

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 20 DECEMBER 2012 AT 9AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY

Present:

Mr M Hindle – Trust Chairman
Mr J Birrell – Interim Chief Executive
Ms K Bradley – Director of Human Resources (from Minute 330/12)
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Nurse/Deputy Chief Executive (from Minute 330/12)
Ms K Jenkins – Non-Executive Director
Mr R Kilner – Non-Executive Director
Mr P Panchal – Non-Executive Director
Mr I Reid – Non-Executive Director
Mr A Seddon – Director of Finance and Business Services
Mr D Tracy – Non-Executive Director
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:

Mrs K Rayns – Trust Administrator
Mr J Tozer – Interim Director of Operations
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations

ACTION

327/12 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 328/12 – 338/12), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

328/12 APOLOGIES

There were no apologies for absence.

329/12 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

330/12 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 29 November 2012 be confirmed as a correct record.

331/12 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.

332/12 REPORTS BY THE INTERIM 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.

333/12 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.

334/12 REPORTS 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.

335/12 REPORT BY THE DIRECTOR OF COMMUNICATIONS AND EXTERNAL RELATIONS

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

336/12 REPORT 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.

337/12 REPORTS BY THE MEDICAL DIRECTOR

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.

338/12 REPORTS FROM BOARD COMMITTEES

338/12/1 Audit Committee

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

338/12/2 Empath Programme Board

Resolved – that the Minutes of the 23 November 2012 Empath Board be received and noted.

338/12/3 Finance and Performance Committee

Resolved – that the confidential Minutes of the 28 November 2012 Finance and Performance Committee (paper K) be received, and the recommendations and decisions therein be endorsed and noted respectively.

338/12/4 Governance and Risk Management Committee

Resolved – that the confidential Minutes of the 26 November 2012 Governance and Risk Management Committee (paper L) be received and noted.

339/12 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

340/12 CHAIRMAN'S ANNOUNCEMENTS

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

- (a) recent visits by the Care Quality Commission to Leicester Royal Infirmary, Glenfield Hospital and Leicester General Hospital which had all been declared as compliant. The Chairman recognised the amount of work these visits involved for UHL's staff and that Leicester's Hospitals had been given a clean bill of health;
- (b) the timetable for the Independent Reconfiguration Panel to report their findings re: Children's Cardiac Surgery to the Secretary of State for Health had been delayed from 28 February 2013 to 29 March 2013, to allow the IRP additional time to consider submissions relating to the Leeds service;
- (c) congratulations to the Clinical Commissioning Groups (CCGs) which had achieved authorisation in the last week, also noting that the Leicestershire Partnership Trust was currently awaiting an announcement from Monitor regarding their application for NHS Foundation Trust status;
- (d) confirmation that there was no cap on the number of questions to be raised at Trust Board meetings by each questioner relating to the business on that day's agenda (as reported in error in the Minutes of the 29 November 2012 Trust Board meeting), and
- (e) on behalf of the Trust Board, the Chairman recorded his thanks to Mr J Birrell, Interim Chief Executive (who was attending his last Trust Board meeting at UHL). The Chairman recorded an appreciation of Mr Birrell's contributions towards the Trust's achievements during his term as Interim Chief Executive, particularly highlighting CQC compliance, launch of UHL's Strategic Direction, improvements demonstrated by early results from the National Staff Survey, progress with building relationships with Commissioners and Mr Birrell's involvement in the handover process to UHL's substantive Chief Executive prior to his commencement in post on 7 January 2013. Members also noted the arrangements for the Chief Nurse/Deputy Chief Executive and the Medical Director to undertake the role of Interim Chief Executive during the period 20 December 2012 to 7 January 2013.

Finally the Chairman reflected on the Trust's challenges and achievements during 2012, thanking the Interim Chief Executive, Executive Directors, Non-Executive Directors and the Trust's 11,000 members of staff for their efforts and wished everyone a Happy Christmas.

