UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 28 AUGUST AT 10.30AM IN SEMINAR ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL

Present:
Mr R Kilner – Acting Trust Chairman
Mr J Adler – Chief Executive
Col. (Ret'd) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director (from Minute 226/14)
Mr S Sheppard – Acting Director of Finance
Ms J Wilson – Non-Executive Director

In attendance:
Dr A Bentley – Leicester City CCG (from Minute 229/14)
Ms K Bradley – Director of Human Resources
Mr A Furlong – Deputy Medical Director
Mr D Henson – LLR Healthwatch Representative (from Minute 229/14)
Dr H Qureshi – Consultant (for MInute 235/14/1)
Dr P Shaw – Empath Clinical Director (for Minute 235/14/1)
Ms K Shields – Director of Strategy
Ms H Stokes – Senior Trust Administrator
Dr I Sturgess – External Consultant (for Minute 236/14/3)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

220/14 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 220/14 – 228/14), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

221/14 APOLOGIES AND WELCOME

Apologies for absence were received from Dr K Harris, Medical Director, and Professor D Wynford-Thomas, Non-Executive Director. The Acting Trust Chairman welcomed Mr A Furlong, Deputy Medical Director to the meeting.

222/14 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

223/14 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 of commercial interests.

224/14 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 31 July 2014 Trust Board be confirmed **CHAIR**

as a correct record and signed accordingly by the Acting Trust Chairman.

225/14 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.

226/14 REPORT BY THE CHIEF EXECUTIVE

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

227/14 REPORT BY THE CHIEF NURSE

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

228/14 REPORTS FROM BOARD COMMITTEES

228/14/1 Finance and Performance Committee

Resolved – that the confidential Minutes of the 30 July 2014 Finance and Performance Committee be received, and the recommendations and decisions therein endorsed and noted respectively.

228/14/2 Quality Assurance Committee (QAC)

Ms J Wilson Non-Executive Director and QAC Chair thanked Dr S Dauncey for chairing the July 2014 QAC meeting on her behalf.

Resolved – that the confidential Minutes of the 30 July 2014 QAC be received, and the recommendations and decisions therein endorsed and noted respectively.

228/14/3 Remuneration Committee

Resolved – that the confidential Minutes of the 31 July 2014 Remuneration Committee be received, and the recommendations and decisions therein endorsed and noted respectively.

229/14 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

230/14 ACTING CHAIRMAN'S OPENING COMMENTS

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

(a) the appointment of Mr Karamjit Singh as UHL's substantive Chair as of 1 October 2014. As the Acting Trust Chairman would leave his Non-Executive Director post on 30 September 2014, the 25 September 2014 Trust Board meeting would therefore be his last. Ms J Wilson Non-Executive Director and UHL Vice-Chair, thanked Mr Kilner for his extended tenure as Acting Trust Chairman;

(b) the proposed appointments of Col. (Ret'd) I Crowe Non-Executive Director as Acting Audit Committee Chair, and Dr S Dauncey Non-Executive Director as an Audit Committee member – these proposals were endorsed accordingly, and **DCLA**

(c) the large and diverse group which had attended UHL's recent open evening for prospective Non-Executive Directors.

Resolved – that the Non-Executive Director appointments to the Audit Committee be endorsed as detailed in (b) above, and the Audit Committee terms of reference updated accordingly. **DCLA /STA**

231/14 MINUTES

Resolved – that the Minutes of the 31 July 2014 Trust Board be confirmed as a correct record and signed by the Acting Trust Chairman accordingly. **CHAIR**

