Paper J

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 30 JANUARY 2014 AT 9.30AM IN SEMINAR ROOMS 2 AND 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Present:
Mr R Kilner – Acting Trust Chairman
Mr J Adler – Chief Executive
Colonel (Retired) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Dr K Harris – Medical Director
Ms K Jenkins – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:
Dr T Bentley – Leicester City CCG (from Minute 17/14)
Ms K Bradley – Director of Human Resources
Professor N Brunskill – Director of Research and Development (for Minute 28/14/1)
Professor S Carr – Associate Medical Director, Clinical Education (for Minute 27/14/1)
Mr A Chatten – Managing Director, NHS Horizons (for Minute 8/14/1)
Mr E Charlesworth – Healthwatch Representative (from Minute 17/14)
Mr P Cleaver – Risk and Assurance Manager (for part of Minute 26/14/1)
Ms L Douglas-Pannett – Specialty Registrar in Public Health (for part of Minute 7/14/1)
Miss M Durbridge – Director of Safety and Risk (for Minute 8/14/2)
Mr P Hollinshead – Interim Director of Financial Strategy
Dr R Hsu – Senior Teaching Fellow in Epidemiology and Public Health (for part of Minute 7/14/1)
Ms H Leatham – Head of Nursing (for Minute 22/14/1)
Mrs K Rayns – Trust Administrator
Ms H Seth – Head of Planning and Business Development (for Minutes 9/14/1 and 9/14/2)
Ms K Shields – Director of Strategy (from part of Minute 10/14/2)
Ms L Stevens – Clinical Nurse Specialist (for Minute 22/14/1)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

1/14 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 1/14 – 16/14), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

2/14 APOLOGIES AND WELCOME

Apologies for absence were received from Mr A Seddon, Director of Finance and Business Services, Ms J Wilson, Non-Executive Director and Professor D Wynford-Thomas, Non-Executive Director. The Chairman welcomed Dr S Dauncey, Non-Executive Director and Mr P Hollinshead, Interim Director of Financial Strategy to the meeting.

3/14 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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.

4/14 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.

5/14 CONFIDENTIAL MINUTES

Resolved – that (A) the confidential Minutes of the Trust Board meetings held on 13 and 20 December 2013 be confirmed as correct records, and

(B) the notes of the 16 January 2014 Trust Board Development Session be submitted to the 27 February 2014 Trust Board meeting for approval. **DCLA/ TA**

6/14 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.

7/14 REPORTS BY THE MEDICAL DIRECTOR

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.

8/14 REPORTS BY THE CHIEF NURSE

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

9/14 REPORTS BY THE DIRECTOR OF STRATEGY

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.

10/14 REPORTS 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 and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

11/14 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.

12/14 REPORT BY THE ACTING 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 of commercial interests and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

13/14 REPORT 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 that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

14/14 REPORTS FROM BOARD COMMITTEES

14/14/1 Finance and Performance Committee

Resolved – the 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.

14/14/2 Quality Assurance Committee

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.

14/14/3 Remuneration Committee

Resolved – that (A) the confidential Minutes of the Remuneration Committee meeting held on 10 January 2014 (paper K refers) be received and noted, and

(B) the Minutes of the meeting held on 30 January 2014 be presented to the 27 February 2014 Trust Board meeting. **DCLA**

15/14 PRIVATE TRUST BOARD BULLETIN – JANUARY 2014

Resolved – that the Trust Board Bulletin report containing details of a life study in Leicester (paper L) be received for information.

16/14 MEETING EVALUATION

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.

17/14 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

18/14 ACTING CHAIRMAN'S OPENING COMMENTS

The Acting Chairman welcomed the attendance of Mr P Hollinshead, Interim Director of Financial Strategy at this meeting, in the absence of the Director of Finance and Business Services who was taking a period of special leave. He announced the resignation of Mr I Sadd, Non-Executive Director who had taken up a full time Director of Finance role and he welcomed Dr S Dauncey who had stepped down from her position as UHL Non-Executive Director in June 2013 for family reasons and had kindly agreed to re-join the Trust as an Interim Non-Executive Director for a period of 6 months. The Trust Board supported the **DCLA**

appointment of Ms Dauncey, Non-Executive Director to the Quality Assurance Committee and Colonel (Retired) I Crowe, Non-Executive Director to the Audit Committee with immediate effect.

The Acting Chairman drew members' attention to the positive informal feedback at the conclusion of the CQC inspection and congratulated the relevant UHL teams and partner agencies on improvements in Emergency Department 4 hour performance as a result of 2 "Super Weekends" held earlier that month.

Resolved – that (A) the verbal information provided by the Acting Chairman be received and noted, and

(B) the appointment of Dr S Dauncey, Non-Executive Director to the membership of the Quality Assurance Committee and Colonel (Retired) I Crowe, Non-Executive Director to the membership of the Audit Committee, be approved. **DCLA**

19/14 MINUTES

Paper M provided the Minutes of the Trust Board meeting held on 20 December 2013 and members commented in respect of the following Minutes:-

- 340/13/2 – Colonel (Retired) I Crowe, Non-Executive Director referred to the discussion on UHL's Reward and Recognition Strategy and requested that this Minute be revised to include an action for the Director of Human Resources to develop a formalised process (possibly through the Remuneration Committee) to ensure that the Trust submitted 2 or 3 nominations for national honours each year; **DHR**
- 341/13/1 – the Director of Finance and Business Services had reported on comments received to the effect that UHL's cost control could have been better. Board members noted that he had also made these comments himself in local radio and television interviews, and
- 341/13/1 – Dr T Bentley, CCG Representative expressed disappointment that this Minute had been truncated and his comments relating to tariff arrangements had been omitted. The Trust Administrator was requested to refer back to her notes and provide some additional wording for inclusion in the Minutes (to be agreed by the Chairman). **TA/ CHAIR MAN**

Resolved – that, subject to the amendments noted above to Minutes 340/13/2 and 341/13/1, the Minutes of the Trust Board meeting held on 20 December 2013 (paper M) be confirmed as a correct record. **TA/ CHAIR MAN**

