

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON FRIDAY 20 DECEMBER 2013 AT 10AM IN SEMINAR ROOMS 2 AND 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Present:

Mr R Kilner – Acting Trust Chairman
Mr J Adler – Chief Executive
Colonel (Retired) I Crowe – Non-Executive Director
Dr K Harris – Medical Director (excluding part of Minute 332/13/2)
Ms K Jenkins – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Ms R Overfield – Chief Nurse
Mr A Seddon – Director of Finance and Business Services
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:

Ms D Baker – Service Equality Manager (for Minute 344/13/1)
Dr T Bentley – Leicester City CCG
Mr N Bond – Capital Projects Manager, NHS Horizons (for Minute 342/13/3)
Ms K Bradley – Director of Human Resources
Mr E Charlesworth – Healthwatch Representative (from Minute 334/13)
Ms H Leatham – Head of Nursing (for Minute 339/13/1)
Mrs K Rayns – Trust Administrator
Ms K Shields – Director of Strategy
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

322/13 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 322/13 – 333/13), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

323/13 APOLOGIES

Apologies for absence were received from Mr P Panchal, Non-Executive Director and Mr I Sadd, Non-Executive Director.

324/13 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Medical Director declared an interest in the business discussed under Minute 332/13/2 below and it was agreed that he would absent himself from the meeting for this discussion.

325/13 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

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

326/13 CONFIDENTIAL MINUTES

Resolved – that (A) subject to a correction to Minute 297/13/1, the confidential Minutes of the 28 November 2013 Trust Board meeting be confirmed as a correct record;

(B) the notes of the 21 November 2013 Trust Board Development Session be confirmed as a correct record, and

(C) the confidential Minutes of the 13 December 2013 Trust Board meeting be submitted to the 30 January 2014 meeting for approval.

DCLA/
TA

327/13 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.

328/13 REPORT 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.

329/13 REPORT BY THE DIRECTOR OF STRATEGY

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

330/13 REPORTS BY THE DIRECTOR OF HUMAN RESOURCES

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

331/13 REPORT BY THE CHIEF OPERATING OFFICER

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.

332/13 REPORT BY THE MEDICAL DIRECTOR

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

333/13 REPORTS FROM BOARD COMMITTEES

333/13/1 Finance and Performance Committee

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.

333/13/2 Quality Assurance Committee

Resolved – that the confidential Minutes of the Quality Assurance Committee meeting

held on 27 November 2013 (paper I refers) be received and noted.

333/13/3 Remuneration Committee

Resolved – that the confidential Minutes of the Remuneration Committee meeting held on 28 November 2013 (paper J refers) be received and noted.

334/13 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

335/13 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

The Acting Chairman welcomed Mr E Charlesworth, Healthwatch Representative to the meeting following his recent illness and he drew members' attention to the following issues:-

- (a) UHL's projected year end deficit was likely to reach £39.8m by 31 March 2014, as a result of the Trust spending more on patient care than it received in income. The drivers for this would be discussed later in the meeting, but stakeholders had recognised that staff were doing the best job possible under difficult circumstances;
- (b) feedback relating to how effectively the NHS (including primary, secondary and intermediate care and social services) was working together in the wider health economy. Joint discussions between UHL and CCG Non-Executive Directors and Lay Members were planned in the New Year to support an increased focus on outputs from the LLR wide Better Care Together Programme, and
- (c) the Board had endorsed the decision that Ms K Shields, Director of Strategy would assume the role of NHS Horizons Board Chair following the January 2014 meeting.

Resolved – that the verbal information provided by the Acting Chairman be received and noted.

336/13 MINUTES

Resolved – that the Minutes of the Trust Board meeting held on 28 November 2013 (paper K) be confirmed as a correct record.

