

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 28 FEBRUARY 2013  
AT 9AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL  
INFIRMARY****Present:**

Mr M Hindle – Trust Chairman  
 Mr J Adler – Chief Executive  
 Ms K Bradley – Director of Human Resources  
 Dr K Harris – Medical Director  
 Mrs S Hinchliffe – Chief Nurse/Deputy Chief Executive  
 Ms K Jenkins – Non-Executive Director  
 Mr R Kilner – Non-Executive Director  
 Mr P Panchal – Non-Executive Director (excluding Minutes 48/13/2 to 49/13)  
 Mr I Reid – Non-Executive Director  
 Mr A Seddon – Director of Finance and Business Services (excluding Minute 42/13)  
 Mr D Tracy – Non-Executive Director  
 Ms J Wilson – Non-Executive Director  
 Professor D Wynford-Thomas – Non-Executive Director

**In attendance:**

Ms C Barclay – Outreach Sister (for Minute 45/13/1.2 only)  
 Ms R Broughton – Head of Outcomes and Effectiveness (for Minute 45/13/1.2 only)  
 Dr R Denton-Beaumont – Consultant Physician (for Minute 45/13/1.2 only)  
 Mr A Jones – Discharge Project Lead (for Minute 45/13/1.2 only)  
 Mrs S Khalid – Acting Head of Service Improvement (shadowing the Director of Human Resources as part of the Aspiring Leaders Programme)  
 Mrs K Rayns – Trust Administrator  
 Ms C Ribbins – Director of Nursing (for Minute 45/13/1.2 only)  
 Ms C Rudkin – 5 Critical Safety Actions Project Lead (for Minute 45/13/1.2 only)  
 Mr J Tozer – Interim Director of Operations  
 Mr S Ward – Director of Corporate and Legal Affairs  
 Mr M Wightman – Director of Communications and External Relations (from Minute 35/13)

**ACTION****30/13 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 31/13 – 40/13), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**31/13 APOLOGIES**

There were no apologies for absence.

**32/13 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

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

**33/13 CONFIDENTIAL MINUTES**

**Resolved** – that the confidential Minutes of the Trust Board meeting held on 31 January 2013 be confirmed as a correct record.

**34/13 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.

**35/13 REPORTS BY THE CHIEF EXECUTIVE**

**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.

**36/13 REPORTS BY THE DIRECTOR OF FINANCE AND BUSINESS SERVICES**

**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.

**37/13 REPORTS BY THE 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 that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

**38/13 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 that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

**39/13 REPORTS FROM BOARD COMMITTEES**

39/13/1 Empath Programme Board

**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.

39/13/2 Audit Committee

**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.

39/13/3 Quality Assurance Committee

**Resolved** – that the confidential Minutes of the Quality Assurance Committee meeting held on 22 January be received and noted.

39/13/4 Remuneration Committee

**Resolved** – that the confidential Minutes of the Remuneration Committee meeting held on 5 February 2013 be received and noted.

**40/13 CORPORATE TRUSTEE BUSINESS**

40/13/1 Charitable Funds Committee

**Resolved** – that the confidential Minutes of the 18 January 2013 Charitable Funds Committee meeting be received and any recommended items contained therein be endorsed.

#### 41/13 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

#### 42/13 CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

The Chairman drew the Board's attention to the following issues:-

- (a) the potential effect of events highlighted by the Mid Staffordshire NHS Foundation Trust Public Inquiry in terms of eroding public confidence in the NHS and the likely impact upon NHS 'approval ratings'. An engagement event had been held with UHL's key stakeholders earlier that day, the outputs from which would be reported to the 28 March 2013 Trust Board meeting. It was intended to continue this dialogue with stakeholders as the Government began the process of accepting/rejecting the 290 recommendations arising from the Francis report;
- (b) an announcement that Mrs S Hinchliffe, Chief Nurse/Deputy Chief Executive would be leaving the Trust in May 2013 to join Leeds Teaching Hospitals NHS Trust. In the four years that Mrs Hinchliffe had worked for UHL she had introduced nursing metrics, led on the reduction of hospital acquired infections to levels which had previously seemed unattainable and applied rigour and understanding to the quality and safety of patient centred care. Arrangements were underway to recruit a replacement Chief Nurse, and
- (c) NHS Change Day – a single day of collaborative action to demonstrate how small changes could have a big impact. He congratulated Damien Roland, junior doctor and clinical fellow at UHL and co-creator of NHS Change Day, noting that it was hoped to attract 65,000 pledges nationally (1,000 for each year of the NHS).