20/14 MATTERS ARISING FROM THE MINUTES

Paper N 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 9 – Minute 303/13/2 of 28 November 2013 – the Chief Executive reported verbally on the approvals process for UHL's new Emergency Floor and the associated enabling works, noting that the Trust Development Authority (TDA) had approved the Strategic Outline Case. The Outline Business Case had been considered by the TDA and no fundamental issues had been raised. UHL would be responding to a number of queries raised by the TDA in the next few days, but they had confirmed that the first stage of the enabling works relating to the provision of a modular ward block could proceed. The Chief Executive had written to the TDA seeking agreement to proceed with 6 or 7 other enabling schemes to be funded from UHL's Capital Programme and these were due to be considered by the TDA's Capital Committee. In the meantime, discussions were planned between the Interim Director of Financial Strategy and the TDA regarding access to national capital funding for the Emergency Floor and further consultation and

engagement with health economy partners was planned as part of the Full Business Case submission;

(b) item 10 – Minute 304/13/1 of 28 November 2013 – the Chief Nurse confirmed that the patient information packs relating to community based rehabilitation facilities were now available on the relevant wards;

(c) item 11 – Minute 308/13/1 of 28 November 2013 – the Executive Team would be reviewing progress with the Trust's emergency preparedness, resilience and response arrangements on 18 February 2014;

(d) item 12 – Minute 308/13/2 of 28 November 2013 – the Director of Marketing and Communications advised that further analysis of the reputation audit results had been delayed as a result of additional work for the CQC inspection. He confirmed that the analysis to differentiate between feedback provided by healthcare professionals and the wider stakeholder group would be shared with Board members once it was available;

(e) item 13 – Minute 309/13/1 of 28 November 2013 – an update on progress against outstanding Internal Audit recommendations was due to be presented to the February 2014 meeting of the Audit Committee;

(f) item 14 – Minute 311/13(1) of 28 November 2013 – the Director of Strategy reported that there had been no evidence of any impact of large scale immigration from Romania and Bulgaria since the border controls with these countries had changed on 1 January 2014. It was agreed that this item would be removed from the progress log;

(g) item 15 – Minute 311/13(2) of 28 November 2013 – the Director of Corporate and Legal Affairs advised that additional concerns had been raised by Mr M Woods on 17 December 2013 (and these had been circulated to all Board members as requested), but the Trust was awaiting feedback from a meeting between Mr Woods and the family involved, to determine whether the family wanted to raise their concerns on a formal basis. An update on this issue would be provided to the 27 February 2014 meeting;

(h) item 16 – Minute 227/13/1 of 31 October 2013 – the Chief Nurse had communicated with the National Lead for Dementia Care regarding UHL's meaningful activities programme for dementia patients and a related staff awards nomination had been made;

(i) item 17 – Minute 227/13/5 of 31 October 2013 – the Director of Human Resources advised that (subject to some minor amendments to the terms of reference and membership) the first meeting of the Executive Workforce Board would be held in April 2014, and

(j) item 18 – Minute 252/13/1 of 26 September 2013 – the Chief Nurse advised that the ongoing monitoring arrangements for risk 4 on the Board Assurance Framework would be agreed at the February 2014 Audit Committee meeting and it was agreed to remove this item from the Trust Board progress log.

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

21/14 REPORTS BY THE CHIEF EXECUTIVE

21/14/1 Monthly Update Report – January 2014

The Chief Executive introduced paper O, his monthly summary of key issues. Noting that separate reports featured elsewhere on the Trust Board agenda in respect of financial performance and emergency care performance, he drew members' attention to the following issues:-

(a) significant concerns regarding the Trust's financial deficit and arrangements in place to ensure that the Clinical Management Groups delivered their forecast year-end plans, without exceeding any deficit trajectories;

(b) improvements in emergency care performance had exceeded expectations arising from the "Super Weekends" and the 4 hour performance continued to progress in a positive direction;

(c) an exception report on Referral Time to Treatment (RTT) featured later in the agenda

and this had been reviewed by the Finance and Performance Committee. Funding had been agreed through collaborative discussions with Commissioners for additional capacity to be provided in the 2014-15 financial year to provide additional capacity which would reduce the backlogs;

(d) formal feedback from the CQC was expected to confirm that the Trust had a range of issues requiring resolution, however evidence had been presented to demonstrate that the Trust was committed to tackling these and that good relationships were being maintained throughout the process. No immediate rectifications were required and no warning notices had been issued. A draft report would be provided to the Trust for checking factual accuracy by 25 February 2014 and then a Quality Summit would be held on 26 March 2014 prior to publication of the final report and an action plan at the end of March 2014. The CQC inspection team had congratulated the Trust on the quality of the logistical planning for the visit and the timely response to requests for additional information, and

(e) feedback from the launch event for the LLR 5 Year Health and Social Care Strategy held on 29 January 2014: the event had been well attended and had been met with an apparent lack of scepticism. The next key stage would be for each health economy partner organisation to sign up to the goals and enabling strategies and a series of workshops were being arranged to support the 5 main workstreams. He noted the crucial importance of delivering high impact outputs as opposed to niche areas. Regular progress reports would be provided to the Trust Board.

Resolved – that the Chief Executive's monthly update report for January 2014 be received and noted.

21/14/2 Children's Services Board Level Leadership

In accordance with good practice, the Chief Executive introduced paper P, confirming the appointment of the Director of Strategy as the Board level lead for Children's Services. He also advised that the Director of Strategy would be chairing the new Children's Board which was due to hold its inaugural meeting soon.

