Trust Board Paper L

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 27 FEBRUARY 2014 AT 9.30AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY

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 (up to and including Minute 58/14/3 and for Minute 60/14/1)
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
Ms J Wilson – Non-Executive Director

In attendance:
Dr T Bentley – Leicester City CCG
Dr T Bourne – Chief Medical Information Officer (for Minute 42/14)
Ms K Bradley – Director of Human Resources (up to and including Minute 58/14/1 and for Minute 60/14/1)
Mr E Charlesworth – Healthwatch Representative (from Minute 52/14)
Mr A Chatten – Managing Director, NHS Horizons (for Minute 58/14/4)
Mr J Clarke – Chief Information Officer (for Minutes 42/14, 56/14/2 and 56/14/3)
Ms I Gowan – Foresight Partnership
Mr P Hollinshead – Interim Director of Financial Strategy
Dr S Jackson – Chief Medical Information Officer (for Minute 42/14)
Ms H Leatham – Head of Nursing (for Minute 57/14/1 - part)
Mr R Manton – Risk and Safety Manager (for Minute 61/14/1)
Ms J Morrissey – Senior Midwife (for Minute 57/14/1)
Mrs H Seth – Head of Planning and Business Development (in the absence of the Director of Strategy)
Ms H Stokes – Senior Trust Administrator
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

36/14 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 36/14 – 52/14), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

37/14 APOLOGIES

Apologies for absence were received from Mr A Seddon, Director of Finance and Business Services, Ms K Shields, Director of Strategy and Professor D Wynford-Thomas, Non-Executive Director.

38/14 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

39/14 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.

40/14 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 30 January 2014 Trust Board meeting be confirmed as a correct record.

41/14 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.

42/14 REPORT BY THE CHIEF EXECUTIVE

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

43/14 REPORT BY THE MEDICAL DIRECTOR

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

44/14 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.

45/14 REPORT BY THE DIRECTOR OF STRATEGY

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

46/14 REPORT BY THE CHIEF EXECUTIVE

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

47/14 REPORT BY THE CHIEF NURSE

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

48/14 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 on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

49/14 REPORTS FROM BOARD COMMITTEES

49/14/1 Quality Assurance Committee

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

49/14/2 Remuneration Committee

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

50/14 PRIVATE TRUST BOARD BULLETIN – FEBRUARY 2014

There were no Bulletin items for noting.

51/14 CORPORATE TRUSTEE BUSINESS

51/14/1 Charitable Funds Committee

Resolved – that the confidential Minutes of the 3 February 2014 Charitable Funds Committee be received, and the recommendations and decisions therein be endorsed and noted respectively.

52/14 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

53/14 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

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

(a) the Chief Executive's meeting with Leicester Mercury Patients' Panel representatives at lunchtime prior to this Trust Board;
(b) the significant achievement of UHL's maternity services in having gained CNST level 3 accreditation, one of only a small number of Trusts nationally to do so. The Trust Board congratulated the Maternity team on this achievement noting the very stringent standards involved, and
(c) his regret at the Chief Nurse's decision to leave UHL, and his thanks for her positive contribution to date. He emphasised that her decision was for personal reasons and no reflection on either her performance or her experience at UHL.

Resolved – that the position be noted.

54/14 MINUTES

Resolved – that the Minutes of the 30 January 2014 Trust Board be confirmed as a correct record.

55/14 MATTERS ARISING FROM THE MINUTES

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

(a) **item 3** (Minute 22/14/2(B) of 30 January 2014) – Dr T Bentley, CCG representative,

confirmed that he had raised the issue of dementia care joint working as agreed;

(b) **item 6** (Minute 223/14/1 of 30 January 2014) – the final 2013 Clinical Excellence Awards allocation would be circulated to members for information; **DHR**

(c) **item 8** (Minute 24/14/1(E) of 30 January 2014) – all Trust Board members were again encouraged to complete their statutory and mandatory training, noting the same programme for both Non-Executive and Executive Directors. The Chief Executive requested that an end-February 2014 position statement be sent to him showing the training status for all Board members; **DHR**

(d) **item 9** (Minute 21/14/1(F) of 30 January 2014) - the Interim Director of Financial Strategy advised that certain of the amendments had now been incorporated into the regular financial reporting mechanisms as agreed, and

(e) **item 12** (Minute 337/13(G) of 20 December 2013) – it had been agreed that 1 lay/Non-Executive Director member of each Better Care Together participating Board would meet on a monthly basis.