232/14 MATTERS ARISING FROM THE MINUTES

Paper H 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 1b** (Minute 207/14 of 31 July 2014) – the Non-Executive Director Quality Assurance Committee Chair confirmed that a date for consideration of TTO prescription error rates would be programmed in to the QAC work programme currently in development. This item would remain on the Trust Board action log until a QAC date was confirmed; **STA**
(b) **item 4a** (Minute 209/14/2 of 31 July 2014) – the next iteration of the Trust Board action log would reflect whether the Medical Director had deemed it necessary to submit a report to UHL's Executive Team re: any additional support requirements for medical revalidation and appraisal; **MD**
(c) **item 8a** (Minute 210/14/2 of 31 July 2014) – measures to mitigate the overcommitment of UHL's capital plan would be discussed by the Executive Team in September 2014, prior to Trust Board consideration at the end of that month; **ADF**
(d) **item 10a** (Minute 210/14/4 of 31 July 2014 – the number of companies not shortlisted for the orthopaedic trauma CMF implants and associated products framework had been confirmed outside the meeting;
(e) **item 11** (Minute 210/14/5 of 31 July 2014) – the timescale for broader engagement of the public and stakeholders on UHL's strategic forward business planning programme would be discussed outside the meeting and the action log updated accordingly; **DMC/ DS**
(f) **item 12** (Minute 210/14/6 of 31 July 2014) – the date of the next iteration of the medical workforce strategy would be confirmed outside the meeting, and **DHR**
(g) **item 22** (Minute 218/14 of 31 July 2014) – the Chair's Bulletin had not been implemented, pending further consideration with the new Chair.

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

233/14 KEY ISSUES FOR CONSIDERATION AND/OR DISCUSSION

233/14/1 Meeting the New Cardiac Review Standards – Paediatric Congenital Cardiac Surgery

Further to Minute 208/14 of 31 July 2014, paper I updated Trust Board members as follows:-

(i) confirming the latest iteration of the cardiac review standards (public consultation expected September 2014), particularly noting the non-negotiable prerequisite of co-location of all paediatric services on one site. There was thought to be more flexibility on the issue of the number of procedures, however, including potential network options. UHL was currently in discussion with Birmingham Children's Hospital regarding a possible network arrangement;
(ii) highlighting the clinical and financial implications/opportunities of supporting the changes for delivering paediatric congenital heart surgery and paediatric ECMO services at UHL;
(iii) identifying the implications of not having paediatric congenital cardiac services in

Leicester, and
(iv) inviting the Trust Board to support a clear strategic direction on this issue.

The Director of Strategy considered that a Trust Board decision was needed today on the way forward, in order to give certainty to patients, relatives, and also staff. She also noted the very transparent and inclusive nature of the current national cardiac review process. In discussion on the options presented in paper I, the Trust Board:-

(a) supported the retention of children's heart surgery at UHL. However, members queried what would be added by a further option appraisal (as currently proposed in paper I), if the inevitable result of supporting that retention involved locating all children's services on the LRI site. In response, both the Director of Strategy and the Deputy Medical Director considered that a further options appraisal would help to clarify to all parties (including clinical staff) that the LRI was the only feasible site option for the service;

(b) requested appropriate clinical input to any further option appraisal therefore, including a clinical presence when its results were reported back to the Trust Board;

(c) emphasised the need for clarity on any risks of co-location, and on the mitigating actions to be taken (particularly in the transitional period);

(d) discussed whether it would be useful to provide 'in-principle' support for the direction of travel at this stage, or whether a stronger statement of support was required;

(e) noted (in response to a query) the likely 2-year window for co-location;

(f) noted a Non-Executive Director query on whether the development of a stand-alone children's hospital remained part of UHL's strategic direction, and if so, what the potential location of that facility might be. It was clarified that the initial commitment had been to consider such a development;

(g) noted a Non-Executive Director query on the impact (on both patients and the Trust) of withdrawing from the service. In response, the Director of Strategy advised that patients would likely need to travel to either Birmingham or London for paediatric congenital cardiac surgery and interventional cardiology. This would have a knock-on effect on both adult cardiology services and ECMO, and also on UHL's PICU infrastructure and other paediatric services. She emphasised that it was crucial therefore to retain paediatric congenital cardiac surgery at UHL. In response to a further query, the Director of Strategy advised that it was not a prerequisite for paediatric and adult congenital heart surgery services to be co-located, although UHL had initially thought that the current co-location would be an advantage within the original review, and

(h) endorsed a proposal from the Chief Executive to amend the cording of the recommendations in paper I. In light of the Trust Board's agreement to support the retention of children's heart surgery at UHL, it was also therefore now agreed to:-

- undertake a service review of current and future requirements, underpinned by a feasibility study and workforce study, and **DS**
- subsequently produce a business case to retain children's heart surgery at UHL, for approval by the Trust Board. A further report on the direction of travel would be presented accordingly to the September 2014 Trust Board. **DS**

<u>Resolved</u> – that (A) Trust Board support be given the retention of paediatric congenital cardiac surgery at UHL;

