

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON MONDAY 22 DECEMBER 2014 AT
10AM IN SEMINAR ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL
HOSPITAL**

Voting Members Present:

Mr K Singh – Trust Chairman
Col (Ret'd) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Dr K Harris – Medical Director
Mr R Mitchell – Chief Operating Officer
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Mr M Traynor – Non-Executive Director
Mr P Traynor – Director of Finance
Mr M Williams – Non-Executive Director
Ms J Wilson – Non-Executive Director

In attendance:

Ms K Bradley – Director of Human Resources
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 326/14)
Mrs K Rayns – Acting Senior 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

314/14 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive, Dr A Bentley, Leicester City CCG representative, and Professor D Wynford-Thomas, Non-Executive Director.

315/14 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

316/14 MINUTES

Resolved – that the Minutes of the 27 November 2014 Trust Board (paper A) be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIR

317/14 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for resolution. In respect of item 1 (Minute 298/14 of 27 November 2014 refers), it was confirmed that an analysis of UHL's myNHS data (relating to Consultant level outcomes) would be circulated prior to the 8 January 2015 Trust Board meeting.

DS

Resolved – that the update on outstanding matters arising and the timescales for resolution be noted.

318/14 CHAIRMAN'S UPDATE REPORT – DECEMBER 2014

The Chairman introduced paper C, highlighting the celebration of Christmas and the range

of other religious festivals which had been celebrated with equal depth, since he had taken up his role as UHL Chairman. He also outlined some of the external and internal factors affecting UHL's performance including relationships with other organisations, accountability arrangements, use of resources and long term sustainability, noting that quality improvement did not always require investment in additional resources.

Resolved – that the position be noted.

319/14 CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – DECEMBER 2014

In the absence of the Chief Executive, the Trust Chairman outlined the arrangements for Executive Directors to brief the Board on the key issues identified in paper D within their substantive reports which all featured later in the Trust Board agenda:-

- (a) emergency care performance – Chief Operating Officer;
- (b) RTT performance – Chief Operating Officer;
- (c) month 8 financial position – Director of Finance;
- (d) Better Care Together – Director of Strategy, and
- (e) the Dalton Review: options for providers of NHS care – Director of Strategy.

Resolved – that briefings on the key issues outlined in the Chief Executive's monthly update report be provided under the substantive reports on the agenda.

320/14 KEY ISSUES FOR DECISION/DISCUSSION

320/14/1 Emergency Care Performance Report and Response to the Sturgess Report

The Chief Operating Officer introduced paper E, updating the Board on recent emergency care performance and providing copies of the Sturgess report, the related health economy response, the new system wide Operational Plan and a briefing on the new enhanced programme management arrangements across the system and within UHL.

The Trust Board noted the continued deterioration in performance against the 95% 4 hour ED target (November 2014 performance stood at 89.1%) as a result of high numbers of medical emergency admissions, lack of external capacity and internal processes failing during periods of high activity pressures. Within the last month, UHL had declared 5 internal major incidents. During a recent such incident on 9 December 2014, GPs from West Leicestershire CCG and East Leicestershire and Rutland CCG had provided welcome input to the incident response by supporting increases in discharge rates. These GPs had since provided positive feedback in terms of UHL's internal engagement in addressing the issues faced.

The Chief Operating Officer reported his heightened concerns regarding the impact of the increased activity upon the quality of care being provided to patients in terms of ambulance handover waiting times, high ED occupancy levels, long waits for bed availability, high numbers of patients on outlier wards and cancelled operations on and prior to the day of surgery. He also commented on the impact upon staff working under intense pressure for sustained periods of time. Assurance was provided that all internal actions were underway to reduce clinical risk (eg additional ward rounds for outliers, additional Consultant input at the weekends), and GP triage had been re-instated. All available inpatient bed capacity was currently open, which in turn, meant that staffing levels were being stretched.

In terms of the LLR health economy response to the current pressures on the emergency care system and the Sturgess report, there had been no evidence of the required changes in admission rates or discharge rates. Delayed transfers of care (DTCs) remained high; as at 22 December 2014, there were 91 DTCs declared and 71 of these were awaiting input from outside UHL. Confirmation was provided that the UHL actions to respond to the

Sturgess report (as set out in appendix 2) were being progressed at pace, but it was considered unlikely that the system would be able to accommodate the expected 11% rise in emergency admissions (forecast between January and March 2015), without the use of 67 community based beds which were currently closed.

