

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 2 JUNE 2011 AT 10AM IN ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL

Present:

Mr M Hindle – Trust Chairman
Ms K Bradley – Director of Human Resources
Dr K Harris – Medical Director (excluding Minute 159/11/1)
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mrs K Jenkins – Non-Executive Director (up to and including Minute 151/11)
Mr R Kilner – Non-Executive Director
Mr M Lowe-Lauri – Chief Executive
Mr P Panchal – Non-Executive Director
Mr I Reid – Non-Executive Director
Mr A Seddon – Director of Finance and Procurement
Mr D Tracy – Non-Executive Director
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:

Ms T Jones – Head of Communications (for Minute 143/11/4)
Mr K Mayes – PPI and Membership Manager (for Minute 144/11)
Mrs K Rayns – Trust Administrator
Dr A Tierney – Director of Strategy
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

ACTION

137/11 APOLOGIES

No apologies for absence were received.

138/11 DECLARATIONS OF INTERESTS

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

139/11 CHAIRMAN'S ANNOUNCEMENTS

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

- (a) the Safe and Sustainable engagement events being held on 16 June 2011 at the Walkers Stadium in Leicester, noting that the evening session between 6pm and 8pm was now fully booked. He invited interested parties to register to attend the 3pm to 5pm session on the safe and sustainable website (accessible via UHL's website) and to complete the consultation form and record their support for option A;
- (b) his thanks to Liz Kendall, MP and Zuffar Haq for their support of the campaign to keep children's heart services in Leicester, through a well-attended members' briefing session in Westminster on 19 May 2011, and
- (c) his congratulations to former Leicester Tigers player, Graham Rowntree and Adam Tansey, the father of a child heart patient, on their successful completion of a 130 mile cycle ride from Sheffield to Northampton in aid of UHL's "Hold on to our Hearts" campaign.

140/11 MINUTES

Resolved – that the Minutes of the meeting held on 5 May 2011 be confirmed as a correct record, subject to a correction to the name of Dr S Conroy (Minute 117/11/2 refers).

141/11 MATTERS ARISING FROM THE MINUTES

As previously requested, the Chairman noted that the report at paper B detailed the status of any previous matters arising marked as 'work in progress' or 'under consideration'. The Trust Board noted the following issues from the matters arising report:-

- (a) Minute 118/11/1 – the Chief Operating Officer/Chief Nurse confirmed that an internal review of the fire incident on 5 May 2011 had now taken place and recommendations to strengthen the processes already in place were being addressed. A date for the external agencies' review had been arranged in two weeks' time and the required reports to NHS East Midlands and the Health and Safety Executive had been submitted. The Chairman and the Chief Executive had also written letters of thanks to the staff involved in this incident;
- (b) Minute 119/11/1 – the Chief Operating Officer/Chief Nurse advised that she was not aware of any sanctions used to prevent inappropriate referral patterns by GP practices. She understood that some incentives were used in this respect but the details were not known;
- (c) Minute 119/11/2 (D) – the Director of Human Resources advised that proposals to support further reductions in staff sickness rates would be presented to the Executive Team on 14 June 2011 and the Workforce and Organisational Development Committee on 4 July 2011. The Chairman requested that a summary of these proposals be presented to the Trust Board by 4 August 2011 (via the Minutes of the Workforce and Organisational Development Committee);
- (d) Minute 119/11/2 (F) – the Chief Operating Officer/Chief Nurse confirmed that a detailed report on proposals to improve patient experience polling results had been presented to the GRMC on 26 May 2011 and a summary would be presented to the Board on 7 July 2011 (via the GRMC Minutes), and
- (e) Minute 90/11 of 7 April 2011 – the Chief Executive highlighted concerns regarding any impact upon UHL's workforce in respect of significant changes in employee taxation rules. In response, the Director of Human Resources provided assurance that UHL's regular pension seminars were well attended and that the staff groups most likely to be affected by these taxation changes were encouraged to seek appropriate independent financial advice.

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Resolved – that the matters arising report and associated actions above, be noted as appropriate.

142/11 CHIEF EXECUTIVE'S MONTHLY REPORT – JUNE 2011

In respect of his monthly report for June 2011 (paper C) the Chief Executive noted the significant challenges facing the Trust in light of recent performance against the 4 hour ED standard and the effects of the disappointing month 1 financial position. Both subjects would be discussed in depth during consideration of the Trust's Quality, Finance and Performance report later in the meeting (Minute 143/11/6 below refers). He echoed the Chairman's encouragement to support the Safe and Sustainable engagement events on 16 June 2011 and highlighted the risk of potential tension between UHL and those providers of

paediatric cardiac surgery, which were not included within option A.