337/13 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 received updated information in respect of the following items:-

- (a) item 1 – Minute 303 of 28 November 2013 – the Chief Executive advised that the business case for UHL's emergency floor had been endorsed by the 3 CCGs. He highlighted ongoing discussions surrounding affordability and the strategy for the local health economy strategy and noted that a report on the required enabling works was due to be presented to the TDA Capital Committee. In parallel, further design work was progressing to provide a modular ward block as this was one of the key enabling schemes;
- (b) item 7 – Minute 306/13/1 of 28 November 2013 – a summary of UHL's Quality and Safety supporting structure was provided in the Assurance and Escalation Framework report (which featured later in the agenda as paper Z). In addition, it was agreed that the Trust Administrator would circulate copies of a report on the structure which had recently been endorsed by the Executive Team;
- (c) item 10 – Minute 308/13/2 of 28 November 2013 – the Director of Marketing and Communications confirmed that further analysis was taking place to differentiate between feedback provided by healthcare professionals and the wider stakeholder

TA

Trust Board Paper M

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| <p>group. This information would be circulated outside the Trust Board meeting once available;</p> | DMC |
| <p>(d) item 11 – Minute 309/13/1 of 28 November 2013 – Ms K Jenkins, Non-Executive Director sought an update on progress with improving the tracking of outstanding internal audit recommendations, noting in response that a refreshed position would be considered by the Executive Performance Board on 28 January 2014 and an updated report would be provided to the February 2014 Audit Committee. The Director of Finance and Business Services added that the functionality of the TrAction monitoring tool had improved significantly and email reminders had now been issued to the accountable officers in respect of their outstanding actions;</p> | DFBS |
| <p>(e) item 12 – Minute 311/13(1) of 28 November 2013 – the Director of Strategy had commenced discussions with the wider health economy regarding the potential impact of increased immigration from Romania and Bulgaria. A further update would be provided to the 30 January 2014 meeting;</p> | DoS |
| <p>(f) item 13 – Minute 311/13/2 of 28 November 2013 – the Director of Corporate and Legal Affairs confirmed that he had contacted Mr M Woods regarding progress of the outstanding responses to queries raised at the 28 September 2013 Trust Board meeting. Since then, Mr Woods had raised some additional concerns regarding a particular incident of patient care. These concerns had already been shared with all Trust Board members and the Director of Corporate and Legal Affairs undertook to circulate copies of the Trust’s response letter (once available);</p> | DCLA |
| <p>(g) item 14 – Minute 312/13/1 of 28 November 2013 – the Acting Chairman had briefly referred to the arrangements for improving governance of the Better Care Together Programme in his earlier announcements, but he suggested that an update on this matter be provided to the 27 February 2014 Trust Board;</p> | Chairman |
| <p>(h) item 15 – Minute 312/13/2 of 28 November 2013 – details of the Quality and Safety walkabouts would be circulated to Trust Board members to supplement the briefing packs in preparation for the forthcoming CQC inspection;</p> | CN |
| <p>(i) item 17 – Minute 277/13/5 of 31 October 2013 – the Director of Human Resources reported on the arrangements to establish an Executive-level Workforce Board with similar terms of reference to the previous Board-level Workforce and Organisational Development Committee which had been disbanded in March 2013. Draft terms of reference and membership would be submitted to the Executive Team in January 2014;</p> | DHR |
| <p>(j) item 18 – Minute 249/13/1 of 26 September 2013 – the Medical Director confirmed that letters requesting information to evidence expenditure against SIFT funding had been re-provided to the new CMG education leads and they were now positively engaged in this process. It was agreed to remove this item from the progress log of matters arising;</p> | TA |
| <p>(k) item 19 – Minute 252/13/1 of 26 September 2013 – the Chief Nurse apologised for not having spoken to Ms K Jenkins, Non-Executive Director regarding the monitoring arrangements for risk 4 on the Board Assurance Framework and she undertook to complete this action outside the meeting, and</p> | CN |
| <p>(l) item 20 – Minute 227/13(1) of 29 August 2013 – members noted that the organisational structure chart provided in the December 2013 Trust Board Bulletin (paper BB refers) now detailed the names of the CMG Patient and Public Involvement leads and agreed that this item would now be removed from the progress log.</p> | TA |
| <p><u>Resolved</u> – that the update on outstanding matters arising and the associated actions above, be noted.</p> | NAMED
EDs |

338/13 REPORT BY THE CHIEF EXECUTIVE

338/13/1 Monthly Update Report – December 2013

The Chief Executive introduced paper M, the Chief Executive’s monthly summary of key issues. Noting that separate reports featured elsewhere on the Trust Board agenda in respect of financial sustainability and emergency care performance, he drew members’ attention to the following issues:-

- (a) the forthcoming CQC inspection due to commence on Monday 13 January 2014. A range of staff focus groups and public listening events were planned and a letter would be circulated to staff inviting them to share any specific concerns with the CQC. The logistical arrangements for the visit were due to be finalised on 23 January 2014. The Trust had already held its own listening event which had been well-attended and had provided a range of positive and negative observations relating to care at UHL which would now be followed up appropriately, and
- (b) opportunities highlighted by Sir Bruce Keogh to develop 7 day working in key services – UHL and the wider health economy were planning to hold 2 super weekends during January 2014 with the aim of maintaining the mid-week patient flows and discharge rates throughout the weekend periods to support ED performance during the early part of the week.