Resolved – that the appointment of the Director of Strategy as Trust Board lead for Children's Services be approved. **DS**

22/14 CLINICAL QUALITY AND SAFETY

22/14/1 Patient Experience – Acupuncture Service

The Chief Nurse introduced Ms H Leatham, Head of Nursing and Ms L Stevens, Clinical Nurse Specialist who had attended the meeting to present paper Q, providing the Board with a flavour of patient experience feedback relating to the acupuncture treatment service provided at UHL. A short video was shown, providing highlights from interviews with 4 service users, who all spoke positively about the benefits of the treatment. In discussion following the video, Board members:-

(a) noted that between 60% and 70% of patients felt some benefits from the treatment and that these benefits included pain relief, improved sleep, reductions in analgesia, reduced symptoms of depression, avoidance of surgery, and improved mobility. The only negative comments received had related to the length of waiting lists (up to 5 months) and unavailability of more frequent treatments;

(b) queried whether the service needed to be based in an Acute Care hospital setting and noted in response that this service could equally be delivered from a community hospital, GP surgery or within patients' own homes;

(c) noted that the Trust did not provide an acupressure service, as research had demonstrated that this treatment was not as beneficial as acupuncture;

(d) noted that approximately 800 of the Trust's younger (or more agile) patients had

received training in order to carry out their own self-treatment;

(e) commended the performance of this service which treated 4,500 patients per year and generated annual income of £135,000;

(f) sought and received additional information regarding the clinic model and the length of time for each treatment;

(g) considered the training required to become a qualified acupuncture practitioner and maintain accreditation status, and what the training requirements for Ms L Stevens to become an accredited trainer;

(h) requested the Director of Strategy to review the scope for further service development in liaison with Commissioners. **DoS**

Resolved – that (A) the video and discussion on patient experience within the Acupuncture Service be received and noted, and

(B) Ms L Stevens, Clinical Nurse Specialist be requested to contact the governing body to ascertain the training needs and qualifications required in order to undertake an acupuncture training role, and **CN/CNS**

(C) the Director of Strategy be requested to liaise with Commissioners to explore the scope for further service development. **DoS**

22/14/2 Supporting Carers of People with Dementia

The Chief Nurse introduced paper R, briefing the Trust Board on the results of the dementia carers surveys conducted through monthly rotational audits and re-audits within each of the CMGs. The report had previously been considered by the Executive Quality Board and members noted the ongoing achievement of National CQUIN compliance. The report also highlighted key themes identified to further improve the support offered to carers through strengthening communications, dissemination of information and greater involvement of carers and families in the discharge planning process.

The Healthwatch representative noted that there were significant patient and public involvement implications associated with this workstream, despite these not being indicated on the cover sheet. Ms K Jenkins, Non-Executive Director recorded her support for this workstream and queried the arrangements for working with the wider health economy in view of the multiple agencies that had contact with this patient group. The Chief Nurse advised that such arrangements had been implemented under the dementia strategy and other frail elderly work strands. Dr T Bentley, CCG representative agreed to arrange for joint working in respect of dementia care to be highlighted within the appropriate LLR 5 Year Strategy workstream. **TB, CCG**

Responding to a wider query raised by Mr P Panchal, Non-Executive Director, on the subject of UHL's relationships with carers of patients, the Chief Nurse advised that a Carers' Strategy was under development and that this would be presented to the Executive Quality Board for consideration in April 2014. The Acting Chairman noted the scope to raise Board-level awareness of dementia care issues through the Trust Board development programme. **CN** **DCLA**

Resolved – that (A) the progress report on supporting carers of patients with dementia (paper R) be received and noted;

(B) the CCG Representative be requested to arrange for dementia care joint working to be highlighted within the relevant LLR 5 Year Strategy workstream; **TB, CCG**

(C) proposals for a UHL Carers' Strategy be presented to the Executive Quality Board in April 2014, and **CN**

(D) consideration be given to raising awareness of dementia related issues through **DCLA**

the Trust Board development programme.

23/14 HUMAN RESOURCES

23/14/1 Local Clinical Excellence Awards Scheme 2013

The Director of Human Resources introduced paper S, informing the Trust Board of the outcome of the Clinical Excellence Awards (CEA) scheme for 2013 and summarising the spread of awards by Clinical Management Group and the equality and diversity background of applicants. The CEA scheme was considered to be a sub-set of the Trust's reward and recognition workstream and members noted the intention to reward hardworking and committed staff in respect of high quality service delivery, in addition to research, training and management achievements.

Discussion took place regarding reductions in the baseline funding for 2013 and potential changes to the Consultant contract which might impact on future years' schemes. The Chief Executive noted the minimum investment allocation of £266,721 and requested the Director of Human Resources to confirm the actual financial allocation. Board members recognised the engagement work ongoing within the CMGs to encourage all eligible staff (including part time staff) to apply and encourage their peers to self-nominate across all 5 of the domains. **DHR**

Resolved – that (A) the Clinical Excellence Awards for 2013 (paper S) be noted, and

(B) the Director of Human Resources be requested to confirm the final financial allocation for 2013 (outside the meeting). **DHR**

24/14 QUALITY AND PERFORMANCE

24/14/1 Month 9 Quality, Finance and Performance Report

Paper T, the quality and performance report for month 9 (month ending 31 December 2013) advised of red/amber/green (RAG) performance ratings for the Trust, and set out performance exception reports in the accompanying appendices. The Acting Chairman briefed Trust Board members on the following issues, as considered at the 29 January 2014 Quality Assurance Committee meeting:-

- a review of the Quality Commitment which was also due to be considered at the April 2014 Trust Board development session;
- the development of an additional critical safety action surrounding the management of sepsis, and
- improvements in the critical safety action performance relating to acting upon results linked to the process for electronic receipt and acknowledgement of test results and a material improvement in the timeliness of emergency surgery.

The Chief Nurse reported on the Trust's performance in respect of Friends and Family Test results, infection prevention, and pressure ulcer damage. In respect of pressure ulcer prevalence, the CQC intelligent monitoring data had highlighted UHL's data as being above the national average, but when variations in the local population demographics were taken into account, assurance was provided that UHL was not an outlier. However, some scope for additional work to improve rates for patients over 70 had been recognised.

