

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 30 MAY 2013 AT 10.30AM IN SEMINAR ROOMS 2 & 3 CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****Present:**

Mr M Hindle – Trust Chairman
 Mr J Adler – Chief Executive
 Ms K Bradley – Director of Human Resources
 Dr S Dauncey – Non-Executive Director
 Dr K Harris – Medical Director (from part of Minute 130/13/1)
 Ms C Ribbins – Acting Chief Nurse
 Ms K Jenkins – Non-Executive Director
 Mr R Kilner – Non-Executive Director
 Mr P Panchal – Non-Executive Director
 Mr I Reid – Non-Executive Director
 Mr A Seddon – Director of Finance and Business Services
 Ms J Wilson – Non-Executive Director

In attendance:

Ms E Brookhouse – Registered Nurse, Ward 34, LRI (for Minute 139/13/2)
 Colonel I Crowe – Non-Executive Director Designate (observing)
 Mrs K Rayns – Trust Administrator
 Ms C Rogers – Ward Sister, Ward 34, LRI (for Minute 139/13/2)
 Ms S Schultka – Health Care Assistant, Ward 34, LRI (for Minute 139/13/2)
 Mr J Tozer – Interim Director of Operations
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Marketing and Communications

ACTION**122/13 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 122/13 – 133/13), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

123/13 APOLOGIES

Apologies for absence were received from Dr T Bentley, Leicester City CCG Representative, Dr D Jawahar, Leicester City CCG Representative and Professor D Wynford-Thomas, Non-Executive Director.

124/13 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

125/13 CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

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

126/13 CONFIDENTIAL MINUTES

Resolved – that subject to an amendment to Minute 100/13/1 (to remove the word ‘fortuitous’) the confidential Minutes of the Trust Board meeting held on 25 April 2013 be confirmed as a correct record.

127/13 **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.

128/13 **REPORT BY THE CHIEF EXECUTIVE**

Resolved – that there were no reports relating to confidential items of business provided by the Chief Executive.

129/13 **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.

130/13 **REPORTS BY THE DIRECTOR OF COMMUNICATIONS AND EXTERNAL RELATIONS**

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.

131/13 **REPORT BY THE DIRECTOR OF HUMAN RESOURCES**

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

132/13 **REPORTS FROM BOARD COMMITTEES**

132/13/1 Audit Committee

Resolved – that the confidential Minutes of the 28 May 2013 Audit Committee meeting be presented to the Trust Board on 27 June 2013.

132/13/2 Empath Programme Board

Resolved – that the confidential Minutes of the 22 April 2013 Empath Board meeting and the consolidated Director’s report (papers G and G1) be received and noted.

132/13/3 Finance and Performance Committee

Resolved – that the confidential Minutes of the Finance and Performance Committee meeting held on 24 April 2013 (paper H) be received and noted.

132/13/4 Remuneration Committee Minutes

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

133/13 **CORPORATE TRUSTEE BUSINESS**

133/13/1 Charitable Funds 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.

134/13 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

135/13 CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

The Chairman welcomed Ms C Ribbins, Acting Chief Nurse, Dr S Dauncey, Non-Executive Director and Colonel I Crowe, Non-Executive Director designate to the meeting and drew the Board's attention to the following issues:-

- (a) the appointment of Dr S Dauncey and Colonel I Crowe as Non-Executive Directors effective from 1 June 2013 and 1 July 2013 (respectively) to replace Mr D Tracy who had stepped down at the end of March 2013 and Mr I Reid who had elected to step down at the end of June 2013;
- (b) Ms J Wilson, Non-Executive Director would assume the role of Interim Vice-Chair with effect from 1 July 2013, succeeding Mr I Reid and combining this role with the role of Senior Independent Director;
- (c) Mr R Kilner, Non-Executive Director would assume the role of Finance and Performance Committee Chair with effect from 1 July 2013;
- (d) Dr S Dauncey would become a member of the Quality Assurance Committee with immediate effect;
- (e) Colonel I Crowe would become a member of the Finance and Performance Committee with effect from 1 July 2013;

The Chief Executive noted the following changes to the Trust's Executive Director establishment:-

- (f) Mr J Tozer, Interim Director of Operations would be leaving the Trust on 7 June 2013 to take up a position in Liverpool. The Board recorded an appreciation of Mr Tozer's contributions to the Trust during his interim appointment;
- (g) the appointment of Mr R Mitchell as Chief Operating Officer. Mr Mitchell was the Chief Operating Officer at Doncaster and Bassetlaw NHS Foundation Trust and he would be joining the Trust in July 2013;
- (h) the appointment of Ms R Overfield as UHL's Chief Nurse. The Chief Executive advised that he had worked with Ms Overfield for 6 years in her previous role as Chief Nurse for Sandwell and West Birmingham NHS Trust and he commended her impressive performance as an effective Chief Nurse with strong values, and
- (i) an advertisement and executive search was underway to recruit a Director of Strategy and it was hoped that an appointment would be made by mid-July 2013 with a commencement date in early Autumn 2013.

