UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 26 JUNE 2014 AT 10AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY

Present:
Mr R Kilner – Acting Trust Chairman
Mr J Adler – Chief Executive (excluding Minutes 180/14/3 – 182/14/2)
Col. (Ret'd) 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 (from Minute 182/14/2)
Professor D Wynford-Thomas – Non-Executive Director

In attendance:
Dr T Bentley – Leicester City CCG (from Minute 175/14)
Ms K Bradley – Director of Human Resources
Miss A Chapman – Student Nurse (for Minute 181/14/1)
Ms K Dickens – Learning Disability Acute Liaison Lead Nurse Practitioner (for Minute 181/14/1)
Mr D Henson – LLR Healthwatch Representative (designate) (from Minute 175/14)
Mr P Hollinshead – Interim Director of Financial Strategy
Ms H Leatham – Head of Nursing, Patient Experience Sister (for Minute 181/141/)
Mr S Sheppard – Deputy Director of Finance
Ms K Shields – Director of Strategy
Ms H Stokes – Senior Trust Administrator
Dr I Sturgess – Interim Consultant (for Minute 183/14/3)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications (from Minute 172/14)

ACTION

163/14 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 164/14 – 174/14), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

164/14 APOLOGIES

Apologies for absence were received from Ms J Wilson, Non-Executive Director.

165/14 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

166/14 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

There were no confidential opening comments from either the Acting Trust Chairman or the Chief Executive.

Resolved – that the position be noted.

167/14 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of 29 May and 16 June 2014 be confirmed as a correct record and signed accordingly by the Acting Trust Chairman. **CHAIR**

168/14 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.

169/14 REPORTS BY THE DIRECTOR OF HUMAN RESOURCES

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

170/14 REPORT BY THE CHIEF NURSE

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.

171/14 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.

172/14 REPORT BY THE ACTING CHAIRMAN

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.

173/14 REPORTS FROM BOARD COMMITTEES

173/14/1 Audit Committee

The Audit Committee Chair (Ms K Jenkins Non-Executive Director) advised that all appropriate issues from the 27 May 2014 Audit Committee had been raised at the 28 May 2014 Trust Board. In response to a query from the Acting Trust Chairman, she considered that a further Audit Committee meeting was required before September 2014, noting that the original date of 5 July 2014 was not now suitable. **STA**

Resolved – that (A) the confidential Minutes of the 27 May 2014 Audit Committee be received and the recommendations and decisions therein be endorsed and noted respectively, and

(B) the inquorate July 2014 Audit Committee date be rescheduled before the Committee's next formal meeting in September 2014. **STA**

173/14/2 Quality Assurance Committee

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

174/14 CORPORATE TRUSTEE BUSINESS

174/14/1 Charitable Funds Committee

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

175/14 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

176/14 ACTING CHAIRMAN'S OPENING COMMENTS

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

(a) his thanks to Mr E Charlesworth for his previous work as the Healthwatch representative on the Trust Board. Members noted the significant contribution made by Mr Charlesworth, particularly to the paediatric congenital heart review. Mr D Henson was the new LLR Healthwatch representative on the UHL Trust Board and would attend formally from July 2014 (attending today in an observer capacity);
(b) the appointment of Mr P Traynor as the new UHL Director of Finance from Autumn 2014. Mr P Hollinshead, Interim Director of Financial Strategy would continue in post until mid-July 2014 supported by Mr S Sheppard, Deputy Director of Finance. This was therefore the last UHL Trust Board for Mr Hollinshead, and the Acting Trust Chairman thanked him for his contribution since January 2014, and
(c) that this was also the final Trust Board meeting for Ms K Jenkins Non-Executive Director. The Acting Trust Chairman thanked Ms Jenkins for her significant contribution to UHL since her 2010 appointment and wished her well for the future.

Resolved – that the position be noted.

177/14 MINUTES

Resolved – that the Minutes of the 29 May 2014 Trust Board be confirmed as a correct record.