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

56/14 REPORT BY THE CHIEF EXECUTIVE

56/14/1 <u>Monthly Update Report – February 2014</u>

The Chief Executive advised that the key issues within his monthly report at paper L were covered on the Trust Board agenda. He particularly noted improved month 10 figures in respect of the Trust's financial position (emphasising also that there was no recruitment freeze in place); the very challenging Emergency Department position during February 2014; progress towards agreeing an RTT recovery plan with Commissioners; the January 2014 launch of a 5-year LLR Health and Social Care Strategy, and UHL's refreshed approach to innovation, transformation and improvement.

<u>Resolved</u> – that the Chief Executive's February 2014 monthly update be noted.

56/14/2 <u>Update on UHL IM&T Infrastructure</u>

Paper M highlighted the work undertaken by UHL and IBM to stabilise the Trust's current IT infrastructure and improve the user experience going forward. Priorities for 2014-15 included a focus on ease of clinical access and increasing mobility, with significant advances planned in the first 6 months of the financial year as a result of having secured external Department of Health funding. In response to a query from the UHL Chairman, the Chief Information Officer noted that a decision on a data centre was not likely before July 2014; the size of the data centre needed would be shaped by the choice of EPR partner. The Trust Board welcomed progress on UHL's IM&T infrastructure, and noted in discussion:-

(a) that 800 UHL clinicians currently used a single log-on system, which was now being extended to full Trust roll-out thus covering all clinical staff;

(b) final cost streams were being discussed for the roll-out of UHL's public wi-fi scheme, expected to be in place from 1 April 2014. In response to a query, the Chief Information Officer advised that UHL would receive a small % of each use;

(c) comments from Dr T Bentley, CCG representative, on his eagerness to work with UHL on IM&T issues, and his advice to involve clinicians as much as possible (including, eg the Clinical Senate). This was echoed by the Chief Information Officer, who noted the significant clinical engagement to date, and

(d) a query from the Audit Committee Non-Executive Director Chair regarding the robustness of UHL's IM&T business continuity plans. She requested that this issue be discussed further at the April 2014 Audit Committee. **CE/CIO**

<u>Resolved</u> – that (A) the update on IM&T infrastructure be noted, and

CE/CIO

(B) IM&T business continuity plans be reported to the 15 April 2014 Audit Committee.

56/14/3 Electronic Document and Records Management (EDRM) Update

Paper N provided an overview of the EDRM trial implementation (clinical genetics and musculo-skeletal services) and sought Trust Board views on the next steps for the business case for full implementation. In discussion on the report, the Trust Board noted:-

(a) that no adverse issues had arisen from the pilots, although naturally some complexities had been exposed. By their nature, the pilots had not been tested wider sharing beyond UHL, and this was therefore part of the design and build phase for full roll-out. Given the NHS experience of the supplier, the Chief Information Officer had a high level of confidence that wider sharing would not be an issue. Dr T Bentley, CCG representative, advised that he would be working closely with UHL on sharing information with the community, in line with 2014-15 planning guidance requirements;
(b) that the Chief Information Officer was a member of the Trust Capital Group, with IM&T strategy issues therefore featuring in UHL's capital decisions;
(c) that it would be helpful to understand any internal capability issues and to ensure that these were being reflected in the Trust's decision-making process. The Interim Director of Financial Strategy noted that the March 2014 Trust Board would be considering the 2014-15 high-level capital programme for approval, with the detailed 5-year capital plans discussed through the Finance and Performance Committee thereafter, and **IDFS**
(d) the potential length of the timescale for NTDA approval of the EDRM business case – it was agreed therefore to develop and submit the full implementation business case in parallel with the POC. **CE/CIO**

Resolved – that (A) the 2014-15 capital programme be presented to the 27 March 2014 Trust Board for approval (detailed 5-year capital plans to be discussed through the Finance and Performance Committee thereafter), and **IDFS**

(B) approval be given to submit the full implementation EDRM business case to the NTDA in parallel with the POC. **CE/CIO**