Resolved – that the Chief Executive’s monthly update report for December 2013 be received and noted.

339/13 CLINICAL QUALITY AND SAFETY

339/13/1 Patient Experience – Patient Relative’s Story relating to care in the Emergency Department

The Chief Nurse introduced paper N, providing the Board with an example of negative feedback received from a patient’s relative regarding the care of his father who had received treatment in the Minor Injuries section of the Emergency Department in May 2013 and had been subsequently admitted to ward 15 at the LRI. She introduced Ms H Leatham, Head of Nursing who attended the meeting to present this item. A short video was shown, providing highlights from an interview with the relative (who was also in attendance for this section of the meeting).

Following the video, the Board held a constructive discussion on the range of issues highlighted and the developments implemented within the Emergency Department to improve patient experience. These were noted to include greater awareness of disposal arrangements for used vomit bowels, availability of tissues in all cubicles, more transparency of caring behaviours by staff, professional communications between staff, intentional rounding (whereby patients were checked every hour to see if they needed any assistance or something to eat or drink), improved frequency of refuse collections, soft closing (quieter) waste bins and customer service training for portering staff.

Particular discussion took place regarding the following points:-

- (a) contextual information provided in relation to the high levels of ED attendances and 4 hour breaches experienced during the relevant period during May 2013;
- (b) a detailed review of complaints themes which would take place at the February 2014 Trust Board development session;
- (c) arrangements for patients attending ED without a friend or relative accompanying them – the Director of Marketing and Communications suggested that the Trust might like to consider an offer received from the Chief Executive of Age UK to develop arrangements for patient advocates within the ED. Members supported this idea, but noted a potential concern raised by the Head of Nursing regarding limited availability of volunteers during unsociable hours;
- (d) opportunities for UHL staff to trial the patient experience for themselves, such as sampling the patient meals whilst lying down in bed and wearing a special suit designed to simulate the effects of arthritis – the Director of Nursing provided assurance that such observational audits were regularly undertaken at UHL;
- (e) opportunities to provide individual feedback to Interserve staff regarding any poor communications skills, rather than implementing a service wide training programme. The Healthwatch Representative also recorded his personal observations relating to

portering staff behaviours and use of bad language in front of patients. In response, the Head of Nursing advised that staff tracking systems at the time had not supported an individual feedback approach, but electronic tracking had since been implemented which would enable this approach to be used, and

- (f) weekly audits of the intentional rounding in ED were undertaken and these were incorporated into the quality dashboard. Should any issues emerge within a particular shift then this would be highlighted by the audit process and escalated accordingly.

The Board thanked the Head of Nursing and the patient's relative for attending the meeting and raising these important issues for Trust Board consideration.

Resolved – that (A) the presentation on patient experience within the Emergency Department be received and noted, and

(B) a review of the key themes arising from the complaints process be considered in depth at the February 2014 Trust Board development session.

CN

340/13 HUMAN RESOURCES

340/13/1 Quarterly Update on Workforce and Organisational Development

Further to Minute 248/13/2 of 26 September 2013, the Director of Human Resources introduced paper O, providing the Quarter 3 (October to December 2013) update on progress of the Trust's Organisational Development Plan, performance against key HR metrics, workforce profile and pay bill and setting out key developments in relation to the HR service model. She particularly drew members' attention to the following elements of the report:-

- Divisional staff development sessions which aimed at "putting people first" had been well-evaluated and would be rolled out within the CMGs as part of the next phase of development;
- progress with implementation of the medical engagement strategy priorities – including the first UHL Consultant/GP Conference, a Clinical Senate event and implementation of the UHL Doctors in Training Committee. Dr T Bentley, CCG Representative commented that he had attended the Consultant/GP Conference and he confirmed that primary care partners were very keen to work with UHL on improving patient pathways, and
- the revised Corporate Induction programme which would provide on-site access to induction training for new staff within the first week of commencement.