The Chief Executive also advised that his current role with the NHS Future Forum was due to end on 3 June 2011 with the culmination of a report on clinical advice and leadership. Noting that this role had taken between 40-45% of the Chief Executive's time over the past four week period, the Trust Board supported his request for continued involvement in the NHS Future Forum, as appropriate.

Resolved – that (A) the Chief Executive's monthly report for June 2011 be noted, and

(B) the Chief Executive's continued active involvement in the NHS Future Forum be supported.

CE

143/11 QUALITY, FINANCE, AND PERFORMANCE

143/11/1 Quality Account 2010-11

The Medical Director introduced UHL's draft Quality Account 2010-11 (paper D), noting that much of the format and content of the document had been dictated by mandatory Department of Health guidance. Members noted that the Quality Account had already been supported by the Executive Team on 17 May 2011 and by the Governance and Risk Management Committee on 26 May 2011, subject to final amendments in respect of addressing an action regarding pharmacy dispensing at the LRI, inclusion of some additional narrative relating to the Trust Board's consideration of patient stories and a few minor editorial changes which did not alter the substance of the report. The Chief Executive particularly welcomed the incisive feedback from key stakeholders provided within section 5 and the Chairman commented upon the helpful glossary of terms provided at the end of the document.

Resolved – that the Quality Account for 2010-11 (paper D) be supported, subject to the final amendments being incorporated (as outlined above by the Medical Director).

MD

143/11/2 UHL Quality Strategy

Further to the Trust Board Development Session held on 6 January 2011, paper E provided the latest iteration (version 8) of the draft Quality Strategy, which set out to describe the Trust's approach to quality, highlight key quality goals (reflecting local and national priorities) and provide clear action plans with designated lead roles and timescales. The Medical Director provided an insight into the developmental process to date and the aim to clearly align the Quality Strategy with the Trust's values and the Good to Great Strategy.

The Chief Operating Officer/Chief Nurse noted a point of factual accuracy in respect of page 21, advising that the target to reduce preventable hospital acquired pressure ulcers had now been changed to 20% (from 5%). In his capacity as Chairman of the Governance and Risk Management Committee, Mr D Tracy, Non-Executive Director suggested that the Governance and Risk Management Committee undertake formal monitoring of UHL's performance against this target on a quarterly basis.

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GRMC

Resolved – that (A) the Quality Strategy be supported, subject to the amendment to the target for reducing preventable hospital acquired pressure ulcers and the inclusion of monitoring arrangements, and

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(B) a quarterly mechanism be put in place for the Governance and Risk Management Committee to monitor the target to reduce preventable hospital acquired pressure ulcers.

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143/11/3 UHL Statutory Accounts 2010-11

The Director of Finance and Procurement noted the Audit Committee's detailed discussion of UHL's 2010-11 draft statutory accounts at its meeting on 31 May 2011. Subject to adoption of the accounts by the Board, the Trust would receive a clean, unqualified Audit Opinion on the accounts. In his presentation on UHL's annual accounts 2010-11 (paper F), the Director of Finance and Procurement particularly drew the Trust Board's attention to the following:-

- (1) the Trust's delivery of statutory financial duties and year-end deadlines, namely the achievement of:-
 - break-even (£1.013m operational surplus – this was prior to impairments, which were outside the Trust's control. The position after impairment was a technical deficit of £2.542m);
 - external financing limit (permissible undershoot of £3.310m);
 - capital resource limit (permissible undershoot of £1.299m);
- (2) performance against the administrative target relating to the 'Better Payments Practice Code' regarding payment of invoices within 30 days of receipt had not been achieved;
- (3) the primary statements, namely:-
 - the statement of comprehensive income (income and expenditure account), noting the £1.013m surplus prior to impairment, as mentioned above. It was confirmed that the impairment figure was excluded when assessing UHL's control total;
 - the statement of financial position (balance sheet);
 - statement of cash flows, and;
- (4) the Trust's management response to External Audit's ISA 260 report (response as at appendix 2 of paper F).

Paper G invited Trust Board approval of the Statement on Internal Control, noting that the Audit Committee had also reviewed this in detail on 31 May 2011. The Director of Corporate and Legal Affairs advised that the Statement had been updated following Audit Committee consideration to capture the following proposed changes and that an updated version had been circulated to members on 1 June 2011:-

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- Page 2 – inclusion of the Chief Operating Officer/Chief Nurse's role as Deputy Chief Executive;
- Page 6 – inclusion of the Research and Development Committee;
- Page 7 – updated to include the Head of Internal Audit's final audit opinion of 'significant assurance', and
- Page 8 – updated to confirm that all internal audit reports bar three had provided 'significant assurance' and appropriate action was being taken to strengthen controls in the three areas identified.