57/14 CLINICAL QUALITY AND SAFETY

57/14/1 Patient Experience – Patient Story Relating to Maternity Care

Members listened to a patient experience relating to UHL maternity care – although recounting some positive aspects, the patient had experienced some staffing pressures and issues with food not being provided. The staff attending for this item expressed disappointment at the level of care experienced by the patient, and outlined the improvements made since, including an increase in establishment for both midwifery and HCA staff, and investment in housekeeping services on the ward in question. In discussion on the issues raised by the patient experience story, the Trust Board noted:-

(a) a Non-Executive Director query on whether current establishments across the service as a whole enabled appropriate continuity of midwifery care (yet balanced with appropriate knowledge of each service area). Assurances were given that this was the case;
(b) a query from Mr E Charlesworth, Healthwatch representative, regarding out-of-hours/weekend care – in response, it was confirmed that senior midwife care was available on the labour ward and delivery suite at weekends;
(c) that housekeepers were not part of the NHS Horizons contract. Some wards still did not have a housekeeper;

(d) the Maternity Care Assistant and Housekeeper coverage now available on the ward in question. It was agreed that 24/7 working was crucial;
(e) that 'baby logs' had now started for each new mother, as of 24 February 2014;
(f) a Non-Executive Director query on the scope to use volunteers on the maternity unit (for non-clinical elements);
(g) comments that UHL was proving attractive to midwifery recruits, due to the Trust values, the facilities available (eg birthing pools), and also UHL's new charitable appeal focusing on baby loss, and
(h) a Non-Executive Director query on how to make maternity information leaflets more accessible to non-English speaking patients. The Chief Nurse agreed to pursue this outside the meeting. **CN**

<u>Resolved</u> – that (A) the maternity patient experience story be noted, and

(B) consideration be given as to how to make maternity patient information leaflets more accessible to non-English speakers. **CN**

58/14 QUALITY AND PERFORMANCE

58/14/1 <u>Month 10 Quality and Performance Report</u>

The month 10 quality and performance report (paper P - month ending 31 January 2014) advised of red/amber/green (RAG) performance ratings for the Trust, and set out performance exception reports in the accompanying appendices. An exception report in respect of fractured neck of femur performance was also now tabled. It was noted that IM&T and facilities management issues were covered in detail elsewhere on the Trust Board agenda for this meeting.

Ms J Wilson, Non-Executive Director and Quality Assurance Committee (QAC) Chair briefed Trust Board members on the 26 February 2014 QAC meeting, particularly noting the need to refocus on the 5 critical safety actions, and the Committee's welcome for the good progress on nursing workforce issues. The Minutes of the previous 29 January 2014 QAC meeting were detailed later on the agenda at paper Z.

With regard to the quality section within the month 10 report, members noted that ward issues (as per the ward dashboards) related primarily to nursing vacancies. The majority of the newly-recruited international nurses were being allocated to the most-challenged wards. In a change to the position represented in paper P, the Medical Director noted that a review of preliminary data indicated that UHL was on target in respect of VTE risk assessment. However, fractured neck of femur performance had fallen short of the target in month 10, hence the tabled exception report. In response to a query from Dr T Bentley, CCG representative, the Medical Director confirmed that data was held in respect of patients coming into hospital to die.

The Chief Operating Officer summarised operational performance, noting further exception reports in respect of diagnostic imaging 6-week waits and cancelled operations. As a result of additional capacity put in place, diagnostic waits would be back on track from March 2014, and the position re: cancelled operations would be improved by the ongoing RTT work (Minute 58/14/2 below refers). Stroke performance was now compliant, which was welcomed. In discussion, Non-Executive Directors sought clarity on the reasons for the diagnostic waits position, given that similar post-Christmas capacity issues had not arisen in January 2013. The Chief Operating Officer outlined other factors involved in 2014 including the MRI replacement programme, and the Chief Nurse provided reassurance that urgent diagnostic cases were prioritised according to clinical need. The Acting Chair commented that the MRI replacement programme had been planned, and advised of the need to learn lessons accordingly. With regard to financial aspects of the operational performance data, the Acting Trust Chairman noted detailed the February 2014 Finance and Performance

Committee's discussions on the RTT plan being negotiated with Commissioners – the Committee considered that there were some risks around this plan due to current admission levels. The Committee had also discussed 2014-15 CIP progress and risks (given the income-driven basis of a large % of the schemes), and had noted the very positive work by the Trust's Procurement Team. The Minutes of the 29 January 2014 Finance and Performance Committee meeting were detailed later on the agenda at paper Y.