341/12 MINUTES

Resolved – that (A) Mr R Kilner, Non-Executive Director be requested to meet with the Chairman to agree an appropriate form of words to be included in respect of the arrangements for holding UHL's partners to account where appropriate, and

RK,NED/
CHAIR
MAN

(B) subject to the above and a correction to Minute 324/12/2 removing the cap on the number of questions to be raised by each questioner, the Minutes of the meeting held on 29 November 2012 (paper M) be confirmed as a correct record.

TA

Post meeting note:

The Chairman and Mr R Kilner, Non-Executive Director subsequently agreed that the following additional paragraph be added to Minute 321/12/4.1 of the 29 November 2012 Trust Board meeting:-

TA

"In discussion, Mr R Kilner Non-Executive Director noted that some of the challenges relating to UHL ED performance were the result of under-performance by NHS healthcare partners and that, where contractually appropriate, UHL should seek to recover costs as a result of partner under-performance"

342/12 MATTERS ARISING FROM THE MINUTES

Paper N detailed the status of previous matters arising, particularly noting those without a specific timescale for resolution. In discussion on the matters arising report the Trust Board noted in particular:-

- (a) Minute 319/12(a) – a verbal briefing provided by the Director of Finance and Business Services to confirm that the tender process for the maternity and gynaecology interim solution business case would commence in January 2013 with a view to commencing work on the project in March 2013;
- (b) Minute 319/12(b) – a report from the Director of Communications and External Relations regarding the communications process for highlighting alternatives to attending ED through Radio Leicester and the Leicester Mercury and a helpful local advertising campaign which had been funded by Mr Zuffar Haq. The Director of Communications and External Relations agreed to write to Mr Haq to acknowledge this generous gesture; **DCER**
- (c) Minute 321/12/3.2 – a further report on the role of the Senior Independent Director would be provided to the Trust Board on 31 January 2013; **DCLA**
- (d) Minute 321/12/4 – CBU-level complaints data would be circulated to members outside the meeting (together with the quarterly report on quality and safety which included detailed complaints data), and **CN/DCE**
- (e) Minute 324/12 – the Director of Communications and External Relations would access the CCG Board meeting dates from their external websites in order to coordinate a schedule of attendance by UHL's Board members. **DCER**

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

343/12 INTERIM CHIEF EXECUTIVE'S MONTHLY REPORT – DECEMBER 2012

The Interim Chief Executive introduced his monthly briefing report (paper O), providing updates on: (1) Implementing a 'Duty of Candour': A New Contractual Requirement on Providers; (2) Review of Aggregate Assessment of Providers of Health and Social Care in England ('Rating Review'); (3) Department of Health Winterbourne View Review: Strengthening Accountability and Corporate Responsibility for Quality of Care, and (4) the NHS Commissioning Board's 2013-14 planning guidance.

Resolved – that the Interim Chief Executive's December 2012 update report be received and noted.

344/12 QUALITY AND SAFETY

344/12/1 CLINICAL QUALITY

344/12/1.1 Contrasting Experiences (2 Good/2 Bad)

The Chief Nurse/Deputy Chief Executive introduced 2 presentation slides highlighting the following contrasting experiences which had impacted upon clinical quality and safety at UHL:-

- (a) feedback arising from internal and external reviews of 5 UHL Never Events. As a result, local practices had been reviewed and changes implemented surrounding compliance with the WHO checklist and appropriate lens selection in ophthalmology

- procedures. A further Never Event report had occurred during December 2012 involving appropriate use of packs to control bleeding in theatres but highlighting a lack of effective communications regarding the process to remove them at a later time;
- (b) an inquest into an unavoidable patient death during 2011 where extensive learning opportunities had been identified surrounding effective communications, clinical observations, handover processes and professional practice;
 - (c) the positive impact on patient experience since the introduction of UHL's nurse led burns and plastics service, which now provided an outreach service for supporting children's care in the community and a focus on education for community GPs and nurses. The benefits and learning arising from this innovative UHL service had been shared nationally;
 - (d) improvements in patient experience feedback within UHL's fracture clinic, since the department had been relocated some 3 weeks previously as part of the capital investment in expanding the Emergency Department and improving patient flows, and
 - (e) congratulations to Heather Daley for her Quality in Care Diabetic Award and the Pathology and Communications Teams who had also been nominated for awards.