Finally, the Chairman announced that he had recently accepted the role as Chairman for the East Midlands Academic Health Science Network (EMAHSN) and he would be stepping down as UHL Chairman after 7 years. Members noted that he would be taking up this new post with immediate effect and stepping down from his role as UHL Chairman by the end of September 2013 (subject to TDA approval). The Chief Executive expressed his respect for the Chairman's decision and commented upon future opportunities for UHL to collaborate and engage with the EMAHSN to improve the health and wellbeing of patients.

Resolved – that (A) the verbal information provided by the Chairman and the Chief

Executive be received and noted, and

(B) the recommended changes itemised in notes (b) to (d) above be endorsed.

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136/13 MINUTES

Resolved – that the Minutes of the Trust Board meeting held on 25 April 2013 (paper K) be confirmed as a correct record.

137/13 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 noted updated information in respect of the following Minutes:-

- (a) Minute 112/13/1 – the Director of Finance and Business Services would include an update on the Executive Team’s review of cost pressures later in the meeting (Minute 142/13/1 below refers);
- (b) Minute 114/13/3 – an update on the arrangements to improve handover times for ambulance transfers was provided within the Emergency Care report (paper W1 refers);
- (c) Minute 116/13/1 – the Chief Executive advised that a new Board Assurance Framework was being populated for presentation to the 27 June 2013 Trust Board meeting;
- (d) Minute 73/13/3 – a report on the LLR Health Economy response to the Francis Inquiry would be presented to the 27 June 2013 Trust Board meeting, and
- (e) Minute 73/13/3 – an update on improvements in patient experience relating to Sickle Cell disease would be provided in the October 2013 Trust Board bulletin.

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

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138/13 FORMAL ADOPTION OF THE ANNUAL ACCOUNTS 2012-13

138/13/1 UHL Statutory Accounts 2012-13 and Management Response to the ISA 260 Report

Paper M invited Trust Board approval for the 2012-13 annual accounts and signature of the related statements as itemised on the agenda. In considering the annual accounts for 2012-13, the Trust Board reviewed the accounts themselves, UHL’s management response to the External Audit’s ISA 260 report, the proposed Letter of Representation, and the Trust’s Annual Governance Statement for 2012-13.

The Director of Finance and Business Services highlighted the key points within the 2012-13 annual accounts, noting the Trust’s performance against its statutory and administrative targets. The target for the Better Payments Practice Code target had been consciously not met due to actions agreed within the Trust’s liquidity plan and therefore represented a managed position. The Director of Finance and Business Services confirmed the unqualified Audit opinion and the Annual Governance Statement (presented separately below) and commended the annual accounts for signature and onward submission to KPMG (the Trust’s External Auditors) for onward submission to the Department of Health as required.

138/13/2 Annual Governance Statement 2012-13

Paper N provided the draft Annual Governance Statement 2012-13 (as circulated with the agenda and papers on 24 May 2013). However, the Audit Committee had reviewed the Annual Governance Statement at its meeting on 28 May 2013 and recommended a number of changes. A marked-up copy of the document was tabled at the meeting highlighting the changes recommended, alongside the finalised version for members’ approval.

138/13/3 Audit Committee Consideration of UHL's Annual Accounts and AGS 2012-13

Ms K Jenkins Non-Executive Director confirmed that the 28 May 2013 Audit Committee had also reviewed the Annual Accounts, Annual Governance Statement and related documents for 2012-13. She confirmed that the Audit Committee had accepted the unqualified Audit opinion provided and agreed that the changes to the Annual Governance Statement as requested by the Audit Committee were appropriately reflected in the revised version (as tabled at today's meeting).

138/13/4 Letter of Representation

Paper O confirmed the process for Audit Committee and Trust Board consideration of the Letter of Representation and copies of the proposed Letter of Representation were tabled at the meeting. The Director of Finance and Business Services and Ms K Jenkins, Non-Executive Director both provided assurance that the Letter of Representation contained no unusual items to be drawn to the Board's attention and they recommended that the Letter of Representation be signed by the Director of Finance and Business Services and the Chief Executive, which was supported by the Trust Board.