The Director of Human Resources presented section 7 of the quality finance and performance report, covering appraisal and sickness rates, staff turnover, statutory and mandatory training performance and corporate induction attendance. She particularly noted that UHL's sickness absence rate was more positive than the national figure, and she welcomed the significant progress being made on statutory and mandatory training compliance (currently at 72% and on track for the March 2014 target of 75%). In response to a Non-Executive Director query, the Director of Human Resources agreed to check the staff turnover rate once TUPE'd staff were excluded (also excluding trainee doctors). At the request of the Acting Trust Chairman, she also agreed to include an 18-month rolling sickness absence graph in future iterations of the report.

DHR

DHR

Section 11 of the report advised members of month 10 performance against UHL's financial targets, noting the Trust's application to the NTDA for a short-term amendment to UHL's external financing limit (EFL) which would allow it to meet its cash target. UHL was confident of meeting the capital resource limit (CRL) although further focus was needed on managing the level of undershoot. Section 11.4.7 detailed the key financial risks as at month 10. In discussion on the financial position, the Trust Board noted:-

(a) a suggestion from the Interim Director of Financial Strategy that the Audit Committee review UHL's debt management/write-off processes. In response to concern voiced by the Non-Executive Director Audit Committee Chair that the Audit Committee had not been sighted to the current position, the Interim Director of Financial Strategy provided assurance that debt management was were now covered in the balance sheet issues reported monthly to Trust Board. The Acting Trust Chairman confirmed that this had also been discussed at the February 2014 Finance and Performance Committee (and referred to the Audit Committee), and

IDFS

(b) queries from the Non-Executive Director Chair of the Audit Committee relating to:-
- why the reserves showed in the plan but not in the actual position (this was related to the deficit plan set originally);
- her desire for clarity on the graph at 11.4.2 of paper P – this needed amending to clarify that it also reflected the forecast position;
- where ED financial risks sat (it was confirmed that they were in the winter pressures risk). The Interim Director of Financial Strategy advised that all risks in the report were above and beyond the plan, and
- the position regarding including the theatre trays in the stock count – this was dependent on auditors' views and could be reported to the March 2014 Audit Committee.

IDFS

Paper P1 detailed a maternity never event, reported to the Trust Board as required. The Medical Director voiced disappointment at this event and advised that it would be reviewed through UHL's EQB and QAC as appropriate. In discussion, the Acting Trust Chairman queried how to address the outcomes of that review, should it indicate a breach of UHL policies and procedures.

CN/ MD

<u>Resolved</u> – that (A) the quality and performance report for month 10 (month ending 31 January 2014) be noted;

(B) an 18-month rolling graph showing sickness absence be included in future quality finance and performance reports;)

DHR

(C) Trust turnover figure be confirmed (excluding TUPE'd staff and trainee doctors); **DHR**

(D) the following issues be reviewed by the 7 March 2014 Audit Committee:- **IDFS**
(1) UHL's debt-management/write-off process;
(2) Auditors' view on including the theatre tray count as stock, to be reported to the March 2014 Audit Committee, and

(E) the never event be reviewed through the EQB and QAC. **CN/MD**

58/14/2 Referral to Treatment (RTT) Improvement Report

Paper Q from the Chief Operating Officer outlined progress in improving UHL's RTT compliance, noting that the improvement plan had not currently been agreed with Commissioners. Non-delivery remained a significant risk for both UHL and the wider LLR healthcare economy, and urgent work was currently underway by the Trust's Clinical Supporting and Imaging Clinical Management Group (CSI CMG) to identify all available outpatient space and review outpatient working practices. Ensuing diagnostic capacity challenges and theatres issues were also being reviewed, as was bed availability and staffing requirements. The impact of continued high emergency demand on elective work was also a key issue. The Chief Executive noted the need to resolve underlying capacity issues between all parties, to enable agreement of a viable RTT improvement plan.

