UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 27 MARCH 2014 AT 10AM AT VOLUNTARY ACTION LEICESTERSHIRE, 9 NEWARKE STREET, LEICESTER LE1 5SN

Present:
Mr R Kilner – Acting Trust Chairman
Mr J Adler – Chief Executive (excluding Minutes 74/14 – 81/14 inclusive and for Minute 95/14/1)
Colonel (Retired) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Ms K Jenkins – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:
Dr J Banerjee – ED Consultant (for Minute 87/14/1)
Dr T Bentley – Leicester City CCG
Ms K Bradley – Director of Human Resources
Mr E Charlesworth – Healthwatch Representative (from Minute 82/14)
Mr A Furlong – Deputy Medical Director
Mr P Hollinshead – Interim Director of Financial Strategy
Ms H Leatham – Head of Nursing (for Minute 87/14/1)
Ms K Shields – Director of Strategy
Ms H Stokes – Senior Trust Administrator
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

68/14 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 68/14 – 96/14), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

69/14 APOLOGIES

Apologies for absence were received from Dr K Harris, Medical Director and Mr A Seddon, Director of Finance and Business Services.

70/14 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

There were no declarations of interests regarding the business being transacted.

71/14 ACTING 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.

72/14 CONFIDENTIAL MINUTES

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.

73/14 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.

74/14 REPORT BY THE DEPUTY MEDICAL DIRECTOR

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

75/14 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 information and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

76/14 REPORT BY THE DIRECTOR OF STRATEGY

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

77/14 REPORT BY THE INTERIM DIRECTOR OF FINANCIAL STRATEGY

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

78/14 REPORT BY THE CHIEF NURSE

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

79/14 REPORTS BY THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

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

80/14 REPORTS FROM BOARD COMMITTEES

80/14/1 Audit Committee

Resolved – that this item 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.

80/14/2 Finance and Performance Committee

Resolved – that this item 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.

80/14/3 Quality Assurance Committee

Resolved – that the confidential Minutes of the 26 February 2014 QAC be received, and the recommendations and decisions therein be endorsed and noted respectively.

80/14/4 Remuneration Committee

Resolved – that the confidential Minutes of the 27 February 2014 Remuneration Committee be received, and the recommendations and decisions therein be endorsed and noted respectively.

81/14 PRIVATE TRUST BOARD BULLETIN – MARCH 2014

There were no Bulletin items for noting.

82/14 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

83/14 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

The Acting Chairman drew members' attention to the following issues:-

(a) his thanks to both Voluntary Action Leicestershire and Healthwatch for hosting this externally-sited UHL Trust Board meeting, and his appreciation to everyone who was attending the meeting today. Two further UHL Trust Board meetings would be held in external locations during 2014 (July and October) in the East and West of the area, and
(b) his regret that the Trust Board was not able to discuss publicly the Care Quality Commission's report following its January 2014 visit to UHL, as this remained embargoed by the CQC until 28 March 2014. A briefing would be provided to stakeholders by UHL, and the CQC report would then be discussed in the public session of the April 2014 Trust Board. **DMC**

Resolved – that a briefing on the CQC report be provided to stakeholders, ahead of public discussion at the 24 April 2014 Trust Board. **DMC/ CN**

84/14 MINUTES

Resolved – that the Minutes of the 27 February 2014 Trust Board be confirmed as a correct record.

85/14 MATTERS ARISING FROM THE MINUTES

Paper M 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 received updated information in respect of the following items:-

(a) **item 4** (Minute 57/14/1 of 27 February 2014) – the Chief Nurse confirmed that Maternity patient information leaflets were being produced in the 6 most common Leicester(shire) languages. In response to a query from Ms K Jenkins, Non-Executive Director, the Chief Nurse agreed to meet with the Trust's Service Equality Manager regarding information for people unable to read (eg use of DVDs etc); **CN**
(b) **item 11** (Minute 58/14/3 of 27 February 2014) – this was addressed by paper W1 in Minute 90/14/1 below;
(c) **item 14** (Minute 59/14/2 of 27 February 2014) – this was addressed by the presentation at Minute 90/14/2 below;
(d) **item 20** (Minute 22/14/1 of 30 January 2014) – a service level strategy had been agreed

with the acupuncture service, and Commissioner intentions were now awaiting agreement. A further update was already scheduled for the May 2014 Trust Board;

(e) **item 23** (Minute 24/14/1(B) of 30 January 2014) – quality diamonds had now been developed as appropriate;

(f) **item 28** (Minute 303/13/2 of 28 November 2013) – the timescale for the emergency floor business case would be circulated to Trust Board members for information once finalised. The Chief Executive emphasised the need to see this development in the context of the overall financial recovery plan, however, and **CE**

(g) **item 29** (Minute 227/13/5 of 31 October 2013) – workforce discussions would be prioritised through appropriate quarterly use of an Executive Strategy Board meeting rather than establishing a separate forum as originally proposed. All Executive and Clinical Management Group Directors would therefore be present.