Resolved – that (A) the statutory exchequer accounts for the year ending 31 March 2013 be approved as presented;

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(B) authorisation be given for the signing of the following statements (in non-black ink) (*signatories are shown in brackets*):-

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(1) Statement of Directors' responsibilities in respect of Internal Control (*Chief Executive*);

(2) Annual Governance Statement 2012-13 (*Chief Executive*);

(3) Directors' Statements – Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust (*Chief Executive*), and Statement of Directors' Responsibilities in respect of the accounts (*Chief Executive, and the Director of Finance and Business Services*);

(4) Balance Sheet (*Chief Executive*);

(5) Letter of Representation (*Chief Executive and the Director of Finance and Business Services*);

(C) the statutory accounts 2012-13 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.

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139/13 **CLINICAL QUALITY AND SAFETY**139/13/1 Update on the Safe and Sustainable Review of Paediatric Cardiac Surgery

Further to Minute 111/13/1 of 25 April 2013, the Director of Marketing and Communications reported orally on the successful legal challenge of the review process by the Leeds centre for paediatric cardiac surgery and the request made by NHS England seeking leave to appeal against this decision. Discussion took place regarding the arrangements for implementation of "option B" which were proceeding in parallel with UHL's clinically based challenge of the decision via the submission of evidence to the Independent Reconfiguration Panel.

Dr S Dauncey, Non-Executive Director sought and received additional details surrounding the nature of UHL's clinical challenge. In response, the Chief Executive outlined some of the clinical risks, transitional risks and the presentation of an alternative solution which might mitigate these risks.

The Director of Marketing and Communications agreed to circulate a copy of a letter from UHL's clinicians to the Secretary of State dated 29 May 2013. He was also requested to convey the Board's appreciation to the clinicians, parents and staff for their support throughout the review process. DCM
DCM

Resolved – that (A) the verbal information on the Safe and Sustainable review of Paediatric Cardiac Surgery be received and noted and further updates be provided to the Board as appropriate, and MD/
DCER

(B) the Director of Marketing and Communications be requested to:-
(1) circulate a copy of a letter from UHL clinicians to the Secretary of State to Trust Board members for information, and DCM
(2) arrange for the Board's recognition and appreciation to be conveyed to the clinicians, parents and staff for their support throughout the Safe and Sustainable review process. DCM

139/13/2 Contrasting Experiences

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

- (a) a summary of the challenges and interventions implemented to support improved patient nutrition across the Trust. Trust Board members particularly noted the standardisation of nursing documentation, implementation of nutritional metrics, the "Steamplicity" patient meals introduced recently by Interserve, and the red tray system for patients requiring additional support at mealtimes, and
- (b) a presentation by staff from Ward 34 at the Leicester Royal Infirmary demonstrating ways in which the patient mealtime experience had been enhanced through improved organisation of workload and break times, staff involvement in menu planning, and the red and amber dot alert system to indicate whether patients required full support with their meals or prompting to eat them. The Chairman thanked the staff from Ward 34 for attending to provide this valued presentation and demonstrating their compassionate desire to provide good quality patient care.

The Acting Chief Nurse highlighted one of the presentations arising from the leadership celebration event held on 29 May 2013, advising that a DVD on tissue viability and reducing hospital acquired pressure ulcers would be presented to the Trust Board on 27 June 2013. ACN

Resolved – that (A) the presentation and subsequent discussion on contrasting experiences at UHL be received and noted, and

(B) the Acting Chief Nurse be requested to include a DVD presentation on reducing pressure ulcers in the contrasting experiences presentation to the Trust Board on 27 June 2013. ACN

139/13/3 Care Quality Commission's New Strategy

The Medical Director introduced paper Q providing a summary of the main changes arising from the CQC's new strategy for 2013-16 "Raising Standards, Putting People First". The full strategy document was appended to the report as appendix A. He particularly drew the Board's attention to the appointment of a Chief Inspector of Hospitals and the arrangements to re-focus the way that hospitals were inspected, moving away from generic inspections and developing dedicated specialist inspection teams.

Responding to a query from Dr S Dauncey, Non-Executive Director, the Medical Director voiced his view that the changes were broadly positive and should reduce the need for

factual accuracy corrections following each inspection. However, he expressed slight reservations about the ambitious nature of the plans and the arrangements to build CQC capacity. The Acting Chief Nurse echoed the Medical Director's comments and provided feedback from a recent inspection relating to mental health issues, where the inspection team had been well-informed and had supported a constructive 2 way dialogue throughout the inspection process.

Resolved – that the update on the CQC's new strategy for 2013-16 be received and noted.

