoing stage 1 of the process, which involved data collation, identifying the ward's strengths and areas for improvement and then developing and implementing an action plan to address areas of improvement. Stage 2 of the process would involve seeking externally validated results and submission of a report to the awarding body.

During discussion on the Quality Mark presentation, members particularly commended the clock face displayed at each patient's bedside indicating when the patient was next due to be repositioned in order to avoid the risk of pressure ulcers developing. Members discussed opportunities for shared learning within other spheres of patient care provided by the Trust. Several of the Non-Executive Directors had attended this ward (and others) to sample the patient meals and excellent feedback had been provided regarding the quality of the food and the range of menu choices provided. Mr I Reid, Non-Executive Director had noted on his visit to the fractured neck of femur ward that a high proportion of the patients had been elderly and/or suffering from dementia and that a large quantity of food was wasted due to the generous meal portion sizes. He had contacted the Acting Director of Facilities to query whether there was any scope to introduce a menu selection for those patients requiring smaller portions. Ms K Jenkins, Non-Executive Director commented that one of the ward lounges in particular had a strange assortment of furniture and did not appear to represent a good use of space. In response, the Director of Nursing/Deputy DIPAC advised that one of the workstreams being taken forward under the Releasing Time to Care Programme was to work with the Facilities Department using charitable funding to upgrade such patient areas for use as

patient wellbeing treatment rooms, recreational spaces or quiet areas for breaking bad news.

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

111/13/3 UHL Quality and Safety Commitment 2012-2015 – Saving Lives Update

The Medical Director presented paper Q providing an overview of UHL's Quality and Safety Commitment goal to save an additional 1,000 lives during the period 2012-2015 and the various ways in which the Trust measured and reported its patient mortality data. A Trust Board development session had also been held on 16 April 2013 to enhance members' knowledge and understanding of the arrangements for interpreting mortality data in its varying presentations.

Members noted that Hospital Standardised Mortality Ratio (HSMR) data was commonly discussed and reported within the health service setting and that the Department of Health had more recently focused upon Summary Hospital Mortality Index (SHMI) data. It was not uncommon for these two sets of data to be interchanged in error and the Medical Director explained some of the key differences in the way that HSMR and SHMI data was compiled:-

- HSMR data was compiled from 56 diagnostic groups which accounted for approximately 80% of patient deaths, whereas SHMI data was compiled from all diagnostic groups;
- HSMR data included only deaths that occurred in a hospital setting, whereas SHMI data also included deaths within 30 days of discharge, and
- HSMR data calculations contained an allowance for palliative end of life care, whereas SHMI calculations did not.

UHL's HSMR data was normally lower than its SHMI data, although both sets of data were within the expected range for an Acute Trust. The Trust's SHMI for July 2011 to June 2012 stood at 105 and HSMR for April 2012 to January 2013 stood at 96.2, although this was expected to rise to 103 following the annual rebasing. As part of the Quality and Safety Commitment, an in-depth analysis of mortality data had been undertaken and 2 priorities had been identified for additional focus during 2013-14 – Respiratory Care Pathways and Out of Hours Admissions. Sections 6.3 and 6.4 of paper Q summarised the workstreams being progressed within the selected focus areas and the Chairman noted that the Board had already received clinical presentations on these workstreams on 28 February and 28 March 2013.

In discussion on the report, the Director of Finance and Business Services particularly queried the impact of out of hospital death rates within 30 days of discharge. In response, the Medical Director noted that the relationship between HSMR and SHMI data was partly explained by the current arrangements for transient palliative care being provided to terminally ill patients whose preference was to die at home or in a hospice setting. Dr T Bentley, CCG representative noted the need for suitable primary care facilities to treat palliative care patients safely and queried whether UHL's mortality data could be broken down by hospital site. The Medical Director confirmed that a breakdown could be provided by hospital site, but he stressed that the data was only intended to be used at a Trust level, noting the statistical differences between Trusts with and without an Emergency Department and the impact of elective and non-elective patient activity levels between hospital sites.