In discussion following the presentation, Ms K Jenkins, Non-Executive Director sought and received assurance from the Medical Director regarding the outcome of the thematic review of Never Events at UHL and the actions being undertaken to address learning opportunities that had been identified.

Resolved – that the presentation and subsequent discussion on contrasting experiences at UHL be received and noted.

344/12/1.2 UHL Quality and Safety Commitment 2012-2015

Further to Minute 321/12/1.2 of 29 November 2012, paper P provided the final draft UHL Quality and Safety Commitment 2012-2015 for the Board's approval. In presenting this item, the Chief Nurse/Deputy Chief Executive particularly highlighted the strong engagement with UHL clinicians and patient support groups and that patient adviser representation was included within the focus groups for each of the 3 goals (reducing mortality, reducing harm and patient centred care) and acknowledged the depth of knowledge relating to mortality data which the Boston Consulting Group had been able to handover to UHL's business analysts to support the development of this workstream. Workshops for each of the 3 goals were scheduled to be held on 11 January 2013.

In discussion on this report:-

- (a) the Board considered the target to avoid 5000 unintentional patient harm events in the next 3 years and the expected improvements that electronic prescribing and medicines administration would deliver in that time;
- (b) Mr D Tracy, Non-Executive Director and Chairman of the Quality Assurance Committee queried whether achieving the target of 75% (for patients who would recommend the Trust to their families or friends) would put UHL in the top quartile of East Midlands Trusts for patient centred care. In response, the Chief Nurse/Deputy Chief Executive confirmed that progress would be reported to the Trust Board on a quarterly basis and that this stretch target would be appropriately revisited during the 3 year duration of the Quality and Safety Commitment, and
- (c) the Interim Chief Executive commented that this excellent piece of work now set the tone for UHL's development in respect of prioritising quality and safety within the organisation.

Resolved – that (A) the final draft Quality and Safety Commitment 2012-15 (paper P) be approved as presented, and

CN/DCE

(B) quarterly progress reports on the Quality and Safety Commitment be reported to

CN/DCE
/QAC

the Trust Board through the Minutes of the Quality Assurance Committee

CHAIR

344/12/1.3 Draft Patient Experience Strategy 2012-15

The Chief Nurse/Deputy Chief Executive introduced paper Q, the first draft of UHL's Patient Experience Strategy noting its alignment with the Quality and Safety Commitment and the development of workstreams relating to the following 6 overarching goals:-

- (1) improve the care for older people;
- (2) improve the care for patients with dementia;
- (3) improved discharge experience;
- (4) improved efficiency of care processes for patients;
- (5) improved care for people at end of life, and
- (6) patients, their family and carers feel informed and are given options.

Members noted that focus workshops would be held during January 2013, following which, the Patient Experience Strategy would be updated and re-presented to the Trust Board for approval. In discussion on this item, Mr R Kilner, Non-Executive Director queried whether there was scope to implement a trial for customer service training for staff as a tool for improving patient experience feedback in key areas (to include skills such as making good eye contact during discussions). The Chief Nurse/Deputy Chief Executive confirmed her view that there was a definite link between staff values and behaviours and patient experience and she agreed to explore this. The Director of Human Resources highlighted opportunities to harness the work taking place with Interserve and introduce customer services related learning shared by other NHS Trusts and from organisations such as John Lewis. Ms K Jenkins suggested that customer services training would be relevant to all staff who have contact with patients. She also requested that the Director of Corporate and Legal Affairs consider revising the Trust Board reporting template to capture information on the level of stakeholder engagement that had been undertaken prior to presentation to the Trust Board.