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

86/14 REPORT BY THE CHIEF EXECUTIVE

86/14/1 Monthly Update Report – March 2014

The Chief Executive advised that most of the key issues within his monthly report at paper N were covered on the Trust Board agenda. As mentioned in Minute 83/14 above, the CQC reports remained embargoed until 28 March 2014, when they would be publicly available on both the CQC and UHL websites. As the first Trust to be published within the new CQC inspection regime, UHL would receive an overview report, 4 site-specific reports (including St Mary's Birthing Unit, Melton) and a ratings grid. The report had been discussed at a quality summit event on 26 March 2014 involving all key stakeholders (including Healthwatch) and would feature on the public Trust Board agenda for April 2014. **CN**

The Chief Executive also highlighted the Trust's financial position (noting a slightly improved month 11 position but still forecasting a £39.8m deficit for year-end) and its emergency performance (showing variable performance for March 2014 and particularly noting the achievement of the 95% 4-hour target during the 'super weekends' run to date). Work continued to develop an LLR 5-year strategy (required by June 2014) and it was noted that Leicester, Leicestershire and Rutland was one of the 12 'distressed health economies' receiving national support.

Resolved – that (A) the Chief Executive's March 2014 monthly update be noted, and

(B) the CQC report be discussed at the 24 April 2014 Trust Board. **CN**

86/14 CLINICAL QUALITY AND SAFETY

86/14/1 Patient Experience – Patient Story Relating to End of Life Care in ED

Members watched a positive patient experience story relating to UHL end of life care within the Emergency Department, noting that both the patient's relative and an ED Consultant were present for this item. The Trust Board thanked the patient's relative for sharing her story with the Trust. In discussion on the issues raised by the patient experience story, the Trust Board noted:-

(a) the various ways that patient experience feedback was used within ED, as outlined by the ED Consultant;

(b) a query from Mr E Charlesworth, Healthwatch representative as to the clinical justification for transferring the patient into hospital (from a residential home) and the number of patients brought into hospital under similar circumstances. Dr T Bentley, CCG representative noted his interest in exploring ambulance service issues from

this story outside the meeting, given the care plan in place for this patient, and

(c) a Non-Executive Director query as to what measures needed to be put in place to ensure that end of life care was always as positive within ED, even at times of great pressure within the Department. In response, the ED Consultant outlined the importance of staff training and policies/procedures. However, he also acknowledged the challenge of changing the culture underlying emergency care provision. Patient feedback was also crucial, and was used to reinforce training messages. The Chief Executive commented on the need for both appropriate physical space and adequate staffing in order to provide high quality end of life care to patients and their relatives.

Resolved – that the ED end of life care patient experience story be noted.

88/14 HUMAN RESOURCES

88/14/1 Listening into Action (LiA) Quarterly Update and 2014-15 Action Plan

Paper P from the Director of Human Resources updated members on progress in adopting 'Listening into Action' (LiA) since April 2013, and outlined plans to embed it further across UHL during 2014-15. The report particularly highlighted the significant improvement in pulse check scores between March 2013 and January 2014, and outlined UHL's position in comparison to other LiA organisations. A second Trust-wide 'Pass It On' event was scheduled for 8 May 2014, to share progress by the wave 2 pioneering teams, and all Trust Board members were welcome to attend. In welcoming the LiA update and discussing the report at paper P, the Trust Board:-

(a) queried whether UHL was now on a par with other Trusts nationally in terms of its LiA performance and pulse check results. In response, the Director of Human Resources advised that some Trusts were performing exceptionally well nationally in certain LiA areas, and she agreed to provide further detail outside the meeting on the spread of results. The Acting Chairman asked that the information circulated be sufficient to provide a meaningful comparison, eg including top decile and quartile positions; **DHR**