The Chief Nurse provided her assessment of the additional clinical risk associated with the high levels of emergency activity, noting that it had recently become necessary to cancel surgery for some cancer patients and that a risk assessment was currently being undertaken to assess the likelihood of any patient harm arising from these cancellations. She also noted that Matrons' supervisory capacity had been removed in favour of protecting the minimum nurse staffing levels on wards.

The Medical Director noted the serious nature of the position for the whole health economy and commented upon the scope to share and mitigate clinical risks on a balanced system wide basis. He noted (for example) that the risks involved in delayed ambulance transfers preventing an ambulance from attending a serious road traffic collision were higher than the risks relating to the opening of community based rehabilitation beds to care for those patients whose episodes of acute care had been completed.

The Trust Chairman sought and received an update on the status of discussions with UHL's partner organisations regarding additional community based bed capacity and opportunities for an alternative management model for ward 2 on the LGH site (which accommodated patients with the lowest acuity). Following a detailed discussion on the reasons for Commissioners' apparent reluctance to re-open community bed capacity and the current mismatch between patient demand and bed capacity, the Trust Board endorsed the following key actions:-

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|--|--------------|
| (i) the Trust Chairman to invite the 3 CCG Chairs and the LPT Chair to attend a risk summit (to be held on 23 December 2014) to progress an urgent local resolution to improve the current quality of care and patient experience for emergency and elective patients at UHL during this period of unprecedented demand; | Chair |
| (ii) a formal letter to be sent to the Chairs of each organisation following the above risk summit, setting out the agreed actions and timescales in a clear and robust manner; | Chair |
| (iii) a briefing on the outcomes of the above risk summit to be circulated to Trust Board members within the subsequent 48 or 72 hours, and | Chair |
| (iv) monthly updates to be provided to the Trust Board on the LLR emergency care response, to include outcome based indicators and progress with implementation of the recommendations arising from the Sturgess report. | COO |

Resolved – that (A) the update on emergency care performance and implementation of the recommendations arising from the Sturgess report be received and noted,

(B) the Trust Chairman be requested to undertake the actions outlined in points (i) to (iii) above, and **Chair**

(C) the Chief Operating Officer be requested to provide monthly emergency care updates to the Trust Board as detailed in point (iv) above. **COO**

320/14/2 UHL 5 Year Plan Refresh

The Director of Strategy presented paper G, providing an executive summary briefing on the refresh of UHL's 5 Year Integrated Business Plan in the light of recent national policy changes, internal operational changes and the development of the refocused UHL vision statement. She confirmed that a log of the key changes would be maintained through a version control mechanism and she highlighted the importance of a flexible approach to take account of future service changes.

Trust Board members noted that the timetable and milestones would be provided as separate appendices to the main Integrated Business Plan alongside the long term financial model, workforce plan and capital programme, which would be completed early in 2015. In response to a Non-Executive Director's query regarding the arrangements for public consultation, the Director of Strategy advised that the majority of consultation would be conducted through the Better Care Together Programme, although a separate report on the reconfiguration of intensive care services was due to be submitted to the Trust Board on 8 January 2015.

Resolved – that the key changes to the executive summary of UHL's 5 Year Integrated Business Plan be approved. **DS**

320/14/3 Delivering the 5 Year Strategy – Proposed Governance

Paper H briefed Trust Board members on the programme brief and proposed governance arrangements for UHL's reconfiguration programme in response to the requirements of the DoH Gateway Zero review carried out in October 2014.

Resolved – that (A) the programme brief and proposed governance arrangements for delivering UHL's 5 Year Strategy be endorsed, and **DS**

(B) the Director of Strategy be requested to provide regular progress reports to the Trust Board on delivering the 5 Year Strategy. **DS**

320/14/4 Better Care Together Programme – Strategic Outline Case and Project Initiation Document

Further to Minute 311/14 of 27 November 2014, the Director of Strategy introduced paper I, seeking Trust Board approval of the Better Care Together SOC and implementation plan (as developed by the Better Care Together Partnership Board) for onward submission to the NTDA and the DoH.