140/13 HUMAN RESOURCES

140/13/1 Listening into Action (LiA)

Further to Minute 113/13/1 of 25 April 2013, the Chief Executive introduced paper R providing a progress update on the adoption of Listening into Action at UHL and he recorded his acknowledgement of the work undertaken by the Director of Human Resources and her team in commencing the LiA implementation work prior to the appointment of the LiA leadership team. Trust Board members particularly noted that:-

- (a) the Pulse Check survey results (provided in appendix 1) had revealed some key areas with scope for improvement;
- (b) as requested at the last Board meeting, some comparative data was provided from another Trust to demonstrate the type of improvements expected from the baseline Pulse Check data;
- (c) the 6 LiA staff events (held between 30 April and 9 May 2013) had been well attended by over 500 members of staff;
- (d) the events had been evaluated as excellent by 93% of attendees;
- (e) staff had demonstrated a tremendous desire to improve things and a wide range of good ideas had been put forward for consideration as "quick wins", "enabling our people schemes" and "the first 12 LiA teams", and
- (f) a number of suggestions had been received from staff in respect of IT systems and procurement. Whilst these issues were already being developed as major projects, arrangements were in hand to incorporate the LiA approach within these projects.

Mr R Kilner, Non-Executive Director sought and received assurance regarding the interaction between LiA and Interserve, noting that Mr S McPherson, Interserve's Transformation Manager was a member of the LiA Sponsor Group and that any bids for Facilities Management related funding or resources would be processed in the usual way.

Resolved – that the update on Listening into Action implementation arrangements (paper R) be received and noted.

141/13 STRATEGY AND FORWARD PLANNING

141/13/1 LLR Better Care Together Governance Structure

The Chief Executive presented paper S, which provided a progress report on the development of the governance structure for the LLR Better Care Together Programme. He particularly noted the significant changes in leadership and re-structuring of the work streams implemented recently to ensure that the Programme was fit for purpose. He advised that a senior Programme Director was due to be appointed (hosted by UHL). In the meantime, a 6 month interim appointment had already been made.

Discussion took place regarding the work streams structured under (1) Urgent Care, (2) Planned Care and (3) Long Term Conditions. Responding to a query raised by Ms K Jenkins, Non-Executive Director, the Chief Executive advised that the FT Programme Board

would undertake a review of the Better Care Together timescales to ensure that they would align with the milestones for UHL's Foundation Trust trajectory (as set out in the annual operational plan 2013-14).

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Resolved – that (A) the report on the Better Care Together Governance Structure be received and noted, and

(B) the FT Programme Board be requested to review the timescales to ensure that they aligned with the Trust's FT trajectory

CE/ESB

141/13/2 Sustainability Plan

Further to Minute 75/13/4 of 28 March 2013, the Director of Finance and Business Services introduced paper T which provided an initial set of sustainability outcomes for consideration. Members commented that the proposed vision statement appeared to be somewhat negative and the report lacked evidence of any external engagement. The Director of Finance and Business Services was requested to arrange for a more substantial report to be presented to the July 2013 Trust Board meeting to incorporate a detailed project plan and specify potential budget requirements.

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Mr P Panchal, Non-Executive Director advised that he had recently attended a workshop on the development process for the Sustainability Plan, but this event had not been well attended.

Resolved – that (A) the progress report on UHL's Sustainability Plan (paper T) be received and noted, and

(B) the Director of Finance and Business Services be requested to arrange for more detailed proposals to be presented to the July 2013 Trust Board meeting.

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142/13 **QUALITY AND PERFORMANCE**

142/13/1 Month 1 Quality and Performance Report

Paper U, the quality and performance report for month 1 (month ending 30 April 2013) advised of red/amber/green (RAG) performance ratings for the Trust, and set out performance exception reports in the accompanying appendices.

Ms J Wilson, Non-Executive Director and Quality Assurance Committee (QAC) Chair reported on the following items considered at the 21 May 2013 QAC meeting:-

- concerns raised regarding the software for the electronic prescribing and medicines administration (ePMA) system currently being implemented across the Trust. Increased user numbers had resulted in users being "deadlocked" out of the system. The software providers (CSC) had now added a "patch" to rectify the fault, but a close watching brief was being maintained as the system continued to be rolled out within the Acute Care Division. A review of the lessons learned from this issue would be undertaken and fed back to the Quality Assurance Committee accordingly;
- issues arising from consideration of the Annual Patient Experience Report for 2012-13;
- a presentation received from the Planned Care Division on complaints performance and confirmation that proposals for a review of the UHL complaints system (as considered by the Executive Team on 21 May 2013) would be circulated to Quality Assurance Committee members for information;
- assurance provided to the Committee regarding the nursing workforce position and the measures in place to mitigate against any shortfall in staffing ratios, and
- the Never Event (as reported to the Trust Board on 25 April 2013) involving an incorrect prosthetic knee replacement being implanted in a patient. This error was detected and

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the correct prosthesis had been implanted prior to the surgery being completed.