(B) the decision in (A) above be supported by:- **DS**
(1) a service review of current and future requirements;
(2) a feasibility study;

(3) a workforce study;
(4) subsequent development of a business case (for Trust Board approval) to retain children's heart surgery at UHL, and

(C) a further update on the direction of travel be presented to the 25 September 2014 Trust Board. **DS**

233/14/2 Emergency Floor 'Developed' Outline Business Case (OBC)

Paper J sought Trust Board approval to submit the emergency floor OBC to the NTDA in August 2014 (and to CCG Boards in September 2014), noting the updated approach to activity and financial assumptions. It was clarified that Trust Board approval had already been given for the emergency floor OBC itself (28 November 2013 – Minute 303/13/2 refers), and that there were no material changes to that OBC other than the twin-track approach now described below. **CE/DS/ ADF**

The 'developed' OBC in paper J reflected the NTDA suggestion that it include 2 scenarios (both of which delivered an affordable business case [subject to transitional funding]). This twin-track approach reflected the current development state of healthcare economy planning assumptions, and the NTDA's stipulation that the longterm financial model (LTFM) should align with the Better Care Together financial model. As previously noted at the June 2014 Trust Board, the UHL and LLR 5-year plans and LTFM were not due for finalisation until the end of September 2014 – the NTDA was therefore content to reconcile the 2 sets of assumptions after that finalisation. The Chief Executive further advised the Trust Board that the assumptions in paper J did not include UCC activity income, given that UHL was not the current provider of that facility. UCC revenue costs were included, however, and the position would therefore need reconciling at an appropriate future time. The source and availability of transitional funding remained an additional unknown at this stage.

In his capacity as Finance and Performance Committee Chair, the Acting Trust Chairman noted that Committee's discussion of paper J on 27 August 2014. Although supporting the report, the Finance and Performance Committee had commented that (1) the Better Care Together assumptions re: year-on-year activity reductions seemed optimistic, and (2) the workforce assumptions for each scenario were identical, which needed revisiting (given that one scenario assumed reduced activity and the other a steady state).

In discussion on paper J the Trust Board:-

(a) considered that the proposed twin-track approach was a pragmatic one. However, given the differences between the 2 scenarios, the Trust Board queried the timescale for agreeing a single finance and activity model with all stakeholders, for inclusion in the Full Business Case (action 8 of paper J). In response, the Chief Executive noted his confidence of delivering this action if the timescale was the end of October 2014, and he requested an update accordingly to the September 2014 Finance and Performance Committee. The Acting Trust Chairman also noted the need for that single model to test the validity and realism of the initial assumptions, and **DS/ADF**

(b) noted comments from the Chief Operating Officer on the crucial need for correct assumptions to underpin the business case, reflecting admissions as well as attendances. He noted the key need for continued partnership working to reduce admissions and improve flow through the emergency care system, and noted his support for emergency and urgent care services to be provided by a single organisation. In response to a query from the Acting Trust Chairman, the Director of Strategy noted that the urgent care facility within the emergency floor OBC was designed to be a flexible build space, which could therefore be used for other purposes (eg hot clinics) if required. The Chief Operating Officer also requested clarity from Leicester City CCG on their plans for future urgent care provision, and Dr A Bentley, CCG representative, agreed to pursue this issue accordingly (noting his view **AB CCG**

that an overall timeline was likely to be available rather than detailed plans).

Resolved – that (A) the submission of the developed OBC to the NTDA (August 2014) and CCG Boards (September 2014) be supported, noting the inclusion of 2 scenarios within the OBC which would be reconciled in due course leading to an agreed activity and financial model; **CE/ DS/ADF**

(B) progress on developing that single activity and financial model be reported to the September 2014 Finance and Performance Committee, and **ADF**

(C) information be sought from Leicester City CCG on its plans re: future provision of urgent care services. **AB CCG**

233/14/3 Nursing Workforce Report

Paper K advised the Trust Board of nursing workforce issues and measures to mitigate any risks. As requested at the July 2014 Trust Board, it also provided details of the nursing vacancies trajectory and UHL's various nursing recruitment initiatives, noting that approximately 600 registered nurses had joined UHL since April 2013 (1000 staff had been recruited if including healthcare assistants). International recruitment continued and the Chief Nurse noted her view that the level of international recruitment needed to double to stay ahead of staff turnover. The report also noted that agency nurse fill rates had fallen while nursing bank staff fill rates had risen (which was welcomed). The Chief Nurse voiced concern, however, over the level of safety statements being completed, and advised that she had reiterated the need to do this to all nursing staff. This issue had also been discussed at the August 2014 QAC meeting, and assurance had been received from the Chief Nurse (as had assurance on the quality of the overseas staff recruited).