Ms J Wilson, Non-Executive Director noted that this was a comprehensive and useful report. She raised a query on the arrangements for consistent adherence to staff values and behaviours and monitoring of staff appraisals going forwards. In response, the Director of Human Resources confirmed that one of the main workstreams for the (soon to be established) Executive Workforce Board would be to focus upon ensuring that staff were actively managed through the appraisals process and that managers who were not conducting appraisals in a timely manner were performance managed (where appropriate).

The Director of Corporate and Legal Affairs commented upon opportunities to strengthen UHL's leadership through talent management and development, noting in response that Mr N Dingley would be facilitating a medical leadership development programme to support managers who had demonstrated potential leadership skills and that coaching arrangements were available for any "rising stars". A further update on this workstream would be provided in the March 2014 quarterly update.

DHR

Resolved – that (A) the Quarter 3 update on Workforce and Organisational Development be received and noted, and

(B) an update on the Trust's arrangements for talent management and leadership development be provided in the Quarter 4 update report.

DHR

340/13/2 Reward and Recognition Strategy 2013-16

Paper P provided a copy of UHL's draft Reward and Recognition Strategy and the detailed action plan for 2013-14 was provided at appendix 1. Following a query raised by Colonel (Retired) I Crowe, Non-Executive Director, a short discussion took place regarding use of the national honours systems and local and national awards to motivate staff appropriately. The Trust Board endorsed the strategy as presented in paper P.

Resolved – that the draft Reward and Recognition Strategy 2013-16 (paper P refers) be endorsed for implementation.

DHR

340/13/3 Listening into Action (LiA) Update

The Chief Executive presented the LiA progress report (paper Q refers), particularly highlighting the success of the Pioneering Teams, Enabling our People schemes and the LiA team led by Ms M Cloney in embedding LiA as part of the management of change process for major transformational projects (such as the managed print service). The graph on the final page illustrated the positive improvement between UHL staff survey scores in March 2013 and the LiA Pulse Check survey undertaken in October 2013. Members noted that the score for question 8 had deteriorated, although this question was noted to have changed from "I am proud to work in this work area/team/department" to "I would recommend our Trust to my family and friends".

Discussion took place regarding the Doctors in Training Committee and an event held on 19 December 2013 to support the leaders of each of the Enabling our People schemes. The Director of Human Resources noted the need to consider the level of support required from Optimise for year 2 of the LiA approach. Ms K Jenkins, Non-Executive Director requested that future LiA reports focus upon real achievements in the workplace, for example what difference had the regular Duty Manager meetings really made to the workplace. Board members suggested that the following developments provided 2 relevant examples of actual LiA-enabled achievements:-

- overnight stay facilities for parents in the children's high dependency unit, and
- food vending machines within the Emergency Department.

Resolved – that the quarterly update on progress with Listening into Action be received and noted.

341/13 QUALITY AND PERFORMANCE

341/13/1 Month 8 Quality and Performance Report

Paper R, the quality and performance report for month 8 (month ending 30 November 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 briefed Trust Board members on the following issues, as considered at the 17 December 2013 QAC meeting:-

- neonatal and paediatric 10 x medication errors;
- nurse staffing levels and vacancy rates – assurance had been provided that no wards were running below the minimum staffing levels and permanent recruitment plans were progressing well;
- a downward trend in complaints which would be considered in more detail at the

February 2014 Trust Board development session;

- a steady improvement in safety thermometer data relating to pressure ulcers;
- a new ward performance monitoring process which had highlighted 4 particular wards for additional support;
- a breach of the same sex accommodation standard affecting 2 patients in November 2013, and
- a follow up report due to be presented to the QAC in January 2014 in response to a narrative verdict provided by the Coroner during an inquest.

Papers R1 and R2 provided the Minutes of the QAC and Finance and Performance Committee meetings held on 27 November 2013 for noting.

The Medical Director reported verbally on VTE risk assessment, mortality rates and the process for the annual rebasing of the Dr Foster Intelligence clinical benchmarking tool (as set out in section 3.2 of paper R).