Mr P Panchal, Non-Executive Director queried the use of the term 'generally sound' at the bottom of page 9 and noted (in response) that this wording was mandated by the

Department of Health. The Trust Board approved the Statement on Internal Control as presented in the updated version of appendix A to paper G.

In her capacity as Chair of the Audit Committee, Mrs K Jenkins, Non-Executive Director, then reported on that Committee's meeting of 31 May 2011, noting robust discussions on the annual accounts, draft Statement on Internal Control, and related reports from both External and Internal Audit. She noted minor changes to the notes to the accounts, reflecting changes on page 41 in respect of the residual value of lease balances and prior year movements and advised of the Audit Committee's view that the annual accounts 2010-11 were a true and fair representation of UHL's financial position. Detailed consideration had taken place in respect of the impact of the Trust not achieving the 'Better Payments Practice Code' target and assurance had been received that this administrative target would be addressed moving forwards.

Responding to a query by the Chief Operating Officer/Chief Nurse, the Director of Finance and Procurement advised that Foundation Trusts were able to use more discretion when determining the frequency for revaluation of assets and the associated application of appropriate indices in the interim periods.

<u>Resolved</u> – that (A) the statutory exchequer accounts for the year ending 31 March 2011 be adopted as presented;	DFP
(B) authorisation be given for the signing of the following statements (in non-back ink) (<i>signatories are shown in brackets</i>):-	DFP
(1) Statement of Directors' responsibilities in respect of Internal Control (<i>Chief Executive</i>);	CE
(2) Statement on Internal Control 2010-11 (<i>Chief Executive</i>);	CE
(3) Directors' Statements – Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust (<i>Chief Executive</i>), and Statement of Directors' Responsibilities in respect of the accounts (<i>Chief Executive, and the Director of Finance and Procurement</i>);	CE/ DFP
(4) Balance Sheet (<i>Chief Executive</i>);	CE
(5) Letter of Representation (<i>Chief Executive</i>), and	CE
(C) the statutory accounts 2010-11 and the required accompanying signed statements and documentation be submitted to KPMG as External Auditor accordingly and on to the Department of Health, as required.	DFP

143/11/4 UHL (Draft) Annual Report 2010-11

The Trust Board considered UHL's (draft) Annual Report for 2010-11 (paper H), noting that any detailed comments could also be sent to Ms T Jones, Head of Communications. No comments regarding factual accuracy or content of the report were received at the meeting. The Director of Communications and External Relations detailed the proposed printing arrangements to maintain realistic design consultancy costs and confirmed that the dissemination process would be predominantly via the Trust's external website. A shorter abridged version would be made available at the Trust's AGM/Open Day event (planned to be held one Saturday during September 2011).

The Director of Communications and External Relations advised that the Chairman's and Chief Executive's contributions to the annual report were intended to be added at a later stage in the process to reflect any relevant developments in respect of the Government's Health and Social Care Bil. He sought delegated authority (on behalf of the Board) to

include these sections within the annual report prior to its final publication. Following consideration, delegated authority was granted, subject to the Chairman's and Chief Executive's draft reports being circulated to Board members by email for review prior to the final publication. The Chairman thanked the Head of Communications on behalf of the Board for her work in producing the annual report.

DCER

Resolved – that (A) noting the opportunity to send any further comments to the Head of Communications outside the meeting, the (draft) UHL Annual Report 2010-11 be approved, and

DCER

(B) the Director of Communications and External Relations be granted delegated authority (on behalf of the Board) to include the Chairman's and Chief Executive's contributions to the annual report at a later stage, subject to appropriate prior circulation by email to Trust Board members for review.

DCER

143/11/5 LLR Urgent and Emergency Care System Improvement Programme and ED Transformational Change Programme – Update

Further to Minute 119/11/1 of 5 May 2011, the Chief Operating Officer/Chief Nurse advised that the expected update paper from the Joint Chief Executive NHSLCR/LC in respect of the LLR urgent and emergency care system improvement programme had not been finalised in time for consideration at this meeting. However, paper I1 provided an overview of April 2011 ED performance and progress of the transformational related developments (as identified by the Emergency Care Network). The Chief Operating Officer/Chief Nurse also tabled a graphical representation of monthly ED 4 hour performance between December 2010 and May 2011 and weekly ED 4 hour performance for April and May 2011.