In discussion on paper K, the Trust Board :-
(a) welcomed the recruitment successes and noted (in response to a query) that any lessons learned would be appropriately identified for future such exercises;

(b) noted (in response to a Non-Executive Director query) that it was the spread of vacancies which caused issues, rather than necessarily the individual numbers;

(c) noted a query from the LLR Healthwatch representative as to whether the Trust Board would see the detail of the safety statements. Although not a requirement to report them, the Chief Nurse agreed to provide further detail within the next such update (also a trajectory for improving the number of statements produced); **CN**

(d) noted that the Executive Team had discussed an 'introduce a friend' approach to recruitment, and agreed to expand this beyond nursing staff;

(e) noted the very good feedback received regarding the overseas nurses (particularly their technical abilities – work was underway to review their training curriculum accordingly and consider whether any lessons could be learned for local training), and

(f) noted the need for an appropriate understanding of why nursing staff left UHL employment (the Chief Nurse advised that this was primarily due to career progression).

Resolved – that the next Trust Board update on nurse staffing also include:- **CN**
(A) further details on safety statements, and
(B) a trajectory for increasing the number of safety statements (as appropriate).

233/14/4 Equality Governance 6-Month Update

Paper L detailed the first of the biannual 2014 equality updates for the Trust Board, and also

presented the 2013 Equality Annual Report demonstrating UHL's compliance with the Public Sector Equality Duty. Additional work was underway in respect of the experience of patients with a learning disability, the outcome of which was scheduled for report to the September 2014 Executive Quality Board.

In discussion on paper L the Trust Board:-

(a) welcomed the progress to date but queried what UHL's aspirations should be in terms of equality and diversity – it was agreed that this could be discussed further in a Trust Board development session once new NHSE standards were published. In response to a query, the Director of Human Resources provided assurance that UHL's current Non-Executive Director recruitment processes were extremely unlikely to be contrary to any NHSE equality and diversity guidance; **DHR**

(b) requested that the 2014-15 equality action plan priorities be reviewed to ensure that they also covered:- **DHR**
(i) appropriate engagement with relevant community groups (eg LGBGT);
(ii) better health outcomes for poor/rural/isolated communities. The current public health position would shortly be reviewed for those communities, and an update provided to the Trust Board through its January 2015 equality update;

(c) welcomed the embedding of equality and diversity awareness within UHL's Clinical Management Groups. In response to a query, it was noted that efforts had centred on CMGs due to the focus on service provision requirements. In discussion, the Director of Strategy noted the need for CMG equality impact asssessments to be included in UHL's strategic planning processes; **DS**

(d) requested that the Executive Team consider the issue of monitoring patient sexual orientation (although recognising that this was a contentious issue); **DHR**

(e) agreed to seek legal advice on the potential impact of anti caste discrimination legislation, with an update to be provided accordingly to the September 2014 Trust Board, and **DHR**

(f) approved all of the recommendations in paper L. **DHR**

<u>Resolved</u> – that (A) UHL's equality and diversity 'aspirations' be discussed in a Trust Board development session, once the related NHS England standards were available; **DHR**

(B) CMG business case equality impact assessments be included in the Trust's planning process; **DS**

(C) the 2014-15 equality work programme be approved as per appendix 2 of paper L, subject to:- **DHR**
(1)a review of the priorities to ensure an appropriate spread of engagement with relevant community groups (eg LGBGT);
(2) inclusion of poor/rural/isolated communities in the 'better health outcomes for all' objective (current public health position also to be reviewed for those communities, and an update provided to the Trust Board through its January 2015 equality update);

(D) the issue of monitoring patient sexual orientation be considered further outside the meeting in September 2014; **DHR**

(E) legal advice be sought on the potential impact of anti caste discrimination legislation, and **DHR**

(F) the recommendations in paper L be approved, including:- **DHR**

(1) further internal analysis of the 2 critical incidents, and
(2) a learning disability patient outcome review be conducted.

