

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 28 MARCH 2013 AT 9.30AM IN ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL****Present:**

Mr M Hindle – Trust Chairman  
 Mr J Adler – Chief Executive (excluding Minutes 67/13, 74/13/1 and 74/13/2)  
 Ms K Bradley – Director of Human Resources  
 Dr K Harris – Medical Director  
 Mrs S Hinchliffe – Chief Nurse/Deputy Chief Executive  
 Ms K Jenkins – Non-Executive Director (from part of Minute 58/13)  
 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 (from Minute 58/13 and excluding Minutes 74/13/1 to part of Minute 74/13/3)  
 Mr D Tracy – Non-Executive Director  
 Ms J Wilson – Non-Executive Director

**In attendance:**

Dr B Collett – Associate Medical Director Clinical Effectiveness (for Minute 73/13/3)  
 Ms S Hotson – Director of Clinical Quality (for Minute 73/13/3)  
 Ms L James – Modern Matron, Women's and Children's Division (for Minute 73/13/4)  
 Ms H Leatham – Head of Nursing, Patient Experience (for Minute 73/13/3)  
 Ms S Mason – Divisional Head of Nursing, Acute Care Division (for Minute 73/13/3)  
 Mrs K Rayns – Trust Administrator  
 Ms L Tadd – Specialist Nurse, Women's and Children's Division (for Minute 73/13/4)  
 Mr J Tozer – Interim Director of Operations (up to and including Minute 67/13)  
 Ms E Tudge – Right Place Consulting (for Minute 62/13 only)  
 Mr P Walmsley – Head of Operations (for Minute 62/13 and representing the Interim Director of Operations from Minute 69/13)  
 Mr S Ward – Director of Corporate and Legal Affairs  
 Mr M Wightman – Director of Communications and External Relations (excluding Minute 67/13)  
 Ms K Wilkins – Divisional Head of Nursing, Women's and Children's Division (for Minute 73/13/4)  
 Dr G Woltmann – Consultant Respiratory Physician (for Minute 73/13/3)

**ACTION****55/13 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 55/13 – 68/13), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**56/13 APOLOGIES**

Apologies for absence were received from Professor D Wynford-Thomas, Non-Executive Director and Mr J Tozer, Interim Director of Operations (for Minutes 69/13 to 83/13 inclusive).

**57/13 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

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

**58/13 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.

**59/13 CONFIDENTIAL MINUTES**

**Resolved** – that the confidential Minutes of the Trust Board meeting held on 28 February 2013 be confirmed as a correct record.

**60/13 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.

**61/13 REPORTS BY THE CHIEF EXECUTIVE**

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

**62/13 REPORTS BY THE INTERIM DIRECTOR OF OPERATIONS**

**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.

**63/13 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.

**64/13 REPORT BY THE CHIEF NURSE/DEPUTY 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.

**65/13 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 that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

**66/13 REPORTS BY THE DIRECTOR OF HUMAN RESOURCES**

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

**67/13 REPORTS BY THE CHAIRMAN AND THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS**

**Resolved** – that this Minute be classed as confidential and taken in private

accordingly, on the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

**68/13 REPORTS FROM BOARD COMMITTEES**

68/13/1 Empath Programme Board

**Resolved** – that the confidential Minutes of the 25 February 2013 Empath Board meeting and the consolidated Director’s report (papers J and J1) be received and noted.

68/13/2 Finance and Performance Committee

**Resolved** – that the confidential Minutes of the Finance and Performance Committee meetings held on 30 January and 27 February 2013 (papers K and K1) be received and noted.

68/13/3 Quality Assurance Committee

**Resolved** – that the confidential Minutes of the Quality Assurance Committee meeting held on 19 February 2013 (paper L) be received and noted.

68/13/4 Research and Development Committee

**Resolved** – that the confidential Minutes of the Research and Development Committee meeting held on 7 March 2013 (paper M) be received and noted.

68/13/5 Remuneration Committee

**Resolved** – that the confidential Minutes of the Remuneration Committee meeting held on 28 February 2013 (paper N) be received and noted.

**69/13 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

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

**70/13 CHAIRMAN’S AND CHIEF EXECUTIVE’S OPENING COMMENTS**

The Chairman welcomed everyone to the meeting and apologised for the meeting starting slightly behind schedule. He drew the Board’s attention to the following issues:-

- (a) Mr D Tracy would be stepping down from his role as Non-Executive Director at the end of March 2013. Mr Tracy had served the Trust invaluable in a number of roles including Chairman of the Audit Committee and Chairman of the Governance and Risk Management Committee (recently re-titled as the Quality Assurance Committee). On behalf of the Board, the Chairman thanked Mr Tracy for his significant contributions to the Trust and wished him well for the future;
- (b) Dr A Tierney would not be returning to her role as UHL’s Director of Strategy following her period of maternity leave. On behalf of the Trust Board, the Chairman wished Dr Tierney success in her new role with Serco;
- (c) the Trust’s success in achieving Clinical Negligence Scheme for Trusts (CNST) Level 2 accreditation for maternity standards. The Chairman congratulated the team on achieving this important quality standard and thanked them for their hard work in passing 46 of the 50 criteria with a score of 92% (against a minimum pass mark of 75%), and
- (d) the Government’s initial response to the Francis Inquiry had been issued on 26 March 2013. Separately the Prime Minister had asked Don Berwick (a leading quality and

safety guru from the US) to review the Francis findings and report back in July 2013. Key headlines from the Government's initial response included:- (1) consultation on a national barring list for unfit managers; (2) a duty of candour for providers; (3) a fast track programme for talented leaders and an MBA-style programme for clinical leaders; (4) Ofsted-style ratings system for hospitals and simpler fundamental standards; (5) CQC to delegate enforcement powers to Monitor and the TDA; (6) NHS Employers' performance frameworks; (7) nursing students to serve for up to a year as healthcare assistants; (8) criminally negligent practice being referred to the Health and Safety Executive; (9) endorsement of the NHS Confederation's bureaucracy review, and (10) a three-stage failure regime to be initiated by a newly appointed Chief Inspector of Hospitals.