(b) reiterated concerns over the disappointing staff attitude and opinion survey results (as discussed at the February 2014 Trust Board meeting), which did not tally with the pulse check improvements;

(c) noted (in response to a query) the various ways in which LiA success stories were shared internally, and how staff motivation was being maintained. Methods included regular LiA updates in payslips, a newsletter and fortnightly group meetings;

(d) queried the desired outcomes in terms of patient and public involvement. Although this was dependent on the specific workstream, the Director of Human Resources confirmed that service users were involved where appropriate, and

(e) noted a Non-Executive Director query as to the evenness of LiA roll-out across UHL. In response, and although noting that teams volunteered to take part, the Director of Human Resources acknowledged the need to ensure as even a spread as possible when selecting projects for LiA.

Resolved – that (A) the LiA update be noted, and

(B) further information on the Pulse Check results be circulated outside the meeting, providing a meaningful comparison and covering:- **DHR**

- **the spread of results across all LiA individual organisations, and**
- **top decile and quartile organisations.**

88/14/2 Organisational Development (OD) Plan Priorities 2013-15 – Quarterly Update

Paper Q from the Director of Human Resources advised members of January 2014 – March 2014 progress against UHL's organisational Development plan priorities, including the quarterly analysis of key HR performance indicators. The Director of Human Resources drew members' attention to UHL's achievement of its minimum 75% compliance target on statutory and mandatory training requirements (deadline of 31 March 2014), and noted ongoing work towards the national target of 95%. An Internal Audit (PwC) review of UHL's OD Plan had graded it as low risk (green) and PwC's best practice model would be incorporated as part of the OD Plan refresh now underway. Members also noted that UHL's 'salary maxing car scheme' had been 'highly commended' within the national 2014 Pay and Benefits Awards. With regards to induction, a new weekly programme for new starters would begin from 1 April 2014. In discussion on the OD Plan update, the Trust Board:-

(a) requested that the next quarterly update include feedback on the new induction programme. Members also requested that a sample programme for the new induction be circulated to them for information, and **DHR**
(b) congratulated the Director of Human Resources and her team on the quality and userfriendliness of the statutory and mandatory training packages.

Resolved – that (A) the next quarterly update (June 2014) include feedback on the new induction programme, and **DHR**
(B) a sample agenda for the new induction programme be circulated to Trust Board members for information. **DHR**

89/14 QUALITY AND PERFORMANCE

89/14/1 Month 11 Quality and Performance Report

The month 11 quality and performance report (paper R - month ending 28 February 2014) 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 advised members that there had been no March 2014 QAC meeting due to 26 March 2014 being used for the Quality Summit. An extended QAC meeting would therefore take place in April 2014.

With regard to the quality section within the month 11 report, members noted the likely achievement of the clostridium difficile trajectory, which was welcomed. Good progress continued in respect of nursing vacancies, with a further cohort of international nurses arriving at UHL in May 2014 (in addition to local University students in April 2014). The Chief Nurse noted, however, that a significant number of shifts remained unfilled at present. Sepsis work had also begun, recognising the crucial importance of early identification. The Deputy Medical Director then further advised on quality issues, noting that UHL's SHMI remained within expected tolerances – a monthly SHMI analysis was now available which showed that UHL's mortality rate was trending downwards. Of three maternal deaths reported this calendar year, none had been due to maternity factors. Further findings on the never event reported to the February 2014 Trust Board would be submitted to the April 2014 QAC. The Deputy Medical Director also noted improved consistency in delivering the fractured neck of femur target.

In discussion on the quality issues within the month 11 report, the Trust Board:-

(a) noted comments from Dr T Bentley, CCG representative, on a Leicester City CCG audit planned for 2014-15 re: antibiotics and acid-suppression drugs linked to clostridium difficile. With regard to SHMI rates, he also advised that he would continue to work with EMAS on end of life care planning;

(b) queried what action was planned by UHL to address a marked reduction in the Friends and Family Test (FFT) score for a particular ward within Women's and Children's CMG. The Chief Nurse advised that UHL used a 3-month trend indicator to identify any recurring issues, and she confirmed that she or a senior member of her team would always visit ward areas immediately to discuss changes in FFT scores;

(c) noted (in response to concerns voiced by the Non-Executive Director Audit Committee Chair) that the early alerting system gave UHL an opportunity to spot any wards in potential difficulties and implement remedial measures accordingly. No wards had yet been placed in special measures, and

(d) noted an explanation of 'never events' as now provided by the Director of Marketing and Communications. Quarterly national information indicated that other similar-sized Trusts had reported more never events than UHL. In response to a query from the Acting Trust Chairman, it was noted that Trusts having declared zero never events were usually the smaller specialist Trusts.