233/14/5 EPRR Core Standards Review Assurance Process

Papers M and N detailed UHL's current position against the NHSE standards re: the emergency preparedness, resilience and response self-assessment. UHL was 74% compliant against the self-assessment and plans were in place for majority compliance by December 2014. In response to a query from the Acting Trust Chairman, the Chief Operating Officer confirmed that work was in hand to weight the various indicators (as appropriate) in future reports.

Resolved – that the update on the EPRR core standards review assurance process be endorsed.

234/14 REPORT BY THE CHIEF EXECUTIVE – MONTHLY UPDATE REPORT (AUGUST 2014)

The Chief Executive advised that most of the key issues within his monthly report at paper O were covered on this Trust Board agenda. He also noted his involvement in progressing outstanding commissioning issues with CCG partners.

Resolved – that the position be noted.

235/14 STRATEGY, FORWARD PLANNING AND RISK

235/14/1 Blood Transfusion Laboratory Information System (BT-LIMS)

Paper P sought Trust Board approval for the procurement of a MHRA-compliant Blood Transfusion laboratory computer system. Dr P Shaw and Dr H Qureshi attended for this item, and explained the purpose and functionality of the new system. Although a blood tracking system was being introduced separately, it was confirmed that the BT-LIMS system in paper P would be fully integrated with that. In discussion on paper P the Trust Board:-

(a) queried how the system linked to EPR. In response, Dr Qureshi reiterated that the BT-LIMS system linked directly to the blood tracking system, which in turn linked directly to the EPR. In response to a query from the CCG representative, Dr Qureshi advised that the BT-LIMS system would not affect the pre-eminence of the ICE requesting system until EPR was in place;

(b) received assurance that UHL's IT team had been fully involved in this procurement (as appropriate), and

(c) queried the stated year 6 revenue position. In response, Dr P Shaw outlined the procurement's links to the wider Empath IT contract, which would be presented to the Trust Board for approval in September 2014. **ADF**

Resolved – that (A) pocurement of the Clinisys Winpath laboratory information system for UHL blood transfusion services be approved, and **ADF**

(B) the Empath IT Full Business Case be presented to the September 2014 Trust Board. **ADF**

235/14/2 Mutuals in Health – Pathfinder Programme

Further to Minute 208/14 of 31 July 2014, paper Q detailed the 'Mutuals in Health: Pathfinder Programme' designed to explore the benefits of mutualisation in the NHS, and appended UHL's proposed bid for involvement as a Pathfinder Trust and access to related

national monies. The Chief Executive clarified that the bid did not constitute a statement of intent, and would involve only exploring the various possibilities. He also noted the need to advise the NTDA of UHL's bid prior to submission on 4 September 2014. In response to a query from the Acting Trust Chairman, the Chief Executive advised that it was not yet known whether a team-based model would be adopted. Although recognising that the Pathfinder work was still at a very early stage, the Trust Board suggested linking appropriately to one of UHL's cross-cutting change processes. The Chief Operating Officer noted recent articles on NHS mutualisation in The Guardian, which he agreed to circulate for information. **DHR/CE** **COO**

<u>Resolved</u> – that (A) the NTDA be advised of UHL's Mutuals in Health Pathfinder Programme bid, and **DHR/CE**

(B) the 27 August 2014 *The Guardian* newspaper articles on NHS mutualisation be circulated to Trust Board members for information. **COO**

235/14/3 <u>Board Assurance Framework (BAF)</u>

Paper R detailed UHL's Board Assurance Framework as of 31 July 2014 and notified members of any new extreme/high organisational risks opened during that month. The Trust Board then reviewed the following risks from within the BAF (although scheduled only to review risks 1, 2 and 3, members now agreed also to review any other risks relating to those particular strategic objectives and also the highest-rated risks from within the BAF each month):- **ALL**

(a) **risk 1** (*lack of progress in implementing UHL Quality Commitment*) – it was confirmed that the CQC action plan was contained within the Quality Commitment and was also a standing item at QAC meetings. The Trust Board asked that the Chief Nurse consider how best to split risk 1 into 'UHL' and LLR' components, as was currently the case for risks 2 and 3; **CN**