Finally, the Chairman requested that mobile telephones be switched off during the course of the meeting (with the exception of the Director on Call), and issued a reminder that any questions taken at the end of the meeting must relate specifically to items of business on that day's Trust Board meeting agenda.

## 71/13 MINUTES

In respect of paper O1 – the Minutes of the meeting between UHL Trust Board members and UHL's stakeholders held on 28 February 2013 – the Chief Nurse/Deputy Chief Executive reported that she had followed up potential concerns regarding UHL wards with the two stakeholders who had raised these concerns at the meeting and she provided assurance that there were no outstanding concerns to be addressed at the current time.

**Resolved – that the Minutes of the Trust Board meeting and the meeting between Trust Board members and UHL's stakeholders held on 28 February 2013 (papers O and O1) be confirmed as a correct records.**

## 72/13 MATTERS ARISING FROM THE MINUTES

Paper P detailed the status of previous matters arising, particularly noting those without a specific timescale for resolution. In respect of Minute 18/13/2 of 31 January 2013, the Trust Board noted that separate progress reports would be provided to the Trust Board on the implementation of Listening into Action instead of combining these reports with the quarterly update on workforce and organisational development issues.

DHR

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

NAMED  
EDs

## 73/13 CLINICAL QUALITY AND SAFETY

### 73/13/1 Update on the Safe and Sustainable Review of Paediatric Cardiac Surgery

The Director of Communications and External Relations reported orally on the successful outcome of the Leeds Judicial Review (as announced on 27 March 2013) but advised that the detailed ruling had not yet been made available. He commented upon the challenge of the review process and the scope for this challenge to apply to all of the affected centres. UHL continued to focus upon the clinical aspects of the service review and awaited the submission of the Independent Review Panel's recommendations to the Secretary of State on 30 April 2013. The deadline for this submission had been extended by one month to allow for the outcome of the Judicial Review to be taken into account. Mr P Panchal, Non-Executive Director expressed his view that UHL should keep all options open as part of the ongoing process.

**Resolved – that the verbal information on the Safe and Sustainable review of Paediatric Cardiac Surgery be received and noted and further updates be provided to**

DCER

**the Board as appropriate.**

73/13/2

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

The Chief Nurse/Deputy Chief Executive introduced paper Q, summarising the general themes and key areas of concern arising from the Francis Report, detailing discussions and meetings held to date since the report was released on 6 February 2013, and highlighting the key areas for Trust Board attention. The Trust Board particularly noted that UHL's summary gap analysis had been updated and amended to reflect links with the Government's review process. Section 5.4 of paper Q highlighted examples of further action being taken to strengthen the Board's responsibility for leadership and the strategic direction, including a review of UHL's complaints process, governance arrangements, sub-Board Committee structure and Executive Director portfolios.

In discussion on the report the following comments and queries were noted:-

- (a) Ms J Wilson, Non-Executive Director noted a lack of focus in the press releases regarding the role of doctors in relation to the events at Mid Staffordshire and queried this. The Medical Director advised that the Francis Report did outline the professional responsibility to act upon concerns and that the General Medical Council had radically reformed the processes for medical revalidation and strengthened the requirements for candour;
- (b) the Chief Executive reported on discussions held previously with Ms J Wilson, Non-Executive Director regarding proposals to introduce medical metrics or medical health check processes (in a similar vein to the nursing metrics and nursing health check arrangements already in place at UHL) and he advised that the Medical Director would be reviewing these proposals in the future. The Chief Nurse/Deputy Chief Executive noted that 10 key Consultant level outcomes were already being measured and UHL was well placed to meet the requirement to publish in 2013-14 activity, clinical quality measures and survival rates from national clinical audits for every Consultant practising in the 10 specialties identified nationally for publication, and
- (c) the Director of Communications and External Relations queried the scope to create specially "branded" nurses for caring for the older person and whether there would be any opportunity to link up with the nursing school in this respect. In response, the Chief Nurse/Deputy Chief Executive advised that current Department of Health policy was moving away from "branded" roles in favour of alternative arrangements which were described to the Board.

**Resolved – that the Chief Nurse/Deputy Chief Executive be requested to keep the Trust Board apprised of developments arising from the Francis Inquiry.**

CN/DCE

73/13/3

**UHL Quality and Safety Commitment 2012-2015**

On 28 February 2013, the Trust Board had received presentations from the clinical leads in respect of the three of the seven quality priorities arising from the Quality and Safety Commitment Goals – Save Lives, Avoid Harm and Patient Centred Care (Minute 45/13/1.2 refers). Paper R provided details of the presentations received on the remaining four quality priorities:-

- 1) Respiratory Pathway (Save Lives) – Dr G Woltmann outlined the work undertaken by the Boston Consulting Group to breakdown and analyse SHMI mortality data, which had resulted in a specific focus on developing and streamlining UHL's respiratory care pathway. Based on data surrounding timeliness of treatment, diagnosis and transfer to Glenfield Hospital following emergency attendances at the Leicester Royal Infirmary, it had been noted that the outcomes for these patients were slightly worse than expected when they were initially admitted to the LRI. Dr Woltmann had met with representatives

from the Emergency Department and the Medicine CBU and developed proposals to channel all emergency respiratory admissions from the community direct to the Clinical Decisions Unit at Glenfield Hospital. This would include suspected cases of severe heart failure, pneumonia, COPD and asthma. Dedicated specialist nurses were being appointed for pneumonia and COPD and an audit of the relevant care bundles would be carried out at UHL commencing on 1 April 2013 to review timings from admission to diagnosis and administration of appropriate antibiotic therapy regimes. Following the presentation, the following comments and queries were raised:-

