

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 31 JULY AT 9.45AM
IN GLOUCESTER HOUSE, AGE UK, 3 NORMAN WAY, MELTON MOWBRAY LE13 1LE**

Present:

Mr R Kilner – Acting Trust Chairman
Mr J Adler – Chief Executive
Col. (Ret'd) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Dr K Harris – Medical Director (up to and including Minute 209/14/2, and for Minute 217/14/4)
Mr R Mitchell – Chief Operating Officer
Ms R Overfield – Chief Nurse
Mr P Panchal – Non-Executive Director
Mr S Sheppard – Acting Director of Finance
Professor D Wynford-Thomas – Non-Executive Director

In attendance:

Dr T Bentley – Leicester City CCG (from Minute 204/14)
Ms K Bradley – Director of Human Resources
Mr D Henson – LLR Healthwatch Representative (from Minute 204/14)
Professor M Lakhani – Chair, West Leicestershire CCG (for Minute 209/14/1)
Mr P Shanahan – Ernst Young (for Minute 197/14)
Ms K Shields – Director of Strategy
Ms H Stokes – Senior Trust Administrator
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications (up to and including Minute 209/14/2)

ACTION

191/14 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 191/14 – 203/14), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

192/14 APOLOGIES AND WELCOME

Apologies for absence were received from Ms J Wilson, Non-Executive Director. The Acting Trust Chairman welcomed Mr S Sheppard to the meeting in his new capacity as Acting Director of Finance.

193/14 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

194/14 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

The Acting Trust Chairman noted that a decision on UHL's substantive Chair appointment was expected from the NTDA in the new few weeks.

Resolved – that the position be noted.

195/14 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of 26 June 2014 be confirmed as a correct

CHAIR

record and signed accordingly by the Acting Trust Chairman.

196/14 CONFIDENTIAL MATTERS ARISING REPORT

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

197/14 REPORT BY THE DIRECTOR OF STRATEGY

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.

198/14 REPORT BY THE ACTING DIRECTOR OF FINANCE

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

199/14 REPORTS BY THE CHIEF NURSE

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

200/14 JOINT REPORT BY THE ACTING 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.

201/14 REPORT BY THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

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

202/14 REPORTS FROM BOARD COMMITTEES

202/14/1 Finance and Performance Committee

Resolved – that the confidential Minutes of the 25 June 2014 Finance and Performance Committee be received, and the recommendations and decisions therein endorsed and noted respectively.

202/14/2 Quality Assurance Committee (QAC)

Resolved – that the confidential Minutes of the 25 June 2014 QAC be received, and the recommendations and decisions therein endorsed and noted respectively.

202/14/3 Remuneration Committee

Resolved – that the confidential Minutes of the 26 June 2014 Remuneration Committee be received, and the recommendations and decisions therein endorsed and noted respectively.

203/14 CORPORATE TRUSTEE BUSINESS

203/14/1 Charitable Funds Committee

All items from the 9 June 2014 Charitable Funds Committee were presented as recommendations and required Trust Board approval as Corporate Trustee, in light of that meeting's inquorate nature. Approval was given accordingly.

TB

Resolved – that all recommended items within the inquorate 9 June 2014 Charitable Funds Committee minutes be approved by the Trust Board as Corporate Trustee.

TB

204/14 **DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

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

205/14 **ACTING CHAIRMAN'S OPENING COMMENTS**

The Acting Chairman drew members' attention to the following issues:-

- (a) his thanks to Age UK for hosting this UHL Trust Board meeting (part of UHL's programme of holding more such meetings out in the community);
- (b) his welcome to Mr D Henson, LLR Healthwatch representative, Mr S Sheppard Acting Director of Finance, and Professor M Lakhani, Chair of West Leicestershire Clinical Commissioning Group (CCG), and
- (c) the key discussions on the LLR "Learning Lessons to Improve Care" quality review (featured in Minute 209/14/1 below and discussed immediately after this introduction from the Acting Trust Chairman). This unique review had involved a proactive audit of the quality of LLR patient care (therefore covering the patient journey across both primary and secondary care), the aims of which had included ensuring ongoing improvements and addressing concerns over fragmentation of care. In 2013 therefore, the case notes had been reviewed of 381 patients admitted as an emergency to the Leicester Royal Infirmary and who had subsequently died either in hospital or in the community in 2012/13. The review had specifically looked to identify any issues, which could now be addressed across the LLR healthcare community on an open and transparent basis, and the Acting Trust Chairman thanked the report's authors for their work.