The Acting Trust Chairman noted detailed discussion on the RTT improvement plan at the February 2014 Finance and Performance Committee, with a fair degree of assurance available on individual service plans but less so on 'environmental issues'. The Executive Team was due to discuss overall capacity issues and it was suggested now that a future Trust Board Development Session could also be dedicated to this subject. Risk 9 of the Board Assurance Framework (re: operational performance) might also require refreshing in light of paper Q. **CHAIR/ COO** **COO**

Resolved – that (A) a Trust Board Development Session potentially be held on overall UHL RTT capacity, and **CHAIR/ COO**

(B) BAF risk 9 be appropriately refreshed in light of the RTT improvement report. **COO**

58/14/3 Emergency Care Performance and Recovery Plan

Paper R from the Chief Operating Officer advised members of recent performance against the 4 hour emergency care target and detailed the key actions underway to deliver an improved position. Following good performance in January 2014 (93.6%) there had been a significant deterioration in February 2014, and an additional report on the underlying reasons was now tabled. The paper noted a significant rise in emergency admissions and advised of work needed to address delayed transfers of care (DTOCs). In discussion on ED performance, the Trust Board noted:-

(a) a significant rise in GP emergency admissions, particularly from Leicester City CCG whose GP admissions had doubled from the position in March 2013. Dr T Bentley, CCG representative advised that this issue was being discussed at a meeting later on 27 February 2014, and he also queried the basis for UHL's statement that there were fewer community beds than previously;
(b) the need to increase acute bed capacity, which was not currently sufficient to accommodate the demand. There was also an urgent need to increase community capacity, with particular difficulties experienced in respect of both care home and LPT bed availability;
(c) the DTOCs split between Leicester City (1/3) and Leicestershire County (2/3). The Trust Board reiterated the key need to reduce DTOCs;
(d) the need for all parties to agree on a common starting point to resolve this issue and

thus also improve the patient experience. The Chief Nurse echoed this as a key issue and noted potential patient risks despite thorough risk assessments before opening additional bed capacity, and

(e) agreement to include details in the March 2014 Trust Board update of UHL beds by specialty and site (month-by-month figures). **COO**

<u>Resolved</u> – that the number of beds by UHL specialty and site (month by month) be included in the March 2014 monthly update on ED performance. **COO**

58/14/4 <u>Review of the Performance of the Interserve Facilities Management (FM) Contract April – November 2013</u>

Mr A Chatten, Managing Director NHS Horizons, attended for discussion on the Interserve FM contract performance during its first 9 months (paper S). Despite a successful mobilisation process, concerns had begun to emerge from June 2013 with regard to catering and cleaning services, impacting upon patient experience. The Trust had been closely monitoring Interserve's performance since August 2013 and had seen an improvement. Third party assurance reports were available on request, and the NHS Horizons Board was monitoring Interserve's progress against actions plans in response to two audit reports.

In discussion on paper S, the Trust Board noted:-

(a) that the actual performance outlined in the report did not match staff/Trust/patient perceptions particularly at mobilisation phase. Members queried, therefore, whether the correct indicators were being measured, and if so, noted the need to address the perception/reality mismatch;
(b) (in response to a query) that cleaning remained a hotspot of concern;
(c) the view of the NHS Horizons Managing Director that the issues with Interserve contract performance had stemmed largely from the level of vacancies – recruitment had now taken place, although admittedly not to full establishment;
(d) that the graph at A2 reflected the fact that Interserve's customer satisfaction surveys were now being returned, rather than being any comment on the content of those responses. UHL was now sharing its own patient survey results with Interserve;
(e) ongoing work by the Trust to address contractually some remaining ward mealtime issues with Interserve, and
(f) a suggestion from Mr E Charlesworth Healthwatch representative, that patients and staff views be sought on Interserve staff attitude, as part of the next Non-Executive Director walkabouts.

<u>Resolved</u> – that the review of the Interserve FM contract be noted.