**Resolved – that (A) the saving lives update arising from the Quality and Safety Commitment 2012-15 (paper Q) be received and noted, and**

**(B) the Trust's mortality data continue to be monitored through the Quality and Performance reports, with updates on progress with the Quality and Safety Commitment being provided to the Quality Assurance Committee.**

MD

111/13/4 Emergency Planning – Major Incident Plan and Emergency Planning Year Plan for 2013-14

The Interim Director of Operations presented UHL's updated Major Incident Plan (paper R) for Trust Board approval as required by the Care Quality Commission, noting that this version reflected a "light touch" review to reflect national changes in the NHS organisational structure and UHL's revised Divisional structure. A table of the amendments was provided on page 2 of the report. Members also received and noted the emergency planning year plan for 2013-14 (as appended to paper R) which set out the scheduled programme of work for the forthcoming year. The Trust Board endorsed the Major Incident Plan and requested that it be shared with the appropriate external agencies, published on UHL's intranet and disseminated within the Trust accordingly.

**Resolved – that the Major Incident Plan (paper R) be endorsed and shared appropriately with external agencies, published on UHL's intranet and disseminated within the Trust accordingly.**

IDO

112/13 **STRATEGY AND FORWARD PLANNING**112/13/1 Annual Operational Plan, Draft Capital Programme and Draft Trust Priorities for 2013-14

The Director of Finance and Business Services introduced paper S which provided a summary of the 2013-14 Annual Operational Plan, as approved by the Trust Board and submitted to the Trust Development Authority on 5 April 2013. He drew members' attention to the key features of the plan for securing progress in line with UHL's Strategic Direction and the areas of risk and approach to mitigation particularly noting the challenges surrounding the emergency care system and financial performance. Members considered the arrangements for continued local negotiations to agree Commissioner activity plans, the Trust's £40.4m cost improvement target for 2013-14, controls in place to safeguard patient quality and safety within cost improvement schemes and the process for independently reviewing any high value/high risk schemes with Commissioners. An internal process was continuing to review the cost pressures identified by Clinical Divisions and Corporate Directorates arising from their business planning processes. These cost pressures included an element of additional nurse staffing to support higher levels of patient acuity and maintain safe staffing levels as set out in the recommendations arising from the Francis Inquiry. The Executive Team was expected to close down and approve the final schedule of cost pressures within the next 2 weeks.

DFBS

The Chief Executive particularly drew the Board's attention to the improvement and developmental priorities (as detailed in appendix 1 to paper S) and outlined the key factors for achieving FT status which were noted to include the agreement of a longer term strategy through the Better Care Together Programme, achieving a resilient financial position and external factors (such as the Francis Inquiry). He stressed the importance of not setting artificial deadlines for achieving FT status, but confirmed that the Trust's aim would be to achieve authorisation in April 2015, subject to formal TDA approval of this proposed trajectory.

In response to a query raised by Mr R Kilner, Non-Executive Director regarding the 2013-14 Financial Plan, the Director of Finance and Business Services confirmed that an allowance for some cost pressures had been built into the plan within the £10m contingency specified on page 13 of the report. On behalf of the Trust Board, the Chairman thanked the Chief Executive and the Director of Finance and Business Services for their work in finalising the Annual Operational Plan, which had been endorsed by the Trust Board at an Extraordinary Trust Board meeting held on 5 April 2013.

**Resolved – that (A) the 2013-14 Annual Operating Plan (as presented in paper S) and the associated NTDA checklists (as circulated to Trust Board members on 9 April**

2013) be endorsed, and

**(B) progress reports on the implementation of the 2013-14 Annual Operating Plan be presented to the Trust Board throughout the year (as appropriate).**

DFBS

112/13/2 Improvement and Innovation Framework

The Chief Executive reported orally on the implementation arrangements for UHL's Improvement and Innovation Framework (IIF) and the development of Service Line Management (SLM), advising that the finalised proposals would be presented to the Trust Board in June 2013. He reported on the efficiency gain requirements and the arrangements for refreshing (but not undermining) the Trust's previous transformation programme and continuing those areas where good progress was being made. The next steps would be to populate the framework, agree the process and resources for taking it forward and finalise the arrangements for progressing bids for transformational funding. A close connection would be maintained between the IIF and the Better Care Together Programme and it was noted that there were likely to be some areas of overlap.