The Chief Operating Officer summarised operational performance, particularly noting the agreement of RTT plans with CCGs. A detailed plan was also now in place to address cancelled operations, particularly for those patients cancelled on the day of their operation. All 8 cancer targets had been met in both January and February 2014. However, the TIA target had not been achieved in month 11, although performance was back on track for March 2014. In discussion on operational performance, the Trust Board:-

(i) noted concerns from Dr T Bentley, CCG representative, over both cancellations and the non-achievement of the TIA target, although he noted the improvements during March 2014. Dr Bentley also raised concerns over Choose and Book availability, noting the March 2015 target for paperless referrals and querying whether slot availability would continue to be an issue. The Chief Operating Officer advised that February 2014 underperformance related primarily to a rise in referrals, and he outlined the steps taken by UHL to try and increase clinic capacity. The Chief Executive agreed that the future Choose and Book system change needed a higher profile within the Trust, and he agreed to discuss this further outside the meeting. In response to a Non-Executive Director query, Dr T Bentley and the Trust's Chief Operating Officer both advised that patient issues with Choose and Book related more to frustration with appointments rather than any patient harm through delays, and **CE/COO**

(ii) queried how appropriate planning could reduce the % of cancelled operations, noting the significant number of patients who could be involved.

Lead Directors advised that there were no specific HR nor IM&T issues to report beyond the information within paper R. With regard to facilities management, the Chief Nurse advised that UHL had issued no contract warnings to Interserve in the months of December 2013 and January 2014, which was welcomed. In response to a query from Professor D Wynford-Thomas, Non-Executive Director over anecdotal catering and portering concerns, the Chief Nurse considered that there were always likely to be certain issues within a Trust of UHL's size, although she acknowledged the continuing need for Interserve to rebuild its reputation from 2013.

With regard to financial performance, it was noted that this would be covered in detail in Minute 89/14/2 below. Mr R Kilner, Acting Trust Chairman and Finance and Performance Committee Chair, noted the 26 March 2014 Finance and Performance Committee's particular discussions on the 2-year operational plan and capital plan.

<u>Resolved</u> – that (A) the quality and performance report for month 11 (month ending 28 February 2014) be noted;

CN

(B) the never event investigation be reported to the April 2014 QAC, and

(C) the implications of the forthcoming changes to the Choose and Book system be discussed in detail outside the meeting, to ensure an appropriate level of awareness within the Trust. **CE/COO**

89/14/2 Financial Position 2013-14 to Month 11 and Year-End Forecast

Paper S advised members of UHL's financial position as at month 11 and its year-end forecast, including performance against the Trust's three statutory financial duties (as now explained for the benefit of public attendees). In light of the forecast £39.8m year-end deficit, UHL would not meet its duty to deliver a planned surplus. UHL was expected to achieve the remaining two statutory financial duties. There was currently no further contingency within the 2013-14 financial plan for unexpected events prior to 1 April 2014 – although technically a risk therefore, the Interim Director of Financial Strategy was confident that likely events were covered. UHL was reviewing its debtor processes, as per discussions at the March 2014 Audit Committee. In response to a Non-Executive Director query, the Interim Director of Financial Strategy confirmed that financial controls would remain in place for 2014-15.

Resolved – that the financial position for month 11 and 2013-14 year-end forecast be noted.

89/14/3 UHL 2014-15 Going Concern Statement

In line with International Accounting Standard 1, paper T set out UHL's 'Going Concern Statement' for 2014-15, for approval by the Trust Board. The Statement had been reviewed by the Trust's Internal Auditors and also presented to the Audit Committee on 7 March 2014. The Non-Executive Director Audit Committee Chair reiterated her support for the Statement, and noted the crucial importance of cash issues and UHL being allowed to operate under deficit conditions. The Interim Director of Financial Strategy advised that UHL had secured a short-term loan until the end of June 2014, and thereafter would apply for a longer-term loan having demonstrated by 30 June 2014 its 5-year IBP/LTFM plan.