The Acting Chief Nurse highlighted key elements from the patient experience section, particularly noting:-

- (a) the work being undertaken as part of the “Putting People First” initiative. A conference and workshop had been held and it was agreed that the Acting Chief Nurse would liaise with the Director of Human Resources to consider ways in which the “Putting People First” initiative might interface with UHL’s Organisational Development Plan and Listening into Action; ACN/
DHR
- (b) the challenging C Diff target set for 2013-14 of no more than 67 cases with a financial penalty of £50,000 for every patient above this year end trajectory. Discussions were being held with Commissioners regarding the funding of an alternative antibiotic prescribing regime; ACN
- (c) the Trust’s overall Friends and Family Test NET promoter score stood at 66.4 and the target to achieve greater than 15% inpatient coverage had been achieved. Plans to improve the coverage within ED were being implemented which would include a series of touch screens outside the Minor Injuries area, and
- (d) the number of avoidable pressure ulcers had not demonstrated any significant reduction and a detailed report on this area was due to be presented to the Quality Assurance Committee in June 2013. ACN

The Medical Director reported on the quality and patient safety related issues arising from the month 1 Quality and Performance report, advising that UHL’s SHMI mortality data remained within the expected range at 105 for October 2011 to September 2012 and was RAG-rated as amber. Overcrowding in the Emergency Department continued to cause concerns due to excessive levels of emergency attendances, but weekly monitoring arrangements were in place to address any patient safety issues through the ECAT meetings which were chaired by the Chief Executive.

The Interim Director of Operations briefed the Trust Board on the Trust’s month 1 operational performance particularly highlighting the 2013-14 NTDA Quality and Governance Indicators reported in section 2 on page 1 of the Quality and Performance Summary. In line with best practice, the Trust was reporting current month’s performance together with a comparison for the same period in the preceding year. Further indicators would be added to this reporting template once the TDA’s reporting methodology had been appropriately confirmed.

Performance exception reports were provided in respect of the following areas:- (1) RTT non admitted standards for Orthopaedics, ENT, Ophthalmology and Maxillo-Facial services and the admitted standard for Ophthalmology (2) Imaging 6 week waits; (3) 62 day cancer target, and (4) cancelled operations. A separate report on ED performance was provided at paper W1 (Minute 142/13/2 below refers).

Particular discussion took place surrounding the Trust’s performance in respect of Imaging 6 week waits and the actions being undertaken to understand the demand and capacity issues, management arrangements for waiting lists and the short term actions required to regain control of the 6 week target. Members requested that the action plan appended to this exception report be populated with timescales. IDO

The Director of Human Resources reported on the workforce related issues arising from the month 1 Quality and Performance report, advising that the appraisals rate for April 2013 stood at 90.9% against the new internal target of 95%. Reminders had been provided to the Corporate Directorates regarding the need for timely, good quality staff appraisals. An update on the outcomes of audits to review the quality of staff appraisals would be provided in the quarterly report to the June 2013 Trust Board on workforce related issues. Sickness figures for April stood at 3.9% which was expected to reduce by 0.5% as periods of absence DHR

were closed down. The 12 month rolling sickness figure had reduced to 3.4% which indicated that UHL was the best performing Trusts within the East Midlands in terms of sickness.

Further to a query raised at the 29 May 2013 meeting of the Finance and Performance Committee, the Director of Human Resources confirmed that 660 members of staff had transferred to Interserve in March 2013 and that staff turnover was calculated on a rolling 12 month basis. Excluding the impact of staff transferring to Interserve, the Trust's actual turnover for April 2013 had been 8%.

In respect of the Trust's financial performance, Mr I Reid, Non-Executive Director and Chairman of the Finance and Performance Committee noted that the Trust was reporting a deficit of £1m for April 2013 which was £0.6m adverse to the planned £0.4m deficit. The month 1 position also included £1.3m of the contingency assumed within the Annual Operational Plan. Patient care income was £0.4m adverse to plan and operating expenditure was £0.7m adverse. £1.9m of the planned £2.5m CIP savings had been delivered in-month. Pay expenditure for month 1 was £0.8m adverse to plan as a result of continued use of extra capacity wards and an increase in premium non-contracted payments for Medicine and ED staffing to manage the flow of patients through ED. Non-pay costs were £0.1m favourable to plan and capital expenditure was £1.1m representing 61% of the plan year to date.