The Chief Executive highlighted the following UHL priorities from an Executive perspective:-

- (i) improvements to UHL's emergency care pathway (where the service remained under pressure to deliver high levels of emergency capacity and performance standards);
- (ii) continued programme of introductory meetings with the Chief Executive;
- (iii) preparations for the forthcoming financial year end and the increased focus to deliver sustainable operational and financial performance;
- (iv) the process to finalise robust financial and operational plans for the 2013-14 financial year;
- (v) UHL's annual operating plan and annual priorities (which were due to be presented to the Board on 28 March 2013), and
- (vi) early progress made with implementing the Listening into Action (LiA) model for improving staff engagement at UHL. The first meeting of the LiA sponsor group had been well attended and representatives had been selected to attend the first of the navigation events on Monday 4 March 2013.

#### 43/13 MINUTES

**Resolved** – that the Minutes of the Trust Board meeting held on 31 January 2013 (paper M) be confirmed as a correct record.

#### 44/13 MATTERS ARISING FROM THE MINUTES

Paper J detailed the status of previous matters arising, particularly noting those without a specific timescale for resolution. In discussion on the matters arising report the Trust Board noted that the overall results of the National Staff Survey would be presented to the Board

DHR

on 28 March 2013.

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

**NAMED  
EDs**

**45/13 QUALITY AND SAFETY**

**45/13/1 CLINICAL QUALITY**

**45/13/1.1 Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Chaired by Robert Francis QC**

The Chief Nurse/Deputy Chief Executive introduced paper O, providing a preliminary review of UHL's response to the recommendations arising from the Public Inquiry report. For the purposes of paper O, the 290 recommendations had been grouped into 10 thematic areas that had contributed to the build up of issues at Mid Staffordshire NHSFT. The Chief Nurse/Deputy Chief Executive also noted the valuable insight provided by a meeting with key stakeholders (as held immediately before the public section of the Trust Board meeting). The comments and suggested themes for additional focus which had been raised by the stakeholders would be reviewed and any outputs built into the development of UHL's services, alongside the expected Government response to the 290 recommendations arising from the Public Inquiry. A gap analysis was being undertaken in respect of UHL's current service provision and a report on this subject was expected to be presented to the Board on 28 March 2013.

**CN/DCE**

In discussion on paper O, the following comments and observations were noted:-

- (a) Ms K Jenkins, Non-Executive Director and Audit Committee Chair highlighted the fundamental importance of the issues outlined in section 4.6 in respect of patient information, communication and visibility of care;
- (b) Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School welcomed the views of stakeholders in respect of medical training indicators, aspects of staff behaviours and their fitness to practice. A summit was planned to assess the impact of the report on education and training of all staff, and
- (c) the Chief Executive noted strong links between the outcomes of the Francis Inquiry and the development of UHL's Quality and Safety Commitment, noting that the patient safety goals and quality priorities would be the vehicle for taking forward improvements in patient care; the Listening into Action staff engagement programme was expected to deliver improvements in staff culture; and that the Government would be addressing any requirement for major changes in NHS governance arrangements (eg a potential merger between Monitor and the Care Quality Commission).

**Resolved – that the Chief Nurse/Deputy Chief Executive be requested to present a further report on the recommendations arising from the Francis Inquiry to the 28 March 2013 Trust Board meeting.**

**CN/DCE**

**45/13/1.2 UHL Quality and Safety Commitment 2012-2015**

Further to Minute 20/13/1.3 of 31 January 2013, the Trust Board received presentations from the clinical leads in respect of three of the seven quality priorities arising from the Quality and Safety Commitment Goals (Save Lives, Avoid Harm and Patient Centred Care). Members noted that presentations on the remaining four quality priorities had been scheduled on the Trust Board agenda for 28 March 2013.