The Trust Board noted a gradual reduction in ED waiting times and an incremental approach towards the 95th centile in respect of 4 hour performance, which had been achieved in the last week. The Department of Health and Commissioners had agreed that activity data attributed to the Urgent Care Centre (UCC) could be included within UHL's ED statistics due to the same site location and the impact of this had improved the performance benchmarking data by between 1.5% and 2%. A slight reduction in emergency attendances (post deflection measures) had been noted in April 2011 and work continued to re-profile these according to the time of day, with additional pressure points being noted between 2am and 4am. As part of the focus on outflow, additional private ambulance crews were being utilised to complete patient transfers and the number of re-beds had been reduced (37 for April 2011).

In discussion on the progress of transformational changes, the Trust Board:-

- a) noted (in response to a query raised by Mr D Tracy, Non-Executive Director) the development of more aligned ways of working between the Women's and Children's Division and the Acute Care Division in respect of transformational changes within Children's ED. A change to the coding of children's assessment ward attenders (non-admitted) was expected to cause an apparent increase in the average children's length of stay data. The cost of building specialised children's facilities into the ED footprint had been investigated but found to be prohibitive and alternative ways of achieving integrated working were being explored;
- b) requested that additional data be included in future reports to demonstrate the length of ED waits by time of day and type of condition;
- c) considered the impact of seasonal changes in healthcare demand and the exacerbation of long term conditions which could obscure genuine ED performance issues, noting

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- that the Medical Director and the Divisional Director, Acute Care, were developing robust arrangements for all Clinical Divisions to support ED patient flows;
- d) requested that historical ED deflection data be provided to provide a greater sense of any GP and PCT endeavours to reduce inappropriate emergency attendances;
 - e) noted the success of the bed bureau referral pilots for surgical and medical patients and queried the rationale for Bed Bureau admissions which were currently custom and practice at UHL;
 - f) noted a query from Mrs K Jenkins, Non-Executive Director, regarding any contributory factors for ED breaches, such as staff being in the right place at the right time. The Chief Operating Officer/Chief Nurse advised that breach analyses were undertaken and the contributory factors included patient flows, discharges, staffing numbers and distribution, availability of senior decision makers, workforce skills mix and locum use;
 - g) agreed that a Trust Board development session would be considered helpful (possibly to be held in September 2011) to review ED performance, Emergency Care Network developments and integrated CBU support and that opportunities for external stakeholders to attend such an event would be considered;
 - h) noted a query from Mrs K Jenkins, Non-Executive Director regarding the non-availability of the expected LLR-wide progress report on emergency care transformation. In response, the Chief Executive advised that the draft paper had set out to measure too many criteria without any sense of proportionality and large sections of data sets were unpopulated as a consequence. Joint work continued between UHL and NHSLCR/LC to ensure that the next iteration of this report would focus on the key issues and that the report was underpinned by provision of the appropriate performance data;
 - i) noted a suggestion from the Director of Communications and External Relations in respect of raising public awareness of the appropriate use of the UCC, through local media advertising and a further suggestion by the Chief Executive regarding opportunities to reconfigure the signposting outside the UCC and ED. The Medical Director drew members' attention to the model for all ED admissions to be via ambulance or via the UCC;
 - j) considered the proportion of patients not waiting for treatment and noted this component was relatively low compared to other Trusts' EDs, and
 - k) queried the opportunities to develop multi-agency approaches to reducing drug and alcohol related emergency attendances.

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In summary, the Medical Director provided assurance that UHL's level of organisational development had reached a stage of improved understanding of the complex factors affecting emergency care and the priority criteria to be measured and addressed internally to bring about the required transformation.

Resolved – that (A) the update report on UHL's emergency care transformation programme (paper I1) be received and noted;

(B) the Chief Executive and the Chief Operating Officer/Chief Nurse be requested to seek an update from the Chief Executive NHSLC/LCR on the LLR urgent and emergency care system improvement programme to be presented to the Trust Board on 7 July 2011;

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(C) the Chief Operating Officer/Chief Nurse be requested to provide additional data in respect of historical UCC/ED deflection rates and ED 4 hour breach analyses within the next report to the Board on 7 July 2011, and

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(D) the Chief Operating Officer/Chief Nurse and the Director of Corporate and Legal

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Affairs be requested to review the scope to hold a Trust Board development session in September 2011 in respect of ED transformation, LLR emergency care network developments and integrated CBU-level support and consider any opportunities to invite external stakeholders to attend such an event.