178/14 MATTERS ARISING FROM THE MINUTES

Paper L 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 1** (Minute 141/14 of 29 May 2014) – following an enquiry by UHL, no change was planned to the Birmingham venue for the UHL Chairman interviews;
(b) **items 3 and 3a** (Minute 145/14/3 of 29 May 2014) – issues relating to the Oldest Old Strategy were now being actioned through the Frail Older People's Strategy Board, and could therefore be removed from the action log; **STA**
(c) **item 6** (Minute 145/14/5 of 29 May 2014) – discussion of the new format Board Assurance Framework would now take place at the 17 July 2014 Trust Board development session;
(d) **item 14** (Minute 117/14/1(b) of 24 April 2014 – members were reminded of the agreement to move the issue of 'providing further information to the Audit Committee Chair re: the Quality Schedule and CQUIN indicators' to the Audit Committee matters arising log and delete it from this Trust Board report, and **STA**
(e) **item 16** (Minute 90/14/1 of 27 March 2014) – the timetable of Trust Board-required approvals for individual capital schemes would be part of the overall development of a plan on strategic timescales, with a draft accordingly to the July 2014 Finance and Performance Committee. **IDFS**

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

179/14 REPORT BY THE CHIEF EXECUTIVE – MONTHLY UPDATE REPORT (JUNE 2014)

The Chief Executive advised that most of the key issues within his monthly report at paper M were covered on the Trust Board agenda, particularly the Trust's financial position and emergency care performance. Many patients had been present at the congenital heart disease review visit of 30 May 2014, and the Chief Executive noted that UHL's vision for the future on this issue included working collaboratively with Birmingham on a heart of England network. The finalisation of national standards had now been delayed until September 2014, however. Paper M also noted the national requirement for all healthcare economies to develop system operational resilience plans by July 2014.

Resolved – that the Chief Executive's June 2014 monthly update be noted.

180/14 STRATEGY, FORWARD PLANNING AND RISK

180/14/1 LLR Health and Social Care 5-Year Strategy Directional Plan for the Better Care Together Programme

The Director of Strategy tabled the (draft) LLR 5-year health and social care strategy directional plan (Better Care Together – paper N, together with a 'frequently asked questions' [FAQ] document), which progressed (and enhanced) existing partnership working between LLR organisations and set out both the rationale for change and the intended direction of travel. The strategy outlined the organisational inputs for each of the key models of care, noting a focus both on frail and older people and also on planned care (particularly involving patients in their care decisions). Noting the key decisions needed on where care was delivered, the strategy also looked at estates plans.

The UHL and the LLR 5-year plans were now aligned, and the plans presented the best use of public money to obtain the best possible health and social care outcomes. A summary of UHL's 5-year plan would be discussed in Minute 180/14/2 below. In discussion on the LLR 5-year health and social care plan, the Trust Board:-

(a) noted comments from Dr A Bentley, CCG representative, on primary care's keenness to be involved, and on the crucial need for appropriate IT to underpin the strategy;
(b) recognised that implementation of the strategy was key, and would require some very detailed work. Although noting that external support might be continued in the short-term, the Chief Executive emphasised the role of the people running the service on the ground in delivering the strategy. He also noted the crucial need for continued strong clinical engagement;
(c) queried how the LLR financial challenge compared to that of other similarly positioned healthcare economies, and sought assurance on whether the actions within the strategy would deliver that financial requirement;
(d) commented on the need to develop healthcare economy wide KPIs, rather than on an organisational level;
(e) queried whether any Non-Executive Director involvement was planned for the Better Care Together Programme Board. The Chief Executive advised that governance structures were currently being reviewed, and
(f) noted that the plan presented today was in draft form, with the finalised version due by the end of September 2014 when it would be re-presented to all organisations' Boards.

Resolved – that (A) the draft LLR 5-year health and social care strategy (Better Care Together) be received and noted, and

(B) the finalised version of the LLR 5-year health and social care plan be presented to the Sept 2014 Trust Board. **DS**

180/14/2 (Draft) UHL 5-Year Plan

The Director of Strategy then also tabled an executive summary of UHL's own draft 5-year plan (paper O), which had itself been drafted in the context of the wider LLR 5-year plan above. UHL's plan was strongly shaped by its clinical strategy, which had itself been developed through intensive clinical engagement on the required clinical adjacencies and co-dependencies. The Director of Strategy noted the likelihood that services would become smaller and more specialised, with an accompanying reduction in infrastructure costs. The Director of Strategy also outlined the 2-stage approach to UHL's 5-year plan, involving an initial continued focus on internal efficiency and productivity and certain key developments such as the new emergency floor, the transfer of vascular services to the Glenfield Hospital and cardiovascular co-location to consolidate specialised services. This would then be followed in years 3-5 by more detailed implementation of the clinical strategy, recognising both the significant capital required and the ambitious timescales.