DCLA

The Director of Communications and External Relations highlighted UHL's Caring at its Best training package (being rolled out further as part of the Trust's agreed Strategic Direction) and commented upon variances with net promoter scores and site differentials evident from patient feedback on the NHS choices website. He queried the "one size fits all" approach and recommended that discretionary interventions be adopted for under-performing wards. In response, the Chief Nurse/Deputy Chief Executive briefed the Board on the Healthcheck process adopted for performance monitoring UHL's 6 lowest performing wards, the process to reinforce ward managers' roles and responsibilities and the process for sharing of this information with Clinical Commissioning Groups during a walkaround survey of the identified wards during the last 7 days.

Resolved – that (A) the finalised Patient Experience Strategy be presented to the Trust Board for approval (when available);

CN/DCE

(B) progress against the Patient Experience Strategy by monitored on a quarterly basis through the Minutes of the Quality Assurance Committee;

CN/DCE

(C) consideration be given to implementing a trial for customer service training for UHL staff (as a tool for improving patient experience feedback), and

CN/DCE

(D) the Trust Board reporting template be amended to include information on the level of stakeholder engagement.

DCLA

344/12/1.4 Compassion in Practice – National Strategy for Nursing, Midwifery and Care Staff

Paper R provided an overview of the national vision and strategy for nursing, midwifery and

care staff which was being built around the “6Cs” (Caring, Compassion, Competence, Communication, Courage and Commitment) and 6 areas of action identified to support the delivery of this vision. Planned national and local actions over the next 12 week period were detailed in appendix 1. The Chief Nurse/Deputy Chief Executive reported on the proposed consultation process, an expected video presentation to all Trusts and close links between this work and UHL’s values and behaviours and the Organisational Development Plan. She confirmed that a further update on the national strategy would be presented to the Trust Board (once the national publication of further information by the NHS Chief Nurse had taken place).

Resolved – that an update on the National Nursing Strategy (Compassion in Practice) be presented to the Trust Board upon receipt of further national information by the NHS Chief Nurse.

CN/DCE

344/12/1.5 UHL Clinical Strategy 2012-13 to 2017-18

The Medical Director presented paper S, UHL’s Clinical Strategy for 2012-13 to 2017-18, noting the developmental process arising from the amalgamation of individual service level integrated business plans and advising that the draft strategy had already been shared with CCG colleagues and NHS Midlands and East.

In discussion on this item, Professor D Wynford-Thomas, Non-Executive Director highlighted a potential omission on the final page of the strategy and suggested some additional wording be inserted to acknowledge the importance of UHL’s relationship with the University of Leicester in respect of research and development workstreams. The Interim Chief Executive also commented upon the importance of capital investment to deliver the clinical strategy and requested that clarity be provided on this point.

Resolved – that (A) the Medical Director be requested to include additional narrative within the clinical strategy to clarify the importance of UHL’s relationship with the University of Leicester and capital investment, and

MD

(B) subject to the above amendments, UHL’s Clinical Strategy for 2012-13 to 2017-18 be approved.

345/12 GOVERNANCE

345/12/1 Foundation Trust (FT) Update

Further to Minute 321/12/3.3 of 29 November 2012, paper T advised members of progress on UHL’s FT application and the timetable set out in the Trust’s Tripartite Formal Agreement (TFA), noting that the Trust Board would continue to receive monthly updates on this issue. The Interim Chief Executive reported on the self assessment processes for the Quality Governance Framework and the Board Assurance Framework and progress towards finalising the draft IBM/LTFM by the end of March 2013. The Interim Chief Executive also reported on the significant number of aspirant FTs in the application pipeline and the expected impact of the Francis enquiry recommendations, noting that either of these factors had the potential to delay UHL’s application by a few months.

Resolved – that the Trust Board continue to receive monthly updates on its FT Application process.

345/12/2 Medical Appraisal/Revalidation

The Medical Director introduced an interim progress report on Medical Appraisal and Revalidation (paper U refers) and reported on the system developments (since the Trust had participated in the DoH funded “Pathfinder” pilot project between 2009 and 2011) and

the implementation of a new electronic appraisal support system.