Resolved – that (A) the Better Care Together Programme SOC and PID be approved, and

(B) the Chief Executive be authorised to pursue the key actions (as set out in paper I) in conjunction with LLR health and social care partners. **CE**

321/14 QUALITY AND PERFORMANCE

321/14/1 Month 8 Quality and Performance Report

Due to the earlier than usual timing of the Quality Assurance Committee and Finance and Performance Committee meetings within the month of December 2014, the month 8 Quality and Performance report (paper J – month ending 30 November 2014) had been submitted directly to the Trust Board. Paper J highlighted the Trust's performance against key internal and NTDA metrics, with escalation reports appended where required.

In terms of the 15 December 2014 QAC meeting, Dr S Dauncey, Non-Executive Director and Acting QAC Chair, highlighted the following issues:-

- (i) the arrangements for developing a business case for the supply of medicines via homecare schemes, and
- (ii) significant progress being made with safeguarding training and awareness and the triangulation of patient experience feedback.

In addition, the Chief Nurse highlighted concerns relating to incidences of avoidable grade 2 pressure ulcer damage (as summarised in the associated exception report provided on page

12), noting that awareness of such damage was improving, eg damage to a patient's face or ears caused by oxygen tubing. She also commented on the impact of high activity levels upon the internal stretch target for Clostridium Difficile infections, noting that the Trust's ability to provide decant accommodation for steam cleaning wards was currently compromised. The Medical Director advised that fractured neck of femur performance continued to cause a concern as highlighted in the exception report provided on page 13 of paper J.

Ms J Wilson, Non-Executive Director and Finance and Performance Committee Chair then outlined key financial and operational issues discussed by the 18 December 2014 Finance and Performance Committee, namely:-

- (a) key operational performance issues (including ED performance, cancer performance and admitted RTT performance);
- (b) financial performance for month 8 and the 2014-15 financial year to date;
- (c) draft financial planning guidance for 2015-16 which was still subject to formal consultation, but particular concern was noted in respect of the draft tariff for commissioning of specialised services, and
- (d) consideration of the full business case for the Emergency Floor which was due to be presented to the Trust Board on 8 January 2015 for approval.

The Chief Operating Officer summarised the Trust's position in respect of RTT performance, cancer performance, cancelled operations and ambulance handovers, noting that a significant reduction in the number of 30 and 60 minute ambulance breaches was expected to be evidenced from January 2015 onwards (once the Trust's data collection mechanism was converted to RFID tagging). Admitted RTT performance had been improving steadily and the final plan to achieve compliant performance was currently being validated prior to submission to the NTDA. Compliance with the cancer targets was expected to be achieved in December 2014 for 2 week waits, January 2015 for 31 day targets and February 2015 for the 62 day targets.

The Director of Human Resources confirmed that any workforce issues of note, were summarised in the quarterly update on Organisational Development (paper L refers).

The Minutes of the 26 November 2014 Finance and Performance Committee and Quality Assurance Committee meetings were received and noted as papers J1 and J2 (respectively).

Resolved – that the month 8 quality and performance report for the period ending 30 November 2014 (paper J) be received and noted.

321/14/2 Month 8 Financial Position

The Director of Finance presented paper K advising members of UHL's financial position as at month 8 (month ending 30 November 2014), particularly highlighting performance against the Trust's statutory financial duties and the following key issues:-

- (a) a positive in-month variance to plan of £0.3m, and a year to date deficit against plan of £1.4m;
- (b) strong performance against the Trust's 2014-15 Cost Improvement Programme (CIP) and good progress with the development of CIP plans for 2015-16;
- (c) continued challenges for the Clinical Management Groups to deliver their year-end control totals in the context of winter pressures;
- (d) expected changes to the risk profile (as set out in section 7 of the report) for the next iteration of this report;
- (e) progress with contractual discussions which were expected to be finalised before or soon after Christmas 2014 – the quantum of the potential margin had reduced

- significantly which had de-risked the year end position to some extent, and
- (f) the 23 December 2014 deadline for consultation in response to the draft Tariff Guidance, noting the welcome impact of changes to the marginal rate emergency tariff (MRET) and the risks surrounding the proposals for specialised commissioning.

In discussion on the month 8 financial performance update, the Trust Board:-

- (i) received additional information provided by the Director of Strategy in respect of the proposed risk sharing arrangements for specialised commissioning procurement costs (eg chemotherapy drugs, specialised medical devices and prosthetics) whereby UHL would only be reimbursed for 50% of any costs over the agreed baseline threshold, and
- (ii) considered the impact of the potential introduction of Commissioner-led penalties for non-compliance with the 4 hour ED target.