143/11/6 Month 1 Quality and Performance Report

Paper J comprised the quality, finance and performance report for month 1 (month ending 30 April 2011), which included red/amber/green (RAG) performance ratings and covered quality, HR, finance, commissioning and operational standards. Individual Divisional performance was detailed in the accompanying heatmap. Appendix A to paper J provided an overview of UHL's average length of stay performance broken down by Clinical Division. The commentary accompanying the month 1 report identified key issues from each Lead Executive Director and the following points were now noted by exception:-

- (a) a more challenging trajectory had been introduced in April 2011 for outpatient cancellations;
- (b) 2 cases of MRSA had been reported in April 2011, and to date there had been no cases reported during May although the reporting period would not end until 5 June 2011. There had been only 9 clostridium difficile (CDT) cases in April 2011, which was welcomed, although the 2011-12 target for CDT of no more than 165 cases was still considered challenging;
- (c) revised performance measures for reducing the threshold for admitted patients from 27.7 weeks to 23 weeks had resulted in the Trust planning to treat an additional 650 patients within an 8 week period during April and May 2011. Progress was being maintained (with the exception of 9 patients) and plans for delivery of this target had been agreed with Commissioners;
- (d) patient experience polling responses had increased by 500 during April 2011 and Divisional performance indicators were beginning to demonstrate the positive impact of Caring at its Best developments;
- (e) Senior Responsible Officers (SROs) had been appointed for each of the cross-cutting transformation efficiency schemes (bar one where interviews had been scheduled and an interim solution was in place);
- (f) emergency length of stay performance had deteriorated for quarter 4 due to coding changes for non-admitted patients being treated on assessment units;
- (g) opportunities were being explored for achieving efficiencies by reducing patient length of stay and assessing the correlation between length of stay and readmission rates;
- (h) good progress was being made with improving the quality and timeliness of discharge letters and the ICE system was expected to be fully implemented by August 2011. Focused work continued to address GP concerns relating to outpatient letters;
- (i) continued improvement in respect of VTE assessments was being supported by the implementation of an electronic reporting system in Pathology on 1 June 2011;
- (j) appraisals performance appeared to have peaked at around 90% and an increased focus on CBU action plans was being driven by regular discussion at Divisional Board meetings. An update would be included within the Quality and Performance report to the 7 July Trust Board in this respect, and
- (k) the Trust's disappointing month 1 financial position, reflecting patient income below plan, a shortfall in CIP progress and the continued use of significant levels of agency staff and the Trust's timeline for recovery plans. A focused workshop on developing the Divisions' approach to forecasting was scheduled to be held on 3 June 2011. The Finance and Performance Committee would also be analysing the Divisional forecasts and assessing any opportunities to bring forward management action.

In discussion on the month 1 report, the Trust Board noted:-

- (1) a query from the Director of Strategy regarding stroke performance that had been expected to improve when the stroke facilities had transferred to the LRI. The Chief Operating Officer/Chief Nurse noted the impact of stroke service patient flows, pathways and availability of community rehabilitation facilities upon the Trust's performance and advised that these issues were being appropriately escalated to commissioners;
- (2) (in response to a request by the Director of Strategy) a progress update in respect of improvements in day case performance, since the temporary dedicated Day of Surgical Admission (DOSA) unit had been opened and the aim to develop more permanent arrangements in this respect;
- (3) an opportunity highlighted by the Director of Communications and External Relations for appropriate recognition of staff interventions in improving patient experience and the view of the Chief Operating Officer/Chief Nurse that a more rounded approach would be appropriate in a few months' time;
- (4) a query raised Mr R Kilner, Non-Executive Director, regarding the development of organisational targets for readmissions. The Medical Director confirmed that the operational definition had now been agreed and the targets (as set out within UHL's Quality Strategy) would be in place by July 2011. The Chief Operating Officer/Chief Nurse also noted the requirement for detailed action plans to reduce readmissions to be presented to the Quality and Performance Management Group;
- (5) in response to a comment by the Director of Strategy regarding potential dips in VTE performance during the implementation phase of electronic reporting, the Medical Director confirmed that dual reporting would be in place during the transitional period;
- (6) a query raised by Mr D Tracy, Non-Executive Director, regarding Divisional compliance with using the recognised framework agencies to provide agency staff cover. The Director of Human Resources briefed the Board on the arrangements for HR business partners to extend the framework agreement from 4 to 6 providers where good reasons existed;
- (7) a suggestion from Mrs K Jenkins, Non-Executive Director, that the Audit Committee might consider undertaking a review of the arrangements for authorisation of medical agency use and the process for complying with the procurement framework, and
- (8) a query from Mr P Panchal, Non-Executive Director, regarding the availability of length of stay data for agency staff working within the Trust. The Director of Human Resources noted that the agencies themselves might be able to provide this information on request.