The Medical Director briefed the Board on developments led by the Chief Medical Information Officers (CMIOs) to support the implementation of ICE software across the Trust to improve the timeliness of discharge letters. Section 4.2 of paper T outlined the Trust's mortality data including an update on the expected changes to SHMI data which the Trust was now able to analyse using the Hospital Evaluation Dataset (HED) and which would be reported in detail to the next Mortality Review Committee. The Medical Director confirmed

good progress with VTE assessments, fractured neck of femur performance and advised that no never events had occurred during December 2013.

Dr T Bentley, CCG representative commented upon the Trust's IT systems for requesting and reporting on diagnostic tests and highlighted opportunities to work with the Trust to expand access to Systm1 for UHL clinicians, subject to appropriate consent. The Acting Chairman advised that the Trust Board was expected to consider a number of IM&T related issues at its February 2014 meeting. Dr S Dauncey, Non-Executive Director complimented the Trust on improvements in its quality and operational performance data over the last 6 months, particularly noting the consistent 100% compliance with theatres WHO checklist.

Colonel (Retired) I Crowe, Non-Executive Director queried who was leading the implementation of the data quality diamond and recommended that a clear prioritisation process be identified for the implementation and that all segments of the diamond be RAG-rated. It was noted that Ms S Priestnall, Information Manager was leading this workstream, and the Director of Strategy agreed to liaise with Mr J Roberts, Assistant Director of Information to progress this accordingly. The Medical Director advised that care was needed in the presentation of the diamond to ensure that the information was legible (given the size of the diamond). **DoS**

The Acting Chairman then reported on the following items of business, as considered by the Finance and Performance Committee on 29 January 2014:-

- a presentation by Dr P Rabey, Deputy Medical Director in respect of improving medical productivity through the Consultant job planning process. Significant opportunities had been noted to increase efficiency and effectiveness, which in turn could create additional clinical capacity, and
- the positive progress being made in recruitment to vacant nursing posts and the high calibre of the nurses recruited from overseas.

The Chief Operating Officer referred to the operational performance table provided on page 24 of paper T, and drew members' attention to the following issues :-

(i) recovery plans for RTT performance had been agreed across the specialties of ENT, orthopaedics, ophthalmology and general surgery, but it was expected that full compliance with the 90% and 95% targets for admitted and non-admitted performance (respectively) would not be achieved for a further 7 or 8 months. An exception report was provided at appendix 4, advising of a 52 week breach for an incomplete pathway in ophthalmology. The patient involved had travelled overseas, but the pathway had not been paused and treatment would be offered upon return to the UK;

(ii) the exception report provided at appendix 5 advised of non-compliant diagnostic imaging 6 week wait performance for December 2013 (performance stood at 1.4% against the threshold of 1%);

(iii) cancelled operations performance had been reviewed by the Finance and Performance Committee with further workstreams being identified for the Chief Operating Officer to progress with the ITAPS Clinical Management Group;

(iv) cancer performance for 2 week symptomatic breast patients was non-compliant for November 2013 (reported 1 month in arrears) due to some elements of patient choice. December 2013 performance had been met;

(v) the percentage of stroke patients spending 90% of their stay on a stroke ward in November 2013 (reported 1 month in arrears) stood at 78% against a target of 80%, This was being reviewed in light of the Executive Team's agreement to ring-fence a small number of stroke beds. Confirmation was provided that performance for December 2013 had been met, and

(vi) arrangements for reducing delayed transfers of care continued to be progressed as part of the work to improve discharge processes.

The Chief Executive reported that (in the absence of the Director of Finance and Business Services) he had assumed accountability for the IM&T workstreams and he introduced sections 10.4 and 10.5 of paper T highlighting IM&T operational performance for the month of December 2013. It was agreed that the Chief Executive would liaise with the Chief Information Officer and the Chief Medical Information Officers to review progress against the key transformation schemes, although there were no particular concerns about the progress of any of these. Colonel (Retired) I Crowe, Non-Executive Director observed an ongoing issue with multiple clinical log-ins and requested that the technical solution for single clinical sign-on be progressed as a priority. **CE**

Section 9 of paper T provided an update on performance of the Facilities Management contract provided by Interserve and contract managed by NHS Horizons. The Chief Nurse presented this section advising that performance against estates and portering KPIs had been impacted by a failure in the electronic management system and Interserve had been tasked with resolving this issue. Performance against cleaning KPIs was showing a gradual improvement and further assurance would be provided to the Trust Board on 27 February 2014. The Acting Chairman also advised that a robust contractual review would be undertaken on the 12 month anniversary of the contract award. **CN**

The Director of Human Resources drew members' attention to section 7 of paper T, covering appraisals, sickness, staff turnover, statutory and mandatory training and corporate induction. Particular discussion took place regarding improvements in statutory and mandatory training compliance. IT system issues were noted which related to the number of e-learners accessing the system at the same time and the facility to provide "team builder" reports. The Acting Chairman encouraged all Trust Board members to undertake their statutory and mandatory e-learning modules. Corporate induction sessions were due to become weekly sessions with effect from April 2014. **ALL**

The Interim Director of Financial Strategy presented the month 9 financial performance, focusing on the Trust's statutory duties in respect of:-

(1) income and expenditure position – noting a year to date deficit of £28.5m and risks and issues surrounding delivery of the year-end controls total within the context of variances within the CMGs' financial performance. He reported on the limited flexibility of central management options to effect a small tolerance either side of the forecast £39.8m deficit;
(2) capital resource limit – the Trust had spent £17.7m of the planned £39.8m as at the end of December 2013, and the year end position was expected to be in the region of £33m to £34m. This was seen as a lost opportunity to some extent and revised internal management arrangements were due to be implemented going forward, and
(3) external financing limit – DoH controls for non-Foundation Trusts meant that the UHL was required to have funds of at least £16.9m in the bank at the financial year end. The Trust's current balance stood at £3.9m and advice was being sought from the TDA in respect of the process and timescale for securing a short-term loan.