Resolved – that UHL's 2014-15 Going Concern Statement be approved as presented. **IDFS**

89/14/4 Emergency Care Performance and Recovery Plan

Paper U from the Chief Operating Officer advised members of recent performance against the 4 hour emergency care target and detailed the key actions underway to deliver an improved position. February 2014 performance against the target stood at 83.4% (which he recognised as unacceptable), due primarily to increased admissions. Further superweekends run during March 2014 and 7-day working would be key to improving performance but reduced admissions were vital. GP referrals and ED attendances were the two main sources of admissions, and work was underway with Dr T Bentley, CCG representative, on the former issue. Dr Bentley outlined some useful joint working taking place including the UHL Chief Operating Officer's attendance at the North East Leicestershire Locality meeting (discussions on the elderly frailty unit and on shared primary/secondary care plans). The Chief Executive also noted multi-agency meetings exploring best practice checklists and the development of a 10-page plan. The Chief Operating Officer advised that UHL was taking all practicable steps to remedy its emergency target performance, and emphasised the crucial need to move to a sustainable position.

In discussion, the Trust Board:-

(a) noted a Non-Executive Director query on how to ensure clinical quality remained paramount when deciding whether to admit patients. The Deputy Medical Director considered that although it was accepted that GP referrals were predominantly justified, patients were often admitted due to an absence of suitable alternative

facilities in the community;

(b) noted the previous GP Hotline initiative by UHL, and suggested a refresh/relaunch might be helpful. The CCG representative agreed to report back on this issue to CCGs accordingly, and **CCG rep**

(c) suggested that a Better Care Together perspective would be useful, to provide assurance of a suitably integrated approach. The Chief Operating Officer agreed to provide further detail on the joint Urgent Care Working Group within his ED performance report for the April 2014 Trust Board accordingly and Dr T Bentley, CCG representative noted that he was also happy to circulate further information on the Better Care Fund outside the meeting. **COO** **CCG rep**

Resolved – that (A) Dr T Bentley, CCG representative feedback to CCGs regarding the availability of UHL's GP Hotline, with a renewed communication exercise also to be considered; **CCG rep**

(B) the 24 April 2014 Trust Board update on emergency performance include the Urgent Care Working Group action plan covering all LLR actions, and **COO**

(C) Dr T Bentley, CCG representative circulate further information on the 'Better Care Fund' programme, to Trust Board members outside the meeting. **CCG rep**

89/14/5 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns for March 2014 (paper V), inviting any comments or questions on this report. Members noted the need to change the wording to reflect (i) the agreement of the UHL RTT recovery plan with Commissioners and (ii) the fact that the March 2014 Audit Committee meeting had now taken place. Subject to those updates, the March 2014 self certification against Monitor Licensing Requirements (appendix A), and Trust Board Statements (appendix B) were endorsed for signature by the Chief Executive and submission to the NTDA accordingly. **DCLA/ CE**

Resolved – that, subject to the changes above, the NHS Trust Over-Sight Self Certification returns for March 2014 be approved for signature by the Chief Executive, and submitted to the NTDA as required. **CE**

90/14 STRATEGY AND FORWARD PLANNING

90/14/1 Draft Annual Operational Plans 2014-15 and 2015-16

Paper W provided an executive summary of the UHL's 2-year operating plan, and sought Trust Board approval for the comprehensive plan which was required to be submitted to the NTDA on 4 April 2014. The report also outlined UHL's financial plan 2014-15, its high-level capital plan for 2014-15, workforce issues and its quality plan. An additional paper on 'right-sizing UHL capacity' was appended at W1. The Director of Strategy also reminded the Trust Board that UHL's 5-year plan was required by 20 June 2014, aligned to the overall LLR 5-year plan. In introducing paper W, she also noted a number of issues requiring further work, including (i) the pace and scale of change, with discussions underway accordingly with CCGs; (ii) a number of early wins which could be fed into years 3-5 including potentially centralising daycases and elective services, and (iii) buildings plans including the emergency floor scheme, vascular services, and children's services.

With regard to the capital plan, although the 2014-15 programme was currently overcommitted by £5.3m the Interim Director of Financial Strategy anticipated likely in-year slippage, and he therefore recommended approval of the capital plan accordingly. It was confirmed that authority had already been delegated for the emergency floor enabling schemes through previous business cases.