In discussion on UHL's 5-year plan, the Trust Board:-

(a) noted that (as with the LLR 5-year plan) it was currently in draft, with the finalised version to be presented to the September 2014 Trust Board for approval; **DS**
(b) noted comments from Dr A Bentley, CCG representative, welcoming UHL's restated commitment to partnership working and clinical engagement. He considered that UHL's plan looked both sensible and sustainable, and would enhance patient care;
(c) queried the (eg top 3) risks to delivery of the plan. In response, the Director of Strategy noted risks arising from the both the plan's ambitious aims and its draft nature (eg potential to change). The Chief Executive also noted the key need to identify ways to resource both the transitional and transformational change required by the UHL and LLR plans, which were likely to be significant given the scale of the programme;
(d) sought assurance that the evidence base supported a move to smaller and more specialised services, in terms of the business share available to UHL. The ability to contain service costs was also queried. The Director of Strategy considered that market opportunities did exist and she noted UHL's almost unique position of specialising in virtually the full range of services. She was confident that UHL could attract further work, and she noted existing partnership arrangements with other hospitals;
(e) received assurance that R&D featured appropriately in the plans, including its ability to drive new markets, and
(f) noted that the detailed Delivering Caring at its Best update being provided to the October 2014 Trust Board would also cover the monitoring of progress against the UHL 5-year plan. **DS/CE**

<u>Resolved</u> – that (A) the draft UHL 5-year plan (executive summary) be endorsed;

(B) the finalised UHL 5-year plan be presented to the September 2014 Trust Board for approval, and **DS**

(C) monitoring of progress against UHL's 5-year plan be included in the detailed Caring at its Best update to the October 2014 Trust Board. **CE/DS**

180/14/3 LRI Theatres Recovery Area Business Case

Additional paper 1 from the Director of Strategy sought Trust Board approval for a capital spend of £3,675,300 (phased over 2 years) to proceed with the second phase of the LRI theatres improvement programme, as described in the Full Business Case. In discussion, the Trust Board:-

(a) queried whether the preferred option as per additional paper 1 would provide a single staff rest area, or continue with separate rest areas for different professional groups – the Director of Strategy agreed to confirm this outside the meeting, and
(b) sought (and received) assurance that the spend was included within the Trust's 2014-15 capital plan.

Resolved – that (A) Trust Board approval be given to the capital spend of £3,675,300 (phased over 2 years), to proceed with the second stage of the LRI theatres improvement programme, and

(B) confirmation be provided to Trust Board members outside the meeting on whether the preferred option would result in a single staff rest area. **DS**

180/14/4 Board Assurance Framework (BAF) – Update

The Chief Nurse presented the latest iteration of UHL's BAF (paper P), noting continuing work to develop a new format for the report. With regard to **risk 9** (*failure to achieve and maintain high standards of operational performance*), members noted the need to amend the bed numbers to match those in paper V1 (Minute 183/14/1 below refers). In respect of the 3 risks selected for detailed consideration, the Trust Board noted the following information:- **COO**

- **risk 1** (*failure to achieve financial sustainability)* – it was agreed to include a date for producing the UHL service and financial strategy, and to review the risk score further in July 2014 (retaining the current 5x5 risk rating in the meantime). The Interim Director of Financial Strategy advised that the contract element of this risk should now be green, as UHL expected to sign the 2014-15 contract by the end of the week; **DS IDFS**
- **risk 12** *(failure to exploit the potential of IM&T)* – the EDRM pilots in clinical genetics and musculo-skeletal services were progressing well, and
- **risk 13** *(failure to enhance medical education and training culture)* – this issue was covered further in Minute 182/14/1 below. The main risk remained the quality of the education facilities across UHL (particularly at the LRI). Professor D Wynford-Thomas, Non-Executive Director noted the need to separate out post-graduate from under-graduate issues within this risk entry. **MD**

In further discussion on the narrative report accompanying the BAF itself, the Trust Board considered the 3 new high risks opened during May 2014. It was agreed to review the renal transplant risk score following the review team's return visit, and to retain the current risk score attributed to the homecare medicines issue. **MD**

Resolved – that (A) the bed numbers within risk 9 be amended to match those within the additional capacity report at Trust Board paper V1; **COO**

(B) risk 1:-

- **be amended to included a date for producing the UHL service and financial strategy;** **DS**
- **have its risk rating reviewed further in July 2014 (retaining the 5x5 rating in the meantime).** **IDFS**