In discussion on the Trust's financial performance, Mr E Charlesworth, Healthwatch representative requested that careful consideration be given to future public messaging arrangements surrounding the deficit position and he queried the scope to benchmark UHL's financial performance with that of other Trusts to set the national context. The Interim Director of Financial Strategy agreed to explore the possibility of including such contextual information in future reports. **IDFS**

Ms K Jenkins, Non-Executive Director sought additional clarity with reference to the following sub-sections of paper T:-

- section 11.2.1 on page 41 – noting that the Trust had forecast an in-month deficit of £6.2m, but delivered a net deficit of £8.2m, she queried the reasons for this variance.

The Interim Director of Financial Strategy undertook to provide a breakdown of such variances within subsequent iterations of the financial performance report, including greater transparency relating to any deployment of central reserves; **IDFS**

- section 11.4.4 on page 44 – following the Internal Audit review of bank and agency non-contractual payments she queried whether the Executive Team had yet agreed a timescale for implementation of the Internal Audit recommendations. The Chief Executive and the Chief Nurse provided their views that implementation of the recommendations surrounding improved expenditure controls and back-filling of positions was not likely to materially reduce the current levels of expenditure on non-contracted staffing, as there was currently no other means of filling the gaps in staffing rotas. The Director of Strategy commented upon opportunities to ensure that existing staffing levels were appropriately distributed (via the e-rostering system) prior to resorting to agency usage. The Chief Nurse also noted the scope for the Audit Committee to review medical locum expenditure at a future meeting; **KJ, AC Chair**
- section 11.4.9 on page 46 – noting a cost pressure of £1.2m for consultancy costs, she requested a breakdown of this expenditure for the February 2014 meeting. Within the same section, a cost pressure of £1.1m was noted for imaging and laboratory non-pay consumables and it was agreed that this would be reviewed by the Finance and Performance Committee on 26 February 2014; **IDFS** **RK, FPC Chair**

Following the above discussion, the Acting Chairman highlighted a helpful report on the nursing workforce which had been presented to the Finance and Performance Committee and the Quality Assurance Committee on 29 January 2014 and he requested the Trust Administrator to circulate copies of this report to all Board members for information.

The Chief Executive briefed the Trust Board on the mechanism for centralised discretionary expenditure controls and recruitment approvals. With the exception of nursing posts, all new and replacement posts were being reviewed and appropriately challenged. Non-stock requisitions over the value of £100 were being scrutinised and all suppliers had been informed that purchase orders were required for all goods and services ordered. The Chief Operating Officer provided assurance that patient care activity assumptions were being monitored closely, alongside theatre plans and medical locum expenditure in order to maximise the Trust's financial position.

<u>Resolved</u> – that (A) the quality and performance report for month 9 (month ending 31 December 2013) be noted;

(B) the Director of Strategy be requested to liaise with the Assistant Director of Information to prioritise the development of RAG-rated quality diamonds; **DoS**

(C) the Chief Executive be requested to review progress with the IM&T transformation schemes to determine whether reports would be available for consideration by the Trust Board in February 2014; **CE**

(D) the trajectory for improving key Facilities Management KPIs be provided to the Trust Board in February 2014; **CN**

(E) all Trust Board members to review their Statutory and Mandatory training profile and complete any courses or e-learning modules as required; **ALL**

(F) the Interim Director of Financial Strategy be requested to undertake the following actions:- **IDFS**

- **(i) consider including national contextual information in future financial performance reports;**
- **(ii) provide a breakdown of any in-month variances to the planned income and expenditure position, and**
- **(iii) provide a breakdown of the £1.2m cost pressure relating to consultancy costs;**

(G) consideration be given to an Audit Committee review of medical agency staffing costs, and **AC Chair**

(H) a reported £1.1m cost pressure in respect of imaging and laboratory consumables be reviewed in depth by the Finance and Performance Committee on 26 February 2014. **FPC Chair**

24/14/2 Emergency Care Performance and Recovery Plan

Further to Minute 341/13/2 of 20 December 2014, the Chief Operating Officer introduced paper U, briefing members on recent performance against the 4 hour emergency care target and the continued focus on delivering sustainable improvements. Detailed performance data relating to the 2 super weekends (held on 4-5 and 11-12 January 2014) was appended to paper U. In-month performance was noted to have improved from 88.5% in November 2013 to 90.5% in December 2013 and the year to date performance now stood at 88.56%. Month to date performance for January 2014 stood at 93.43%. Graph 4 on page 2 of paper U showed ED performance for the first 23 days of January 2014 compared to the same period of 2013 and graph 5 illustrated a pleasing reduction in performance variation. The Chief Operating Officer noted the 4 main focus areas being progressed were:- (1) discharge processes, (2) command and control site meetings, (3) non-admitted breaches, and (4) super weekends and plans to normalise key behaviours.

Ms K Jenkins, Non-Executive Director noted the positive effect of the super weekends and queried what had made the difference. In response, the Chief Operating Officer reported on the arrangements to replicate mid-week working combined with the effect of less elective activity, additional portering staff, access to CT scanners, pharmacy services and breach chasers. At the following day's Emergency Care Action Team meeting, consideration would be given as to which actions had made the most difference and which would be continued. The Chief Operating Officer also paid credit to the support provided by Dr D Briggs, Managing Director, East Leicestershire and Rutland CCG and Ms R Bilsborough, Divisional Director, Leicestershire Partnership NHS Trust.

Mr P Panchal, Non-Executive Director had recently visited the discharge lounge at the LRI site and he queried whether there were any medium or long term plans to increase discharge lounge capacity. In response, the Chief Operating Officer and the Chief Nurse advised that discharge lounges were currently a necessary step in the patient discharge journey whilst they were awaiting transport or take home medication. Ideally, they would not be required in future, but whilst they were required, some positive steps were being taken to address privacy and dignity issues and to improve the patient experience in these areas generally.

In conclusion, the Chief Operating Officer summarised the improving position noting the expectation that the Trust would be delivering sustainable compliant performance by the end of quarter 1 2014-15. Ms K Jenkins, Non-Executive Director queried whether performance penalties were still being deducted for non-compliance and noted in response that a year-end agreement had been reached with Commissioners in this respect. Members commended the achievements to date, noting that an audit of basic care interventions and quality measures had evidenced significant improvements within the ED.