- (a) responding to a query raised by Mr R Kilner, Non-Executive Director, Dr Woltmann estimated that approximately 1,000 patients per year would be affected by these pathway changes, but this would be coupled with reductions in other categories of patients being admitted to Glenfield Hospital;
  - (b) Ms K Jenkins, Non-Executive Director sought assurance regarding clinical engagement in the proposals and noted in response the timescale for consultation and engagement ahead of the proposed implementation date in December 2013;
  - (c) the Chief Executive asked whether there were any potential “blockers” which might delay the implementation of this pathway redirection. Dr Woltmann commented on potential delays in the process for appointing new specialist nurses and agreeing the activity modelling data with other departments. The Chief Nurse/Deputy Chief Executive confirmed that the planned specialist nurse recruitment was already agreed and the Medical Director stressed the importance of appropriate engagement with the East Midlands Ambulance Service (EMAS), as a key stakeholder in the emergency admissions process;
- 2) Acting on Results in ED (Avoid Harm) – Dr B Collett reported on meetings held with Emergency Department Consultants and the Radiology Department to agree standards for imaging reporting and tracking. A further meeting was planned for 8 April 2013 when it was hoped to sign off the plan and agree a process to implement the new standards. Monitoring would be through summary league tables and acknowledging areas of high performance. Following the presentation, the following comments and queries were raised:-
- (a) Mr R Kilner, Non-Executive Director requested additional information regarding the process for all radiology results to be routed to a single Consultant rather than the individual Consultant who had ordered the test. Dr Collett confirmed that this system of delegation had been implemented some time ago to avoid gaps in clinical shifts and rotas. The scope to name specific Heads of Service was also being explored. Mr Kilner also suggested that it would be helpful to seek benchmarking information about the process in use at other peer group Trusts. The Medical Director particularly noted that implementation of an electronic ordering process would provide an immediate solution to this problem;
  - (b) the Chairman noted a comment from the presentation regarding increases in Radiology activity and the scope to manage the increasing levels of demand. The Director of Finance and Business Services confirmed that Dr C Reek, Imaging CBU Medical Lead, held historical benchmarking data and had recently paid a visit to the Imperial College Healthcare NHS Trust in London where demand management initiatives had recently been successfully implemented, and
  - (c) the Chief Executive stressed that it was not the case that ED clinicians did not see patients’ diagnostic results and sought assurance that the proposed process would ensure compliance with a relevant National Patient Safety Agency Alert. Dr Collett confirmed that this was receiving priority as one of the Trust’s identified 5 Critical Safety Actions.
- 3) Falls (Avoid Harm) – Ms S Mason highlighted the fundamental importance of this work stream in all specialities noting that within UHL, approximately 200 patient falls per month were reported on the Datix incident reporting system. Following recent ward level

trials of focused falls reduction initiatives (eg education and training awareness and increased staffing levels), the number of falls on the participating wards had been reduced by approximately 50%. It was now planned to roll out this work to a total of 19 wards during Quarters 1 to 3 of 2013-14 – the majority of these wards were noted to be within the Acute Care Division. A monthly confirm and challenge process had been established to hold the team to account and to review the action plan and monitor results accordingly. The following comments and queries were noted:-

- (a) the Head of Operations noted the number of patient falls that occurred in community nursing and residential care homes and queried whether there would be any scope to implement similar initiatives in the community. Ms Mason advised that the Quality and Safety Commitment work stream was predominantly focused upon reducing falls amongst UHL's inpatients, but this could be considered as a potential next stage for the project;
  - (b) Mr D Tracy, Non-Executive Director noted that the overall target for reducing patient harm incidents over the next 3 years was 5,000 and he queried whether it would be possible to sub-divide this target between the two projects (Acting on Results in ED and Falls). The Chief Nurse/Deputy Chief Executive advised that a review of Datix trends would be used to measure improvement trends with a key focus on the priority areas for each goal, and
  - (c) Mr I Reid, Non-Executive Director noted the 50% reduction of falls achieved in the pilot areas and queried whether similar targets would be set across the Trust. In response, the Chief Nurse/Deputy Chief Executive reported on the process for shared learning throughout the organisation and that the reduction in falls data would be captured and reported accordingly.
- 4) Older People and Dementia (Patient Centred Care) – Ms H Leatham advised that 44% of UHL's occupied bed days were patients in the over 75 age group and that patients over the age of 65 and suffering with dementia made up 25% of national bed occupancy data. The workstream aim was to achieve a 75% score in the friends and family test and to include pertinent questions for older people, such as help with the nurse call buzzer, involvement in their care, whether staff were talking over them, whether assistance was provided with toileting and involvement in the arrangements and planning for discharge. In the past year, UHL's score had risen from 51% to 63%. Specific focus for the project was being applied in respect of delivering Category A dementia training for 100% of clinical staff and Category B dementia training for all clinical staff within specified areas of the Trust. UHL was seeking Quality Mark accreditation for nine wards, developing patient profiles and meaningful activities to keep dementia patients calm and prevent them from wandering. Dementia champions were being appointed and use of patient white boards and family involvement in patients' care was being strengthened. The following comments and queries arose from this presentation:-
- (a) Ms K Jenkins, Non-Executive Director queried the process in place to ensure that the friends and family questionnaires were completed by a fair cross-section of the population (including an appropriate breakdown of ethnic and demographic groups). In response, Ms Leatham reported on the anonymity of the questionnaire process and the variety of ways in which the questionnaire could be completed (on line, by paper copy, emailed versions, touch screen applications and smart phone);
  - (b) a further comment was received regarding the timing of the questionnaire as it was not always deemed appropriate to ask a patient to complete this whilst they were preparing to leave hospital, and
  - (c) in response to a further query raised by Ms Jenkins, Non-Executive Director the Chief Nurse/Deputy Chief Executive confirmed that local patient polling data was regularly updated and published as part of the ward dashboard information.