(C) risk 13 be reviewed to differentiate between 'postgraduate' and 'undergraduate' education and training issues (where necessary), and **MD**

(D) the risk rating for the new high risk re: renal transplant be reviewed following the review team's return visit to UHL. **MD**

181/14 CLINICAL QUALITY AND SAFETY

181/14/1 Patient Experience – Carer Story Relating to Learning Disabilities

Ms K Dickens, Learning Disability Acute Liaison Lead Nurse Practitioner, presented a carer story relating to the impact of transition from paediatric to adult care for a patient with a learning disability (paper Q). She briefly outlined the patient's history (which included both profound learning and physical disabilities) and explained how a lack of integrated transition from paediatric to adult care had left the patient's mother feeling isolated and anxious. Ms Dickens also outlined the various training and awareness-raising aids available within the Trust for staff when treating patients with learning disabilities (links to which were included in paper Q). The Chief Nurse added that the experience of transferring from children's to adult services outlined in paper Q was not unique to patients with learning disabilities – improving this process was a recognised priority within the Trust and was being led clinically by Dr H Gleeson, Consultant Physician and Endocrinologist. In discussion on the carer story at paper Q, the Trust Board:-

(a) agreed that it would be helpful for the Executive Quality Board and the Quality Assurance Committee to receive further updates on the work of the learning disability service as part of their annual work programme; **CN**

(b) noted that learning disability was one of the key models of care within the LLR and UHL 5-year plans. The Director of Human Resources outlined the background to the creation of UHL's learning disability service, whose work would also be featured in the Trust Equalities Report coming to the August 2014 Trust Board;

(c) welcomed the flexible way of working adopted by the ward in question to accommodate the patient's and carer's needs;

(d) noted (in response to a Non-Executive Director query) the learning disability service's desire to raise its profile and thus improve awareness of learning disability issues across UHL. A crucial priority was also to be able to provide appropriate facilities for patients with a learning disability, including removing current obstacles to the patients bringing in their own personal equipment – this particular issue would be progressed outside the meeting; **CN**

(e) agreed that the burden of negotiating the clinical care system should not be on the patient/carer;

(f) noted a query from Dr A Bentley, CCG representative, on how relationships between UHL's learning disability service and GP practice nurses could be strengthened. He suggested that the UHL service should attend the monthly practice nursing forum in Leicester City and agreed to provide contact details accordingly, and **ABCCG rep**

(g) queried whether learning disabilities were flagged on patients' medical records. The Learning Disability Acute Liaison Lead Nurse Practitioner outlined the various ways in which her team was made aware of learning disabilities patients within UHL so that they could offer assistance where required.

<u>Resolved</u> – that (A) EQB/QAC receive further updates on the work of the learning disability service as part of their annual work programme; **CN**

(B) the current barriers to learning disability patients bringing in their own personal equipment to hospital, be explored outside the meeting with a view to overcoming them, and **CN**

(C) Dr A Bentley, CCG representative, contact Ms H Leatham, Head of Nursing, to discuss strengthening relationships with GP practice nurses (including attendance at the monthly Leicester City nursing practice forum). **AB CCG rep**

181/14/2 UHL Quality Account 2013-14 and Statement of Directors' Responsibilities

Paper R presented the 2013-14 UHL Quality Account (and statement of Directors' responsibilities) for approval by the Trust Board. As the Quality Account had been developed in line with the Department of Health toolkit, its content and manner of publication were therefore mandatory. The Quality Account had been endorsed at the 26 June 2014 QAC meeting, and the external auditors' opinion was appended to paper R. The Chief Nurse advised that the external audit opinion had been unable to confirm full assurance on VTE data and the Friends and Family Test scores – this was due to UHL having included some patients in the VTE data who did not need to be included (thus reporting a worse position than was actually the case), and (ii) not all FFT surveys being available. The Chief Nurse did not consider that either issue was a cause for significant concern. The Trust Board approved the 2013-14 Quality Account (and statement of Directors' responsibilities) as presented, and congratulated UHL's quality team on its production. The Quality Account would now be uploaded on the NHS Choices website by 30 June 2014 as required. **CN**

Resolved – that (A) the 2013-14 Quality Account and statement of Directors' responsibilities be approved as presented and loaded on to the NHS Choices website by 30 June 2014, and **CN**