Discussion had taken place at the Finance and Performance Committee on 29 May 2013 surrounding the timing of Quality Assurance Committee meetings relative to the availability of the Quality and Performance data. Ms J Wilson, Non-Executive Director reported that arrangements were in hand to reschedule the Quality Assurance Committee meeting dates to address this issue with effect from July 2013.

The Director of Finance and Business Services added that aspects of the new tariff were still being embedded and the Trust's final validated income position was likely to be £0.25m higher than the reported figure. Table 4 on page 21 of the Quality and Performance summary highlighted the price and volume variances across the point of delivery and emphasised the risks identified within the Annual Operational Plan for 2013-14. Expenditure and pay controls had been centralised where appropriate and the Executive Team continued to focus upon achieving a reduction of non-contracted premium pay expenditure relative to the substantive appointments being progressed. Opportunities were being developed for new CIP schemes to replace any areas of potential non-delivery. No allowance had been made within the financial plan for the risk of performance fines and the Director of Finance and Business Services had agreed to produce a summary of the structure of performance fines for the Finance and Performance Committee. He was requested to circulate this report to all Trust Board members. Finally, the Director of Finance and Business Services voiced some concerns regarding the accuracy of Divisional forecasts, confirming that this issue would be addressed through the Divisional Confirm and Challenge meetings.

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Mr R Kilner, Non-Executive Director sought assurance regarding the arrangements to manage the Trust's cash position and the Director of Finance and Business Services agreed to include additional transparency surrounding cash management within the regular financial reporting template. In response to her query, the Director of Finance and Business Services agreed to provide Ms K Jenkins, Non-Executive Director and Audit Committee Chair with a more detailed breakdown of the price and volume variances in patient care activity (ie the next tier of information down from that provided in table 4 on page 21 of paper U).

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The Chief Executive summarised that month 1 had not represented a satisfactory start to the new financial year and he would be writing a note to remind the management team of their responsibilities surrounding appropriate financial management and control. Mr P Burns, the Trust's Head of CIP Delivery was co-ordinating CIP monitoring, but there was

further work to be done by budget holders to deliver the savings required.

Resolved – that (A) the quality and performance report for month 1 (month ending 30 April 2013) be noted;

(B) proposals for a review of the UHL complaints system be circulated to Quality Assurance Committee members;

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(C) the Acting Chief Nurse be requested to liaise with the Director of Human Resources to consider ways in which the “Putting People First” initiative would interface with UHL’s OD Plan and LiA;

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(D) a further report on the roll out of ePMA be presented to the Quality Assurance Committee;

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(E) outcomes from the audit of the quality of staff appraisals be included in the quarterly report on workforce related issues to be presented to the 27 June 2013 Trust Board meeting;

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(F) arrangements to protect and manage UHL’s cash flow be incorporated into the Quality and Performance reporting mechanism;

DFBS

(G) the Director of Finance and Business Services be requested to provide Ms K Jenkins, Non-Executive Director, with the requested additional detail relating to price and volume variances in patient care income;

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(H) the Minutes of the 16 April 2013 Quality Assurance Committee meeting (paper V) be received and noted, and

(I) the Minutes of the 24 April 2013 Finance and Performance Committee meeting (paper V1) be received and noted.

142/13/2 Monthly Update on Emergency Care

The Chief Executive introduced paper W summarising recent progress with UHL’s Emergency Care performance and providing a briefing upon national developments. A copy of a letter dated 9 May 2013 from NHS England was appended to the report confirming the mandated production of whole system recovery plans to deliver the A&E 4 hour operational standard. He briefed the Board on key issues surrounding the establishment of Urgent Care Boards and the review of the Emergency Care Network by Right Place Consulting. Recent improvements had begun to be demonstrated surrounding bed availability in the system, and recruitment efforts were being strengthened to address gaps in medical staffing. Other workstreams being progressed included a revised approach to the Elderly Frailty Unit, daily Consultant ward rounds, single front door model of care and rehabilitation beds in the community.

The Interim Director of Operations presented paper W1 detailing UHL’s ED performance and providing a copy of the Emergency Care Action Team (ECAT) action plan. The ECAT meetings were held weekly and the Interim Director of Operations undertook to circulate a refreshed version of the action plan outside the meeting. The Board noted that the new ED management structure was working well. Discussion took place regarding recruitment and retention challenges and potential solutions under consideration by the Executive Team, including premium payments, opportunities to support individual Consultant interests, developing trainees and overseas recruitment campaigns.