Resolved – that the month 8 financial performance update be noted.

322/14 WORKFORCE

322/14/1 Quarterly Update on Workforce and Organisational Development

The Director of Human Resources introduced paper L, highlighting progress with implementation of the Trust's Organisational Development Plan and setting out progress with the creation of an Organisational Health Dashboard. She particularly drew members' attention to the Accountability into Action Development Programme which aimed to increase the focus on holding effective conversations within the performance management culture and holding individuals to account in a positive way. A presentation would be provided to the 23 December 2014 Executive Workforce Board together with proposals for some initial pilot activity.

Appendix 2b on page 11 of paper L provided the October 2014 Organisation Health Dashboard, summarising CMG-level performance against a range of key workforce indicators. Discussion took place regarding positive movements in statutory and mandatory training compliance (87%) and appraisals (93%). In response to a Non-Executive Director query, the Director of Human Resources agreed to re-confirm the interpretation of the arrow indicators, noting that an upwards arrow might not always indicate a positive improvement, for example if sickness absence rates increased, then this would reflect a deterioration in performance.

In discussion on paper L, the Non-Executive Director Finance and Performance Committee Chair commented upon the intention to embed performance and workforce dashboards within the CMG presentations to the Integrated Finance, Performance and Investment Committee during 2015. She also noted the scope for Grahame Rob Associates to influence the Trust Board development programme as part of the Accountability into Action workstream. Finally, Mr M Traynor, Non-Executive Director commended a recent Apprentice Showcase event and the Director of Human Resources echoed this view, confirming that UHL now had approximately 140 apprentices and that the video clips provided at that event had demonstrated the depth and breadth of UHL's Apprentice Programme.

Resolved – that the quarterly update on Workforce and Organisational Development be received and noted.

323/14 RESEARCH AND DEVELOPMENT

323/14/1 Quarterly Update on Research and Development Issues

The Medical Director introduced the quarterly update on research and development at UHL (paper M refers) and particularly noted the following key developments:-

- (a) quarter 2 compliance with the national target for recruiting the first patient into initiated trials within 70 days from submission and the work ongoing to sustain this performance to retain 100% of the research capability funding for 2015-16;
- (b) UHL's role as one of the host organisations for the Life Study in partnership with University College London, and
- (c) UHL's participation in the 100,000 Genome Project in partnership with Cambridge University Hospitals NHS Foundation Trust, Norfolk and Norwich University Hospitals NHS Foundation Trust, and Nottingham University Hospitals NHS Trust.

Finally, section 6 of paper M sought Trust Board approval to re-name the Research and Development Office as the Research and Innovation Office, to take account of the role in supporting innovation throughout the Trust and to be consistent with the naming of this function within other NHS Trusts. Subject to the Board's approval, it was also proposed to launch a new website to support this change and refresh UHL's Research and Innovation profile.

Resolved – that (A) the quarterly update on research and development issues be received and noted, and

(B) the re-naming of the Research and Development Office at UHL as the Research and Innovation Office be approved.

MD

324/14 GOVERNANCE

324/14/1 Duty of Candour/Fit and Proper Persons Test

The Director of Corporate and Legal Affairs introduced paper N, providing a briefing on the implementation of new health and social care standards and specifically the fit and proper persons requirements and duty of candour which became effective from 27 November 2014. He advised that the Chief Nurse would be providing a further report on the arrangements for meeting the requirements of duty of candour to the Quality Assurance Committee on 29 January 2015. In addition, the Director of Human Resources would be reporting on the arrangements for meeting the requirements of the fit and proper person test to the Trust Board on 5 February 2015.

CN

DHR

In discussion on the report, Trust Board members noted the expected cultural changes for NHS Trust Boards, the provision of CQC interim guidance, the scope for increased penalties for non-compliance with these new standards, and the arrangements for increasing the level of transparency within the Trust Board agenda, confirming that all items would feature on the public agenda unless there were any commercial exemptions or any personal data was included.

Resolved – that (A) the briefing on implementation of new health and social care standards be received and noted as paper N;

(B) the Chief Nurse be requested to report on the arrangements for meeting the requirements of the duty of candour at the 29 January 2015 QAC meeting, and

CN

(C) the Director of Human Resources be requested to report on the arrangements for meeting the requirements of the fit and proper persons test at the 5 February 2015 Trust Board meeting.