58/14/5 <u>NHS Trust Over-Sight Self Certifications</u>

The Director of Corporate and Legal Affairs introduced UHL's self certification returns for February 2014 (paper T), inviting any comments or questions on this report. He confirmed that the certifications would be appropriately updated to reflect today's Trust Board discussions, including insertion of the 7 March 2014 Audit Committee date. Subject to those updates, the February 2014 self certification against Monitor Licensing Requirements (appendix A), and Trust Board Statements (appendix B) were endorsed for signature by the Chief Executive and submission to the NTDA accordingly. **DCLA/ CE**

<u>Resolved</u> – that, subject to any amendments arising from today's Trust Board discussions, the NHS Trust Over-Sight Self Certification returns for February 2014 be approved for signature by the Chief Executive, and submitted to the NTDA as required. **CE**

59/14 STRATEGY AND FORWARD PLANNING

59/14/1 Draft Annual Operational Plans 2014-15 and 2015-16

The Head of Planning and Business Development introduced paper U, providing a brief overview of national planning requirements, setting out the planning timetable, summarising the key changes since the initial January 2014 operational plans and highlighting the external support that the LLR healthcare economy would benefit from in developing its 5-year plans. UHL continued to work to agree the acute contract and to resolve cost pressures with CMGs, with a cross-CMG capacity planning session scheduled for April 2014. UHL's plan was currently rated as 'high risk' by the NTDA, with the next interim submission due on 5 March 2014, and the Trust Board agreed to delegate authority to the Acting Chairman and Chief Executive to sign-off the next iteration of the 2014-15 and 2015-16 operational plans for that 5 March 2014 submission date. **CHAIR/ CE**

The Interim Director of Financial Strategy updated members on progress with the acute contract for 2014-15, noting UHL's response to the CCGs' offer. In a challenging local and national financial environment, the overall quantum of activity had been agreed, although certain aspects needed further work (eg RTT funding). Elements not yet agreed included the QIPP impact, the rebasing of MRET, coding changes, and access to non-recurrent funding. Further Chief Executive-level discussion was therefore planned, given the need to sign the contract by 28 February 2014.

In discussion on the update, the Trust Board:-

(a) noted a Non-Executive Director query on the scope to review (and refresh if required) UHL's strategic direction. The Chief Executive noted that the outputs from his discussions with Executive colleagues on this issue would be shared at the March 2014 Trust Board Development Session; **CE/DS**

(b) noted (in response to a query) that a high-level Trust-wide workforce plan would be included within the operational plan being presented to the March 2014 Trust Board for approval, and

(c) noted some Non-Executive Director concerns over the likelihood of being able to approve the annual operational plan on 27 March 2014, given the issues still to be resolved and the work required to reconcile whole healthcare economy planning needs. In response, the Head of Planning and Business Development advised that the 2014-15 operational plan would be complemented by the overarching 5-year LLR strategy due for detailed development by June 2014.

Resolved – that (A) authority be delegated to the Chairman and Chief Executive to sign-off the updated UHL 2-year operational plan, for submission to the NTDA on 5 March 2014, and **CHAIR/ CE**

(B) outputs of Executive Director discussions on the UHL strategic direction be reported to the 13 March 2014 Trust Board Development Session. **CE/DS**

59/14/2 Future Approach to Improvement, Transformation and Financial Recovery

Paper V outlined proposed changes to the Trust's 'improvement and innovation framework', moving towards a whole-hospital continuous improvement programme covering quality, productivity and financial sustainability in one overarching framework. The Chief Executive and Executive colleagues proposed therefore to rebrand the IIF programme as 'Being Better', with governance, structure and resourcing elements as detailed in paper V. Being Better would focus on 5 core programmes, namely emergency care/7-day working; reconfiguration; quality commitment; best use of resources, and whole system change, and external support was being sought to supplement the refreshed approach. In discussion the proposals, the Trust Board:-

(a) noted that a dedicated lead would be identified for each workstream within the 5 core

programmes, by the time of the next update to the March 2014 Trust Board; **CE**

(b) noted that the future reporting line of the PMO was under further consideration by the Chief Executive;

(c) queried how the 'Being Better' brand had been arrived at internally, and whether there was scope for improvement on that branding. It was agreed that any alternative suggestions should be sent to the Chief Executive by the end of 28 February 2014. Members noted a specific suggestion from the CCG representative, and **ALL**

(d) commented on the need for a robust communication programme, focusing on the significant way that the new framework would change working practices.