Resolved – that the position be noted.

206/14 **MINUTES**

Resolved – that the Minutes of the 26 June 2014 Trust Board be confirmed as a correct record and signed by the Acting Trust Chairman accordingly.

CHAIR

207/14 **MATTERS ARISING FROM THE MINUTES**

Paper M detailed the status of previous matters arising, particularly noting those without a specific timescale for resolution. In discussion on the matters arising report, the Board received updated information in respect of the following items:-

- (a) **item 7** (Minute 181/14/1 of 26 June 2014) – it was requested that specific dates be identified for the Executive Quality Board and the Quality Assurance Committee to receive updates on the work of the Learning Disability Service;
- (b) **item 12** (Minute 183/14/1 of 26 June 2014) – contact with the National Trust Development Authority (NTDA) regarding monitoring national media storylines had been actioned and could now be removed from the log;
- (c) **item 12a** (Minute 183/14/1 of 26 June 2014) – it was requested that a date be identified for QAC consideration of the issue of TTO prescription error rates;
- (d) **item 12b** (Minute 183/14/1 of 26 June 2014) – the anticipated date for delivering the 95%

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appraisal target would be pursued with the Director of Human Resources outside the meeting and could therefore be removed from the action log.

DHR

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

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EDs

208/14 REPORT BY THE CHIEF EXECUTIVE – MONTHLY UPDATE REPORT (JULY 2014)

The Chief Executive advised that most of the key issues within his monthly report at paper N were covered on this Trust Board agenda, particularly the LLR Learning Lessons to Improve Care quality review. With regard to other itemised issues, UHL's system resilience plans had been submitted to the NTDA, and performance against the emergency care target appeared to be improving. The Chief Executive also advised the Trust Board of progress on the potential 'mutualisation' agenda for the acute care sector, noting the launch of a Department of Health/Cabinet Office £1m fund to explore pursuing this for interested organisations (fund to be split between 10 organisations). Bids were required by the NTDA by 4 September 2014, and the Chief Executive confirmed that if UHL was to lodge a bid he would report it accordingly to the August 2014 Trust Board.

CE

The Chief Executive then raised a further additional item regarding the national congenital cardiac surgery review, with specific regard to the provision of paediatric congenital heart surgery at UHL. The Chief Executive drew the Trust Board's particular attention to 2 of the draft national compliance standards relating to:-

- (i) the minimum number of procedures required per centre – Trust Board support was now requested for the Director of Strategy to continue discussions with Birmingham Children's Hospital regarding a potential network arrangement, and
- (ii) the requirement for co-location of children's services – as this was not currently the case at UHL, the Trust Board was now asked to support an urgent assessment of the potential to alter the Trust's current reconfiguration plan to achieve co-location (including timelines and costs).

The Chief Executive also sought support for (iii) an immediate communication to UHL staff explaining the approach being taken on this issue, and (iv) a further report to be submitted accordingly to a future Trust Board on the implications of meeting the standards and the future strategy for the paediatric congenital cardiac surgery service. These actions (and those in (i) and (ii) above) were supported accordingly by the Trust Board.

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Resolved – that (A) an update on any UHL bid for national mutualisation monies be presented to the August 2014 Trust Board prior to submission, and

CE

(B) Trust Board approval to be given to actions (i) – (iv) above regarding paediatric congenital heart surgery at UHL.

CE/DS/
DMC

209/14 CLINICAL QUALITY AND SAFETY

209/14/1 LLR "Learning Lessons to Improve Care" Quality Review

Immediately following the Chairman's opening comments in Minute 205/14 above, the Trust Board discussed the key issue of the LLR "Learning Lessons to Improve Care" Quality Review. Noting the Acting Trust Chairman's comments on the unique, proactive and exhaustive nature of the review, the UHL Medical Director began the presentation of its key findings including the fact that 89 of the 381 cases reviewed (23%) had identified care below an acceptable standard. The findings of the review would also be presented to the other participating LLR organisations' Boards, and had been covered in local media. The Medical Director clarified that 'unacceptable' care related to the presence of an error in the delivery of that care, and had no automatic relationship to the eventual outcome. The Medical

Director also commented on the decision to contact the families of all patients involved and offer them a variety of further action including additional investigations and/or meetings with Trust staff if so desired. A helpline was currently in place to respond to queries.