(b) **risk 2** (*failure to implement **LLR** emergency care improvement plan*) – it was agreed that the Better Care Fund aim of reducing emergency admissions by 3% needed to be reflected in this risk, and that the 'likelihood' score for this risk should be reviewed (with a view to increasing the overall risk rating to 16 [4x4]). In light of Trust Board concerns, it was agreed to invite Dr D Briggs, LLR emergency care lead, to attend the September 2014 Trust Board and present the LLR emergency care plan (including measures to reduce delayed transfers of care); **COO** **COO**

(c) **risk 3** (*failure to effectively implement **UHL** emergency care quality programme*) – this item was agreed to be covered in the update at Minute 236/14/3 below);

(d) **risk 4** (*delay in the approval of the emergency floor business case*) – it was agreed to change the 'consequence x likelihood components' of this score from a 3x4 to a 4x3 composition (noting that the overall risk score of 12 was retained), and **MD**

(e) **risk 20** (*failure to deliver internal efficiency and productivity improvements*) – this risk was now discussed due to its risk rating of 16. Following discussion and noting the CIP work currently underway, the Trust Board agreed to change this risk score to 12 (4x3) and to clarify the actual risk statement further. **COO**

The Trust Board also agreed that a more senior level of oversight/challenge of the organisational risk register scoring and escalation method was required than was currently in place. The Chief Nurse agreed to progress this accordingly. Members also asked the Director of Corporate and Legal Affairs to review the placement of the BAF on the Trust Board agenda, and whether this should feature at the end (as previously) to enable other agenda items to feed into the BAF discussion. **CN** **DCLA**

<u>Resolved</u> – that (A) BAF risks 1, 2, 4 and 20 be updated as detailed in points (a), (b), (d) and (e) above; **CN/ COO /MD**

(B) Dr D Briggs, LLR emergency care plan lead, be advised of UHL's concerns over the LLR emergency care plan and invited to clarify the position of that plan to the September 2014 Trust Board (including delayed transfers of care issues); **COO**

(C) the scoring of the 'extreme and high risks' on UHL's organisational risk register be subject to an appropriate level of senior review/oversight; **CN**

(D) Trust Board monthly review of risks be structured so as to include all of the risks relating to individual strategic objectives (however many risks that might be), and **CN**

(E) the BAF's positioning on the Trust Board agenda be reviewed. **DCLA**

236/14 QUALITY AND PERFORMANCE

236/14/1 <u>Month 4 Quality and Performance Report</u>

The new format month 4 quality and performance report (paper S - month ending 31 July 2014) highlighted the Trust's performance against key internal and NTDA metrics, with escalation reports appended where required.

In terms of the 27 August 2014 QAC meeting and in the absence of Ms J Wilson Non-Executive Director QAC Chair at that meeting, Dr S Dauncey Non-Executive Director highlighted the following issues:-

(i) an update from Dr P Rabey, Associate Medical Director, regarding resuscitation improvements;
(ii) a useful patient feedback triangulation report;
(iii) a planned deep dive to understand the worsened performance re: falls, and
(iv) a verbal update on UHL's Ebola preparedness. In response to a query from Mr P Panchal Non-Executive Director, the Chief Nurse emphasised the crucial need for good local and national communication to avoid any potential panic over the Ebola outbreak in Africa.

The Acting Trust Chairman and Finance and Performance Committee Chair then outlined key operational issues discussed by the 27 August 2014 Finance and Performance Committee, namely:-
(a) its request for increased transparency on the workforce plan;
(b) actions planned for September and October 2014 to address RTT backlogs;
(c) good progress on UHL's 2014-15 cost improvement programme (CIP) plans, now forecasting to deliver £48m against the £45m target;
(d) below-plan month 4 financial performance and the corrective actions now in hand accordingly, and
(e) the challenging increase in cancer referrals. The LLR Healthwatch representative urged the Trust to drill down into the rise in 2-week wait referrals (which appeared to be affecting all tumour sites) and to factor in the impact on diagnostic capacity.