IDO

Resolved – that (A) the update reports on Emergency Care (papers W and W1) be received and noted, and

(B) the Interim Director of Operations be requested to circulate an updated version of the ECAT action plan outside the meeting.

142/13/3 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns (paper X refers) and welcomed any comments or questions on this report. He noted that the Monitor Licensing Requirements and the Trust Board Statements for April 2013 (appendix B and appendix C) were submitted to the NTDA on 17 May 2013. The Director of Corporate and Legal Affairs agreed to develop the underpinning rationale for the Trust's Monitoring Licensing Requirements and Self Certification forms. The May 2013 Single Operating Model return (appendix A) was endorsed for signature by the Chairman and Chief Executive and submission to the TDA accordingly.

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

CHAIR
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143/13 **GOVERNANCE**

143/13/1 Historical Due Diligence Report – HDD1

The Chief Executive presented paper Y providing a summary of the key findings of UHL's HDD1 review carried out by Ernst and Young in January 2013. He agreed to arrange for the full report to be circulated to Trust Board members for information, confirming that there were no unusual outcomes and the next review (HDD2) was scheduled to be undertaken in March 2014.

Resolved – that the Chief Executive be requested to circulate copies of the full HDD1 report to Trust Board members for information.

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143/13/2 Trust Board Development Programme and Calendar of Business for 2013-14

The Director of Corporate and Legal Affairs introduced paper Z summarising the key points in relation to the Trust's draft Board Development Programme and Board calendar of business for 2013-14. He particularly thanked Ms H Harrison, FT Programme Manager for her help in preparing this report. Appendix A set out the Board Development Programme alongside the key milestones for UHL's FT application and Appendix B provided the draft Trust Board calendar of business for approval. The Trust Board considered this report in detail and made the following observations and comments:-

- (a) monthly Board Development sessions of 4 hours per month had been provisionally scheduled until December 2013, but in some months up to 7 hours of Board development time would be required. It was agreed that the Director of Corporate and Legal Affairs would canvass members' availability for additional sessions as required up to March 2014;
- (b) a 2 hour session on Board effectiveness had been scheduled for July 2013 and Ms J Wilson, Non-Executive Director queried the scope to cover this electively throughout June and July 2013 and incorporate the Board's role in the enactment of the leadership and management standards. The Director of Corporate and Legal Affairs advised that the outcome of the stock take against the Board Governance Memorandum action plan in June 2013 was intended to inform the July 2013 session, alongside feedback from the external reviews of Board Governance conducted by Capsticks and Deloitte and the HDD1 review. In addition, the Board would be considering how it would programme consideration of Board dynamics and compliance with its code of conduct, and

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identifying priorities for future development – how the time would be allocated and how to factor in the Trust Board time out day;

- (c) the Chief Executive made the following suggestions for inclusion in the calendar of business:-
- quarterly update reports from the LLR FMC;
 - bi-annual update reports from Empath;
 - reports on the Trust’s strategies for IT, workforce, and any others deemed relevant;
 - opportunities to separate the quarterly updates on research and development and medical education;
 - scope to strengthen the emphasis on strategic items of business in the formal Board agenda (in addition to the focus at Board development sessions). It was agreed to seek a view from the Trust’s Director of Strategy on this point (once appointed);
- (d) Ms J Wilson, Non-Executive Director welcomed the calendar of business and requested that consideration be given to including:-
- a greater emphasis on the Trust’s Quality and Safety Commitment;
 - regular presentations on contrasting experiences relating to patient quality;
 - quarterly health and safety reports – it was noted that the statutory duties surrounding annual health and safety reporting would be covered within the annual report;
- (e) the Director of Human Resources requested that the bi-annual review of Equality Governance be rescheduled for July and December (instead of April and October);
- (f) the Director of Marketing and Communications noted that approval of the Annual Operational Plan and Trust Priorities was scheduled for March 2014 but he queried the developmental process for this. The Director of Corporate and Legal Affairs confirmed that the development of the AOP would be addressed through the Board Development Programme but agreed to schedule formal Board consideration of the draft AOP during quarter 3.

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Resolved – that (A) the requirements for the Board Development Programme be noted and the Director of Corporate and Legal Affairs be requested to canvass members’ availability to attend additional sessions as required;

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(B) the Director of Corporate and Legal Affairs be requested to adapt the draft Trust Board calendar of business to reflect the comments received at the meeting and circulate a revised version to Trust Board members outside the meeting, and

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(C) the draft Trust Board calendar of business be endorsed, subject to the amendments noted above and the Board’s acknowledgement that this was a live document which would be updated appropriately as and when required.