In discussion on the 2-year operational plan, the Trust Board:-

(a) noted the 26 March 2014 Finance and Performance Committee's support for the plan, noting further work planned on contract and capacity planning issues;

(b) agreed to receive a further update on the vascular service plans (clinical and strategic considerations) at the June 2014 Trust Board meeting; **MD/DS**

(c) noted the intention to submit a revised approach to business cases to the Finance and Performance Committee for discussion; **IDFS**

(d) noted that UHL would begin contract arbitration discussions on 1 April 2014;

(e) noted the acknowledged cost improvement risks within the plan. Ernst Young were currently working on validating UHL's CIP plans. The Interim Director of Financial Strategy noted the need for UHL to have a financial and service strategy in place by June 2014 which would deliver financial balance and recovery within 3 years;

(f) sought assurance from the Director of Strategy regarding the clinical strategy process, querying the extent to which this was clear in paper W and noting the June 2014 timescale for this. The Acting Trust Chairman emphasised that the clinical strategy was not a standalone document;

(g) queried when the Trust Board would review the workforce 'bridge' for the next 12 months. The Director of Human Resources outlined work in progress on this with CMGs, with a deadline of 10 April 2014 for that detailed CMG work. The Acting Trust Chairman emphasised the need to correlate the top-down and bottom-up workforce plans and requested that this be discussed further at the 24 April 2014 Trust Board. Non-Executive Directors further requested that the report include both financial and headcount data; **DHR**

(h) noted the surprise of some Non-Executive Directors that the plan did not provide more detail on UHL's CIP schemes, given that these were likely to be the largest single risk area. The Interim Director of Financial Strategy confirmed that the underlying detail was available although not included in paper W. The NTDA did receive the financial proformas for the CIPs, and UHL's Finance and Performance Committee was also reviewing the CIPs in more detail at its April 2014 meeting;

(i) noted comments from the Non-Executive Director Audit Committee Chair on the need for the capital plan to prioritise those schemes which would improve patient experience. The Interim Director of Financial Strategy confirmed that the capital plan was already strategy-driven;

(j) requested that a timetable be developed showing when the business cases for those capital schemes requiring Trust Board approval would be submitted to the Board. the Chief Executive assured members that no expenditure exceeding delegated limits would be authorised without an appropriate business case, and **IDFS**

(k) noted a query from the Non-Executive Director Charitable Funds Committee Chair on the use of donations within the capital programme, given the plan's current overcommitment. It was agreed to discuss this issue further at the 14 April 2014 Charitable Funds Committee. **IDFS**

Members then also discussed the 'rightsizing UHL capacity' paper from the Chief Operating Officer (paper W1). Rightsizing capacity was an important factor in delivering quality, financial, and operational improvements in 2014-15 and paper W1 detailed the level of bed capacity needed to support compliant RTT and emergency performance in 2014-15. Although there were four other categories of capacity (theatres; outpatients; diagnostic imaging, and workforce), beds had been identified by the Trust as being the most important

category. Further to Executive Team discussion and modelling focused on the issues most within UHL's control/impact, it was considered that 54-55 additional beds (from an original 83) were required, and further detailed work was now in hand to split that number by site and specialty. In discussion on paper W1 the Trust Board noted:-

(1) (in response to a query from the Acting Trust Chair) how the surgical triage extension would reduce bed requirements, as now outlined by the Deputy Medical Director;
(2) a Non-Executive Director query regarding the staffing and quality implications of the additional beds. The Chief Nurse advised that the pace and phasing of opening any additional beds would be crucial, in addition to balance of risk decisions. The Chief Executive emphasised that the nurse:bed ratio would not change;
(3) (in response to a Non-Executive Director query) that the additional beds would move UHL towards 85% occupancy;
(4) that information on the costs of the additional beds would be presented to the April 2014 Trust Board. Although acknowledging that the affordability of the additional beds was not yet known, the Chief Executive emphasised the urgent need to address UHL's underlying capacity requirements; **COO**
(5) comments from Dr T Bentley, CCG representative clarifying that CCGs commissioned care episodes not beds, and that assumptions should not be made regarding the CCG funding of any additional beds, and
(6) that 18 of the 55 beds were required to support RTT compliance.