In respect of SLM development, the Chief Executive noted the benefits of specialty level information flows and service economics, noting that organisations that were well advanced with SLM tended to perform well. Mr I Reid, Non-Executive Director and Chairman of the Finance and Performance Committee confirmed that a further progress report was due to be provided to the 29 May 2013 Finance and Performance Committee meeting and that an organisation structure had been requested to demonstrate areas of flexibility and key lines of accountability.

CE

**Resolved – that (A) the verbal report on the implementation of UHL's Improvement and Innovation Framework (IIF) and the development of Service Line Management (SLM) be received and noted, and**

**(B) the Chief Executive be requested to present the final arrangements for IIF and SLM to the Trust Board in June 2013.**

CE

112/13/3 LLR Better Care Together (BCT) Governance Structure

The Chief Executive reported orally on the recent significant refresh of the Better Care Together Programme, which now included a range of new, existing and revised workstreams and collaborative projects. Each workstream was being led by one of the LLR Chief Executive Officers and a Senior Programme Director was expected to be recruited. In addition, a small BCT project team would be embedded within the partner organisations. The Chief Executive confirmed that a formal report on the governance structure and progress of the associated workstreams would be presented to a future Trust Board meeting.

CE

**Resolved – that (A) the verbal information on the development of the LLR Better Care Together Programme be received and noted, and**

**(B) the Chief Executive be requested to present a formal report on the BCT governance structure and progress of workstreams to a future Trust Board meeting.**

CE

113/13 **HUMAN RESOURCES**

113/13/1 Listening into Action (LiA) – Update

The Chief Executive commented upon the excellent progress to date with implementation of the Listening into Action framework at UHL and handed over to the Director of Human Resources who introduced the LiA progress report (paper V). The Trust Board noted that



the formally appointed LiA leadership team consisted of a Consultant and 2 Modern Matrons (seconded internally for a period of 12 months) and an externally appointed LiA co-ordinator. The LiA Sponsor Group was extremely active and the fortnightly meetings were being well attended. Section 5 of the report detailed the 6 LiA events being hosted by the Chief Executive between 30 April and 9 May 2013 with approximately 80 staff expected to attend each event representing a good cross-section of the Trust. Outputs from the LiA events would be developed into themes to inform a series of “quick wins” within 2 weeks of the events being held and the Trust would be selecting the first 10 teams to adopt LiA in a particular department or patient pathway. A baseline “pulse check” assessment had been undertaken together with journey scorecards and a further assessment would be taken in 12 months’ time in order to measure the level of improved engagement.

In discussion on this item, Ms J Wilson Non-Executive Director queried the expected timescales for any identified “quick wins”, noting in response that this might range from 2 weeks to 2 months depending upon the nature of identified issues. Responding to a further query raised by Ms K Jenkins, Non-Executive Director, the Director of Human Resources advised that the next “pulse check” survey would be undertaken in 12 months’ time and she agreed to review comparative data from other Trusts which had already implemented LiA to gauge the level of improvements that might be expected. The Director of Human Resources agreed to present a synopsis of the themes emerging from the LiA events to the 30 May 2013 Trust Board meeting.

DHR

The Chief Nurse/Deputy Chief Executive reported on a recent Corporate exercise undertaken to purchase small items of equipment for wards and departments where deficiencies had been noted (eg patella hammers) and the Director of Finance and Business Services was requested to explore a more robust and sustainable process to support such procurement issues.