In conclusion on this item, the Chief Nurse/Deputy Chief Executive thanked all of the presenters for attending and confirmed that progress against each of the Quality and Safety

Commitment goals would be monitored through the Quality Assurance Committee. The next presentation to the 25 April 2013 Trust Board would focus upon UHL's application for the Quality Mark scheme.

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

**(B) a presentation on the Quality Mark scheme be provided to the 25 April 2013 Trust Board meeting.**

CN/DCE

73/13/4 Patient Story from the Children's CBU

The Chief Nurse/Deputy Chief Executive introduced paper S which briefed the Board on the arrangements for improving the patient experience at UHL for children with the potentially life-threatening congenital blood disorder, Sickle Cell Disease. The Divisional Head of Nursing, Modern Matron and Specialist Nurse attended from the Women's and Children's Division to present this item. A short video was shown in which Sharon (a 16 year old patient at UHL) provided a personal insight into the effects of Sickle Cell Disease, including her ability to communicate with staff when presenting at the Trust in severe pain with Sickle Cell crisis. The Chairman particularly welcomed Sharon (the patient featured in the video) and her family to the meeting and thanked them for providing this valued contribution towards improving patient experience.

Trust Board members commended the development of care plan summaries, a hand held patient alert card to support urgent staff response times and the arrangements for administering intranasal Diamorphine within 15 minutes of admission. In discussion on this presentation, Ms J Wilson, Non-Executive Director sought and received additional assurance regarding the shared learning processes in place with the adult Sickle Cell service and the robust transfer process for patients as they reached adulthood. In addition, arrangements were being made to share the learning outcomes from this workstream for a range of other long term conditions. The Board noted that the success of this patient experience initiative would be measured through re-auditing against NICE criteria (in six months' time), monitoring of monthly patient experience results and reductions in complaint trends, and it was agreed that a summary progress report would be provided to the Board in October 2013.

**Resolved – that (A) the patient story and subsequent discussion on improving patient experiences at UHL be received and noted, and**

**(B) a summary of patient experience in relation to Sickle Cell Disease be provided to the Trust Board in October 2013.**

CN/DCE

74/13 **HUMAN RESOURCES**

74/13/1 National Staff Survey Results 2012

Further to Minute 21/13/1 of 31 January 2013, the Director of Human Resources presented paper T a summary of analysis work undertaken in respect of UHL's national staff survey results for 2012. Appendix 1 to paper T summarised the key findings arising from the Care Quality Commission's full comparison report. The Director of Human Resources particularly noted the links with UHL's Quality and Safety Commitment work streams and the Trust's implementation of Listening into Action to strengthen staff engagement. The following aspects of the report were discussed in detail:-

(a) **question KF12 (staff saying that hand washing materials were always available)** – UHL's score had remained at 57% for 2011 and 2012 whilst the national average score for Acute Trusts was noted to be 60% and the best score for Acute Trusts in 2012 was



77%. Members considered whether further communications campaigns reminding staff to wash their hands would help to support an improved score, or whether there was any genuine lack of facilities. For example, it had previously proved difficult to provide separate wash hand basins within certain four bedded bays in the Windsor building at the LRI due to the configuration of plumbing and adequate water supplies, but it was understood that this had been addressed as part of ward refurbishment works. Mr R Kilner, Non-Executive Director noted that he had never been unable to locate hand washing materials in a ward area and he queried whether there was any scope to monitor this through the facilities management key performance indicators. It was agreed that the Quality Assurance Committee would review the opportunities for improving the Trust's score in respect of question KF12 at its next meeting, and

- (b) **question KF24 (staff recommendation of the Trust as a place to work or receive treatment)** – Ms K Jenkins, Non-Executive Director queried whether there were any particular themes arising from the detailed results such as any particular teams or locations where the score was lower. The Director of Human Resources noted that particularly busy areas of the Trust such as the Emergency Department might have scored lower than other areas, but she undertook to review the CBU level results for question KF24 and provide feedback to the 25 April 2013 Trust Board meeting accordingly.

**Resolved** – that (A) the Quality Assurance Committee be requested to explore the scope for improving UHL's 2013 staff survey results relating to question KF12 (availability of hand washing materials), and

QAC  
Chair

(B) the Director of Human Resources be requested to provide feedback to the 25 April 2013 regarding the CBU level analysis relating to question KF24 (staff recommending the Trust as a place to work or receive treatment).

DHR

74/13/2 Update on Pensions Act Auto-Enrolment

Paper U sought formal Trust Board ratification of the decision taken on 11 March 2013 to utilise transitional arrangements to defer the application of employer duties to auto-enrol eligible job holders into the NHS Pension Scheme until 30 September 2017. The Chief Executive had sought and received the Chairman's agreement with the proposal and consulted with Trust Board members by email on 8 March 2013, due to the urgent deadline to adopt the transitional arrangements under the Pensions Act. Appropriate legal advice had been sought and received to confirm that the adoption of the transitional arrangements as proposed was within the legislative framework.

The Director of Human Resources advised that some 1,100 eligible staff who were currently not in the NHS Pension Scheme had been contacted and fully advised of their position. She provided assurance that no member of staff would be adversely affected by the transitional arrangements and she recorded an appreciation of the significant work undertaken by Mr P Rogers, Senior Project Manager in resolving this issue. The Trust Board endorsed the decision to utilise transitional arrangements to defer auto-enrolment until 30 September 2017.

**Resolved** – that the decision to use transitional arrangements to defer auto-enrolment to the NHS Pension Scheme until 30 September 2017 be endorsed.