- 1) Out of Hours Care (Save Lives) – Ms C Barclay, Outreach Sister highlighted the key work streams being taken forward to reduce UHL's SHMI mortality data with the aim of

saving 1,000 lives in the next three years. She reported on the implementation of an iPhone system to replace the early warning score bleep system and the improved response times that had been achieved with the facility to provide verbal information simultaneously to clinical teams. Excellent feedback had been provided by nursing staff and junior doctors and 1,000 calls had been made within the first week of use;

- 2) Senior Review, Ward Rounds and Notation (Avoid Harm) – Ms C Rudkin, 5 Critical Safety Actions Project Lead and Dr R Denton-Beaumont, Consultant Physician highlighted the introduction of new template documentation for use as a prompting tool for the patient safety checklists. Specific standards for key pathways were also being developed. Mr R Kilner, Non-Executive Director sought and received assurance that sufficient clinical engagement in the work streams was taking place. The Chief Executive noted that this quality priority would dovetail with phase II of the Right Place Consulting work by increasing the emphasis on senior review and ward rounds, and
- 3) Discharge Experience (Patient Centred Care) – Ms C Ribbins, Director of Nursing and Mr A Jones, Discharge Project Lead reported on the developments underway to improve the discharge experience for UHL's patients and embed best practice throughout the organisation. A discharge co-ordinator was being established on all medical wards and each patient would now be provided with an expected date of discharge which would be displayed by the bedside and communicated to the patient and their family. A "Ticket Home" system had been introduced to capture all salient discharge information and the weekend discharge rates and percentage of patients discharged before 11am had started to demonstrate improvements.

In discussion on the presentations, Trust Board members:-

- (a) sought and received assurance regarding the flexibility of UHL's discharge processes when it became necessary to amend the agreed discharge time or date, noting that appropriate communications took place with the patient and their family and that other thresholds existed alongside the "Discharge before 11am";
- (b) commended the presentations provided, noting the excellent model they represented for making improvements happen within the Trust;
- (c) noted the intention to provide quarterly progress updates to the Quality Assurance Committee and the Trust Board, and
- (d) received additional information regarding benchmarking of practices in place within other Acute Trusts and the selected areas of good practice that had been adopted for UHL. Ms C Barclay particularly noted the impact of improved EWS response times at Guy's and St Thomas' NHS Foundation Trust and the significant improvements that had been evidenced in their SHMI data.

**Resolved** – that (A) the three work stream presentations arising from the Quality and Safety Commitment 2012-15 (paper P) be received and noted;

**(B) presentations on the remaining four Quality and Safety Commitment work streams be scheduled on the Trust Board agenda for 28 March 2013, and** CN/DCE

**(C) quarterly progress reports on the Quality and Safety Commitment be provided to the Quality Assurance Committee and the Trust Board.** CN/DCE

#### 45/13/1.3 Contrasting Experiences

The Chief Nurse/Deputy Chief Executive introduced a series of presentation slides highlighting the following contrasting experiences which had impacted in different ways upon aspects of clinical quality, patient experience and safety at UHL:-

- (a) issues identified in relation to the discharge process for a patient with progressive lung disease and an agreed Do Not Attempt Resuscitation (DNAR) status. The issues highlighted had included lack of family involvement in the discharge process (including

- collection), arrangements for oxygen in the discharge lounge and for the journey home and a lack of salient information being provided within the patient’s discharge letter (re: 24 hour oxygen requirements and DNAR status). Trust Board members noted that improving discharge planning was one of the key themes within UHL’s Quality and Safety Commitment and arrangements were being made to introduce specific standards surrounding key discharge information (“Ticket Home”), recruitment of additional discharge co-ordinators and improve communications with family and carers. In addition, there was a specific CQUIN scheme surrounding improvements in the content and quality of discharge letters, and
- (b) the improvements in patient experience that had been delivered through the successful “Our Space” fundraising project, resulting in the completed refurbishment of one of UHL’s oncology wards, creating a new facility for teenagers and young adults being treated for cancer. The project was on target to reach the £1.4m fundraising target, thanks to the help of patients, public and staff and significant contributions by the Teenage Cancer Trust and the Leicester Hospitals Charity. A female cancer patient named Gemma (aged 23) who was now in remission had provided her personal insight into the difference that such a unit would make to the treatment of teenagers and young adults, knowing that they would now be treated alongside patients of a similar age to themselves.