DFBS

**Resolved – that (A) the update on implementation of Listening into Action at UHL be received and noted;**

**(B) the Director of Finance and Business Services be requested to explore a more sustainable solution for procurement of small items of equipment for wards and departments, and**

DFBS

**(C) a further update on LiA implementation be presented to the 30 May 2013 Trust Board meeting (to include comparative pulse check data from other Trusts and a synopsis of themes arising from the UHL LiA events).**

DHR

113/13/2 Analysis of National Staff Survey Results 2012

Further to Minute 74/13/1 of 28 March 2013, the Director of Human Resources introduced paper W, providing members with an update on progress with defining the National Staff Survey measures relative to the Trust’s Organisational Development Plan Priorities.

Particular discussion took place regarding potential reasons for the low staff survey results in Pathology in respect of Key Finding 24 (1) the percentage of staff who would recommend UHL as a place to work (appendix 5 refers). Members considered the potential impact of the Empath joint venture upon staff morale and engagement and requested the Director of Human Resources to seek the corresponding data from the NUH Pathology department to enable a comparison to be made.

DHR

Members challenged the following refreshed 2015 target scores provided against 15 core questions (as detailed in appendix 2):-

- (a) care of patients/service users is my organisation’s top priority (69%)
- (b) if a friend or relative needed treatment I would be happy with the standard of care

- provided (66%)
- (c) communications between senior management and staff is effective (40%)
- (d) how satisfied are you with the extent to which the organisation values your work (51%), and
- (e) staff who had personally experienced discrimination at work (3%).

The Director of Human Resources agreed to review the average improvements in National Staff Survey results for Trusts that had implemented LiA and map these across to UHL's targets for improvements in 2015. She also agreed to review the scope to implement a zero target in respect of item (e) discrimination. An update on these workstreams would be provided in the quarterly report on workforce related issues due to be presented to the Board in June 2013. Members also noted that the 2013 National Staff Survey results would be presented to the Trust Board in January 2014.

DHR

DHR

DHR

**Resolved – that the Director of Human Resources be requested to:-**

DHR

- (1) compare the UHL Pathology Staff Survey results with the corresponding data for NUH Pathology;**
- (2) map the average improvements in Staff Survey results for Trusts that had implemented LiA across to the 2015 UHL targets;**
- (3) present a further update to the June 2013 Trust Board meeting (as part of the quarterly report on workforce related issues), and**
- (4) present the 2013 National Staff Survey results to the January 2014 Trust Board meeting.**

## 114/13 QUALITY AND PERFORMANCE

### 114/13/1 Month 12 Quality and Performance Report

Paper X, the quality and performance report for month 12 (month ending 31 March 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 reported on the following items considered at the 16 April 2013 QAC meeting, noting that this meeting had been shorter than usual due to the Trust Board development session held that day in respect of mortality:-

- nurse staffing ratios – 4 wards had been noted to be slightly below the required ratio and additional mitigating actions had been put in place. The Committee had reviewed these, alongside the longer term recruitment plans;
- a supplementary report had been submitted in respect of ED staffing levels and assurance was provided to the Committee within the context of national staffing shortages. The Chief Nurse/Deputy Chief Executive advised that 17 additional qualified staff had recently been recruited to work in ED and were due to commence in post imminently, and
- the draft 2012-13 UHL Quality Account which was still under development but demonstrated some marked improvements since 2011-12. The final version was expected to be presented to the June 2013 Trust Board meeting.

CN/DCE

The Chief Nurse/Deputy Chief Executive highlighted key elements from the patient safety, quality and patient experience section, particularly noting that:-

- (a) at the time of writing, there had been no Never Events during the previous four months. However, a Never Event had since been reported during April 2013 involving the wrong prosthetic knee replacement being implanted in a patient, despite the appropriate checks being carried out prior to the operation. The surgeon had noticed the error towards the

- end of the procedure and corrective action had been taken immediately. The patient had suffered no ill-effects following this event and had been informed appropriately;
- (b) 2 wards had been receiving special Corporate Nursing support to improve their nursing metrics and patient experience scores;
  - (c) the year end MRSA performance had been pleasing, with no additional cases being reported for March 2013, bringing the total for the year to 2 cases (against a trajectory of no more than 6 cases);
  - (d) consideration of the plans for meeting the challenging 2013-14 trajectory for clostridium difficile was due to take place at the next Public Health Board and the outcome of the Executive Team's review of the actions surround prescribing and best practice would be reported to the May 2013 Trust Board meeting through the Quality and Performance Report, and
  - (e) the Trust's overall net promoter score had improved in 2012-13 by 13.5 points from the baseline.