DHR

324/14/2 Board and Board Committee Governance

Trust Board Paper A

The Director of Corporate and Legal Affairs introduced paper O, seeking Trust Board approval of the proposed Committee structure and membership/attendance at Board Committees, as set out in appendices A and B (respectively) and noting the ongoing work with Board Intelligence to improve the quality of Trust Board reports going forwards.

In discussion on the report, the Trust Chairman sought and received additional information regarding the existing arrangements for joint CCG representation at UHL's Trust Board and QAC meetings and commented upon opportunities to include CCG Non-Executive Director or Lay Member representation (where appropriate). He undertook to write to the CCG Chairs to consult their views on this matter and invite appropriate nominations.

In addition to the UHL core membership of Board Committees (as set out in appendix B), clarity was provided that all UHL Non-Executive Directors were encouraged to attend all Board Committee meetings, and that any non-voting Director members would be recorded as being "in attendance" rather than "present" within the Minutes of each meeting.

Resolved – that (A) the proposed Committee structure and membership/attendance at Board Committees be approved, and DCLA

(B) the Trust Chairman be requested to write to the CCG Chairs consulting them on the arrangements for joint CCG representation and inviting appropriate nominations. Chair

324/14/3 NHS Trust Over-Sight Self Certification

The Director of Corporate and Legal Affairs introduced the Trust's over-sight self certification return for November 2014 (paper P refers). Following due consideration, and taking appropriate account of any further information needing to be included from today's discussions (including the month 8 exception reports, as appropriate), the Board authorised the Director of Corporate and Legal Affairs to finalise and submit the December return to the NHS Trust Development Authority in consultation with the Chief Executive.

DCLA/
CE

Resolved – that (A) paper P, now submitted, be received and noted,

(B) the Director of Corporate and Legal Affairs be authorised to agree a form of words with the Chief Executive in respect of the NHS Trust Over-sight self certification statements to be submitted to the NHS Trust Development Authority by 31 December 2014. DCLA/
CE

325/14 TRUST BOARD BULLETIN

Resolved – that no bulletin items were circulated for December 2014.

326/14 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

A patient commented that the informative nature of the discussion on UHL's emergency care performance had been welcome.

Resolved – that the questions and related responses, noted above, be recorded in the Minutes.

327/14 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 328/14 – 33414), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public

interest.

328/14 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

329/14 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 27 November 2014 Trust Board be confirmed as a correct record and signed accordingly by the Trust Chairman.

CHAIR

330/14 CONFIDENTIAL MATTERS ARISING REPORT

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

331/14 REPORTS BY THE DIRECTOR OF FINANCE

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

332/14 REPORTS FROM BOARD COMMITTEES

332/14/1 Finance and Performance Committee

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

332/14/2 Quality Assurance Committee (QAC)

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

333/14 ANY OTHER BUSINESS

333/14/1 Ms K Bradley – Director of Human Resources

Noting that this would be Ms Bradley's last UHL Trust Board meeting before she left the Trust on 23 December 2014, the Trust Chairman thanked her for her contribution to the Trust and wished her well in her new post with the University of Leicester.

Resolved – that the position be noted.

333/14/2 Report by the Chief Nurse

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

334/14 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 8 January 2015 from 9am in the C J Bond room, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 1.05pm

Kate Rayns
Acting Senior Trust Administrator

Trust Board Paper A

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh (Chair from 1.10.14)	3	3	100	R Mitchell	10	9	90
R Kilner (Acting Chair from 26.9.13 to 30.9.14)	7	7	100	R Overfield	10	10	100
J Adler	10	9	90	P Panchal	10	10	100
T Bentley*	9	7	78	K Shields*	10	10	100
K Bradley*	9	9	100	M Traynor (from 1.10.14)	3	3	100
I Crowe	10	9	90	P Traynor (from 27.11.14)	2	2	100
S Dauncey	10	9	90	S Ward*	10	10	100
K Harris	10	9	90	M Wightman*	10	10	100
D Henson*	6	6	100	M Williams	3	3	100
K Jenkins (until 30.6.14)	3	3	100	J Wilson	10	8	80
				D Wynford-Thomas	10	4	40

* non-voting members