The Chief Nurse summarised progress with the Trust's overseas nursing recruitment plans and the arrangements for their preceptorship, retention and socialisation once they arrived in Leicester. A summary of ward staffing levels was due to be incorporated into future iterations of the Quality and Performance report. Accountability arrangements for prevalence of pressure ulcers and patient falls were being strengthened through performance management meetings with the Chief Nurse. Appendix 3 to paper R provided the new monthly clinical measures performance dashboard and appendix 4 provided a Trust level summary of the new ward performance tool.

The Chief Operating Officer reported on operational performance, updating the Trust Board in respect of the action plan being developed to address non-compliant RTT performance and noting that treating the backlog of patients within the Ophthalmology service would be central to the overall recovery plan. Cancelled operations on the day performance stood at 1.8% (above the threshold of no more than 0.8%). Urgent discussions were being held with the ITAPS CMG to improve elective surgery throughput and mitigate the impact of emergency activity. Cancer performance targets continued to be met in full for November and December 2013. Choose and Book slot unavailability stood at 17% and was RAG-rated red against the threshold of 4%. Delayed transfers of care (which had been reducing during September and October 2013) had deteriorated in November 2013.

Ms J Wilson, Non-Executive Director reported on the operational performance issues considered by the Finance and Performance Committee on 18 December 2013, noting the scope for organisational learning opportunities arising from the cancer improvement plan led by Mr M Metcalfe, Cancer Centre Lead Clinician; and the capacity issues surrounding Ophthalmology improvement plans. Ms K Jenkins, Non-Executive Director sought additional information to evidence whether any patients had come to any harm as a result of their operation being cancelled, noting in response that the CQRG had requested a look-back exercise be conducted to confirm this. The Chief Operating Officer advised that adjustments were being made to theatre scheduling which would increase availability for emergency lists by reducing 1 elective list per day.

The Director of Human Resources presented section 6 of the Quality and Performance report covering appraisal and sickness rates, staff turnover, statutory and mandatory training performance and corporate induction attendance. The Chief Executive noted improved progress in respect of statutory and mandatory training performance since these courses had been made more accessible to staff and the system of email reminders had commenced to advise staff whose training had lapsed. Responding to a query raised by Ms K Jenkins, Non-Executive Director, the Director of Human Resources advised that whilst copies of the email reminders weren't yet provided to managers of the staff whose training had lapsed, information on training compliance was available by training type for all CMGs and Corporate Directorates. In addition, a focus was being maintained on the creation of a

training passport for trainee doctors rotating between various Trusts within the East Midlands region.

The Chief Nurse introduced section 8 of paper R, providing a report on facilities management delivery and Ms K Jenkins, Non-Executive Director queried the absence of any performance targets. It was agreed that these would be re-introduced for the next iteration of the report and Professor D Wynford-Thomas, Non-Executive Director requested that consideration be given to including some qualitative performance metrics in respect of portering services.

There were no questions or comments raised in respect of the IM&T service delivery report (section 9 of paper R refers).

Paper R3 provided an overview of the Trust's full year financial reforecast. This report had been considered in depth by the Executive Performance Board and the Finance and Performance Committee on 17 and 18 December 2013, respectively. The Director of Finance and Business Services provided verbal feedback from the CMG Performance Management meetings held between 16 and 19 December 2013 and he reiterated the background and context leading up to the Trust's declaration of the forecast year-end deficit of £39.8m. Whilst acknowledging opportunities for UHL to improve efficiency and control of costs, he advised that the Trust had continued to invest in improving patient quality, even where funding was not available.

The Director of Finance and Business Services highlighted comments received recently to the effect that UHL's cost control could have been better and he advised that the Trust's Reference Cost Index (RFI) stood at 97 which indicated that the cost of providing UHL's services was 3% below the national average. The report highlighted the need for UHL to apply to the Department of Health for short term Public Dividend Capital (PDC) to fund the projected deficit and advised that 2014-15 was also expected to be a deficit year. The first cut submission for 2014-15 was due to be submitted to the TDA on 13 January 2014.

In further discussion on paper R4, the following comments were raised:-

- (i) Ms K Jenkins, Non-Executive Director sought and received additional information on the arrangements for implementing centralised cost controls and opportunities to monitor the authorisation process for bank and agency expenditure without compromising operational performance and patient safety;
- (ii) a comment on the importance of improving the governance arrangements for the Better Care Together Programme in order to translate the strong sense of commitment within the local health economy into a unified strategy to develop robust arrangements to protect and enhance good quality services for patients, and
- (iii) the Healthwatch Representative confirmed that Healthwatch had endorsed a no blame culture and would be closely monitoring developments to ensure that the health economy worked together to resolve the underlying financial deficit.