Following the presentation, Ms J Wilson, Non-Executive Director queried whether there was any cross-over between the planned improvements in discharge information “Ticket Home” and the arrangements to provide enhanced information relating to discharge medication. The Chief Nurse/Deputy Chief Executive advised that the drug information cards would continue to be provided separately as they contained key instructions for carers and district nurses relating to drug administration.

**Resolved – that the presentation and subsequent discussion on contrasting experiences at UHL be received and noted.**

**46/13 HUMAN RESOURCES – ORGANISATIONAL DEVELOPMENT PLAN**

Further to Minute 321/12/3.1 of 29 November 2012, the Director of Human Resources introduced paper Q, setting out UHL’s Organisational Development (OD) plan priorities for 2013-15 and providing updated action plans for each of the six objectives. Appendix 3 to paper Q detailed the draft Leadership and Management Standards and described how these would map across to key elements arising from the Francis Inquiry report, helping to build a common positive culture and ensuring openness, transparency and candour. The report also now incorporated improvement targets for the 2013 National Staff Survey (section 11 refers). In discussion on the report, the Trust Board:-

- (a) welcomed the inclusion of targets for improvements in staff survey results but queried whether these might prove too stretching. The Director of Human Resources agreed to review these targets (and their timescales) further in conjunction with Executive Team members and circulate revised targets outside the meeting;
- (b) suggested that integration of staff stories (including examples of good leadership styles and qualities noted from inspirational leaders within the Trust) would help to support Objective 3 – strengthening leadership). It was agreed that the Chairman and the Director of Corporate and Legal Affairs would review the scope to hold a Trust Board development session on the themes arising from this objective;
- (c) recommended that the Leadership and Management Standards be shared with UHL staff as a stand-alone document;
- (d) noted that the outputs from the Listening into Action programme would also be built into the OD plan;
- (e) considered the communications implications surrounding the arrangements for launching the Trust’s OD plan, Annual Operational Plan, Listening into Action programme, and the Quality and Safety Commitment within a relatively short timeframe, and

DHR

CHAIR  
MAN/  
DCLA

- (f) considered opportunities to establish a database of leadership coaches and mentors from within the Trust's existing leaders. The Director of Human Resources advised that she would be considering ways in which such individuals could be identified or encouraged to put themselves forward. DHR

**Resolved – that (A) the UHL Organisational Development Plan 2013-15 (paper Q) be approved;**

**(B) the Director of Human Resources be requested to review the targets for improvements in national staff polling, and** DHR

**(C) consideration be given to circulating the Leadership and Management Standards to staff as a stand-alone document, and** DHR

**(D) the Chairman and the Director of Corporate and Legal Affairs be requested to review the scope to hold a Trust Board development session on themes arising from objective 3 – strengthening leadership.** CHAIR  
MAN/  
DCLA

#### 47/13 **GOVERNANCE – FOUNDATION TRUST (FT) UPDATE**

Further to Minute 19/13/1 of 31 January 2013, paper R advised members of progress on UHL's FT application and the timetable as set out in the Trust's Tripartite Formal Agreement (TFA), noting that the Trust Board would continue to receive monthly updates on this issue. The Chief Executive drew members' attention to the red RAG rating for the milestone to achieve the 2012-13 financial plan and confirmed that activity continued to develop UHL's Quality Governance Framework and Board Governance Memorandum.

As reported at the 31 January 2013 Trust Board meeting, discussions were being held with the Strategic Health Authority/Trust Development Authority regarding opportunities to review UHL's timeline in the light of recent internal and external developments to ensure the logical and timely sequencing of UHL's key milestones. An update on the outcome of these discussions would be reported to the Board in March or April 2013 (when available). CE

**Resolved – that the Trust Board continue to receive monthly updates on its FT Application process.** CE

#### 48/13 **QUALITY AND PERFORMANCE**

##### 48/13/1 **Month 10 Quality and Performance Report**

Paper S, the quality and performance report for month 10 (month ending 31 January 2013) advised of red/amber/green (RAG) performance ratings for the Trust, and set out performance exception reports in the accompanying appendices.