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144/13 RISK

144/13/1 Board Assurance Framework (BAF) Update

The Medical Director presented the latest iteration of UHL’s BAF (paper AA) particularly highlighting the document provided in appendix 6 – operational risks scoring 15 or above for the period ended 30 April 2013 and the most significant risk, namely, overcrowding in UHL’s ED as a result of high levels of emergency attendances.

The Chairman invited members to consider whether any additional (existing or new) risks required urgent Trust Board consideration, or whether members wished to comment on the 3 risks highlighted for review:-

- risk 3 – inability to recruit, retain, develop and motivate staff. The Director of Human Resources commented on the need to refresh the narrative surrounding this risk;
- risk 6 – failure to achieve FT status, and
- risk 8 – failure to achieve financial sustainability.

Noting the development work underway and that an updated Board Assurance Framework would be presented to the June 2013 Trust Board, the Chief Executive advocated a high level discussion to identify any gaps in risk assurance, rather than a detailed discussion on the substance of the risks and issues highlighted in the report. Discussion took place regarding the Board's role in this respect and it was agreed that the Risk and Assurance Manager would be invited to attend the next Executive Strategy Board to review the principles and objectives to be achieved.

CE/ESB

Resolved – that (A) Board Assurance Framework (presented as paper AA) be received and noted;

(B) the Risk and Assurance Manager be invited to attend the Executive Strategy Board meeting on 4 June 2013 to review the Board Assurance Framework, and

CE/ESB

(C) the refreshed Board Assurance Framework be presented to the 27 June 2013 Trust Board meeting.

MD

144/13/2 Risk Management Policy

The Medical Director presented the UHL Risk Management Policy for Trust Board approval and members particularly supported the option of implementing a quarterly reporting mechanism for all newly identified risks scoring 20 or above.

Resolved – that, subject to the amendment noted above, the UHL Risk Management Policy be endorsed.

145/13 **REPORTS FROM BOARD COMMITTEES**

145/13/1 Audit Committee

Resolved – that the Minutes of the Audit Committee meeting held on 28 May 2013 be presented to the 27 June 2013 Trust Board meeting.

146/13 **CORPORATE TRUSTEE BUSINESS**

146/13/1 Charitable Funds Committee

Mr P Panchal, Non-Executive Director presented the notes of the inquorate meeting of the Charitable Funds Committee meeting held on 17 May 2013, advising that the Director of Research and Development and the Medical Director had now confirmed their support of applications 4436 and 4444.

Resolved – that (A) the notes of the 17 May 2013 Charitable Funds Committee (paper CC) be received and the recommendations contained therein endorsed, and

(B) the Trust Board (as Corporate Trustee) endorsed Charitable Funding Applications 4436 and 4444, in view of the additional supporting information provided by the Director of Research and Development and the Medical Director.

DFBS

147/13 **TRUST BOARD BULLETIN – MAY 2013**

Resolved – that the Trust Board Bulletin report containing declarations of interests

(paper DD) be received for information.

148/13 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following question was received regarding the business on the Trust Board meeting agenda:-

- whether Mr R Kilner, Non-Executive Director would be able to continue his robust challenges in respect of the Trust's Emergency Care performance. Mr Kilner responded that this was his intention and that he would be ably supported by his Non-Executive Director colleagues in this respect.

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

149/13 ANY OTHER BUSINESS

149/13/1 Report 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.

149/13/2 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.

149/13/3 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.

149/13/4 Report by Mr P Panchal Non-Executive 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.

149/13/5 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.

149/13/6 Mr J Tozer – Interim Director of Operations

The Trust Board formally recognised the work of Mr J Tozer during his interim appointment as Director of Operations and wished him well for the future.

Resolved – that the information be noted.

150/13 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 27 June 2013 at

9am in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.

Post Meeting note:

The start time for this meeting was subsequently amended to 10.15am.

The meeting closed at 5.10pm

Kate Rayns,
Trust Administrator

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Hindle (Chair)	3	3	100	P Panchal	3	2	100
J Adler	3	3	100	I Reid	3	3	100
T Bentley*	2	1	50	C Ribbins	1	1	100
K Bradley	3	2	66	A Seddon	3	3	100
S Dauncey	1	1	100	J Tozer*	3	2	66
K Harris	3	3	100	S Ward*	3	3	100
S Hinchliffe	2	2	100	M Wightman*	3	3	100
K Jenkins	3	3	100	J Wilson	3	2	50
R Kilner	3	3	100	D Wynford-Thomas	3	1	33

* non-voting members