(B) the Trust Board's congratulations be passed to the Quality Team. **CN**

182/14 STAFFING, EDUCATION AND TRAINING

182/14/1 Medical Education Quarterly Report

Paper S from Professor S Carr, Director of Medical Education and Associate Medical Director (Clinical Education) presented the quarterly update on medical education issues within UHL. The standard of education and training facilities at the LRI site remained the major issue. In discussion on the report, the Acting Trust Chairman voiced concern that medical education leads were not yet in place for all CMGs – in response, the Medical Director clarified that all leads had been identified however some were proving easier to engage with than others. It was agreed to list the CMG leads in the next quarterly report. **MD**
The Acting Trust Chairman also asked for a timescale by when the funding received for medical education and training would be fully reconciled with expenditure on those issues. In response, the Medical Director agreed to cover this in the next quarterly report, noting his discussions on funding streams with the Interim Director of Financial Strategy, the Director of Human Resources, and the Director of Medical Education and Associate Medical Director (Clinical Education). He also noted the distinct funding streams for post- and under-graduate education. **MD**

Resolved – that the next quarterly report on medical education include:- **MD**
(A) a list of all CMG medical education leads, and
(B) a timescale for resolving medical education/training income and expenditure.

182/14/2 Workforce and Organisational Development Quarterly Update

Paper T detailed progress in refreshing UHL's Organisational Development (OD) Plan 2014-16, noting the need to be able to deliver the workforce elements of UHL's 5-year strategy. The plan had been discussed at the June 2014 Executive Workforce Board, also involving Clinical Management Groups. The OD Plan contained 5 key objectives, namely (i) live our values; (ii) improve 2-way engagement and empower our people; (iii) strengthen leadership; (iv) enhance workplace learning, and (v) quality improvement and innovation. It was intended to develop a dashboard accordingly to provide clear and regular feedback to CMGs and Corporate Directorates in the form of an 'OD healthcheck' for their teams. In discussion on the OD Plan refresh, the Trust Board:-

(a) welcomed the dashboard – in response to a Non-Executive Director query, the Director of Human Resources advised that although the dashboard would focus specifically on OD issues rather than wider quality indicators, it would nonetheless also feed in to the wider performance picture;

(b) queried the scope to be more innovative in terms of training, and the scope to influence external education curricula;

(c) received confirmation from the Director of Human Resources that the OD Plan mapped appropriately to the project initiation documents for Delivering Caring at its Best;

(d) noted the intention to explore potential 'earned autonomy' scenarios (where appropriate) in respect of objective (ii) above;

(e) noted that the desired leadership behaviours could be found in UHL's leadership strategy on the Trust's internal website. Although the leadership competencies had previously been shared with the Trust Board, the Director of Human Resources agreed that it was legitimate to review them again in light of the 5-year plan; **DHR**

(f) welcomed progress on statutory and mandatory training compliance;

(g) queried whether existing HR capacity was sufficient for the demands on the service, recognising the increasing size of the operational HR workload. The Director of Human Resources noted the need to focus on OD deliverables, work more innovatively and maximise input/output ratios, and

(h) queried what horizon-scanning was being done in terms of the future representativeness of UHL's workforce, particularly at higher levels. The Director of Human Resources advised that an annual workforce assessment was undertaken, and she noted the current focus on women in medicine and understanding what barriers might be in place to prevent women progressing to more senior levels. Mr P Panchal, Non-Executive Director requested that the Trust Board be kept appropriately informed of these discussions, including (eg) Athena Swan aspects. **DHR**

<u>Resolved</u> – that (A) consideration be given to reviewing UHL's leadership competencies, in light of UHL's draft 5-year plan, and **DHR**

(B) the Trust Board be advised in due course of discussions about ensuring the future representativeness of UHL's workforce, particularly at senior levels. **DHR**

182/14/3 <u>"Hard Truths" Nurse Staffing Update</u>

Paper U updated the Trust Board on UHL nurse staffing, as required by the national 'Hard Truths' commitments. The Trust Board was required to review UHL's nursing establishment twice annually, and the Chief Nurse confirmed that a full acuity-based review would therefore be undertaken in September 2014. The shift by shift fill rate would also be published. No RAG ratings or thresholds had yet been put in place by NHS England, but UHL was likely to be broadly in an amber-green band. UHL was also developing information to help the public navigate the data within the nurse staffing report. With regard to vacancies, the Chief Nurse advised that UHL had recruited to approximately 400 nursing and HCA posts since October 2013. The international nurses recruited by UHL were very well received and would shortly be the subject of a BBC programme. However, the Chief Nurse advised that there was still a risk of approximately 35% of unfilled shifts, and she noted that UHL was not filling to funded establishment. Appendix 2 of paper U contained safety statements and the Chief Nurse was content that appropriate systems were in place to monitor staffing safety. In discussion on the nurse staffing report, the Trust Board:-