In discussion on the report, Mr R Kilner, Non-Executive Director sought and received additional information regarding the GMC processes and queried whether there was any scope to join up forces with primary care providers to reduce duplication. In response the Medical Director reported on the requirement for each doctors' appraisal to be completed by the appropriate designated body. The Director of Finance and Business Services also challenged whether there was any scope to combine the software requirements for medical appraisal and the job planning process, but noted in response that these were 2 completely distinct processes. Finally the Chairman sought and received additional assurance relating to the GMC processes to deal with any non-engagement in the system.

Resolved – that (A) the progress report on Medical Appraisal and Revalidation at UHL be received and noted, and

(B) the Medical Director be requested to write to, Professor P Furness, UHL Revalidation Lead and his team to express the Board's appreciation for the significant progress to date.

MD

346/12 QUALITY AND PERFORMANCE

346/12/1 Month 8 Quality and Performance Report

Paper V, the quality and performance report for month 8 (month ending 30 November 2012) advised of red/amber/green (RAG) performance ratings for the Trust, and set out individual Divisional performance in the accompanying heatmap.

The Chief Nurse/Deputy Chief Executive reported on specific issues relating to patient safety, quality and patient experience, particularly noting:-

- improvements in prevalence data, for each of the four harms monitored in the Safety Thermometer (falls, VTE, pressure ulcers and urinary tract infections with catheter);
- Health Care Assistant assessment for clinical observations had increased to almost 34% for Acute Care and 59% for planned care;
- an increase in the number of staffing level concerns being reported through the Datix incident reporting system. The Divisional Director, Women's and Children's had provided assurance to the Executive Team that these incidents had not resulted in any patient harm, but a watching brief was being maintained;
- a slight increase in norovirus where the appropriate escalation measures were being adopted;
- daily monitoring of the impact of any influenza cases, and
- that a number of incidences of whooping cough had been experienced in the community, but to date this had not impacted upon UHL's paediatric intensive care services.

Mr D Tracy, Non-Executive Director and Chairman of the Quality Assurance Committee raised questions on the following themes:-

- (a) net promoter scores and how the variances between wards were being addressed – the Chief Nurse/Deputy Chief Executive reported on the process to monitor the worst performing wards and increase support and opportunities for shared learning. These wards were also visited by CCG colleagues during their recent walkabout. She agreed to circulate data on the Healthcheck wards to Non-Executive Directors outside the meeting;
- (b) additional information regarding falls in the Acute Care Division – the Chief Nurse/Deputy Chief Executive advised that this data had been re-profiled to take account of seasonal variations and she reported on the increased focus on falls

- awareness which was planned for 2012-13, and
- (c) cancelled operations – the Interim Director of Operations briefed the Board on the operational impact of ED pressures upon the surgical bed base, noting that cancellations had started to reduce during December 2012.

Mr R Kilner and Ms K Jenkins raised a series of questions relating to complaints data suggesting that it would be helpful to receive a breakdown of complaints by CBU and by complaints themes to review the most frequent themes for complaints. The Director of Corporate and Legal Affairs commented that performance for compliance with the WHO safer surgery checklist had been RAG rated as red for three consecutive months and noted in response that a presentation would be scheduled to the Quality Assurance Committee in January 2013.

The Interim Director of Operations highlighted key elements from the operational performance section of paper V, including RTT performance, 62 day cancer waits, cancelled operations, the formation of a readmissions project board in January 2013, theatre improvement project plans (which were due to be presented to the Executive Team in January 2013) and ED performance. Discussion took place regarding the following aspects of the report:-

- (1) variable choose and book performance and the actions being taken to address this on a sustainable basis;
- (2) progress towards the development of a 7-day working week for clinical services (including physiotherapy and diagnostics) as part of the work towards reduce mortality rates at weekends, and
- (3) the arrangements to ensure that any cancelled operations were based on a robust assessment of clinical need and safeguards in place to ensure that cancellations did not affect the same patient on more than one occasion. The Interim Director of Operations also undertook to review the data for patient cancellations which took place before the day of surgery.