Resolved – that (A) the quality, finance and performance report for month 1 (month ending 30 April 2011) be noted;

(B) issues relating to stroke service patient flows, pathways and availability of rehabilitation facilities in the community to be escalated to the Trust's commissioners by the Chief Operating Officer/Chief Nurse;

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/CN

(C) the Medical Director and Chief Operating Officer/Chief Nurse be requested to arrange for detailed plans to reduce readmissions to be reviewed by the Quality and Performance Management Group and assurance provided to the Trust Board, and

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(D) an update on staff appraisal performance be included within the Quality and Performance report to be provided to the Trust Board on 7 July 2011.

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STA

143/11/7 Finance and Performance Committee

Paper K provided the Minutes of the Finance and Performance Committee meeting held on 27 April 2011 and paper K1 summarised the content of the Finance and Performance Committee meeting held on 25 May 2011.

Resolved – that (A) the Minutes of the Finance and Performance Committee meeting held on 27 April 2011 (paper K) be received and the recommendations and decisions therein endorsed and noted respectively, and

(B) the Minutes of the Finance and Performance Committee meeting held on 25 May 2011 be submitted to the Trust Board on 7 July 2011.

144/11 **GOVERNANCE – MEMBERSHIP DEVELOPMENT STRATEGY**

Further to consideration at the Trust Board Development Session held on 6 January 2011, the Director of Communications and External Relations introduced the revised Membership and Development Strategy (paper L refers). The PPI and Membership Manager also attended the meeting for this item. The Director of Communications and External Relations particularly drew members' attention to the significant input by Mr P Panchal, Non-Executive Director, the Director of Corporate and Legal Affairs and the PPI and Membership Manager in describing the role of the public Governor in the first 12 months of becoming a Foundation Trust. The Board was invited to endorse the revised membership strategy including the proposed role of the Governor, the introduction of a tiered membership (as detailed in appendix 1 on page 29) and the cessation of the Patient Adviser role at the point when the Council of Governors would become active.

In discussion on the strategy, Trust Board members:-

- (a) queried the clause in respect of the Council of Governors leading by example in demonstrating active participation in the day to day business of the Trust (as referenced on page 23) and requested the Director of Communications and External Relations to arrange for this clause to be removed from the strategy;
- (b) sought clarity regarding how the model would sit alongside the membership strategies of PCTs and the scope for GP engagement resources;
- (c) noted the advice of the Director of Communications and External Relations that the strategy might be required to change in line with any developments arising from the ongoing Health and Social Care Bill listening exercise, and
- (d) recorded an appreciation of the valuable contributions by Patient Advisers, noting an understanding of their disappointment in the proposed cessation of their role and expressing a wish to continue to seek their support in the future.

DCER

Resolved – that (A) the Director of Communications and External Relations be requested to remove the clause in respect of active participation by the Council of Governors in the day to day business of the Trust, and

DCER

(B) subject to the above amendment, the membership and development strategy be supported.

DCER

145/11 **STRATEGY – FT/IBP/LTFM MONTHLY UPDATE**

The Director of Strategy introduced paper M, an update on the progress of UHL's FT

application and strategic business planning process. She advised that a report on the outputs of the Ernst and Young HDD1 report would be presented to the 7 July Trust Board meeting. She also provided some positive feedback on the review process received from Ernst and Young and thanked all staff involved.

Resolved – that the FT/IBP/LTFM monthly update and subsequent discussion be noted.

146/11 RISK – STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

Further to Minute 121/11/2 of 5 May 2011, paper N provided an interim update on the process for reviewing the format and content of the SRR/BAF prior to submission of the first finalised version to the Board on 7 July 2011 and monthly thereafter. Appendix 1 to paper N provided a draft copy of the 2011-12 SRR/BAF for the Board's consideration.

In discussion on this item members:-

- (a) recognised that further refinements were still required to the draft SRR/BAF, but agreed that the overall format provided greater definition and proportionality relating to the Trust's key strategic risks;
- (b) sought clarity regarding the risk mapping arrangements between this version and the previous version of the SRR/BAF and queried whether the risks surrounding business continuity and skills shortages had been appropriately transferred to the new format report. In response, the Medical Director undertook to present evidence of the risk mapping exercise that had been undertaken; **MD**
- (c) requested the Medical Director to review the SRR/BAF with Executive Team colleagues and, pending submission of the updated SRR/BAF to the Trust Board on 7 July 2011, escalate appropriate risks to the Trust Board on an interim basis; **MD/ET**
- (d) noted that the organisational risk register had already been reviewed by the Governance and Risk Management Committee, and
- (e) agreed that the Governance and Risk Management Committee (GRMC) and the Finance and Performance Committee (FPC) would consider undertaking a detailed review of the risks specific to the nature of their Committees. **GRMC/
FPC**

Resolved – that (A) the finalised SRR/BAF be presented to the Trust Board on 7 July 2011; **MD**