CN/DCE

Mr R Kilner, Non-Executive Director queried what the 3 year and 1 year targets were for improving the net promoter score and the plans in place for rolling out the net promoter coverage to other areas. In response, the Director of Nursing advised that the Trust aimed to maintain the in-year improvements in respect of existing wards and focus on embedding the process in additional areas including ED, outpatients and maternity services.

Responding to a query raised by Ms K Jenkins, Non-Executive Director, the Interim Director of Operations reported on the process to reduce imaging waiting times and a forthcoming business case for additional investment which was expected to be presented to the Trust Board in June 2013. The Chief Nurse/Deputy Chief Executive responded to a further query from Ms Jenkins regarding variations in the net promoter score for the medicine CBU and the additional focus being applied to improve patient response rates and triangulate the data with the outcomes of the ward health check data. She also noted that a more detailed report on the National Patient Survey results would be presented to the Quality Assurance Committee in due course.

CN/DCE

In respect of patient mortality data, the Medical Director advised the Trust Board that UHL's mortality RAG-rating was expected to move from green to amber in the next iteration of the Quality and Performance report, due to a change in the reporting methodology from Hospital Standardised Mortality Ratio (HSMR) to Summary Hospital Mortality Index (SHMI) data. A full narrative explanation would be provided within the management commentary, but the Board noted that this would not represent a material change in UHL's performance.

MD

The Interim Director of Operations briefed the Trust Board on the Trust's month 12 operational performance particularly highlighting the exception reports in respect of the following areas:- (1) 62 day cancer target; (2) choose and book slot availability; (3) cancelled operations; (4) stroke quality indicators and (5) RTT admitted performance for ENT service. A separate report on ED performance was provided at paper Z1 (Minute 114/13/2 below refers).

Detailed Trust Board discussion took place regarding 62 day cancer performance which was noted to be always reported a month in arrears due to the length of this pathway. February 2013 performance stood at 75.3% against a target of 85% and it was predicted that March 2013 performance would also be below the target. The Interim Director of Operations particularly commented on the impact of 2 hepatobiliary patients with waits of 187 days and 251 days respectively. These patients had transferred from other centres and a full root cause analysis was being undertaken to ascertain whether any patient harm had been caused by these delays within the patient pathways. The Chairman sought and received assurance that everything possible was being done to ensure appropriate progression of the care pathways for such patients. Action plans had been developed for all tumour sites and areas for additional focus had been identified within the diagnostics phase of the pathway and the structure of the cancer centre. Additional cancer trackers were being recruited and

it was hoped that performance targets would be met for April 2013. Dr T Bentley, CCG Representative commented upon CCG discussions regarding 62 day cancer performance and offered his support as a resource in taking forward any identified primary care or commissioning issues. The Director of Finance and Business Services noted the cost pressures for UHL surrounding the recruitment of additional cancer trackers and expanding diagnostic capacity. He also commented upon the arrangements for shared cancer breaches with other centres, suggesting that the Trust should not be accountable for cancer breaches prior to patients arriving at UHL, unless this was part of an agreed network protocol.

The Director of Human Resources reported on the workforce related issues arising from the month 12 Quality and Performance report, advising that the 100% stretch target for staff appraisals was being reduced to 95% in recognition of the Trust's excellent benchmarking data and the extenuating circumstances that could lead to some appraisals being conducted outside the 12 month target. She provided assurance that timely and good quality appraisals would remain a crucial part of staff experience at UHL and that training was being provided to a number of new managers who had expressed an interest in becoming appraisers. The Chief Executive noted an underlying concern that the 5% might include a number of staff who were missing their appraisal on a regular basis. To ensure that this was not the case, the Director of Human Resources agreed to review and monitor a list of all staff who had not received their appraisal during 2012. In terms of staff sickness, the reported March 2013 data stood at 4.1%, which was expected to reduce by 0.5% as episodes of ongoing sickness were closed down and reported. It was noted that 3 CBUs had reported sickness levels below 3%.