Paper R4 provided an update report on the Trust's Capital Programme for 2013-14 and sought Trust Board approval of the revised capital plan submission (appendix B refers) to re-align funding with key developments (including the enabling works for the new emergency floor). The Trust Board endorsed the revised Capital Programme for 2013-14 as presented in appendix B to paper R4.

Resolved – that (A) the quality and performance report for month 8 (month ending 30 November 2013) be noted;

(B) the report on UHL's financial year-end forecast (paper R3) be noted;

(C) the revised 2013-14 Capital Programme (paper R4) be endorsed;

(D) a detailed report on UHL's month 8 financial performance be circulated following the meeting for information;

DFBS

(E) the Minutes of the 27 November 2013 Quality Assurance Committee meeting (paper R1) be received and noted, and

(F) the Minutes of the 27 November 2013 Finance and Performance Committee meeting (paper R2) be received and noted.

341/13/2 Emergency Care Performance and Recovery Plan

The Chief Operating Officer introduced paper S, briefing members on recent performance against the 4 hour emergency care target and advising of the key actions underway to deliver an improved position. For the month of November 2013, performance was 88.5% against the 95% target. A copy of the Emergency Care Hub action plan was appended to the report for information (appendix 1 refers).

The Chief Operating Officer particularly highlighted the following aspects of the report:-

- (1) UHL staff visits to the University Hospitals of Coventry and Warwickshire NHS Trust on 10 and 16 December 2013 to gain knowledge and understanding of the bronze level command cells implemented there – arrangements were being made to implement these command cells at UHL on a trial basis, and
- (2) 2 super weekends had been planned for early January 2014, with the aim of increasing weekend discharge rates to improve patient flows and create additional midweek capacity. Key messages had been provided through BBC Radio Leicester and East Midlands television to explain the purpose of this exercise and he thanked the Director of Marketing and Communications and the CCGs for their support with this work.

COO

Board members requested that additional information be provided in future iterations of this report in respect of progress with improving discharge and outcomes from ward round audits.

Resolved – that (A) the presentation and report on Emergency Care Performance be received and noted, and

(B) additional information on improving discharge rates and ward round audit data be provided within future reports on Emergency Care Performance.

COO

341/13/3 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns for December 2013 (paper T refers), inviting any comments or questions on this report. He sought and received the Board's delegated authority to agree a form of words with the Chief Executive in respect of the Trust's RTT compliance, financial performance and ED performance. Subject to the above amendments, the December 2013 self certification against Monitor Licensing Requirements (appendix A), and Trust Board Statements (appendix B) were endorsed for signature by the Chief Executive and submission to the TDA accordingly.

DCLA/
CE

Resolved – that, subject to the inclusion of additional wording in respect of operational and financial performance, the NHS Trust Over-Sight Self Certification returns for December 2013 be approved for signature by the Chief Executive, and submitted to the TDA as required.

CE

342/13 **STRATEGGY AND FORWARD PLANNING**

342/13/1 Securing Sustainable Services

Trust Board members noted the content of paper U, outlining proposed changes to the process for assessing Trusts on their journey towards Foundation Trust Status.

Resolved – that the briefing on proposed changes to the process for Foundation Trust Assessment (paper U refers) be received and noted.

342/13/2 Draft Annual Operational Plans 2014-15 and 2015-16

The Director of Strategy introduced paper V, providing an overview of the national and local landscape within which the Trust was developing 2-year operational plans, a high level overview of the first draft CMG plans and outlining the next steps to development of a single framework for the Trust's business plan and clear trajectories for its delivery. She advised that the NHS Planning Framework was expected to be published within the next week and commented on the positive engagement with the CMG teams. It was agreed that a set of presentation slides on the LLR Health and Social Care 5 year strategy would be circulated for information outside the meeting and a further report would be presented to the January 2014 Trust Board meeting.

Resolved – that (A) presentation slides on the LLR Health and Social Care 5 year strategy be circulated to Trust Board members for information, and

DoS

(B) a further progress report on the Annual Operational Planning Process be presented to the 30 January 2014 Trust Board meeting.