Mr I Reid, Non-Executive Director and Chairman of the Finance and Performance Committee provided feedback on discussions held at the 27 February 2013 Finance and Performance Committee meeting, noting the reported £5.3m surplus for January 2013 which was £4.4m favourable against the planned £0.8m surplus. The reported cumulative year to date deficit standing at £2m (£2.7m adverse to plan) now reflected £13m in partial recognition of the proposed year end agreement between UHL and Commissioners. In month cost improvements had been achieved in the sum of £2.3m, making a cumulative total of £21.8m (£4.2m adverse to plan). Cumulative operating expenditure was £23.9m adverse to plan comprising of pay £10.6m adverse and non pay £13.3m adverse.

Whilst the increase in operating costs reflected additional activity being delivered, appropriate control of these costs remained a crucial element in delivering the forecast year end surplus of £46k, alongside satisfactory outcomes from the ongoing discussions with

Commissioners to secure funding for re-admissions, emergency activity and transformation of services. The Finance and Performance Committee had also considered the forecast £6.7m variance against the capital expenditure programme and the increased cash balance which now stood at £19.4m reflecting the factors and management actions set out in section 7.4.5 of the quality and performance management commentary.

The Director of Finance and Business Services reported on the arrangements to strengthen Divisional recovery plans through appropriate use of PLICS data and service line management reporting. Responding to a query raised by Ms K Jenkins, Non-Executive Director, the Director of Finance and Business Services confirmed that premium pay costs were expected to reduce in line with recent increases in permanent staff, although some delays were expected following completion of the relevant training and bedding-in periods. He also confirmed that a diagnostic analysis of volume and price for non-pay expenditure was underway.

Mr D Tracy, Non-Executive Director and Chairman of the Quality Assurance Committee (QAC) briefed the Board on discussions held at the 19 February 2013 QAC meeting particularly noting that due to the timing of that month's meeting the Month 10 quality and performance data had not been available for consideration at the meeting. He provided the following summary of issues considered by the Committee:-

- (a) a quarterly report on clinical audits, where discussion had centred around the process to establish internal audits, budgetary control and sign-off. The Committee had noted an increase in the proportion of audits being signed-off and the addition of a separate reporting column highlighting improvements made as a result of each audit. Approximately 1,000 audits were carried out each year and the Committee hoped to review 1 or 2 examples in greater depth at its next meeting;
- (b) a significant reduction in the number of formal complaints in the last 12 months and improvements in ward processes for addressing issues at the time when concerns were raised. The top five complaints themes remained consistent and it was agreed to share the patient safety report with those Board members who did not attend the QAC meetings on a regular basis;
- (c) the review of aggregated nursing healthcheck data relating to patient harms, nursing metrics, complaints, NET promoter scores and staff sickness. The Committee had requested a review of the escalation process and a more detailed focus on the worst five or six performing wards;
- (d) a failure to meet the SHA target to eliminate avoidable pressure ulcers by the end of December 2012;
- (e) consideration of a position statement relating to the nursing workforce, vacancy levels and the nurse to bed ratios within different areas of the Trust, and
- (f) the successful achievement of the 100% target for WHO theatre checklist compliance in January 2013.

The Chief Nurse/Deputy Chief Executive then highlighted key points from the report relating to patient safety, quality and patient experience, particularly noting:-

- a pleasing improvement in UHL's percentage of harm free care as measured by the NHS Safety Thermometer – January 2013 performance stood at 92.98% (against the national average for January 2013 of 92.22%);
- one case of MRSA had been reported for January 2013, bringing the year to date total to two (against a trajectory of six), and
- an overall NET promoter score of 61.1 for January 2013 which reflected a 10.1 improvement from the baseline and met the improvement target which had been agreed with Commissioners.