Both the UHL Medical Director and the Chair of West Leicestershire CCG noted the collective apologies of all organisations involved for the unacceptable care identified in the review. Professor M Lakhani, Chair of West Leicestershire CCG then continued the joint presentation of the review's findings, noting in particular:-

- (i) the welcomed opportunity to improve care across the LLR system, taking the issues highlighted in the report as a starting point;
- (ii) his reiteration that the sample involved was small (in the context of the 1million+ patients treated in UHL each year) and had deliberately focused on a patient group likely to have complex problems. This did not detract from the seriousness with which all parties were viewing the findings, however;
- (iii) the recognised need for more 'joined up' care across LLR, and of a more consistently high quality;
- (iv) the top 3 themes identified by the review's thematic analysis, including failure to notify the hospital of 'do not attempt resuscitation' (DNAR) orders in place for patients; failings in clinical reasoning, and palliative care issues, and
- (v) the reviewers' recommendations and the subsequent development of a 5-point LLR action plan by all involved parties (in which clinical leadership was key, appropriately supported by management input).

Following the joint presentation, the UHL Chief Executive emphasised the aim of the review as having been to identify issues and learn lessons to drive improvement accordingly, with actions both for individual organisations and for the LLR system as a whole. He also confirmed that the full report and recommendations were currently available on the Trust's public website <http://www.leicestershospitals.nhs.uk/>

The Chief Executive also advised that UHL's individual actions resulting from the review would be taken forward through the Trust's extended Quality Commitment and its framework for Delivering Caring at its Best. In discussion on the Learning Lessons to Improve Care review, the Trust Board noted:-

- (a) comments from Professor D Wynford-Thomas, Non-Executive Director and Dean of the University of Leicester Medical School that the lessons from the review were also being shared with medical students. He queried whether this was being extended within UHL to post-graduate students, and the Medical Director confirmed that the review's lessons would now be shared with FY1 doctors;
- (b) comments from Dr A Bentley, CCG representative, that much individual and cross-LLR organisational improvement had taken place since the time that the audit had been conducted. He also reiterated LLR's commitment to cross-organisational working, as evidenced by his presence at UHL Trust Board meetings, and
- (c) that it would be helpful for all involved organisations to receive an update in 3 months' time, re: progress on the LLR cross-cutting actions.

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At this point, the Acting Trust Chairman invited any comments or questions from members of the public present at the meeting – no points were raised.

Resolved – that (A) the findings of, and proposed actions resulting from the LLR Learning Lessons to Improve Care quality review, be noted and endorsed, and

(B) the Boards of all involved organisations receive a further update on the LLR cross-cutting actions, in 3 months' time.

MD

209/14/2 Medical Revalidation and Appraisal Annual Report 2013-14

Paper P provided assurance that UHL was satisfactorily discharging its statutory duties in its role as a Designated Body (specifically re: medical revalidation and appraisal in this report) for the majority of its medical employees. Once accepted by the Trust Board, the 2013-14 annual medical revalidation and appraisal report would be shared with the higher level Responsible Officer as appropriate. Trust Board approval was also sought for the 'statement of compliance' appended to paper P, confirming that UHL (as a designated body) was in compliance with the Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

The Medical Director advised that there was only a very small number of doctors now not engaging fully with the medical revalidation and appraisal process. He also drew the Trust Board's attention to changes to the external oversight of UHL's appraisal and revalidation processes, which had recently been taken over by NHS England. Independent external review was also being strongly recommended – whilst welcomed by the Trust, this had potential resource implications. In discussion on the report and whilst recognising the reduction from previous years, the Trust Board voiced some concern over the number of doctors not completing appraisals in 2013-14 (62 out of 678), and sought assurance that this would be reduced further in future years. In response to a further query from Col. (Ret'd) I Crowe Non-Executive Director, the Medical Director also outlined the measures in place to ensure the quality of medical appraisals. In response to a query from Dr S Dauncey Non-Executive Director, the Medical Director also confirmed that the relevant triangulation process and 360 degree feedback was taking place as required.