DoS

342/13/3 UHL Travel Plan

Paper W provided an executive summary of the UHL Travel Plan for and advised that copies of the full document were available for review upon request. Mr N Bond, Capital Projects Manager, NHS Horizons attended the meeting to present this item, noting that under the National Planning Policy Framework, travel plans were required for any developments that generated significant amounts of movement and that all Trusts should have an active Board approved Travel Plan as part of their Sustainable Development Management Plan.

During a detailed discussion on this item, the Board considered the arrangements for the Listening into Action car parking workstream, patient and public involvement implications and the Equality Impact Assessment process. The Chief Executive noted that he was the Executive Sponsor for the LiA Car Parking Scheme and that some important policy decisions would be required in respect of differential targets between staff and patients who travelled to the hospital sites by car. Ms J Wilson, Non-Executive Director offered her support with this workstream (if required). It was agreed that some time would be allocated at a future Trust Board development session to consider these issues in more depth.

DCLA/
DoS

Board members endorsed the UHL Travel Plan as presented in paper W, noting that it supported the required direction of travel for the Trust.

Resolved – that (A) the UHL Travel Plan (paper W refers) be endorsed , and

(B) the Director of Corporate and Legal Affairs be requested to arrange for specific time to be allocated within the Trust Board development programme for discussion on the policy decisions required to support the Trust's Travel Plan.

DCLA/
DoS

343/13 RISK

343/13/1 Board Assurance Framework (BAF) Update

The Chief Nurse presented the latest iteration of UHL's BAF (paper X) and the report was taken as read, noting that all Executive Leads and risk owners would be providing progress reports on any follow-up actions to the Risk and Assurance Manager outside the meeting. Members noted that a new high risk had been opened during November 2013 relating to availability of robust training records to comply with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

In respect of the 3 risks selected for detailed consideration, the Trust Board noted the following information:-

- risk 5 (*ineffective strategic planning and response to external influences*) the risk score had increased from 12 to 16 following advice that the previous risk score had not reflected the importance of this issue, prior to the appointment of the Director of Strategy;
- risk 6 (*failure to achieve Foundation Trust status*) the Board supported the proposal to remove this risk from the BAF, noting that this risk reflected a consequence of the failure to control other risks relating to operational performance and financial sustainability, and
- risk 7 (*failure to maintain productive and effective relationships*) the Director of Marketing and Communications advised that he would be updating this section in the New Year to reflect feedback from the recent reputation audit (once the Internal Audit review had been completed) and some 1 to 1 interviews held with key stakeholders.

Resolved – that (A) the Board Assurance Framework (presented as paper X) and the subsequent discussion on this item be noted, and

(B) the proposal to remove risk 6 from the BAF be endorsed.

CN

344/13 GOVERNANCE

344/13/1 Workforce and Service Equality and Diversity Update

Further to Minute 199/13/1 of 25 July 2013, the Director of Human Resources introduced paper Y, providing an update on the equality work programme for 2013-14 and summarising changes to the internal assurance process and the national Equality Delivery System. The Service Equality Manager attended the meeting for this item. The qualitative audit of practice (which had been delayed due to adjustments to the clinical management structure) had now been completed and had revealed that whilst all areas responded positively to reasonable adjustments to manage patients with additional needs, some areas responded on a reactive rather than a proactive basis. In discussion on this report, Trust Board members:-

- (i) sought additional information on the process for rolling out pockets of good practice through the new Equality, Engagement and Patient Experience Committee, noting that the terms of reference were provided at appendix 3;
- (ii) expressed disappointment that this item had featured towards the end of the agenda and not been allocated more time for discussion. It was agreed that future iterations of this report would be prioritised to facilitate discussion on any emerging themes and examples of good practice in respecting individuals' needs and treating them equally, and
- (iii) suggested that consideration be given to including equality and diversity matters within the Trust Board development programme.