In respect of the Trust's financial performance, the Director of Finance and Business Services introduced paper X1, providing a separate summary of the 2012-13 year end financial position. He particularly noted the achievement of a £90,000 year end surplus (subject to final audit) and acknowledged the positive impact of the year end agreement with Commissioners which had improved the Trust's underlying position by £21m in respect of re-imburement of MRET penalties, performance penalties and a contribution towards the marginal costs of extra capacity required. Cost pressures were expected to continue during 2013-14 in respect of pay and non-pay expenditure and a small proportion of these had been identified for further investigation, including ED performance and activity case mix. Elective and day case activity levels remained below target. The Trust's year end cash position had been delivered (£19.9m) and the capital programme was noted to be £8.3m below the original capital plan, but within £0.5m of the forecast position.

Mr I Reid, Non-Executive Director and Chairman of the Finance and Performance Committee commented upon the Finance and Performance Committee's consideration of the Trust's year end financial position, acknowledging the support provided by Commissioners. He reported on the development of immediate priorities for 2013-14 surrounding delivery of cost improvements and reduction of premium pay expenditure.

**Resolved – that (A) the quality and performance report for month 12 (month ending 31 March 2013) be noted;**

**(B) the 2012-13 Quality Account be presented to the June 2013 Trust Board meeting;**

MD

**(C) detailed National Patient Survey data be presented to the Quality Assurance Committee when available;**

ACN

**(D) the Minutes of the 19 March 2013 Quality Assurance Committee meeting (paper Y) be received and noted, and**

**(E) the Minutes of the 27 March 2013 Finance and Performance Committee meeting (paper Y1) be received and noted.**

114/13/2 Monthly Update on Emergency Care

The Interim Director of Operations introduced the monthly Emergency Department performance report (paper Z1) which provided an overview and update on UHL's emergency care delivery and the appendix to paper Z1 which summarised the actions arising from the Emergency Care Access Team (ECAT) meeting held on 18 April 2013. Trust Board members noted that high levels of emergency activity pressures had continued throughout early April 2013, although there were some signs of slight abatement during week commencing 22 April 2013. Year end performance stood at 89.7% against the 95% target and the Trust's 4 hour performance remained below the proposed improvement trajectory. Restricted patient flows and congestion within the ED were making it difficult to assess patients in a timely manner. Implementation of the Right Place Consulting work streams continued to be progressed. Phase 2 of the implementation was underway which was expected to deliver changes in ward processes around mid-May 2013 surrounding senior clinical review and daily discharge rounds. The Chief Executive reported on the additional work streams identified at the 18 April 2013 ECAT meeting, noting that he would be personally chairing these meetings on a weekly basis and progress would be reported to the Trust Board each month. Attendance by senior staff from the ED and from Clinical Divisions was being encouraged to generate ideas and ensure that any agreed actions were driven forward with immediate authorisation of any appropriate resource implications.

Mr R Kilner, Non-Executive Director raised the following comments and queries:-

- (a) whether there would be any barriers to offering permanent ED staff a premium and the Director of Human Resources agreed to explore this option further, particularly for nursing staff. She reported on the different rates of pay and incentives offered to internal locums, consultants and associated health practitioners and the creative approach being explored to increase the attraction for medical trainees;
- (b) a comment on recent improvements in the number of urgent care centre (UCC) diverts and whether there would be scope to implement a single front door model for minor injuries through the UCC. In response, the Interim Director of Operations confirmed that this had been considered as part of the development of the Emergency Pathway model but this course of action had not been deemed appropriate, and
- (c) a comment upon the implementation of material penalties relating to delayed ambulance handovers, and the response that the Interim Director of Operations would be meeting with the East Midlands Ambulance Service to consider plans to utilise the area vacated by the old fracture clinic as an additional handover area for ambulance transfers.