In discussion on the quality and safety aspects of the report:-

- (i) Ms K Jenkins, Non-Executive Director, sought and received assurance regarding safe staffing levels in the Emergency Department (ED), noting that any staffing gaps were being filled through bank and agency staff wherever possible and mechanisms were in place for maintaining a watching brief on complaints levels and incident reports. Any areas of concern were being escalated through appropriate discussion with the relevant nursing and medical teams. It was agreed that consideration would be given to implementing appropriate targets for the reduction of complaints;
- (ii) Mr R Kilner, Non-Executive Director queried whether there were any triggers in place to monitor the ratios between substantive, bank and agency staffing levels. In response, the Chief Nurse/Deputy Chief Executive briefed the Board on progress with recruitment to vacant posts, staff turnover levels and the number of staff moving between specialties currently due to changes in working patterns. No thresholds had been set for the staff ratios which were subject to a case by case review, but only substantive staff members were permitted to take charge of any ward area. Bank and agency staffing levels were noticeably high on the additional step-down ward at LGH, although some of these temporary staff had been in post for 12 months or more;
- (iii) Mr Kilner also sought assurance regarding any active training developments to reduce the number of complaints relating to communications and staff attitude. In response, the Director of Human Resources highlighted links with the Organisational Development plan objectives, the Leadership and Management Standards and the arrangements for rolling out Caring at its Best.

CN/DCE

The Interim Director of Operations highlighted specific elements from the operational performance section of paper S including the operational performance exception reports provided at appendices 1 to 3. Particular discussion took place regarding the following aspects of the report:-

- (1) cancelled operations performance which stood at 1.5% against a target of 0.8%. Appendix 1 provided an exception report highlighting increased emergency demand and bed capacity pressures as the main reasons for short notice cancellations. An action plan was in place to ensure that patients were offered another date for surgery within 28 days of any cancelled operation and all aspects of theatre scheduling would be reviewed as part of the Trust's theatres transformation project;
- (2) the achievement of 18 week RTT performance targets for admitted (92.2%) and non-admitted patients (97.3%) within all specialties for January 2013;
- (3) a 52 week RTT breach which would be the subject of an exception report to be presented to the 28 March 2013 Trust Board meeting;
- (4) 62 day cancer performance, where year to date performance stood at 84.6% against a target of 85%. Further details were provided in the exception report (appendix 2 refers), and
- (5) performance against five of the ten stroke quality indicators where urgent corrective action was being implemented to address on-going concerns. An exception report was provided at appendix 3, confirming the trajectory for recovering these performance indicators and the improvements that were expected to be demonstrated in January 2013 performance.

Ms K Jenkins, Non-Executive Director queried the scope to use clinical audit to support improvements in areas of operational performance and the Medical Director confirmed that clinical audits were already in place for monitoring particular pathways of care. Ms J Wilson, Non-Executive Director enquired whether any particular themes were emerging from the review of 62 day cancer performance broken down by tumour site. In response the Interim Director of Operations noted the challenging 85% target and the increased focus on the diagnostic stages of patient pathways. It was agreed that the Quality Assurance Committee would undertake a more detailed review of 62 day cancer performance by tumour site.

QAC  
Chair

The Chief Executive noted improvements in the number of performance indicators RAG rated as green within the management commentary accompanying the quality and

performance report. He particularly noted the depth of useful information provided within the covering proforma, summary report, the detailed technical performance report and accompanying performance exception reports, advising that a review of the presentation of quality and performance data to the Trust Board was being undertaken by the Executive Team with a view to streamlining the separate elements and removing any areas of duplication.

Executive Team

The Director of Human Resources reported on the Human Resources related issues arising from the month 10 Quality and Performance report, advising that appraisal performance had reduced slightly to 90.5% (from 90.8% in December 2012). However, members noted that the Care Quality Commission report on key findings from the 2012 National Staff Survey showed that UHL was in the highest 20% of Acute Trusts for the percentage of staff appraised during the past 12 months (94%) and the percentage of staff having a well structured appraisal (42%). HR advisers continued to work closely with the Divisions, CBUs and Corporate Directorates to implement targeted actions to improve local appraisal performance.

The January 2013 sickness rate had reduced slightly to 4.2% (compared to 4.4% for December 2012) although this was expected to reduce by approximately 0.5% as further periods of staff absence were closed down. The Director of Human Resources reported on national Agenda for Change arrangements whereby staff taking sick leave would be paid their basic salary instead of any enhanced rates. Paper S also provided a summary of the Well Being at Work Programme funded by staff lottery money and the wide variety of events and activities provided with a view to improving the health of UHL's workforce.