<u>Resolved</u> – that (A) the governance, content and approach to improvement, transformation and financial recovery be endorsed as outlined in paper V; **ALL**

(B) any suggestions for an alternative branding be sent to the Chief Executive by the end of 28 February 2014, and **ALL**

(C) identified leads for each core programme workstream be included in the March 2014 monthly Trust Board update on this issue. **CE**

60/14 HUMAN RESOURCES

60/14/1 <u>2013 Staff Attitude and Opinion Survey and LiA Pulse Check</u>

Paper W from the Director of Human Resources detailed the UHL-related results of the 2013 national NHS staff survey (complied by the CQC) and the Listening into Action (LiA) Pulse Check. Although very disappointed by both the (39%) response rate and the content of the national survey results, the Director of Human Resources considered that this was linked to the timing of the national survey (coinciding with restructuring within the Trust), noting that the LiA responses from January 2014 were much more positive.

Positive aspects from the UHL results within the national NHS staff survey related to equality and diversity training, overall job training, patient care being the Trust's priority, and effective communication between senior managers and staff. The results of the local UHL questions included in the national survey had also been quite positive. However, areas in which UHL compared least favourably with other acute Trusts included findings on effective teamworking, incident reporting, staff witnessing potentially harmful errors, staff feeling pressure to work when ill, and staff satisfaction with quality of work and patient care. Improvement work would therefore be focused on these areas.

Both the Trust Board and the CCG representative expressed disappointment with UHL's direction of travel on the national NHS staff survey results, which they felt had worsened overall from 2012. Members also noted the contradictory nature of some results, however, and commented on the positive results within the LiA Pulse Check. The Acting Trust Chairman requested that a Trust Board Development Session be held to review the results (and Trust action plan) in greater detail. Suggesting it would be helpful to split the data by service, Non-Executive Directors requested input from CMGs re: their action plan priorities. In response to a query from Mr E Charlesworth, Healthwatch representative, the Director of Human Resources confirmed that the survey responses were from UHL staff only. Dr T Bentley, CCG representative, suggested that further clinical engagement was needed at all levels, and voiced his particular disappointment at the results in respect of staff satisfaction with the quality of work and patient care they were able to deliver. **CHAIR/ DHR**

<u>Resolved</u> – that a future Trust Board Development Session be held to discuss the 2013 Staff Attitude and Opinion Survey results (and actions required by UHL). **CHAIR/ DHR**

61/14 RISK

61/14/1 Board Assurance Framework (BAF) Update

The Chief Nurse presented the latest iteration of UHL's BAF (paper X) and the report was taken as read, noting that all Executive Leads and risk owners would be providing progress reports on any follow-up actions to the Risk and Assurance Manager outside the meeting. **Risk 1** (*failure to achieve financial sustainability*) was being refreshed in detail by the Interim Director of Financial Strategy, with the updated version scheduled for review at the March 2014 Trust Board therefore. The Chief Nurse advised that the EQB would review the three new CMG-specific high risks opened during January 2014. In respect of the 3 risks selected for detailed consideration, the Trust Board noted the following information:- **CN**

- **risk 11** (*loss of business continuity)* this issue was also being reviewed at the 15 April 2014 Audit Committee, and Non-Executive Directors noted that it would be helpful to see the detailed CMG impact-assessment work at that meeting. **COO** In response to a query, the Chief Operating Officer advised that the individual components of the business continuity plans were tested, rather than the plan as a whole. It was agreed that the 'impact' and 'likelihood' elements of this risk score should be transposed; **COO**
- **risk 12** *(failure to exploit the potential of IM&T)* this risk was currently being reviewed by the Chief Information Officer, and
- **risk 13** *(failure to enhance medical education and training culture)* the Medical Director agreed to review the dates and actions allocated to this risk, although he noted that the overall score remained correct. **MD** It was noted that the Acting Trust Chair was the Non-Executive Director link on this issue and would be meeting all CMG education leads.