IDO

Ms K Jenkins, Non-Executive Director highlighted the ED quality indicators provided in section 2.6 of paper Z1 noting that performance against the median time to treatment stood at 47 minutes (against the target of 60 minutes) and was RAG-rated green. However, she queried the point at which the time to initial assessment (currently standing at 45 minutes against a 95<sup>th</sup> centile target of 15 minutes) might become a patient safety concern. The Interim Director of Operations confirmed that any slippage in this indicator represented a concern, but there was noted to be some scope for better marking of patients and improved data gathering in this respect and performance was expected to improve significantly for the April 2013 report.

Finally, the Chief Executive drew the Board's attention to the proposed ED improvement trajectory as provided on the back page of the Annual Operational Plan 2013-14 (paper S), noting that this trajectory was still subject to formal approval by Commissioners and the Trust Development Authority (TDA).

**Resolved – that (A) the monthly update report on Emergency Care (paper Z1) be received and noted;**

**(B) the Interim Director of Operations be requested to meet with the East Midlands Ambulance Service regarding opportunities to improve handover times for ambulance transfers, and** IDO

**(C) the Interim Director of Operations be requested to provide a further Emergency Care update report to the 30 May 2013 Trust Board meeting.** IDO

114/13/3 NHS Trust Over-Sight Self Certification

The Director of Corporate and Legal Affairs introduced UHL's April 2013 self certification (paper AA refers) and welcomed any comments or questions on this report. Trust Board members noted that the response to Board Statement 4 (the Board anticipates that the Trust will continue to maintain a financial risk rating of at least 3 over the next 12 months) had been changed from "No" to "Yes", commensurate with the Trust's Annual Operational Plan 2013-14. The Director of Corporate and Legal Affairs also reported on expectations that the Trust Development Authority (TDA) would be implementing a new Trust over-sight reporting mechanism which was likely to mirror the approach to Monitor licensing arrangements. The return was endorsed for signature by the Chairman and Chief Executive and submission to the TDA accordingly.

CHAIR  
MAN/  
CE

**Resolved – that the NHS Trust Over-Sight Self Certification return for April 2013 be approved for signature by the UHL Chairman and Chief Executive, and submitted to the TDA as required.** CHAIR  
MAN/  
CE

115/13 **RISK – BOARD ASSURANCE FRAMEWORK (BAF)**

The Chief Nurse/Deputy Chief Executive presented the latest iteration of UHL's BAF (paper BB) highlighting the changes made since the 28 March 2013 Trust Board meeting, noting that the Executive Team had reviewed the risk score rating for risk 8 (failure to achieve financial sustainability) and agreed to maintain the current score of 25. She sought members' views regarding the ordering of the risks on the risk register and noted a general preference for these to appear in numerical order in future to improve ease of reference.

CN/DCE

A review of risks 2, 4 and 12 took place and the following actions were noted:-

- (a) **Risk 2 (business continuity)** – current and target risk scores to be re-evaluated to reflect the accelerated escalation of internal audit recommendations and concerns raised by Trust Board members relating to succession planning;
- (b) **Risk 4 (failure to transform the emergency care system)** – current risk score to be raised to 25 (impact 5 x likelihood 5 = 25) and the ECAT action plan to be included as an additional mitigating process, and
- (c) **Risk 12 (inadequate reconfiguration of buildings and services)** – this information was noted to have been recently updated and no further amendments were required.

Finally the Chairman invited members to consider whether any additional (existing or new) risks required urgent Trust Board consideration. He advised that he would be asking the Board to consider this suggestion each month in future.