Trust Board members discussed any potential linkages between high levels of sickness absence, low appraisal rates, low NET promoter scores and staff morale. The Chief Nurse/Deputy Chief Executive advised that the ward health check data would highlight such linkages (if they existed) and Mr R Kilner, Non-Executive Director suggested that it might be useful for the programme of regular safety walkabouts to focus on UHL's health check wards.

**Resolved – that (A) the quality and performance report for month 10 (month ending 31 January 2013 be noted;**

**(B) the Quality Assurance Committee be requested to carry out an in-depth review of a small number of clinical audits and a detailed review of cancer performance by tumour site;**

QAC  
CHAIR

**(C) copies of the Quality Assurance Committee patient safety report be shared with those Board members who did not attend the QAC meetings on a regular basis;**

TA

**(D) consideration to be given to implementing appropriate targets for managing complaints trends;**

CN/DCE

**(E) the Interim Director of Operations be requested to provide an exception report on the 52 week RTT breach to the 28 March 2013 Trust Board meeting, and**

IDO

**(F) feedback from the Executive Team's review of the presentation of Quality and Performance data to the Trust Board to be provided at a subsequent Trust Board meeting.**

CE

48/13/2

#### Monthly Update on Emergency Care

The Interim Director of Operations introduced the monthly Emergency Department performance report (paper T) which detailed January 2013 ED activity and performance, and provided an overview of the significant challenges faced by the Trust in achieving the 4

hour ED Performance target. UHL's ED waits performance for January 2013 had reduced to 79.21% (compared to the December 2012 position of 88.91%). Phase I of the re-designed emergency care pathway model had been implemented on 18 February 2013 with promising results over the first few days, although some capacity issues had been experienced over the first weekend. The Right Place Consulting project highlight report was provided at appendix 1 to paper T.

Mr R Kilner, Non-Executive Director particularly highlighted the graph on page 3 of paper T, showing UHL's performance trend in relation to that of other Acute Trusts. The Interim Director of Operations was requested to analyse the divergence of UHL's ED performance trajectory when compared to the national position and include the summary outputs from this work within the March 2013 Trust Board report on ED performance.

**Resolved – that (A) the monthly update report on Emergency Care (paper T) be received and noted, and**

**(B) the Interim Director of Operations be requested to report on the divergence of UHL's ED performance trajectory compared to the national position in the March 2013 Trust Board report.**

IDO

48/13/3 NHS Trust Over-Sight Self Certification

The Director of Corporate and Legal Affairs introduced UHL's February 2013 self certification (paper U refers) and the return was endorsed (as presented) for signature by the Chairman and Chief Executive and submission to the SHA accordingly.

CHAIR  
MAN/  
CE

**Resolved – that the NHS Trust Over-Sight Self Certification return for February 2013 be approved for signature by the UHL Chairman and Interim Chief Executive, and submitted to NHS Midlands and East as required.**

CHAIR  
MAN/  
CE

49/13 **STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)**

The Chief Nurse/Deputy Chief Executive presented the latest iteration of UHL's SRR/BAF (paper V) highlighting the changes made since the 31 January 2013 Trust Board and 12 February 2013 Executive Team meetings. Particular discussion took place regarding the scoring of risk 4 (failure to transform the emergency care system) and members agreed the rationale for changing the current risk score from impact 5 x likelihood 4 = 20 to impact 4 x likelihood 5 = 20. It was also agreed to retain the target score impact 4 x likelihood 3 = 12, although the timescale for achieving this target score was currently being refreshed.

Appendix 3 provided a summary of changes to actions and members noted that the timescale for developing proposals for ward managers to create rostered supervisory time (in line with the Francis Inquiry recommendations) had been extended to April 2013. The Chief Nurse/Deputy Chief Executive also reported on discussions with the Audit Committee Chair regarding the risk register itself and the arrangements for the Trust Board to utilise this data going forward. The Trust Board particularly considered the following three risks which had been selected for discussion based upon their current risk scores and the following comments and suggestions were noted:-

- (a) **Risk 6 (failure to achieve FT status)** – it was agreed that this risk would be updated with the revised timeline (when agreed with the TDA);
- (b) **Risk 7 (ineffective organisational transformation)** – the Director of Finance and Business Services confirmed that proposals for the future management of CIP and transformation governance were being developed and updated information would be included in the March 2013 iteration of the risk register;
- (c) **Risk 11 (failure to maintain productive relationships)** – the Director of Communications and External Relations agreed to update this risk with refreshed