The Director of Finance and Procurement reported on the Trust's financial position, summarising the key factors for the cumulative year to date deficit of £7.1m which was £8.4m adverse to plan. Trust Board members particularly noted the 7% increase in emergency activity over 2008-09 activity and the marginal rate income reduction of £3.9m for the first 8 months of the year. Coupled with this, additional pay and non-pay expenditure was being incurred to manage the additional emergency activity and elective activity performance and cancellation rates had deteriorated. The Director of Finance and Procurement reported on the Trust's cash position which had reduced to £6.7m (from £35.9m at the end of October 2012) mainly as a result of a reduction in prepayment of monthly SLAs through the CCGs.

Trust Board members discussed the existing measures already in place to freeze non-essential spending and reduce agency expenditure, seeking assurance that recent recruitment to permanent positions would deliver associated reductions in agency expenditure. The Interim Chief Executive confirmed that the Executive Team had been particularly focusing on this theme and agreed that it would be appropriate for the Chairman to hold discussions with the substantive Chief Executive regarding opportunities to centralise spending controls, subject to appropriate arrangements being put in place to safeguard expenditure relating to patient safety and quality issues. The Chairman reiterated that the Trust Board was committed to meeting the financial challenges and delivering a break-even financial year end position, but extremely conscious that patient quality and safety would remain the first consideration.

Finally the Director of Human Resources reported on the Human Resources related issues arising from the month 8 Quality and Performance report, advising that a report on the early results from the National Staff Survey 2012 would be presented to the January 2013 Trust

Board meeting. The Board noted that appraisal performance for November 2012 stood at 92.1% and the November 2012 sickness level stood at 4.1%, but this was expected to reduce by around 0.5% as absence data was validated and open periods of sickness were closed down. The 12 month rolling sickness rate remained at 3.5%.

Resolved – that (A) the quality and performance report for month 8 (month ending 30 November 2012 be noted;

(B) the Chief Nurse/Deputy Chief Executive be requested to circulate information on the 6 lowest performing wards to the Non-Executive Directors to inform their quality and safety ward walkabouts;

CN/DCE

(C) a report on WHO checklist compliance be presented to the Quality Assurance Committee in January 2013;

CN/DCE

(D) opportunities to centralise spending controls be reviewed with the substantive Chief Executive in January 2013, and

CHAIR
MAN

(E) the results of the National Staff Survey 2012 be presented to the Board on 31 January 2013.

DHR

346/12/2 Monthly Update on Emergency Care

The Interim Director of Operations introduced the monthly ED performance report (paper W) which provided an overview of emergency care delivery for UHL, including the Right Place Consulting project highlight report, the LLR accident and emergency recovery plan and the Christmas and New Year opening arrangements for social services, general practice, pharmacies and walk in centres. Responding to a query raised by Mr R Kilner, Non-Executive Director, relating to the balance between achieving ED 4 hour performance and reducing the number of inappropriate admissions, the Interim Director of Operations reported on a suite of performance metrics available for monitoring the Right Place Consulting workstreams and he undertook to include appropriate key performance indicators within future emergency care reports to the Board.

Resolved – that future monthly updates to the Trust Board on Emergency Care incorporate key performance indicators for the Right Place Consulting project.

IDO

346/12/3 Governance and Risk Management Committee

Resolved – that the Minutes of the 26 November 2012 Governance and Risk Management Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (paper Y).

346/12/4 Finance and Performance Committee

Resolved – that the Minutes of the 28 November 2012 Finance and Performance Committee be received, and the recommendations and decisions therein be endorsed and noted respectively (paper Z).

346/12/5 NHS Trust Over-Sight Self Certification

Paper AA detailed summarised key changes to the monthly self certification template and presented UHL's December 2012 self certification (appendix A refers). The Trust Board endorsed the December self certification return as presented, for signature by the Chairman and Interim Chief Executive and submission to the SHA accordingly.

CHAIR
MAN/
ICE

Resolved – that the NHS Trust Over-Sight Self Certification return for December 2012

CHAIR
MAN/

be approved for signature by the UHL Chairman and Interim Chief Executive, and submitted to NHS Midlands and East as required.