(a) noted that a monthly nurse staffing report would be provided to EQB and QAC on behalf of the Trust Board (and to the LLR Clinical Quality Review Group). Nurse staffing headlines would also be included in the quality and performance report; **CN**

(b) queried the impact of the LLR and UHL 5-year plans on nursing figures – in response the Chief Nurse advised that although nurse recruitment was not being reduced, the focus was on a more agile workforce and new roles across the community as a whole;

(c) noted concerns expressed by Dr A Bentley CCG representative, regarding the red column within appendix 2 and the escalation process followed. The Chief Nurse confirmed that any staffing safety issues were escalated to her for resolution – where they could not be resolved a risk assessment was undertaken potentially leading to bed closures or reprioritisation of activity. She also noted that it was common practice to flex beds in paediatrics, and

(d) noted (in response to a query) the trend for bank and agency usage to be higher out of hours. UHL's e-roster system identified gaps in planned rotas 6 weeks in advance.

Resolved – that a monthly nurse staffing report be presented to the Executive Quality Board, Quality Assurance Committee, and the Clinical Quality Review Group (nursing workforce headlines also to be included in the monthly quality and performance report for Trust Board). **CN**

183/14 QUALITY AND PERFORMANCE

183/14/1 Month 2 Quality and Performance Report

The month 2 quality and performance report (paper V - month ending 31 May 2014) advised of red/amber/green (RAG) performance ratings for the Trust, and set out performance exception reports in the accompanying appendices. The June 2014 Quality Assurance Committee had identified no specific issues to highlight to the Trust Board. The Medical Director drew members' attention to the SHMI rate – although this remained at 106 an in-month decline had taken the 12-month rolling average to 100. The Medical Director also advised that the HSMR (hospital standardised mortality ratio) was now broadly the same for weekday and weekend admissions.

The Acting Trust Chairman and Finance and Performance Committee Chair then outlined key operational issues discussed by the 25 June 2014 Finance and Performance Committee, namely:-

MD

(i) e-prescribing and ICE issues, including some TTO prescribing errors which the Committee wished to refer to the QAC;
(ii) progress on the emergency floor enabling works, which would need to be partly aborted in the event that full funding for the scheme was not received;
(iii) concern over the DTOCs rate being consistently above 5% for the year;
(iv) good progress on teamworking and performance within the Cancer, Haematology, Urology, Gastroenterology and General Surgery CMG, as evidenced by their presentation to the Committee;
(v) good progress on nursing e-rostering, although medical e-rostering appeared to be less well advanced, and
(vi) good progress on the Alliance elective care contract.

With regard to operational issues in the month 2 report, the Chief Operational Officer commented particularly on:-

(a) UHL's achievement of the 0.8% target in respect of cancelled operations;

(b) improvements to performance on the Referral to Treatment target for non-admitted patients, which was now close to the 95% target. The aim remained compliance by August 2014. RTT performance for admitted patients was slightly behind plan but the Chief Operating Officer remained confident of meeting the November 2014 timescale;
(c) continued poor performance on choose and book slot availability, although he was confident of getting back on track in respect of this indicator;
(d) disappointing cancer performance for the 2014-15 year to date. Month 1 had seen a significant rise in referrals, with the service unable to meet the increased demand. A recovery plan was now in place but the volume of patients involved was likely to have a negative impact on other performance targets. Dr S Dauncey, Non-Executive Director advised that the June 2014 QAC had discussed the specific rise in breast cancer referrals, commenting on the role of primary care in referring (noting the impact of recent soap opera storylines) – the GP representative on QAC had agreed to feed this back to primary care colleagues. Dr A Bentley, CCG representative, acknowledged that a refresh of referral processes had been delayed and needed progressing. Following discussion, the Trust Board agreed that contact would be made with NHS England re: monitoring of national media stories (eg soap opera storylines), in terms of early warning of any likely rise in demand for the service(s) involved, and **DMC/ COO**
(e) his confidence that TIA performance would return to plan in month 3.