CE

DFBS

- information based upon feedback from GP polling results (when known within the next month) and upon completion of the ongoing contractual negotiations with Commissioners, and
- (d) during further discussion on paper V, the Trust Board requested that consideration be given to expanding the titles and explanation of the Divisional risks (eg the risk on page 21 merely stated "PACS") and that the process for calibrating and approving consistent risk scoring mechanism be embedded and reviewed by the Audit Committee.

DCER

CN/DCE

**Resolved** – that (A) the SRR/BAF (presented as paper V) be received and noted;

(B) the comments and suggestions raised under points (a) to (d) above be considered by the Executive Team or relevant Executive Director leads, and any amendments reflected in the next iteration of the SRR/BAF to be presented to the Trust Board on 28 March 2013.

CN/DCE

## 50/13 REPORTS FROM BOARD COMMITTEES

### 50/13/1 Audit Committee

**Resolved** – that the Minutes of the 12 February 2013 Audit Committee (paper W) be received and noted.

### 50/13/2 Quality Assurance Committee

**Resolved** – that the Minutes of the 22 January 2013 Quality Assurance Committee (paper X) be received and noted.

### 50/13/3 Research and Development Committee

The Chairman introduced paper Y, providing the Minutes of the UHL Research and Development Committee meeting held on 11 February 2013 and briefed Trust Board members on the arrangements for Professor D Wynford-Thomas, Non-Executive Director to chair a working group to oversee the implementation of the Strategy for Research in Medical Physics and Imaging.

**Resolved** – that the Minutes of the 11 February 2013 Research and Development Committee (paper Y) and the verbal information provided by the Chairman be received and noted.

### 50/13/4 Workforce and Organisational Development Committee

**Resolved** – that the Minutes of the Workforce and Organisational Development Committee meeting to be held on 8 March 2013 be presented to the next available Trust Board meeting.

## 51/13 CORPORATE TRUSTEE BUSINESS

### 51/13/1 Charitable Funds Committee

**Resolved** – that the Minutes of the 18 January 2013 Charitable Funds Committee be received and noted and the recommended items contained therein be endorsed.

## 52/13 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

A question was received regarding the criteria used for the establishment and remuneration

of the Trust's Chaplaincy Team, whether the Trust Board considered that the composition of the Chaplaincy Team reflected the breakdown of religious beliefs within the local population, and whether there was any Humanist representation. The Director of Corporate and Legal Affairs noted the question raised and undertook to provide a response to the questioner outside the meeting.

**Resolved** – that the comments above and any related actions, be noted.

DCLA

### 53/13 ANY OTHER BUSINESS

53/13/1 Report by the Director of Human Resources

**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.

53/13/2 UHL Training Awards

The Director of Human Resources highlighted the opportunities provided by the UHL Training Awards to celebrate the achievements of staff and she encouraged Board members to attend the award ceremony on 12 March 2013.

**Resolved** – that Trust Board members be requested to attend the UHL Training Awards on 12 March 2013 (subject to availability).

### 54/13 DATE OF NEXT MEETING

**Resolved** – that the next Trust Board meeting be held on Thursday 28 March 2013 at 9.30am in the Rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 4.22pm

Kate Rayns,  
Trust Administrator

### Cumulative Record of Members' Attendance (2012-13 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Hindle (Chair)	13	13	100	I Reid	13	13	100
J Adler	3	3	100	A Seddon	13	13	100
J Birrell	5	5	100	D Tracy	13	12	92
K Bradley	13	11	85	A Tierney*	6	5	83
K Harris	13	11	85	J Tozer*	5	5	100
S Hinchliffe	13	13	100	S Ward*	13	12	92
K Jenkins	13	12	92	M Wightman*	13	13	100
R Kilner	13	13	100	J Wilson	13	11	85
M Lowe-Lauri	5	5	100	D Wynford-Thomas	13	8	62
P Panchal	13	12	92	Mr A Chatten*	2	2	100
Mr J Clarke*	2	1	50				

\* non-voting members