(B) the Medical Director be requested to review the SRR/BAF with the Executive Team in the first instance, pending submission of the updated SRR/BAF to the Trust Board on 7 July 2011, and escalate appropriate risks to the Trust Board on an interim basis; **MD**

(C) the Medical Director be requested to present a document demonstrating the mapping arrangements between the original and revised formatted versions of the SRR/BAF, when presenting the final updated version to the Board on 7 July 2011; **MD**

(D) the GRMC and FPC be requested to consider undertaking a detailed review of the risks specific to the nature of their Committees. **GRMC/
FPC**

147/11 REPORTS FROM BOARD COMMITTEES

147/11/1 Audit Committee

Resolved – that the Minutes of the Audit Committee meeting held on 31 May 2011 be submitted to the Trust Board on 7 July 2011.

147/11/2 Governance and Risk Management Committee (GRMC)

The Board received and noted the Minutes of the GRMC meeting held on 28 April 2011 (paper O), noting that there were no formal recommendations to be endorsed.

Paper O1 provided a summary of the issues considered by the GRMC at the meeting held on 26 May 2011 and members noted the following additional verbal information:-

- (a) the Medical Director provided an update on the development of appropriate medical workforce metrics, noting that the GRMC reporting process would commence in July 2011;
- (b) the Chief Operating Officer/Chief Nurse advised that information on the extended nursing metrics would be provided to the 7 July 2011 Trust Board, and
- (c) a further presentation in respect of perinatal mortality indicators was to be provided to the GRMC in September 2011 (when the 2010 data was expected to be available).

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Resolved – that (A) the Minutes of the Governance and Risk Management Committee meeting held on 28 April 2011 (paper O) be received and noted;

(B) the Chief Operating Officer/Chief Nurse be requested to include information on the extended nursing metrics within the Quality and Performance report to the Trust Board on 7 July 2011, and

COO/
CN

(C) the Minutes of the Governance and Risk Management Committee meeting held on 26 May 2011 (discussion subjects as listed on the covering sheet at paper O1) be submitted to the Trust Board on 7 July 2011.

STA

147/11/3 UHL Research and Development Committee

The Trust Board endorsed the recommended Research Support Services Operational Capability Statement, which was appended to the Minutes of the meeting held on 9 May 2011 (paper P). Members noted the dynamic nature of this document and that any subsequent minor amendments would be notified to the Trust Board by the Chief Executive, through the Minutes of the UHL Research and Development Committee.

CE

In his capacity as Chairman of the UHL Research and Development Committee, the Trust Chairman highlighted the progress of UHL's three shortlisted applications for Biomedical Research Units (BRUs) and the developing arrangements for the final presentations to be held on 22 July 2011. The Chief Executive also provided an insight into expected changes on a national level relating to existing Biomedical Research Units and Biomedical Research Centres. The Trust Chairman recorded his thanks to the Chief Executive and Professor Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School, for their significant contributions towards UHL's progress in this respect.

Resolved – that the Minutes of the UHL Research and Development Committee meeting held on 9 May 2011 (paper P) be received, and the recommendations and decisions therein be endorsed and noted respectively.

147/11/4 Workforce and Organisational Development Committee (WODC)

Resolved – that the Minutes of Workforce and Organisational Development Committee meeting due to be held on 4 July 2011 be submitted to the Trust Board on 4 August 2011.

JW,
NED/
TA

148/11 CORPORATE TRUSTEE BUSINESS

148/11/1 Charitable Funds Committee

Resolved – that the Minutes of Charitable Funds Committee meeting due to be held on 6 June 2011 be submitted to the Trust Board on 7 July 2011.

CHAIR/
TA

149/11 TRUST BOARD BULLETIN

Resolved – the report on the Bribery Act 2010 circulated with the 2 June 2011 Trust Board Bulletin (paper Q) be noted.

150/11 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANACTED AT THIS MEETING

The following query was received regarding the business transacted at the meeting:-

- (1) whether sufficient attention was focused upon recording the implications for patient and public involvement (PPI) when preparing the Trust Board covering proformas. The questioner noted that some of the reports considered at today's meeting did have implications for PPI engagement although these were not referenced on the proforma. It was agreed that report authors would be asked to consider this issue more carefully and ensure that the reporting proforma was completed appropriately.

ALL

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

151/11 DATE OF NEXT MEETING

Resolved – that (A) the next ordinary Trust Board meeting be held on Thursday 7 July 2011 at 10am in Conference Rooms 1A & 1B, Gwendolen House, Leicester General Hospital site, and

(B) it be noted that an extraordinary meeting of the Trust Board will be held on the morning of 23 June 2011 in Conference Rooms 1A & 1B, Gwendolen House, Leicester General Hospital.