DHR

75/13 **QUALITY AND PERFORMANCE**

75/13/1 Month 11 Quality and Performance Report

Paper V, the quality and performance report for month 11 (month ending 28 February 2013) advised of red/amber/green (RAG) performance ratings for the Trust, and set out

performance exception reports in the accompanying appendices. The Chief Nurse/Deputy Chief Executive highlighted key elements from the patient safety, quality and patient experience section, particularly noting that:-

- (a) nurse staffing levels were expected to increase following the recent appointment of an additional 211 nurses and health care assistants – 59 of these had already commenced in post and the remainder would be phased in over the next 6 weeks. An active recruitment programme was also in place to appoint to remaining vacancies;
- (b) a review of the Trust's complaints system was being undertaken in line with the national complaints review, with a view to promoting openness and streamlining the process to resolve complaints at an earlier stage;
- (c) a change in the reporting process for catheter acquired urinary tract infections (CAUTI) which meant that a number of patients (approximately 20%) admitted to UHL with a CAUTI would now be included in UHL's data even when the patient was symptomatic prior to admission;
- (d) no new MRSA cases had been reported in February 2013 (the total for the year to date therefore remained at 2), and
- (e) 4 cases of C Difficile reported in February 2013, bringing the cumulative position to 85 against a trajectory of 103 cases.

Ms J Wilson, Non-Executive Director and Quality Assurance Committee (QAC) Chair reported on the following items considered at the 19 March 2013 QAC meeting:-

- discharge performance – where a small improvement had been noted in discharges before 11am and a more positive improvement in discharges before 1pm. Detailed CBU level trajectories for continued improvements had been submitted;
- an increase in the number of complaints received (158 in February 2013 compared to 146 in January 2013). The top five complaints themes remained unchanged – medical care, communication, nursing care, waiting times and staff attitude. A small sample of six patient complaints had been reviewed in depth by the Committee and two of these were being followed up further. It was confirmed that the CBUs already followed up all complaints in this way, and
- assurance had been received regarding the monthly reporting process for monitoring ward level nursing ratios and bank and agency staffing ratios.

Mr D Tracy, Non-Executive Director voiced some concern regarding fractured neck of femur performance which had deteriorated to 66.7% against the target for 70% of patients to receive their surgery within 36 hours of admission. The Head of Operations advised that high levels of emergency activity were creating pressure on bed and theatre slot availability. In addition, there had been an increase in the number of frail and elderly patients suffering a fractured neck of femur and such patients required a more detailed work-up prior to surgery.

Ms K Jenkins, Non-Executive Director queried the scope to increase the Trust's understanding of any common themes behind patient complaints and the Chief Nurse/Deputy Chief Executive confirmed that the Patient Safety Report was being refreshed with a view to increasing visibility of any common themes.

The Director of Communications and External Relations reported that his pledge as part of NHS Change Day had been to regularly review 10 actual patient complaint letters. The Director of Safety and Risk and the Senior Safety Manager (Clinical Risk and Complaints) had confirmed that they would be keen to support any other members of the Trust Board in this respect upon request. The Director of Communications and External Relations also suggested that the Quality Assurance Committee might like to review a selection of UHL complaints letters using the "Wordle" technique to generate "word clouds". This technique gave greater prominence to those words or phrases that appeared most frequently in the source text.

Mr I Reid, Non-Executive Director (who had recently attended a meeting of the Quality Assurance Committee) advised that he regarded the review of six complaint letters as a powerful source of information for gaining an external perspective of the Trust's services. Mr P Panchal, Non-Executive Director noted the need to capture appropriate data regarding the ethnicity of complainants noting that patients from some BME communities were reluctant to complain about any poor experiences. The Chief Nurse/Deputy Chief Executive advised that the proposal to base representatives from the Patient Information and Liaison Service (PILS) in an area adjacent to the main LRI reception might help to resolve this issue. A further suggestion was received from Mr D Tracy, Non-Executive Director, that the Trust might consider creating opportunities to escalate urgent patient complaints more quickly for resolution.

**CN/DCE**

The Head of Operations briefed the Trust Board on the Trust's month 11 operational performance particularly highlighting the exception reports appended to paper V in respect of the following areas:-

- (1) cancer two week waits – bookings were now being made within one or two working days and performance was expected to be back on track for March 2013;
- (2) 62 day cancer target – due to an excess of 7.5 breaches during month 10 the Trust had not met this target for January 2013. The six tumour sites where the Trust was struggling to meet cumulative performance targets were detailed in exception report 2, together with the contractual penalties which the Trust faced for non-compliance with this target in the months of June 2012, December 2012 and January 2013. The main obstacles to achieving the performance targets were noted to be in the diagnostic part of the patient pathway. This was being addressed, together with an urgent review of the management structure for the cancer centre;
- (3) choose and book slot availability – three additional members of staff were being recruited to the Corporate Operations Directorate to oversee choose and book services and it was hoped that the team would be in post by the end of May 2013. The Director of Communications and External Relations voiced his concerns regarding potential loss of market share if the Trust could not deliver sustained improvements in slot availability;
- (4) cancelled operations – the percentage of operations cancelled in February 2013 stood at 1.5% against a target of no more than 0.8%. Members noted that approximately 81 of the 125 cancelled operations had been linked to bed capacity. In response to a query raised by the Trust Chairman, the Head of Operations agreed to ensure that appropriate follow-up action was taken in respect of a reported cancellation caused by missing patient case notes;
- (5) ophthalmology non-admitted RTT performance – approximately 50 patients from the backlog had been brought into the February 2013 data and a number of administrative vacancies were noted to have adversely affected the data quality. Activity levels were being increased where appropriate and urgent recruitment was taking place to fill the vacant posts, and
- (6) a separate report on ED performance and the Emergency Care Pathway was provided at paper X (Minute 75/13/2 below refers).