Resolved – that (A) the 2013-14 Medical Revalidation and Appraisal Annual Report be supported, and the statement of compliance appended to the report be endorsed (for onwards submission as required), and

MD

(B) support be given to amend the Trust's Medical Appraisal and Revalidation Policy to clarify the process in the event of missed appraisals.

MD

209/14/3 Health and Safety Annual Report 2013-14

The Chief Nurse presented the 2013-14 Health and Safety Annual Report (paper Q) for Trust Board approval, noting that in future the Trust Board version would comprise an executive summary only. She particularly noted improvements in health and safety training compliance, a fall in RIDDOR-reportable incidents, and significant work on equipment for (and training in dealing with) bariatric patients. Conflict resolution training to deal with incidents of violence and aggression was also a key issue. In discussion on the Annual Report, Mr I Crowe Non-Executive Director commented that:-

- (i) it would be more meaningful to see 5-year trend data, including resulting actions, and
- (ii) more granular detail on violence and aggression incidents needed to be provided to the Trust's Security Committee, in order to equip that group to develop appropriate actions.

CN

Resolved – that (A) the 2013-14 Health and Safety Annual Report be approved, and

(B) an appropriate level of detail on incidents of violence and aggression be provided to the UHL Security Committee.

CN

209/14/4 "Sign up to Safety" Campaign

Additional paper 1 from the Chief Nurse advised the Trust Board of the national 'Sign up to Safety' campaign and outlined the organisational actions/improvements therefore required. Although many of the elements were already covered through UHL's Quality Commitment,

this would serve also to bring in safety culture aspects. Although supporting the Trust's involvement in the campaign, the Acting Trust Chairman noted the need for clarity on which existing workstreams could be used and to avoid unnecessary duplication. Dr S Dauncey Non-Executive Director advised that UHL's Quality Assurance Committee had received assurance on this point on 30 July 2014.

Resolved – that (A) the required organisational improvements/actions be supported as detailed in additional paper 1, and CN

(B) the Executive Quality Board and Quality Assurance Committee be kept updated of progress on the Sign up to Safety campaign, via the regular patient safety reports. CN

210/14 STRATEGY, FORWARD PLANNING AND RISK

210/14/1 Vascular Services Outline Business Case (OBC)

Paper R from the Director of Strategy sought Trust Board approval to submit the vascular services OBC to the National Trust Development Authority, noting that the business case now also incorporated amendments requested by UHL's Capital Monitoring and Investment Committee on 27 June 2014. Members noted that the OBC incorporated the transfer of vascular and supporting services from the LRI to the Glenfield Hospital site (including an inpatient ward and surgical admissions area, vascular studies unit, angiography and the provision of a new hybrid theatre). The project was identified within UHL's capital programme as requiring external loans for the main scheme (£11.9m assuming VAT reclamation at circa £450k).

In his capacity as Finance and Performance Committee Chair, the Acting Trust Chairman confirmed that in supporting the OBC on 30 July 2014, the Finance and Performance Committee had noted the need for the Full Business Case (FBC) to include assurances on its impact on mortality, funding requirements, and operational efficiencies (eg 7-day working). In response to a query from Professor D Wynford-Thomas, Non-Executive Director, it was confirmed that the Finance and Performance Committee has also been made aware of linked research activities at the Glenfield Hospital.

Resolved – that (A) submission of the vascular services OBC to the NTDA be approved as detailed in paper R, and

(B) all associated recommendations within paper R also be approved (including the release of ward 24 at the Glenfield Hospital as an enabler to the vascular project), and the timescale for delivery of the OBC and subsequent FBC at risk (subject to addressing the recommendations listed in paper R) be accepted. DS

210/14/2 Capital Funding for the Reprovision of Clinical Space/Modular Wards

Paper S updated the Trust Board on the replacement support accommodation needed at the LRI including the requirement for a new modular ward to support additional bed capacity, and on the financial support required from the NTDA via Public Dividend Capital (PDC) funding for those projects (£8m). The report also outlined the current position of UHL's business case for the redevelopment of its emergency floor, the Full Business Case for which would be submitted to the NTDA in November 2014. The Acting Director of Finance clarified that although the 3 capital schemes within paper S had already received Trust Board approval as part of the 2014-15 capital programme, Trust Board support was now required for the £8m PDC application to the NTDA as the UHL capital programme was over committed. The Trust Board supported the recommendation in paper S, noting that the outcome of the application was expected in November 2014.