The Chief Executive and the Chief Nurse then highlighted their key month 4 issues for Trust Board consideration (noting that financial performance was discussed separately in Minute 236/14/2 below), as follows:-

(1) cancer 2-week waits performance;
(2) ambulance turn-around time performance, noting the potentially very significant fines involved. In explaining the position further, the Chief Operating Officer noted that data validation was a key issue, with 2 potential different ways of recording arrival time. It was agreed to receive an action plan on ambulance turn-around times at the September 2014 Trust Board; **COO**

(3) RTT performance, noting the challenge of the November 2014 timescale for delivering admitted performance, and

(4) delayed transfers of care – the Acting Trust Chairman emphasised the need to address this issue as a priority, and requested that it be covered in the LLR emergency care plan presentation to the September 2014 Trust Board (Minute 235/14/3 above refers). **COO**

In discussion on the issues highlighted above and on the month 4 quality and performance report generally, the Trust Board:-

(I) noted a request from Dr A Bentley, CCG representative, that Choose and Book (CAB) slot availability be addressed as a priority. The Acting Trust Chairman noted Finance and Performance Committee discussion on this issue with a further update scheduled for September 2014; **COO**

(II) commented on the under-utilisation of the Glenfield Hospital outpatients call centre facility, and

(III) noted a query from Mr D Henson, LLR Healthwatch representative, as to the impact of surgical capacity in breast on the cancer targets (given that this capacity now seemed to have increased). This issue would be resolved outside the meeting. **COO**

Resolved – that (A) in his LLR emergency care plan presentation to the September 2014 Trust Board, Dr D Briggs also be asked for an action plan to reduce delayed transfers of care; **COO**

(B) the scope for increasing the number of available Choose and Book slots continue to be explored through the Finance and Performance Committee; **COO**

(C) an action plan to address ambulance turnaround times performance be presented to the September 2014 Trust Board, and **COO**

(D) information be provided outside the meeting to Mr D Henson, LLR Healthwatch representative, clarifying surgical capacity in respect of the breast cancer targets. **COO**

236/14/2 Month 4 Financial Position

Paper T advised members of UHL's financial position as at month 4 (month ending 31 July 2014), noting a worsened year-to-date adverse variance to plan of £1.1m. Delivery of the year-end £40.7m deficit was still being forecast, and paper T outlined key mitigating actions in respect of key issues including contract risks, additional capacity and RTT, management of CMG recovery plans, and the process to access the Operational Resilience Funds. In response to a query from the Acting Trust Chairman, the Acting Director of Finance considered that the decrease in patient income against plan was unlikely to be reflected in current Commissioner forecasts. He also noted Musculoskeletal and Specialist Surgery as the key area for that patient income variance.

Resolved – that the month 4 financial update be noted.

236/14/3 Emergency Care Performance and Recovery Plan

Paper U provided an overview of ED performance, noting continued improved performance against the target in month 4 (92.52%). The emergency care steering group was now fully embedded, and rapid cycle testing of initiatives continued. The "Everybody Counts" social media campaign had also been launched, as appended to paper U. It was recognised, however, that the stated August 2014 deadline for compliance with the ED 4-hour wait target would not now be achieved, due largely to occupancy issues and decision to treatment times. Two 'superweekends' were therefore planned for 15 and 29 September 2014 to improve the level of inreach to ED. The Emergency Department had also been asked to

review its job plans and increase medical capacity at night (without increasing running costs). Although in-hours performance had increased significantly in recent months, this had not yet been translated into improved out-of-hours performance against the ED target. In discussion on ED performance, the Trust Board:-

(a) queried whether the out-of-hours challenges arose primarily from processing or resourcing issues. In response, the Chief Operating Officer advised that additional resource had been put into ED, but this must be matched by improved effectiveness. Potential alternative ED staffing models were also being reviewed, including ways to improve earlier involvement of other specialties (the post-5pm resourcing of those other specialties was also therefore being reviewed). It was vital to move away from 'out-of-hours' terminology, and the Deputy Medical Director confirmed that UHL was now focusing on additional ED and specialty resource between 5pm – 11pm, and on different ways/hours of working;

(b) noted comments from the Director of Human Resources regarding payment arrangements within ED. She also suggested that it would be helpful to receive a LETB update on discussions re: changes to the national Consultant contract; **DHR**

(c) noted (in response to a query from the CCG representative) the need to review peak activity data to see if UHL's patient cohort was the same as elsewhere. The CCG representative also queried whether the patients arriving at peak times had seen a GP in advance, and

(d) queried whether there was an 'ideal' number of Consultants to be present in ED, noting the variation in table 2 of paper U. Dr I Sturgess, external Consultant, advised that the number of Consultants (and other medical grades) should depend on the demand profile and required level of efficiency.