**HO**

The Director of Human Resources reported on the workforce related issues arising from the month 11 Quality and Performance report, advising that appraisal performance had improved slightly to 91.1% (from 90.5% in January 2013). An appraisals quality audit was currently being carried out and the outputs from this audit would be reported to the Board through the Quality and Performance report (when available). In terms of staff sickness, the reported February 2013 data stood at 4.2%, which was expected to reduce by 0.5% as episodes of ongoing sickness were closed down and reported.

Ms J Wilson, Non-Executive Director and Chair of the Workforce and Organisational Development Committee reported on the items considered by the final meeting of that Committee held on 8 March 2013 and confirmed the process agreed to review all the regular

items of business on the Workforce and Organisational Development Committee agenda and map these across to other UHL Committees (eg Divisional Confirm and Challenge, Quality Assurance Committee, Quality and Performance Management Group, and Trust Board), so as not to lose focus. A quarterly report on workforce related issues would then be presented to the Trust Board (commencing in June 2013). Separate progress reports on LiA would also be presented to the Board on a quarterly basis. Particular discussion had taken place regarding ways to maintain the focus provided by Divisional presentations and a recommendation to incorporate this into the Divisional Confirm and Challenge process. Ms Wilson took the opportunity of recording her thanks to all the Workforce and Organisational Development Committee members for their support, and in turn the Chairman thanked Ms Wilson for her contribution in Chairing that Committee.

DHR  
CE/DHR

In respect of the Trust's financial performance, Mr I Reid, Non-Executive Director and Chairman of the Finance and Performance Committee briefed the Board on the Trust's progress towards delivery of the planned £46,000 surplus position at the year end, noting an in-month surplus of £1m and a cumulative income and expenditure deficit of £1.1m. The year to date position now reflected £14.3m of the proposed year end agreement between the Trust and its commissioning bodies. Operating costs for the year to date were £28.1m adverse to plan reflecting continued use of extra capacity wards amongst other issues. Cost improvements of £2.4m had been delivered during February 2013, but the cumulative CIP position remained adverse to plan by £4.6m. Capital expenditure in February 2013 had been £0.9m less than forecast and the Trust's cash flow remained under close scrutiny by the Director of Finance and Business Services and his team as the 2013-14 financial year approached.

The Director of Finance and Business Services recorded his appreciation of the year end agreements by Commissioners which, to some extent, reflected a re-distribution of performance penalties imposed throughout the 2012-13 financial year. Mr R Kilner, Non-Executive Director raised a query regarding reconciliation of the 13 week rolling cash forecasts reported on page 20 of the quality and performance management summary and the cash flow data provided on pages 28 and 29 of the main quality and performance report, also suggesting that it would be helpful to see the 6 month cash forecasts. Mr Kilner agreed to resolve his cash flow queries with the Director of Finance and Business Services outside the meeting.

DFBS/  
RK NED

Ms K Jenkins, Non-Executive Director highlighted the table 6 on page 19 of the quality and performance management summary and sought further detail regarding the variances to plan in respect of drug expenditure and a breakdown of the expenditure classified as "other". In response, the Director of Finance and Business Services advised that a more detailed analysis of non-pay expenditure had been presented to the Finance and Performance Committee on 27 March 2013 but the Committee had requested a more meaningful breakdown for future consideration. He agreed to send Ms Jenkins a copy of the revised non-pay analysis once it became available.

DFBS

**Resolved – that (A) the quality and performance report for month 11 (month ending 28 February 2013 be noted;**

**(B) the Quality Assurance Committee be requested to monitor changes to the configuration of the Patient Safety Report and continue to review a selection of actual complaints letters on a regular basis;**

QAC  
Chair

**(C) the Director of Communications and External Relations be requested to provide advice on a potential "Wordle" analysis of complaints and the outputs be presented to the Quality Assurance Committee;**

DCER/  
CN/DCE

**(D) the Head of Operations to ensure that appropriate follow-up action was taken in respect of an operation that was cancelled during February 2013 due to missing case**

HO

notes;

**(E) the outputs from the ongoing audit of appraisal quality be presented to the Trust Board through the quality and performance reporting mechanism (when available);** DHR

**(F) quarterly reports on Workforce and Organisational Development related issues be provided to the Trust Board commencing in June 2013;** DHR

**(G) the Director of Finance and Business Services explore the feasibility of extending the 13 week cash forecast to a 6 month forecast within the quality and performance reporting template and respond to Mr R Kilner, Non-Executive Director outside the meeting;** DFBS

**(H) a breakdown of non-pay expenditure be provided to the Audit Committee Chair outside the meeting;** DFBS

**(I) the Minutes of the 19 February 2013 Quality Assurance Committee meeting (paper W) be received and noted, and**

**(J) the Minutes of the 30 January 2013 and 27 February 2013 Finance and Performance Committee meetings (papers W1 and W2) be received and noted.**

75/13/2 Monthly Update on Emergency Care

The Head of Operations introduced the monthly Emergency Department performance report (paper X) which provided an overview and update on UHL's emergency care delivery, particularly noting that:-

- (a) a slight improvement had been noted in the Trust's 4 hour performance which now stood at 86.13% (compared with 84.94% in January 2013), but the overall year to date performance had deteriorated from 92.62% from 93.23% (against the 95% target);
- (b) two of the clinical quality indicators had been met in-month – the 60 minute median time to treatment and the % of patients leaving without being seen;
- (c) overall ED attendance rates for February 2013 had increased by 0.1%;
- (d) in response to staffing level concerns for both Medicine and ED, incentive payments had been implemented and bank shift fill rates had increased accordingly;
- (e) the top three causes of ED breaches remained the same (bed breach, ED process and clinical exceptions);
- (f) demonstrable improvements had been evidenced following implementation of the Right Place Consulting work streams 1 and 2 (in respect of ambulance handover times, arrival to treatment times, reduced conversion rates) and work streams 4 and 5 were being implemented on 28 March 2013, and
- (g) the CCGs continued to support the internal steps taken to improve emergency care performance through the programme of work facilitated by Right Place Consulting.