Resolved – that (A) the update report on Workforce and Service Equality and Diversity be received and noted, and

(B) the Director of Corporate and Legal Affairs be requested to consider prioritising discussion on equality and diversity within the Trust Board agenda and explore the scope to include this theme within the Trust Board development programme. DCLA

344/13/2 Assurance and Escalation Framework

The Director of Corporate and Legal Affairs presented paper Z, the draft UHL Assurance and Escalation Framework for the Board's consideration, noting the intention to further develop this framework as the new CMG arrangements became embedded and the approach to service line management was developed. The draft framework was due to be reviewed in March 2014 and then the finalised document would be reviewed on an annual basis by the Trust Board thereafter. DCLA

The Chief Nurse commended the draft framework but noted the scope to strengthen the section on response (eg what does the Trust need to do?). The Chief Executive concurred with this view and suggested that the title of the framework be amended to read "Assurance, Escalation and Response Framework". He encouraged the Director of Corporate and Legal Affairs to issue the framework and modify it as a "live" work in progress through appropriate version control mechanisms. DCLA

Resolved – that (A) subject to the above amendments, the draft Assurance, Escalation and Response Framework be approved for implementation as a "live" work in progress, and DCLA

(B) the framework be reviewed by the Trust Board in March 2014 and then annually thereafter. DCLA

344/13/3 Trust Board Calendar of Business

Further to Minute 143/13/2 of 30 May 2013, paper AA highlighted a range of developments implemented during the course of 2013 which, together, had made it necessary to update the Trust Board calendar of business. The updated calendar of business was provided at appendix A for consideration. In discussion on this item, Trust Board members raised the following comments and suggested amendments:-

- (1) the Chief Executive queried the scope to spread out the annual reports on complaints, infection prevention, safeguarding and emergency preparedness (instead of submitting them all annually in June);
- (2) additional reports on strategic planning and financial strategy would require building into the calendar of business;
- (3) Colonel (Retired) I Crowe, Non-Executive Director queried the arrangements for embedding security governance and noted in response that this was covered in the annual work programme of the Audit Committee (as required by a NHS directive);
- (4) the Director of Finance and Business Services suggested that additional agenda items on Empath, Interserve and IM&T be included in the calendar of business; DCLA
- (5) the Acting Chairman queried whether any additional headings would be helpful, such as a separate line for agenda items relating to "Our People";
- (6) Ms J Wilson, Non-Executive Director commented that this document was very internally focused, and
- (7) the Acting Chairman requested that an updated version of the calendar of business be presented to the Board in February 2014.

Resolved – that (A) the draft Trust Board calendar of business be updated to reflect comments provided under points (1) to (7) above; DCLA

(B) a further iteration of the Trust Board calendar of business be presented to the Board on 27 February 2014, and DCLA

345/13 TRUST BOARD BULLETIN – DECEMBER 2013

Resolved – that the Trust Board Bulletin report containing the updated Clinical Management Structure (paper BB) be received for information.

346/13 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

No formal comments and questions were received regarding items of business on the Trust Board meeting agenda. However, the Director of Marketing and Communications read out a nativity-themed query relating to potential non-availability of maternity services at Leicester Royal Infirmary on Christmas Eve, to which the response was that any maternity patients not able to be accommodated in the Leicester Royal Infirmary maternity unit would be transferred to the Trust's other maternity unit on the Leicester General Hospital site.

The Acting Chairman thanked everyone for attending the meeting and provided his best wishes for Christmas and the New Year.

Resolved – that the comments above be noted.

347/13 ANY OTHER BUSINESS

347/13/1 Report by the Chief Nurse

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

347/13/2 NHS Fraud

The Director of Finance and Business Services briefed Board members on the outcome of a Crown Court case relating to a former Trust manager who had been found guilty of stealing a number of iPads from the Trust. He confirmed that a custodial sentence had been issued and that arrangements were being made to repatriate the stolen devices.

Resolved – that the information be noted.

348/13 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 30 January 2014 in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 4.15pm

Kate Rayns,
Trust Administrator

Trust Board Paper M

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Acting Chair from 26.9.13)	11	11	100	R Overfield	5	4	80
J Adler	11	10	91	P Panchal	11	9	82
T Bentley*	9	5	56	I Reid	4	4	100
K Bradley*	11	9	82	C Ribbins	4	4	100
I Crowe	7	6	86	I Sadd	4	2	50
S Dauncey	1	1	100	A Seddon	11	11	100
K Harris	11	11	100	K Shields*	3	3	100
S Hinchliffe	2	2	100	J Tozer*	3	2	66
M Hindle (Chair up to 26.9.13)	7	7	100	S Ward*	11	11	100
K Jenkins	11	10	91	M Wightman*	11	10	91
R Mitchell	7	7	100	J Wilson	11	10	91
				D Wynford-Thomas	11	5	45

* non-voting members