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

**(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 BAF to be presented to the Trust Board on 30 May 2013.** CN/DCE

116/13 **REPORTS FROM BOARD COMMITTEES**

116/13/1 Audit Committee

Paper CC provided the Minutes of the Audit Committee meeting held on 3 April 2013. Ms K Jenkins, Non-Executive Director and Chair of the Audit Committee reported on the Audit Committee's recommendations surrounding the UHL Risk Reporting Framework (as detailed under Minute 17/13 of 3 April 2013). Discussion took place regarding opportunities for the Trust Board to review all risks featuring in the Board Assurance Framework in detail on a monthly basis, but it was agreed to maintain the recommended 3 risks for particular review based upon rotational basis. Members also discussed the scope to allocate specific risks to Trust Board Sub-Committees for an in-depth review, but agreed that such a mixed approach might lead to duplication or omission. The Chairman concluded that the Board would continue to review 3 risks at each Trust Board meeting and consider whether any additional risks required the Board's urgent attention. The Chief Executive also advised that the Executive Team would be undertaking a strategic overview of the Board Assurance Framework at the next Executive Strategy Board.

CE/ESB

**Resolved – that (A) the recommendation relating to the UHL Risk Reporting Framework (Minute 17/13 refers) be endorsed;**

**(B) a strategic overview of the Board Assurance Framework be undertaken at the next Executive Team Strategy Board meeting, and**

CE/ESB

**(C) the Minutes of the Audit Committee meeting held on 3 April 2013 (paper CC) be received and noted.**

116/13/2 Workforce and Organisational Development Committee

**Resolved – that the draft Minutes of the final Workforce and Organisational Development Committee meeting held on 8 March 2013 (paper DD) be received and noted as the approved version.**

117/13 **CORPORATE TRUSTEE BUSINESS**117/13/1 Charitable Funds Committee

**Resolved – that (A) the Minutes of the 15 March 2013 Charitable Funds Committee (paper EE) be received and noted and the recommendations contained therein endorsed, and**

**(B) the appointment of Mr P Panchal, Non-Executive Director as Charitable Funds Committee Vice-Chairman be endorsed.**

118/13 **TRUST BOARD BULLETIN – APRIL 2013**

In respect of the Trust Board Declarations of Interests (paper 1 refers), the Medical Director requested that the acronym NICE be capitalised.

TA

**Resolved – that the following Trust Board Bulletin reports (paper FF) be received for information:-**

- annual declarations of interests 2013-14;
- quarterly report on Trust sealings, and
- Monitor and TDA guidance.

119/13 **QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

**Resolved – that no comments or questions were raised.**

**120/13 ANY OTHER BUSINESS**120/13/1 Mrs S Hinchliffe, Chief Nurse/Deputy Chief Executive

Further to Minute 108/13(b) above, the Chairman thanked Mrs S Hinchliffe, Chief Nurse/Deputy Chief Executive for her significant contributions to the Trust and for her calm and positive attitude displayed over the last 4 years in her numerous broad-ranging achievements. He presented Mrs Hinchliffe with some small gifts on behalf of the Trust Board, and wished her well for the future, introducing a presentation slide featuring a tribute to Mrs Hinchliffe and her work at UHL.

120/13/2 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.

120/13/3 Report by the Interim Director of Operations

**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.

120/13/4 Report by the Chairman

The Chairman reminded those members who had not yet attended for their photograph sessions to do so at their earliest convenience.

All

120/13/5 Report 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.

120/13/6 Report by Mr P Panchal, Non-Executive 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.

120/13/7 Report by the Director of Finance and Business Services

**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.

120/13/8 Report by the Interim Director of Operations

**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.

**121/13 DATE OF NEXT MEETING**

**Resolved** – that the next Trust Board meeting be held on Thursday 30 May 2013 at 9am in Seminar rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.



The meeting closed at 4.35pm

Kate Rayns,  
Trust Administrator

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Hindle (Chair)	2	2	100	P Panchal	2	2	100
J Adler	2	2	100	I Reid	2	2	100
T Bentley*	1	1	100	A Seddon	2	2	100
K Bradley	2	1	50	J Tozer*	2	1	50
K Harris	2	2	100	S Ward*	2	2	100
S Hinchliffe	2	2	100	M Wightman*	2	2	100
K Jenkins	2	2	100	J Wilson	2	1	50
R Kilner	2	2	100	D Wynford-Thomas	2	1	50

\* non-voting members