The Chief Executive advised Trust Board members not to underestimate the pressures on UHL's emergency care system currently and he paid tribute to the significant efforts of staff and managers in coping with the existing stress in the system. He drew members' attention to the wider piece of work focused on improving systems across the whole healthcare economy though the work of Right Place Consulting. The Chief Executive also reported that a series of actions had been agreed to address ambulance handover times, following a meeting with Mr P Milligan, EMAS Chief Executive.

Mr R Kilner, Non-Executive Director sought assurance that appropriate cover arrangements were in place to manage patient flows over the forthcoming Easter bank holiday period and that senior doctors and Consultants would be in place to discharge patients from the base wards in a timely manner. In response, the Head of Operations confirmed the standard

template that was in place for pre-planning ahead of all bank holiday periods.

Ms K Jenkins, Non-Executive Director particularly noted the achievement of two of the five ED quality indicators and queried whether these had been achieved as a result of the new Emergency Care Model. The Head of Operations suggested that the low % of patients leaving ED without being seen could be seen as an indicator that patients genuinely needed to be seen in ED and advised that improved processes had been implemented surrounding the recording of time to treatment data. Following a recent visit by the Emergency Care Intensive Support Team (ECIST) UHL had received confirmation that the front door model now adopted represented best practice. The Chief Executive advised that agreement had been reached in principle regarding the Better Care Together proposals for improving performance for the whole health economy and a report on these proposals would be presented to the Trust Board on 25 April 2013.

DFBS

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

**(B) the Interim Director of Operations be requested to provide a further Emergency Care update report to the 25 April 2013 Trust Board meeting, and**

IDO

**(C) Better Care Together proposals for improving healthcare performance across the whole health economy be presented to the Trust Board on 25 April 2013.**

DFBS

75/13/3 NHS Trust Over-Sight Self Certification

The Director of Corporate and Legal Affairs introduced UHL's March 2013 self certification (paper Y refers) noting a correction in respect of the Governance Risk Rating which was correctly stated as Amber/Red in the return provided at appendix A but the covering sheet stated Amber/Green. Mr P Panchal, Non-Executive Director highlighted a discrepancy in the Trust's SHMI data for November 2012 which it was understood should have read 95.8 and not 59.8. Members cross-referenced this data to the latest SHMI covered by the period July 11 to June 2012 was 105 (as reported in paper V). The Medical Director had previously highlighted this issue to the Trust Board, noting that SHMI data was not calculated on a monthly basis and that Trusts tended to report their HMSR data as the best available proxy. Subject to the amendments highlighted above, the return was endorsed for signature by the Chairman and Chief Executive and submission to the Trust Development Authority (TDA) accordingly.

CHAIR  
MAN/  
CE

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

CHAIR  
MAN/  
CE

75/13/4 UHL Sustainability Plan – Progress Report

The Director of Finance and Business Services introduced paper Z which apprised the Trust Board on progress towards developing and implementing an effective Trust Sustainability Plan in line with NHS requirements. The outputs from phase one of the project (including the preparation of a gap analysis and high level outcome based sustainability proposals) would be reported to the Executive Team and Trust Board in May 2013. Mr P Panchal, Non-Executive Director particularly highlighted the need to emphasise the importance of attending the engagement workshops, noted that he himself had attended one of the two workshops already held, but low attendance rates had been experienced.

DFBS

**Resolved – that (A) the progress report on developing a Trust Sustainability Plan be received and noted, and**

**(B) a gap analysis and high level proposals for developing a Trust Sustainability Plan**

DFBS

be presented to the Executive Team and Trust Board in May 2013.

## 76/13 STRATEGY AND FORWARD PLANNING

### 76/13/1 Annual Operational Plan, Draft Capital Programme and Draft Trust Priorities for 2013-14

The Director of Finance and Business Services tabled copies of a briefing note (paper AA) in respect of the work currently in progress to finalise the Trust's Annual Operational Plan (AOP) prior to submission to the Trust Development Authority (TDA) by the 5 April 2013 deadline. Since preparation of this briefing note, the final contract envelope/heads of terms had been agreed with Commissioners, although agreement was yet to be reached regarding the specialised commissioning contractual arrangements. The Director of Finance and Business Services explained the reasons for the process being less advanced than in previous years, noting recent changes in the commissioning landscape of the NHS and the establishment of the Trust Development Authority (TDA) and the National Commissioning Board (NCB) effective from 1 April 2013.

The Director of Finance and Business Services reported on the four key elements requiring resolution before the Board would be able to sign off the AOP for submission to the TDA:-

- agreement of the specialised commissioning contract;
- validation and sign off of cost improvement programmes;
- ensuring that resource plans were consistent with planned levels of activity, and
- confirming that trajectories for key performance targets were realistic and deliverable.

Recognising the significant work in progress, a series of additional Divisional Confirm and Challenge sessions had been arranged on 4 and 5 April 2013 and an Extraordinary Private Trust Board meeting would be held on the afternoon of 5 April 2013. The finalised AOP would then be presented to the Trust Board on 25 April 2013. The Chief Executive paid tribute to the Director of Finance and Business Services and his team for conducting such a thorough and skilful contractual negotiation process. He particularly highlighted the challenges surrounding the approach to national specialised commissioning and the attempts to implement material changes at this late stage in the process. In turn, the Chairman noted the positive atmosphere surrounding the contract negotiating process since the Chief Executive had commenced in post in January 2013.