<u>Resolved</u> – that an update on LETB discussions re: changes to the national Consultant contract be circulated to Trust Board members for information (once available). **DHR**

237/14 RESEARCH & DEVELOPMENT – QUARTERLY UPDATE ON R&D

Paper V informed the Trust Board of current activity and challenges within R&D, noting mostly good progress (particularly on initiating research trials). Performance against recruiting patients within the 70-day timescale remained an area of concern, although UHL's Director of R&D was confident of addressing this. In discussion on the quarterly report (and although welcoming its relative shortness) the Trust Board:-

(a) suggested that it would be helpful for future quarterly updates to include a dashboard of R&D KPIs;
(b) noted an absence of information on more strategic developments such as the Biomedical Research Units (BRUs). Members also queried how far UHL's strategic R&D thinking was synchronised with that of its relevant partners (it was noted that this issue was currently under consideration by the Medical Director). In discussion, the Chief Executive outlined ongoing discussions by the BRU Board re: the BRU renewal bids, and suggested that strategic R&D issues might be better addressed through the Delivering Caring at its Best update to the Trust Board (rather than via this quarterly R&D update). In further discussion the Trust Board voiced some surprise at the reported view not to pursue BRC status at this time, and **CE**
(c) discussed how best to raise the profile of R&D at Trust Board level – this would be fed into the Board effectiveness action plan accordingly. **EDs/ DCLA**

<u>Resolved</u> – that (A) from the next such submission, the quarterly UHL R&D report to Trust Board include a dashboard showing progress on R&D KPIs; **MD**

(B) the Chief Executive consider how best to sight the Trust Board to strategic R&D issues, and **CE**

(C) measures to raise the Board-level profile of R&D be considered by Executive Directors and fed into the Board effectiveness action plan as appropriate. **EDs/ DCLA**

238/14 GOVERNANCE

238/14/1 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns for July 2014 (paper W). Following due consideration, and taking appropriate account of any further information needing to be included from today's discussions (including the month 4 exception reports as appropriate), the self certification against Monitor Licensing Requirements (appendix A), and Trust Board Statements (appendix B) were endorsed for signature accordingly by the Chief Executive and submission to the NTDA. **DCLA/ CE**

Resolved – that the NHS Trust Over-Sight Self Certification returns for July 2014 be approved for signature by the Chief Executive, and submitted to the NTDA. **DCLA/ CE**

239/14 REPORTS FROM BOARD COMMITTEES

239/14/1 Finance and Performance Committee

Resolved – that the 30 July 2014 Finance and Performance Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted (including approval of UHL's working capital strategy as appended to those Minutes). **ADF**

239/14/3 Quality Assurance Committee (QAC)

Resolved – that the 30 July 2014 QAC Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively.

240/14 TRUST BOARD BULLETIN

Resolved – that the following Trust Board Bulletin items be noted:- Trust Board meeting dates 2014-16; UHL Members' Engagement Forum minutes; UHL Patient Advisers' Meeting minutes, and the Board effectiveness action plan.

241/14 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

There were no questions from members of the public or press.

242/14 ANY OTHER BUSINESS

242/14/1 Comments from the Acting Trust Chairman

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

243/14 APM 2014 AND DATE OF NEXT MEETING

Resolved – that (A) UHL's 2014 Annual Public Meeting take place on Tuesday 9 September 2014 from 6pm – 8pm at The Big Shed, 93 Commercial Square, Freeman's Common, Leicester (health and wellbeing fair from 4pm in the same venue), and

(B) the next Trust Board meeting be held on Thursday 25 September 2014 at 10am in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 3.25pm

Helen Stokes - **Senior Trust Administrator**

Cumulative Record of Members' Attendance (2014-15 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Acting Chair from 26.9.13)	6	6	100	R Mitchell	6	5	83
J Adler	6	6	100	R Overfield	6	6	100
T Bentley*	5	5	100	P Panchal	6	6	100
K Bradley*	6	6	100	K Shields*	6	6	100
I Crowe	6	5	83	S Ward*	6	6	100
S Dauncey	6	5	83	M Wightman*	6	6	100
K Harris	6	5	83	J Wilson	6	4	67
D Henson*	2	2	100	D Wynford-Thomas	6	3	50
K Jenkins	4	4	100				

* non-voting members