In terms of HR indicators, the Director of Human Resources commented on UHL's sickness absence rate of 3.4% compared to the national NHS average of 4.4%. The Acting Trust Chairman queried whether UHL's appraisal target of 95% was achievable, and if so, what the timescale for achieving it was. The Director of Human Resources reiterated her commitment to the 95% target and agreed to confirm the timescale outside the meeting (thought to be September 2014). **DHR** There were no significant IM&T issues to report in respect of month 2, although the Chief Executive noted plans to increase the key performance indicators in place on the IBM contract. He also advised that UHL had gone out to procurement for an electronic patient record, and hoped to select a supplier in Autumn 2014. A transparent process for prioritising smaller IM&T projects was also being developed through the IBM governance board.

As part of the month 2 quality and performance update, the Trust Board also discussed an update on modelling the right-sizing of UHL capacity for 2014-15 (paper V1), noting the intention to use the 2 wards in the new modular block as acute medical wards, and to close ward 2 at the LGH. Additional nursing staff were being recruited to staff the new wards, which would increase bed capacity on a short-term basis (against the backdrop of the 5-year plan intention to reduce acute beds). In response to a query from the CCG representative, the Chief Operating Officer acknowledged that further work was needed to reconcile the numbers in paper V1. The Chief Executive emphasised that the proposed short-term bed capacity solution relied on whole system working across LLR, particularly in respect of the closure of LGH ward 2. The Acting Trust Chairman queried the rationale for increased WTE investment in the Glenfield Hospital CDU, and the Chief Executive also queried the formal approval process for that decision. The Chief Nurse supported the proposed staffing, however. Following discussion, paper V1 was approved as presented. **COO**

<u>Resolved</u> – that (A) TTO prescription error rates be referred to QAC for consideration; **MD**

(B) contact be made with NHS England re: monitoring of national media stories (eg soap opera storylines), in terms of early warning of any likely rise in demand for the service(s) involved; **COO/ DMC**

(C) the anticipated date for delivering the 95% appraisal target be confirmed outside the meeting, and **DHR**

(D) the short-term bed capacity proposals be approved and progressed accordingly, as per paper V1. **COO**

183/14/2 Month 2 Financial Position

Paper W advised members of UHL's financial position as at month 2 (month ending 31 May 2014). The Interim Director of Financial Strategy noted that at the time of writing the report, the 2014-15 acute contract had constituted a significant risk; this was no longer the case as he was now confident of signing the contract in the near future. However, UHL's £45m cost improvement programme remained challenging. The Interim Director of Financial Strategy also noted that recent data warehouse technical issues had hopefully now been resolved, and he drew the Trust Board's attention to positive developments in respect of continued reduced month 2 pay expenditure, illustrating improved financial control within the organisation. Paper W identified a number of other risks to the financial position (and their proposed mitigating actions) including capacity, RTT delivery, cash flow, and the risk of outsourced claims.

In discussion, Mr I Crowe Non-Executive Director reiterated June 2014 Finance and Performance Committee comments on whether UHL was being sufficiently ambitious in terms of its pay cost savings. The Interim Director of Financial Strategy advised that the Executive Team was reviewing how to ensure (in the longer term) that cost improvement programme schemes were appropriately paycost focused. For future reports, the Acting Trust Chairman requested that the CIP shortfall be shown separately, rather than included in the non-pay budget line as currently. The Acting Trust Chairman also noted the potential upside scenario, as now outlined by the Interim Director of Financial Strategy. **IDFS**

Resolved – that future financial reports show any CIP shortfall separately rather than being included on the non-pay budget line. **IDFS**

183/14/3 Emergency Care Performance and Recovery Plan

Paper X provided an overview of ED performance, noting continued poor performance in month 2 against the 95% target, and continued high levels of both ED attendances and admissions. UHL had submitted a new trajectory to the NTDA and NHS England for delivery of the ED target by August 2014, which would be discussed further with those organisations on 1 July 2014.