Resolved – that the report on Emergency Care Performance be received and noted.

24/14/3 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns for December 2013 (paper V refers), inviting any comments or questions on this report. The Acting Chairman highlighted the need for clarity (within section 4) regarding funding sources **DCLA/**

and the basis that the Trust was considered to be a going concern. The Interim Director of Financial Strategy advised that he would be preparing a report to the Audit Committee on this particular point. **CE**

The December 2013 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 TDA accordingly.

Resolved – that the NHS Trust Over-Sight Self Certification returns for December 2013 be approved for signature by the Chief Executive, and submitted to the TDA as required. **CE**

25/14 STRATEGY AND FORWARD PLANNING

25/14/1 Annual Operational Plan 2013-14 Quarter 3 Progress Report

Paper W provided a high level overview of UHL's performance against the 2013-14 Annual Operational Plan objectives for the period October 2013 to December 2013. Appendix 1 to paper W provided a RAG-rated progress report against each individual workstream. The Director of Strategy noted that many of the key issues covered by the report had been discussed earlier in the agenda and she invited any questions on the report.

Resolved – that the quarter 3 progress report on the 2013-14 Annual Operational Plan be received and noted.

25/14/2 Update on Draft Annual Operational Plans 2014-15 and 2015-16

The Director of Strategy presented paper X, seeking the Trust Board's ratification of the first cut operational plan for 2014 to 2016, as approved by the Acting Chairman and the Chief Executive and submitted to the TDA on 13 January 2014. Members noted that the TDA planning guidance required the Trust to submit a detailed planning checklist and statement of compliance or non-compliance against a wide range of parameters. This detailed documentation (Annex A to E) had not been circulated with paper X but was available for review upon request.

Board members discussed the key messages surrounding UHL's financial deficit and system wide responses which would be triangulated with the responses from CCGs, Nottingham University Hospitals NHS Trust, Northampton General Hospital, Kettering General Hospital and the Provider Alliance for the LLR Elective Care Bundle. The Director of Strategy reported on the arrangements for patient and public engagement and plans for strengthening operational grip, capital planning and workforce plans. A further interim submission would be presented at the 13 February 2014 Trust Board development session prior to submission to the TDA on 14 February 2014.

The Acting Chairman sought and received assurance that appropriate clinical engagement was driving the development of service based strategies. Mr P Panchal, Non-Executive Director requested that relationships with the voluntary sector and patient carers be factored in to subsequent submissions. The Director of Marketing and Communications reported on early discussions with the Leicester City CCG, Social Services and Age UK surrounding the development of "loneliness prescriptions", whereby healthcare professionals would be encouraged to identify isolated patients in need of additional support and arrange for them to be offered professional or voluntary assistance (where required).

Resolved – that (A) the first draft submission of UHL's Annual Operational Plans for 2014-16 be endorsed, and **DS**

(B) the second draft submission be presented to the Trust Board development **DS**

session on 13 February 2014 for approval prior to submission to the TDA on 14 February 2014.

25/14/3 Quarterly Review of the Improvement and Innovation Framework

The expected report on the Improvement and Innovation Framework had been withdrawn.

Resolved – that the quarterly review of the Improvement and Innovation Framework be deferred to the 27 February 2014 Trust Board meeting. **DoS**

26/14 RISK

26/14/1 Board Assurance Framework (BAF) Update

The Chief Nurse presented the latest iteration of UHL's BAF (paper Y). Mr P Cleaver, Risk and Assurance Manager attended the meeting for this item. The Acting Chairman noted that it had been some time since the last detailed review of the whole BAF and he requested the Director of Corporate and Legal Affairs to build such a review into the Trust Board development programme. Discussion took place regarding the optimum timing for this and Ms K Jenkins, Non-Executive Director and Audit Committee Chair noted the importance of ensuring that the Board was content with the content of the BAF and the allocated risk ratings prior to the development of the 2014-15 Internal Audit plan. The Chief Executive and the Acting Chairman suggested that the BAF be reviewed after submission of the Annual Operational Plan and the CQC summit at the end of March 2014. **DCLA**

In respect of the 3 risks selected for detailed consideration at today's meeting, the Trust Board noted the following information:-

- risk 8 – failure to achieve and sustain quality standards – it was agreed that the Chief Nurse and the Medical Director would review the scoring of this risk through the Executive Quality Board, alongside the outputs from the CQC inspection, once the formal feedback was available; **CN/MD**
- risk 9 – failure to achieve and sustain high standards of operational performance – the Chief Operating Officer undertook to update the mitigating actions now that RTT recovery plans had been signed off by Commissioners. However, it was not intended to downgrade the existing risk scoring (4 x 5 = 20) at the present time, and **COO**
- risk 10 – inadequate reconfiguration of buildings and services – the Director of Strategy noted the need to re-score this risk rating upon completion of the work to triangulate UHL's reconfiguration plans with those of the CCGs. **DoS**

In discussion on the remainder of the report, the Trust Board:-

(i) noted the key changes to the BAF (as outlined in section 2.4 of paper Y);
(ii) highlighted the need to review the Improvement and Innovation Framework at the next Trust Board meeting and the particular relevance of this workstream to risk 4 (ineffective organisational transformation); **DoS**
(iii) agreed that the risk rating for risk 12 (failure to exploit the potential of IM&T) seemed to have been under-scored (3 x 3 = 9) and this would require further review at the 27 February 2014 Trust Board meeting;
(iv) suggested that it would be helpful to receive updated criteria for gauging the current and target risk ratings alongside some up-to-date examples of extreme risks. The Risk and Assurance Manager agreed to append this information to the February 2014 iteration of the BAF; **RAM**
(v) commented upon section 3 of the paper Y showing the new extreme and high risks noting that the detailed risk summaries were provided in appendix 5. The Risk and Assurance Manager advised that since producing this report, appropriate updates had been received in respect of the outstanding actions highlight in red within appendix 5;

(vi) considered the overall length of the BAF report and highlighted opportunities to draw key points to the Board's attention through the use of an additional column providing an opinion as to whether adequate action plans/assurance had been provided by the risk owner, and **RAM**