With regard to UHL's quality plan, the Chief Nurse advised that the quality commitment was in the process of being revised through the Executive Quality Board, to focus on 3 key headings (patient safety, patient experience, and effectiveness). A further draft would be discussed at the Trust Board Development Session on 10 April 2014 ahead of being presented for approval to the 24 April 2014 Trust Board. In response to a request from the Director of Communications, it was agreed to consider including UHL's older persons' strategy on the 10 April 2014 Trust Board Development Session agenda. **CN** **Acting Chair /DCLA**

<u>Resolved</u> – that (A) subject to any comments above, the updated UHL 2-year operational plan 2014-15 and 2015-16 and the capital programme 2014-15 be approved for submission to the NTDA on 4 April 2014; **DS/CE**

(B) the clinical and strategic rationale for the vascular services proposals be reported to the 26 June 2014 Trust Board; **DS/MD**

(C) a revised approach to considering business cases be discussed by the Finance and Performance Committee; **IDFS**

(D) a further iteration of the detailed workforce plans (incorporating CMG bottom-up work) be submitted to the April 2014 Trust Board. **DHR**

(E) the timetable of Trust Board-required approvals for the individual capital schemes be developed and advised to Board members; **IDFS**

(F) the proposed use of charitable donations within the capital programme be discussed at the 14 April 2014 Charitable Funds Committee; **IDFS**

(G) further detail on the cost of (and plans for) the additional beds for rightsizing UHL capacity be provided to the 24 April 2014 Trust Board; **COO**

(H) UHL quality commitment be discussed at the 10 April 2014 Trust Board Development Session, prior to submission for formal Trust Board approval on 24 2014, and **CN**

ACTING

(I) the scope be assessed for including the UHL Older Persons' Strategy in the April 2014 Trust Board development session discussions. **CHAIR/ DCLA**

90/14/2 Delivering Caring at its Best

Further to Minute 59/14/2 of 27 February 2014, the Chief Executive presented an update on 'Delivering Caring At Its Best', noting a refresh of UHL's strategic objectives and outlining Ernst Young's supporting brief. He also clarified that the Trust's clinical strategy was not solely focused on clinical configuration. In discussion on the presentation, the Trust Board:-

(a) requested that reference be made to 7-day *services* rather than 7-day 'working';
(b) noted continuing discussion on the level of detailed PMO oversight needed;
(c) noted the need to reflect the approach (in the tabled presentation) within the Trust's 5-year plan;
(d) noted a Non-Executive Director query on the mechanism for enabling patient and stakeholder input to the partnership elements, and
(e) queried when a more detailed project plan would be available, with allocated leads and timescales. The Chief Executive advised that Executive Director leads had been identified, and he agreed to bring a further 'stock-take' update to the April 2014 Trust Board, noting however that detailed project timelines were unlikely to be in place for all projects by then. In discussion, the Non-Executive Director Audit Committee Chair suggested that each overseeing Committee could perhaps develop timelines for its projects. **CE**

Resolved – that a further update on Delivering Caring at its Best be provided to the 24 April 2014 Trust Board. **CE**

91/14 RISK

91/14/1 Board Assurance Framework (BAF) Update

The Chief Nurse presented the latest iteration of UHL's BAF (paper X) and the report was taken as read, noting that all Executive Leads and risk owners would be providing progress reports on any follow-up actions to the Risk and Assurance Manager outside the meeting. In respect of the 3 risks selected for detailed consideration, the Trust Board noted the following information:-

- **risk 2** (*failure to transform the emergency care system)* Trust Board members considered – and decided against – reducing the risk score on this risk (currently 25) at this stage, although this could be kept under review; **COO**
- **risk 3** *(inability to recruit, retain, develop and motivate staff)* although noting the staffing implications above of any additional beds (Minute 90/14/1 refers), members agreed that the likelihood of this risk could be reduced to 4, thus resulting in an overall risk score of 16, and **DHR**
- **risk 4** *(ineffective organisational transformation)* although this risk score (16) was felt to be correct, the Director of Strategy advised of her wish to refresh the wording within the narrative. **DS**

In discussion on the Board Assurance Framework, the Non-Executive Director Audit Committee Chair queried the impact of the current actions within risk 13 (*failure to enhance medical education and training culture*), given that the risk score had risen. It was agreed to review both the risk score and the associated remedial actions (noting the Deputy Medical Director's view that the current score was too high). The Director of Human Resources also commented on the need to reflect LETB work re: redistribution of medical training posts, within this risk (once the outcome of that work was known). **MD**

Resolved – that (A) the Board Assurance Framework be noted;

(B) the overall score for risk 2 be reviewed in due course; **COO**

(C) the risk score for risk 3 be amended to 16 (4x4); **DHR**

(D) the wording of risk 4 be reviewed and refreshed, and **DS**

(E) the score and actions for risk 13 be reviewed, factoring in the impact of LETB work on the redistribution of medical training posts (once known). **MD**