**Resolved – that (A) the briefing note and verbal information provided on the progress of the Annual Operational Plan 2013-14 be received and noted, and**

**(B) the Director of Finance and Business Services be requested to present the finalised Annual Operational Plan to the 25 April 2013 Trust Board.**

DFBS

### 76/13/2 LLR Better Care Together Economic Modelling

The Director of Finance and Business Services introduced paper BB which provided an update on the progress of LLR economic modelling being undertaken by McKinsey and Company on behalf of the Better Care Together Board. This economic modelling work was expected to deliver a shared view of LLR forecast 2017-18 activity levels and expenditure based upon the current configuration of services, assess the impact of planned quality and cost improvement programmes, identify potential scenarios for delivery of future care and capacity requirements and develop a model for use by LLR and the individual partner organisations (CCGs, UHL and LPT) to plan and develop future service changes. An initial workshop had already been held on 7 February 2013 for Chief Officers, clinical leads and financial leads and a number of workshops were planned to be held during March and April 2013 for the clinicians who would be driving clinical pathway transformation work.

**Resolved – that the update on LLR Better Care Together Economic Modelling be**

received and noted and a further progress report be presented to the 25 April 2013 Trust Board.

DFBS

## 77/13 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

The Chief Nurse/Deputy Chief Executive presented the latest iteration of UHL's SRR/BAF (paper CC) highlighting the changes made since the 28 February 2013 Trust Board and the 19 March 2013 Executive Team meetings. In addition proposals were planned to be presented to the Audit Committee on 3 April 2013 surrounding opportunities to develop the risk management framework. Following a recent governance review by RSM Tenon, the Board considered and agreed a proposal to rename the Strategic Risk Register/Board Assurance Framework (SRR/BAF) as simply the Board Assurance Framework (BAF).

A review of risks 1, 5 and 9 took place and the following actions were noted:-

- (a) **Risk 1 (reducing avoidable harms)** – current and target risk scores to be re-evaluated to reflect the implementation of a zero tolerance approach to MRSA, and
- (b) **Risk 9 (failure to achieve and sustain operational targets)** – Executive Team to reconsider the likelihood element of the current risk score (impact 4 x likelihood 3 = 12).

**Resolved** – that (A) Strategic Risk Register/Board Assurance Framework (SRR/BAF) (presented as paper CC) be received and noted;

(B) the recommendation to rename the Strategic Risk Register/Board Assurance Framework (SRR/BAF) as the Board Assurance Framework (BAF) be endorsed, and

CN/DCE

(C) comments and suggestions raised under points (a) and (b) above be considered by the Executive Team or relevant Executive Director leads, and any amendments reflected in the next iteration of the SRR/BAF to be presented to the Trust Board on 25 April 2013.

CN/DCE

## 78/13 REPORTS FROM BOARD COMMITTEES

### 78/13/1 Research and Development Committee

**Resolved** – that the Minutes of the 7 March 2013 Research and Development Committee (paper DD) be received and noted.

### 78/13/2 Workforce and Organisational Development Committee

**Resolved** – that the Minutes of the Workforce and Organisational Development Committee meeting held on 8 March 2013 be presented to the 25 April 2013 Trust Board meeting.

## 79/13 CORPORATE TRUSTEE BUSINESS

### 79/13/1 Charitable Funds Committee

**Resolved** – that the Minutes of the 15 March 2013 Charitable Funds Committee be presented to the 25 April 2013 Trust Board meeting.

## 80/13 TRUST BOARD BULLETIN – MARCH 2013

**Resolved** – that the following Trust Board Bulletin report be received for information:-

- Quarterly Update on IM&T.

## 81/13 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS



**MEETING**

The following comments and questions were received regarding the business on the Trust Board meeting agenda:-

- (1) a suggestion which had been raised at a Board meeting several months previously that UHL's Non-Executive Directors arrange to attend CCG Board meetings. The Director of Communications and External Relations confirmed that the draft Stakeholder Engagement Strategy (as presented to the private Trust Board meeting held on 31 January 2013) had proposed a rota for Non-Executive Director attendance at CCG Board meetings. Mr P Panchal, Non-Executive Director confirmed that he had already attended one of the Leicester City CCG Board meetings and was planning to attend the next meeting in April 2013, and
- (2) a comment regarding the ratio of public to private business on the Trust Board meeting agenda and how this related to the Francis Inquiry recommendation to increase candour in the NHS. In response the Director of Communications and External Relations outlined some of the business considered during the private session, including the Empath pathology business plan and an assessment of market share/competitor activity, which were both commercially sensitive items of business. The Chairman confirmed that wherever possible, the Trust Board aimed to consider relevant issues in the public arena.

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

**82/13 ANY OTHER BUSINESS**

82/13/1 Mr D Tracy, Non-Executive Director

Further to Minute 70/13 above, the Chairman presented Mr Tracy with a small gift on behalf of the Trust Board, and wished him well for the future. The Director of Communications and External Relations showed a presentation slide featuring a tribute to Mr Tracy and his work at UHL.

**83/13 DATE OF NEXT MEETING**

**Resolved – that the next Trust Board meeting be held on Thursday 25 April 2013 at 9.30am in the Rooms A & B, Clinical Education Centre, Leicester General Hospital.**

The meeting closed at 4.24pm

Kate Rayns,  
Trust Administrator

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
M Hindle (Chair)	14	14	100	I Reid	14	14	100
J Adler	4	4	100	A Seddon	14	14	100
J Birrell	5	5	100	D Tracy	14	13	93
K Bradley	14	12	86	A Tierney*	6	5	83
K Harris	14	12	86	J Tozer*	6	6	100
S Hinchliffe	14	14	100	S Ward*	14	13	93
K Jenkins	14	13	93	M Wightman*	14	14	100
R Kilner	14	14	100	J Wilson	14	12	86
M Lowe-Lauri	5	5	100	D Wynford-Thomas	14	8	57
P Panchal	14	13	93	Mr A Chatten*	2	2	100
Mr J Clarke*	2	1	50				

\* non-voting members