152/11 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 153/11 – 164/11), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

153/11 DECLARATION OF INTERESTS

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, and on the grounds of personal information (data protection).

154/11 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 5 May 2011 be confirmed as a correct record.

155/11 MATTERS ARISING REPORT

Resolved – that the consideration of the confidential matters arising report 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.

156/11 REPORTS BY THE DIRECTOR OF STRATEGY

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

157/11 REPORT BY THE CHIEF OPERATING OFFICER/CHIEF NURSE

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.

158/11 REPORT BY THE DIRECTOR OF FINANCE AND PROCUREMENT

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.

159/11 REPORT 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 and on the grounds of personal information (data protection).

160/11 REPORT BY THE MEDICAL DIRECTOR

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

161/11 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that the reports from the Chief Operating Officer/Chief Nurse and the Director of Human Resources attached to the confidential Trust Board Bulletin, be noted for information.

162/11 REPORTS FROM REPORTING COMMITTEES162/11/1 Finance and Performance Committee

Resolved – that the confidential Minutes of the Finance and Performance Committee meeting held on 27 April 2011 (paper Z) be received, and the recommendations and decisions therein be endorsed and noted, respectively.

162/11/2 Governance and Risk Management Committee

Resolved – that the confidential Minutes of the Governance and Risk Management Committee meeting held on 27 April 2011 (paper AA) be received, and the recommendations and decisions therein be endorsed and noted, respectively.

163/11 ANY OTHER BUSINESS163/11/1 Restaurant Facilities at the Leicester Royal Infirmary

Following his participation in a safety walkabout carried out on 1 June 2011, Mr R Kilner, Non-Executive Director voiced concern regarding the reduced operating hours of the Leicester Royal Infirmary restaurant. In response, the Director of Strategy noted the availability of vending facilities outside the normal restaurant serving hours and highlighted opportunities to include expanded opening hours within the tender specification for the Facilities Management contract. She undertook to arrange for the signposting arrangements to the vending facilities to be reviewed and enhanced where necessary.

Resolved – that the Director of Strategy be requested to arrange for signposting to the vending facilities to be reviewed and enhanced where necessary.

DS

163/11/2 Interview Panel for Head of Operations Post

The Chief Operating Officer/Chief Nurse provided an update on the interview process for the above post and sought Non-Executive Director members' availability on the 22 and 23 June 2011 to join the interview panel.

Resolved – that Non-Executive Directors be requested to provide their availability for an interview panel on 22 and 23 June 2011 to the Chief Operating Officer/Chief Nurse outside the meeting.

NEDs

163/11/3 Report by the Trust Chairman

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.

164/11 EVALUATION OF THE MEETING

The Chairman invited everyone in turn to provide their real-time evaluation of the meeting and the following comments and suggestions were received:-

(a) good progress had been made generally throughout the business on the agenda,

although a few reports had taken more time to review than expected and this had impacted upon the approximate timings indicated on the agenda. Members were reminded that all reports were deemed to have been read in advance, and there was no need for papers to be read out during the meeting;

- (b) the Membership and Development Strategy had been well received and this might be attributed to good engagement with key stakeholders;
- (c) disappointment was expressed at the non-availability of the NHSLCR/LC paper on LLR Emergency Care and assurance was provided that an appropriate audit trail for this workstream was maintained;
- (d) despite the volume of business on the agenda, the Board had been required to make surprisingly few formal decisions;
- (e) the information provided regarding consideration of papers at other Corporate committees within the covering report proformas had been particularly welcomed;
- (f) some of the reports were considered too lengthy and members queried the balance between helpful and excessive levels of supporting information;
- (g) good examples of executive challenge, improved volume of speakers and speakers making eye contact with members of the press and public were all observed;
- (h) adverse comments regarding the meeting venue and its environment were discussed, including the size and shape of the room, the layout of the furniture and excessive temperature and external noises. The Director of Strategy highlighted potential opportunities to explore the availability of support from the Facilities Department to improve the layout of the furniture prior to future Board meetings;
- (i) noting that the meeting had overrun by approximately 90 minutes, a suggestion was made that an absolute end time be declared in advance of the meeting (to help members prioritise their other commitments);
- (j) a suggestion that consideration be given to holding UHL Trust Board meetings at a variety of venues in the LLR community, to promote better access to patients and members and to support the development of Governors, and
- (k) the process for approval and signing of the statutory accounts had worked well at this meeting.

DS

Resolved – that the Director of Strategy be requested to explore the availability of appropriate support from the Facilities Department to improve the room layout of meeting venues for future Trust Board meetings.

DS

The meeting closed at 4:12pm

Kate Rayns
Trust Administrator