Work continued internally to improve emergency care performance and flow, and Dr I Sturgess, Interim Consultant, reiterated the crucial importance of clinical engagement and leadership. He outlined a number of initiatives being tested in ED with the objective of reducing waiting times for patients, reducing length of stay, improving the information given to patients about their care, and standardising ward rounds. In discussion on the update from Dr Sturgess, Dr A Bentley CCG representative supported the need for Bed Bureau referrals to go straight to the admitting specialty rather than ED (unless unstable in the ambulance). Also appended to paper X was a proposed ED Charter – in response to a query Dr Sturgess confirmed that he would be happy to include further details on how to monitor the Charter's KPIs in the July 2014 Trust Board update. In response to further queries, Dr Sturgess considered that the stretch timescales being tested within ED were achievable, but he emphasised the need for them to be used to measure improvement rather than judge performance. **COO**

Resolved – that further detail on measuring progress against the ED charter key performance indicators be provided to the July 2014 Trust Board. **COO**

184/14 GOVERNANCE

184/14/1 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns for

May 2014 (paper Y). Following due consideration, and taking appropriate account of any further information needing to be included from today's discussions, the self certification against Monitor Licensing Requirements (appendix A), and Trust Board Statements (appendix B) were endorsed for signature accordingly by the Chief Executive and submission to the NTDA. **DCLA/ CE**

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

185/14 REPORTS FROM BOARD COMMITTEES

185/14/1 Audit Committee

Resolved – that the 27 May 2014 Audit Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively.

185/14/2 Finance and Performance Committee

Resolved – that the 28 May 2014 Finance and Performance Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted.

185/14/3 Quality Assurance Committee (QAC)

Resolved – that the 27 May 2014 QAC Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively.

186/14 TRUST BOARD BULLETIN

Resolved – that the updated declaration of interests from Mr R Kilner, Acting Trust Chairman (inclusion of "Director of Glebe Meadow Developments Ltd") be noted.

187/14 CORPORATE TRUSTEE BUSINESS

187/14/1 Charitable Funds Committee

In its capacity as Corporate Trustee and due to the inquorate nature of the 9 June 2014 Charitable Funds Committee, the Trust Board approved 2 applications for charitable funding which had been endorsed by the Charitable Funds Committee meeting – application 5006 (£500 for 4 wheelchairs) and 5044 (£11,160 for a colposcope for use within gynaecology).

Resolved – that (A) charitable funds applications 5006 and 5044 be approved by the Trust Board as Corporate Trustee and progressed as appropriate, and **IDFS**

(B) the Minutes of the 9 June 2014 Charitable Funds Committee be submitted to the July 2014 Trust Board. **STA**

188/14 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 comment on welcomed improvements to the running of the eye clinic, as expressed by a patient now attending the Trust Board meeting.

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

189/14 ANY OTHER BUSINESS

189/14/1 Query from the Acting Trust Chairman

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

189/14/2 Jimmy Savile Investigation – Report into Roecliffe Manor Allegations

Reporting verbally, the Director of Corporate and Legal Affairs advised that although an investigation had concluded that abuse had taken place at Roecliffe Manor, no proven link had been identified with Jimmy Savile as an alleged perpetrator. All information on the investigation had been passed to the Police. The report was available on UHL's website. The Director of Corporate and Legal Affairs also noted that the Care Quality Commission's recent inspection of UHL had judged the Trust's safeguarding procedures to be satisfactory.

Resolved – that the position be noted.

190/14 DATE OF NEXT MEETING

The Acting Trust Chairman advised that further to discussions that morning on UHL's Board effectiveness review, it was likely that Trust Board meeting dates would change from October 2014 onwards. Revised dates would be issued as soon as possible. In response to a query from Mr P Panchal Non-Executive Director, the Acting Trust Chairman outlined the proposed handling of the self-certification submissions to the NTDA, which were required by the end of each month, which had also been discussed earlier today.

Resolved – that the next Trust Board meeting be held on Thursday 31 July 2014 at Gloucester House, Age UK, Melton Mowbray, as part of the programme of holding UHL Trust Board meetings in the community.

The meeting closed at 3.35pm

Helen Stokes - **Senior Trust Administrator**

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Acting Chair from 26.9.13)	3	3	100	R Overfield	3	2	66
J Adler	3	3	100	P Panchal	3	3	100
T Bentley*	3	3	100	K Shields*	3	3	100
K Bradley*	3	3	100	S Ward*	3	3	100
I Crowe	3	2	66	M Wightman*	3	3	100
S Dauncey	3	3	100	J Wilson	3	2	66
K Harris	3	3	100	D Wynford-Thomas	3	2	66
K Jenkins	3	3	100				
R Mitchell	3	3	100				

* non-voting members