Resolved – that (A) the application for Public Dividend Capital funding via the NTDA ADF

be approved and actioned, recognising the overcommitment of UHL's capital programme, and

(B) a further update on measures to mitigate the over-commitment of the capital programme be provided to the August 2014 Finance and Performance Committee.

ADF

210/14/3 Managed Print – LRI Business Case

Paper T comprised the business case to extend the Glenfield Hospital managed print solution to the LRI site, which had also been discussed at the 30 July 2014 Finance and Performance Committee (where a further update in 6 months had been requested, to check progress on the delivery of the anticipated quality and financial benefits). The business case was now approved by the Trust Board as presented.

CE

Resolved – that the business case to extend the managed print solution to the LRI be approved and actioned, for work to commence in August 2014 accordingly.

CE

210/14/4 Orthopaedic Trauma CMF Implants and Associated Products Framework

Paper U sought Trust Board approval for the orthopaedic trauma CMF implants and associated products framework, which would allow UHL to call-off future contracts following mini-competitions without the requirement for further Trust Board approval. If approved, the framework would be live as of 8 weeks from 31 July 2014 for a period of 3 years. In approving the framework, the Trust Board commented on the number of suppliers involved, and sought confirmation (outside the meeting) of how many had not been shortlisted.

ADF

Resolved – that (A) the framework contract for Orthopaedic Trauma CMF Implants and Associated Products be approved, and authority delegated to an Executive Director to award contracts within the framework following a mini-competition (without the requirement for further Trust Board approvals), and

ADF

(B) the number of suppliers not shortlisted for the framework be confirmed to members outside the meeting.

ADF

210/14/5 (Draft) Strategic Forward Business Planning Programme for Trust Board

Further to discussions at the 17 July 2014 Trust Board development session, paper V from the Director of Strategy outlined the development of a UHL strategic planning function for 2014-15 and beyond (draft calendar as appended). Discussions had also begun with UHL's Clinical Management Groups (CMGs) to improve the planning process for 2015-16. In endorsing the business planning programme approach, the Trust Board:-

- (a) noted (in response to a query) that broader engagement with the public and stakeholders would be discussed further with the Director of Marketing and Communications. Dr A Bentley CCG representative queried whether this engagement would be extended to internal clinical staff;
- (b) suggested that the strategic planning calendar should also cross-reference appropriately with other organisational strategies, noting that this would be amended in a further iteration of the calendar;
- (c) noted a query from Mr D Henson LLR Healthwatch representative, as to whether the 'business rules' being presented to the September 2014 Trust Board also include monitoring aspects (in order to ensure appropriate CMG consistency). Mr Henson also queried whether the risks of the business planning process would also be appropriately articulated, and
- (d) noted the view of the 30 July 2014 Finance and Performance Committee that any business case not involving a move to 7-day services needed explicitly to articulate the reasons for that position.

DS/
DMC

ADF

Resolved – that (A) arrangements for broader engagement with the public and stakeholders be agreed with the Director of Marketing and Communications, and

DMC/
DS

(B) the draft business rules framework for the September 2014 Trust Board include appropriate monitoring aspects, to ensure CMG consistency of approach.

ADF

210/14/6 Medical Workforce Strategy

The Director of Human Resources presented the proposed medical workforce strategy to support UHL's 5-year workforce plan (paper W), describing 4 aspects to support the Trust's medical workforce and address future shortages in supply (particularly re: junior medical staff). The strategy would also link appropriately to national reviews of the Consultant contract and ways of training and working. In discussion, the Trust Board noted:-

(a) comments from Dr A Bentley CCG representative, on the need to reflect moves towards more generalist Consultants (as previously articulated by UHL's Associate Medical Director (Clinical Education));

DHR

(b) that progress in addressing gaps in medical trainee numbers would be monitored through UHL's Executive Workforce Board – it was vital to obtain appropriate specialty-level granularity on this issue. Given its importance, it was agreed to review this issue further in 4 months' time at the Trust Board, and

DHR

(c) a suggestion from Mr P Panchal Non-Executive Director that it might be helpful to take a longer-term view, to assess the wider picture in terms of future medical workforce needs and availability. This would also involve an assessment of medical trainees' reasons for not selecting Leicester as a first-choice employer.