(vii) agreed that the governance structures relating to the BAF as highlighted within the Assurance and Response Framework would be tested and re-confirmed by the Trust Board when this document was reviewed in March 2014. **DCLA**

Resolved – that (A) the Board Assurance Framework (presented as paper Y) and the associated actions listed above be noted. **EDs**

27/14 MEDICAL EDUCATION

27/14/1 Quarterly Update on Medical Education

The Medical Director introduced Professor S Carr, Associate Medical Director for Clinical Education who had attended the meeting to present paper Z. Taking the paper as read, Professor Carr highlighted recent key achievements and ongoing challenges relating to medical education at UHL. Members particularly noted progress with appointing Medical Education Leads in each CMG and the focus on accountability for evidencing expenditure against SIFT funding (to include any "hidden" costs such as cancellation of a clinic to facilitate student examinations and the associated impact upon waiting lists and operational performance).

The Acting Chairman noted the need to align the income and expenditure position for medical education to ensure that there was no cross-subsidisation and the Interim Director of Financial Strategy reported on the associated risks and opportunities. Noting that engagement with the CMGs was improving in respect of medical education, the Acting Chairman requested the Chief Operating Officer to include this item on the agenda for review at the monthly CMG Performance Management meetings. **COO**

The Chief Executive noted the need to mainstream the reporting arrangements for both medical education and research and development performance and he sought an update on the development of the reporting dashboard. Professor Carr advised that a pilot dashboard was currently being trialled and she provided assurance that the dashboard would be rolled out within all CMGs by 1 April 2014.

The Chief Executive sought and received verbal feedback arising from recent inspections and suggested that this would be a useful addition to the quarterly reports going forwards. Members noted that following the Deanery's follow-up inspection, 2 rotas were still RAG-rated as red, the ED visit had gone well, a renal follow-up visit had highlighted no particular issues and the ophthalmology visit had confirmed good progress towards addressing the issues raised previously. It was agreed that feedback from inspections and visits from external agencies would be included as a standing item in each quarterly update. **AMD**

Resolved – that (A) the quarterly update report on Medical Education be received and noted, and

(B) the Chief Operating Officer be requested to include medical education on the agenda for the CMG performance management meetings, and **COO**

(C) feedback from inspections and external visits be included in future iterations of the report. **AMD**

28/14 RESEARCH AND DEVELOPMENT

28/14/1 Quarterly Update on Research and Development

The Medical Director introduced Professor N Brunskill, Director of Research and Development who had attended the meeting to present paper AA, the quarterly update on research and development at UHL. Taking the report as read, Professor Brunskill highlighted progress with appointment of the R&D leads and deputy leads within each CMG, and arrangements to appoint leads within the spheres of nursing and allied healthcare professional groups. Recruitment to portfolio studies continued to exceed trajectory and the median time for the Trust to approve studies stood at 1 day (against the national target of 30 days). The Trust's research management team had been requested to share good practice with other Trusts in respect of this performance.

Section 3.5 of paper AA outlined the hosted research institutions and advised that UHL had been selected as a Cancer Research UK Centre. Current challenges were set out in section 4 of the report. These included maintaining and developing relationships with a range of academic and industry partners and approvals for recruitment to existing posts. Section 5 provided the Leicestershire, Northamptonshire and Rutland Comprehensive Local Research Network (CLRN) report as required by the NIHR to qualify for the appropriate funding.

Responding to a query raised by Dr S Dauncey, Non-Executive Director, the Medical Director reported on the historical issues relating to appointments to academic posts and the arrangements being progressed to redress the balance between Trust funding and University of Leicester funding. The Chief Executive noted progress towards achieving parity at a Trust-wide level, but he noted the need to refresh the CMG-level budgets in this respect. He agreed to liaise with the Interim Director of Financial Strategy on this point outside the meeting. **CE/IDFS**

Trust Board members raised some detailed queries surrounding UHL's Biomedical Research Units, Olympic legacy funding, the Academic Health Sciences Network. The Acting Chairman noted that UHL was an important partner within a wide range of organisations and it would be helpful to see the joined up strategy for research and development. The Medical Director suggested that a Trust Board development session might be useful and he offered to help structure such a session (if required). **DCLA/MD**

Finally, the Director of Strategy raised a query on the calculation of excess treatment costs in respect of clinical trials in accordance with the NHS commissioning annual prioritisation process. The Director of Research and Development provided an example of some diabetes research whereby a study was conducted which involved provision of special standing workstations for the study group. It was agreed that the Director of Strategy would update the Interim Director of Financial Strategy on this matter outside the meeting. **DoS**

<u>Resolved</u> – that (A) the quarterly update on Research and Development be received and noted;

(B) the Chief Executive be requested to brief the Interim Director of Financial Strategy on the apportionment of medical staffing costs between UHL and the UoL; **CE/IDFS**

(C) consideration be given to presenting UHL's research and development strategy to a Trust Board development session, and **DCLA/MD**

(D) the Director of Strategy be requested to update the Interim Director of Financial Strategy on the arrangements for processing excess treatment costs outside the meeting. **DoS**

29/14 REPORTS FROM BOARD COMMITTEES

29/14/1 <u>Finance and Performance Committee</u>

Resolved – that the Minutes of the 18 December 2013 Finance and Performance Committee meeting (paper BB) be received and noted.

29/14/2 Quality Assurance Committee

Resolved – that the Minutes of the 17 December 2013 Quality Assurance Committee meeting (paper CC) be received and noted.

30/14 CORPORATE TRUSTEE BUSINESS

30/14/1 Final Accounts and Annual Report 2012-13 for Leicester Hospitals Charity

The Interim Director of Financial Strategy introduced paper DD, providing the Leicester Hospitals Charity Final Annual Accounts, Annual Report and Letter of Representation for the year 2012-13 and seeking Trust Board approval (as Corporate Trustee). Members noted that in the absence of a Charitable Funds Committee meeting before the Charity Commission's 31 January 2014 deadline, the detailed Accounts and Annual Report had been circulated to all Committee members by email for their approval on 21 January 2014.