In response to a Non-Executive Director query, it was noted that the May 2014 Trust Board Development Session would be used to review a refreshed version of the Board Assurance Framework, following on from current discussions about UHL's strategic direction. **CHAIR/ CN**

<u>Resolved</u> – that (A) the Board Assurance Framework be noted;

(B) in respect of risk 11:- **COO**
(1) the 15 April 2014 Audit Committee review of business continuity plans include CMG-level work;
(2) the impact and likelihood scores be transposed;

(C) in respect of risk 13, the dates and actions be reviewed; **MD**

(D) the 3 new CMG-specific high risks on the risk register be reviewed by EQB, and **CN**

(E) the 15 May 2014 Trust Board Development Session review the Board Assurance Framework and refresh as required. **CHAIR/ CN**

62/14 REPORTS FROM BOARD COMMITTEES

62/14/1 Finance and Performance Committee

<u>Resolved</u> – that (A) the Minutes of the 29 January 2014 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the Minutes of the 26 February 2014 Finance and Performance Committee be submitted to the 27 March 2014 Trust Board. **STA**

62/14/2 Quality Assurance Committee (QAC)

<u>Resolved</u> – that (A) the Minutes of the 29 January 2014 QAC be received, and the

recommendations and decisions therein be endorsed and noted respectively, and

(B) the Minutes of the 26 February 2014 QAC be submitted to the 27 March 2014 Trust Board. **STA**

63/14 CORPORATE TRUSTEE BUSINESS

63/14/1 Charitable Funds Committee

Mr P Panchal, Charitable Funds Committee Chair and Non-Executive Director, advised that an accelerated procurement process had been approved outside the Charitable Funds Committee meeting for recommended application 4816 (ultrasound machine for the breast care service), by himself and the Acting Trust Chairman. The Minutes at paper AA also recommended two other applications for Trust Board approval (now given through the receipt of these Minutes).

Resolved – that the Minutes of the 3 February 2014 Charitable Funds Committee be received, and the recommendations and decisions therein be endorsed and noted respectively, also noting the accelerated procurement process in respect of recommended application 4816.

64/14 TRUST BOARD BULLETIN – FEBRUARY 2014

There were no items circulated as the Trust Board Bulletin for February 2014.

65/14 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

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

(1) a concern that Interserve menus were not meeting nutritional standards, and a query as to the dietetics advice received on those menus and the actions being taken to remedy the situation. In response, the Chief Nurse advised that the Interserve new menus had been signed off by the UHL Lead Dietitian – this was challenged by the questioner who agreed to review his information and contact the Director of Corporate and Legal Affairs for a further response if still dissatisfied, and **DCLA**

(2) a query from a member of staff as to the extent of the financial challenge facing the Trust. The Chief Executive outlined the scope of the current deficit and the Trust's ongoing discussions with the NTDA regarding a 3-year recovery timetable. He emphasised that there was no question of UHL being taken over, but he acknowledged the likely need for a further update to staff on financial issues, which he agreed to cover at his next staff briefing. **CE**

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

66/14 ANY OTHER BUSINESS

66/14/1 Non-Executive Director Query

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.

66/14/2 Meeting Evaluation

In response to a query from the Non-Executive Director Audit Committee Chair, the Acting Trust Chairman confirmed that Board members' January 2014 meeting evaluation comments would be progressed through the regular Non-Executive Directors' meetings and also through the ongoing Board effectiveness review.

Resolved – that the position be noted.

66/14/3 NHS Sustainability Day – 27 March 2014

Mr P Panchal, Non-Executive Director, encouraged Board members to support the initiatives planned by Interserve on NHS Sustainability Day (27 March 2014). It was noted that sustainability issues would be discussed with the Director of Strategy on her return.

Resolved – that the position be noted.

67/14 DATE OF NEXT MEETING

Resolved – that (A) the next Trust Board meeting be held on Thursday 27 March 2014 at Voluntary Action Leicestershire, 9 Newarke Street, Leicester, and

(B) the change to an external community venue be communicated to stakeholders as soon as possible. **DMC**

The meeting closed at 4.05pm

Helen Stokes
Senior Trust Administrator

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Acting Chair from 26.9.13)	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	87	I Sadd	4	2	50
S Dauncey	2	2	100	A Seddon	11	11	100
K Harris	12	12	100	K Shields*	4	3	75
S Hinchliffe	2	2	100	J Tozer*	3	2	67
M Hindle (Chair up to 26.9.13)	7	7	100	S Ward*	12	12	100
K Jenkins	12	11	92	M Wightman*	12	11	92
R Mitchell	8	8	100	J Wilson	12	11	92
				D Wynford-Thomas	12	6	50

* non-voting members