ICE

347/12 STRATEGIC RISK REGISTER/BOARD ASSURANCE FRAMEWORK (SRR/BAF)

The Chief Nurse/Deputy Chief Executive presented the latest iteration of UHL's SRR/BAF (paper BB), noting that the document had now undergone a full revision to ensure its accuracy in respect of the strategic risks facing the Trust for the remainder of 2012-13 and the Executive Team had reviewed and ratified the SRR/BAF on 11 December 2012. Appendix 1 to paper BB provided the results of a mapping exercise which had identified 2 risks which did not robustly link with the revised SRR/BAF and would move to the operational risk register and appendix 3 detailed the risk escalation and reporting procedures and flowchart (also supported by the Executive Team on 11 December 2012).

In discussion on paper BB, the Trust Board requested that:-

- (a) a heatmap summary be included within the report (as produced for the previous version);
- (b) visual links to the Trust's Strategic Objectives be included;
- (c) the Executive revisit the impact scoring for risk 4 (failure to achieve FT status);
- (d) additional clarity be provided regarding the process for Corporate Committees to oversee particular risks;
- (e) in relation to risk 8 (inability to recruit, retain, develop and motivate staff), the Executive Team undertake a review of the range of talent management profiles within the Trust and report to the Remuneration Committee in February 2013 on the outcome of this review, and
- (f) the Director of Communications and External Relations be requested to review the scope to change the title for risk 11 (loss of reputation).

Resolved – that (A) the SRR/BAF be received and noted;

(B) the points discussed under points (a) to (f) 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 31 January 2013.

CN/DCE

348/12 REPORTS FROM BOARD COMMITTEES

348/12/1 Audit Committee

Resolved – that (A) the Minutes of the 13 November 2012 Audit Committee be received and noted.

348/12/2 Research and Development Committee

Resolved – that the Minutes of the 10 December 2012 Research and Development Committee be presented to the 31 January 2013 Trust Board.

TA

349/12 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The Chairman confirmed that the previously agreed limit of one question per questioner had been removed following further discussion and the following queries and comments were received regarding the business transacted at the meeting:-

- (a) a comment regarding the reliance upon input from external consultants in relation to the Quality and Safety Commitment and the Draft Patient Experience Strategy. In response, Board members reported on the additional flexibility provided by use of external

management consultants which allowed Trust staff to engage fully in the process, whilst continuing with the day-to-day running of the hospitals. It was also noted that external validation of the quality and governance self-assessment assurance mechanisms was mandated as part of the FT application process, and

- (b) a comment arising from sections 4.8 and 4.9 of paper V, the Quality and Performance report, where there was no apparent reference to the national strategy for anticoagulant administration within the 3 hour window of opportunity. The Interim Director of Operations briefed the Board on the primary care arrangements for delivering this service and UHL's performance in respect of times taken to provide appropriate CT scanning and agreed to consider changes to the reporting format to take account of this comment.

IDO

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

350/12 ANY OTHER BUSINESS

350/12/1 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.

351/12 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 31 January 2013 at 10am in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 3.03pm

Kate Rayns, **Trust Administrator**

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

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|------------------|----------|--------|--------------|------------------|----------|--------|--------------|
| M Hindle (Chair) | 11 | 11 | 100 | I Reid | 11 | 11 | 100 |
| J Birrell | 5 | 5 | 100 | A Seddon | 11 | 11 | 100 |
| K Bradley | 11 | 9 | 82 | D Tracy | 11 | 10 | 91 |
| K Harris | 11 | 9 | 82 | A Tierney* | 6 | 5 | 83 |
| S Hinchliffe | 11 | 11 | 100 | S Ward* | 11 | 10 | 91 |
| K Jenkins | 11 | 10 | 91 | M Wightman* | 11 | 11 | 100 |
| R Kilner | 11 | 11 | 100 | J Wilson | 11 | 9 | 82 |
| M Lowe-Lauri | 5 | 5 | 100 | D Wynford-Thomas | 11 | 6 | 56 |
| P Panchal | 11 | 10 | 91 | Mr A Chatten* | 2 | 2 | 100 |
| Mr J Clarke* | 2 | 1 | 50 | | | | |

* non-voting members