92/14 REPORTS FROM BOARD COMMITTEES

92/14/1 Audit Committee

Ms K Jenkins, Non-Executive Director Audit Committee Chair reported on that Committee's 7 March 2014 meeting, noting in particular:-
(i) the need for clarity on patient involvement in clinical audits;
(ii) Internal Audit's review of bank and agency staff, and the Trust's management response;
(iii) the Committee's disappointment at the level of attendance at risk awareness training, and the suggestion that a more bespoke training approach might be required (to be based on a training needs analysis), and
(iv) the Committee's disappointment at the number of outstanding audit actions, and the resulting intention therefore to discuss this further at the March 2014 Executive Performance Board.

Resolved – that the 7 March 2014 Audit Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively.

92/14/2 Finance and Performance Committee

The Acting Trust Chairman and Non-Executive Director Finance and Performance Committee Chair drew members' attention to the Procurement Strategy appended to the February 2014 Finance and Performance Committee Minutes, for Trust Board approval.

Resolved – that the 26 February 2014 Finance and Performance Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively, including the approval of the 2014-15 Procurement Strategy.

92/14/3 Quality Assurance Committee (QAC)

The Non-Executive Director QAC Chair confirmed that the issues from that Committee's 26 February 2014 meeting had been raised verbally at the 27 February 2014 Trust Board. The March 2014 QAC had been cancelled due to a clash with the Quality Summit.

Resolved – that the 26 February 2014 QAC Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively.

93/14 TRUST BOARD BULLETIN

Resolved – that the updated Trust Board declarations of interests circulated for the March 2014 Trust Board Bulletin be noted as follows:-
(1) Dr S Dauncey, Non-Executive Director – ward assistant volunteer at LOROS Leicestershire Hospice, and School Trustee of Leicester Grammar School, and **ALL**
(2) Mr P Hollinshead, Interim Director of Financial Strategy – ownership of Brandhill Financial Services, and EMPATH Non-Executive Board member.

94/14 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS

TRANSACTED AT THIS MEETING

The following comments and questions were received regarding items of business on the Trust Board meeting agenda:-

(1) a query over when UHL would move to 7-day working. In response, the Deputy Medical Director clarified that UHL was looking at 7-day *services* (as individual staff would not be working 7 days a week) and he noted that more detail was likely to be available by the end of June 2014, taking into account clinical standards requirements, and

(2) the need to manage public expectations appropriately, as additional beds would not immediately address current capacity/performance issues.

Resolved – that the questions above and any related actions be noted and progressed by the responsible Executive Director.

95/14 ANY OTHER BUSINESS

95/14/1 Report by the Director of Marketing and Communication

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.

95/14/2 HSJ List of Top CEOs

In the absence of Mr J Adler, the Chief Operating Officer noted the inclusion of UHL's Chief Executive in the Health Service Journal's list of the top 50 NHS CEOs.

Resolved – that the position be noted.

95/14/3 Future Trust Board Papers

The Acting Trust Chairman noted his wish that – with appropriate exceptions such as the quality and performance report, and formal business cases – all future Trust Board reports be no more than 10 pages long, with no appendices. **ALL**

Resolved – that the future format of Trust Board reports be noted. **ALL**

95/14/4 Externally-Held Trust Board

The Director of Marketing and Communications thanked all those involved in organising today's externally-held Trust Board, and also thanked the public attendees for their interest.

Resolved – that the position be noted.

96/14 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 24 April 2014 in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 3.50pm

Helen Stokes
Senior Trust Administrator

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Acting Chair from 26.9.13)	13	13	100	R Overfield	7	6	86
J Adler	13	12	92	P Panchal	13	11	85
T Bentley*	11	7	64	I Reid	4	4	100
K Bradley*	13	12	92	C Ribbins	4	4	100
I Crowe	9	8	89	I Sadd	4	2	50
S Dauncey	3	3	100	A Seddon	13	11	85
K Harris	13	13	100	K Shields*	5	4	80
S Hinchliffe	2	2	100	J Tozer*	3	2	67
M Hindle (Chair up to 26.9.13)	7	7	100	S Ward*	13	13	100
K Jenkins	13	12	92	M Wightman*	13	12	92
R Mitchell	9	9	100	J Wilson	13	12	92
				D Wynford-Thomas	13	7	54

* non-voting members