The Director of Corporate and Legal Affairs highlighted recent challenges experienced in ensuring that meetings of the Charitable Funds Committee were quorate. He sought the Trust Board's approval to revising the membership and terms of reference for this Committee to the effect that, at the Committee Chairman's discretion, any voting member of the Trust Board could be invited to attend the meetings and that their attendance would count towards the quoracy of the meeting. **DCLA**

Resolved – that (A) the Annual Accounts and Annual Report for Leicester Hospitals Charity be endorsed;

(B) the Interim Director of Financial Strategy and the Chief Executive be requested to sign the relevant certificates and arrange for submission to the Charity Commission before the 31 January 2014 deadline, and **IDFS/CE**

(C) the above amendment to the membership and terms of reference for the Charitable Funds Committee be approved. **DCLA**

31/14 TRUST BOARD BULLETIN – JANUARY 2014

Resolved – that the Trust Board Bulletin report containing the quarterly update on sealing of documents (paper EE) be received for information.

32/14 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The Acting Chairman invited any comments or queries relating to items of business on the Trust Board meeting agenda and a member of staff commented upon a lack of awareness of the Clinical Excellence Awards Scheme. In response, the Director of Human Resources noted the need for additional information sessions on these awards and agreed to liaise with the CMGs to arrange this within each speciality. **DHR**

Resolved – that the comment above be noted and the Director of Human Resources be requested to liaise with the CMGs to arrange for information sessions on the CEA scheme to be held within each specialty. **DHR**

33/14 ANY OTHER BUSINESS

33/14/1 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.

33/14/2 Urgent Care Centre Tender

Mr E Charlesworth, Healthwatch representative raised a query relating to the tender for the Urgent Care Centre service currently provided by the George Eliot Hospital NHS Trust. The Chief Executive confirmed that UHL was aware of the re-procurement exercise currently being undertaken to maintain continuity of service. In the longer term, options were under consideration in order to potentially repatriate this activity or incorporate some collaboration with the service provider as part of the new emergency floor redesign.

Resolved – that the information be noted.

33/14/3 ED Performance

Mr P Panchal, Non-Executive Director noted the positive progress in respect of ED performance recently but he queried the arrangements to factor in the impact of any severe weather conditions within the improvement trajectory. In response, the Chief Operating Officer advised that he would not expect bad weather to significantly impact upon progress, providing that the existing focus on admissions and discharge rates was sustained.

Resolved – that the information be noted.

33/14/4 Ms H Stokes – Senior Trust Administrator

The Acting Chairman noted that the Senior Trust Administrator would be returning to work in February 2014 following her period of maternity leave and that she would resume servicing the Trust Board meetings. He thanked Mrs K Rayns, Trust Administrator for servicing the Board meetings in her absence.

Resolved – that the information be noted.

34/14 MEETING EVALUATION

The Acting Chairman invited members to evaluate the public section of the meeting and provide their comments accordingly. The following comments and observations were raised:-

(1) the Chief Operating Officer queried what more the Board could do to engage with the public and increase attendance at Board meetings. The Director of Marketing and Communications reported on the arrangements to hold selected Board meetings in a range of external stakeholder venues commencing in March 2013. These sessions would have built in opportunities for stakeholder engagement and would be well advertised in advance;
(2) Ms K Jenkins, Non-Executive Director highlighted opportunities to make Trust Board meeting more interactive, she queried the scope to adapt the language used to make them more "digestible" and suggested that it would be helpful if the agreed resolutions and actions could be summarised following each agenda item;
(3) Mr P Panchal, Non-Executive Director commented on time pressures during the meetings, suggesting that Board members' ability to raise questions was sometimes hampered. He also agreed to speak to the Director of Marketing and Communications **PP,**

outside the meeting regarding community access to Board meeting and the relevance of any external venues selected; **NED**

(4) Dr T Bentley, CCG representative commended the Board's progress in implementing the "paper-lite" approach to meetings, with all the documents being provided in an easily accessible electronic format. Mr P Panchal, Non-Executive Director echoed this comment but suggested that arrangements for re-charging electronic devices during the meeting were required (avoiding the need for extension cables and the inherent risks of creating tripping hazards); **TA**

(5) the Acting Chairman accepted the comments relating to time pressures and queried whether the Board should hold longer meetings or conduct less business at each meeting. He proposed that the agenda timings be circulated 10 days prior to each meeting, to assist members to escalate any concerns in advance; **DCLA**

(6) the Chief Operating Officer noted the reactive nature of the Trust Board agenda over the last 12 months and commented upon the scope to focus on more strategic issues. He also noted the opportunity to create a more continuous narrative on key issues through the Minutes of the meetings, and

(7) members also considered the following issues in respect of Trust Board meeting development:-

- scope to reflect the CQC inspection framework within the agenda planning;
- opportunities to track the number of decisions/approvals arising from each item;
- whether the Trust Board was predominantly expected to be a decision making forum or an assurance forum, and
- opportunities to reference the Trust's strategic objectives within the reporting template.

Resolved – that the above comments be noted.

35/14 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 27 February 2014 in the C J Bond room, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 3.56pm

Kate Rayns,
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)	12	12	100	R Overfield	6	5	83
J Adler	12	11	92	P Panchal	12	10	83
T Bentley*	10	6	60	I Reid	4	4	100
K Bradley*	12	10	83	C Ribbins	4	4	100
I Crowe	8	7	88	I Sadd	4	3	75
S Dauncey	2	2	100	A Seddon	11	11	100
K Harris	12	12	100	K Shields*	4	4	100
S Hinchliffe	2	2	100	J Tozer*	3	2	66
M Hindle (Chair up to 26.9.13)	7	7	100	S Ward*	12	12	100
P Hollinshead*	1	1	100	M Wightman*	12	11	92
K Jenkins	12	11	92	J Wilson	12	10	83
R Mitchell	8	8	100	D Wynford-Thomas	12	5	42

* non-voting members