Resolved – that (A) subject to appropriate reflection of point (a) above, the medical workforce strategy be endorsed, and

DHR

(B) a further report on the future supply of medical trainees (and associated issues) be submitted to the Trust Board in 4 months' time (November 2014).

DHR

210/14/7 Risk Management Policy

Paper X sought Trust Board approval (as required) for the updated UHL Risk Management Policy (changes as detailed in the report) – this was approved accordingly.

CN

Resolved – that the updated Risk Management Policy be approved and placed on UHL's intranet accordingly.

CN/STA

210/14/8 New Format Board Assurance Framework (BAF)

The Chief Nurse presented the new format BAF (paper Y), further updated since discussion at the 17 July 2014 Trust Board development session and now aligned to UHL's strategic objectives. In response to a query from the Acting Trust Chairman, the Chief Executive clarified that the reduced risk scores reflected a change in the scoring mechanism rather than any downgrading of risks. The risk descriptors had also changed. At the request of the Acting Trust Chairman, it was agreed that the monthly review of 3 specific risks (focusing on the highest risks) would start again from the August 2014 Trust Board. In discussion on the new format BAF (which was also scheduled for review at the September 2014 Audit Committee), the Trust Board:-

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(a) queried the new risk on same sex accommodation breaches – in response the Chief Nurse outlined certain privacy and dignity issues arising from a quality and safety audit, and

(b) noted the need to populate the 'gaps' sections in risks 12, 13 and 14, and the scoring of risk 6. The Chief Nurse acknowledged that this information remained outstanding and agreed to include it in the next iteration of the BAF. CN

Resolved – that (A) any outstanding information be included in the next iteration of the new format BAF, for submission to the August 2014 Trust Board, and CN

(B) monthly Trust Board consideration of 3 specific BAF risks restart in August 2014. CN

211/14 QUALITY AND PERFORMANCE

211/14/1 Month 3 Quality and Performance Report

The month 3 quality and performance report (paper Z - month ending 30 June 2014) advised of red/amber/green (RAG) performance ratings for the Trust, and set out performance exception reports in the accompanying appendices. Noting his intention to change the Trust Board approach to considering the monthly quality and performance report from this meeting onwards, the Acting Trust Chairman now invited the QAC and Finance and Performance Committee Non-Executive Director Chairs to provide verbal reports from their most recent meetings, following which he would invite the Chief Executive to highlight the top 3-4 issues for the Trust Board to consider from the month 3 report. Each month a different Executive/Non-Executive Director colleague would also then be asked to comment on their key issues.

In terms of the 30 July 2014 QAC meeting and in the absence of Ms J Wilson Non-Executive Director QAC Chair, Dr S Dauncey Non-Executive Director highlighted the following issues:-

- (i) QAC's consideration of the renal transplant action plan and its reassurance that UHL was operating a safe service. Slight slippage on the action plan timescales would be reviewed further in September 2014;
- (ii) detailed discussion on worsened fractured neck of femur performance, and
- (iii) a suggested future Trust Board development session discussion on medical workforce staffing issues.

Mr P Panchal Non-Executive Director added that the QAC had also discussed NHS preparedness for an ebola virus outbreak (through the infection prevention report) and had received assurance that appropriate local systems were in place.

The Acting Trust Chairman and Finance and Performance Committee Chair then outlined key operational issues discussed by the 30 July 2014 Finance and Performance Committee, namely:-

- (a) performance against cancer targets;
- (b) improving the number of delayed transfers of care, and
- (c) UHL's capital plan – the Finance and Performance Committee considered that detailed consideration was needed and had recommended further review at the August 2014 Trust Board development session and formal Trust Board.

ADF/DS

The Chief Executive then highlighted his 4 key month 3 issues for Trust Board consideration (noting that financial performance was discussed separately in Minute 211/14/2 below), as follows:-

- (1) broadly good progress on compliance with operational targets;
- (2) progress on the 18-week referral to treatment target in respect of non-admitted patients, with the target achieved in month 3 (thus ahead of the end August 2014 timeline). The RTT position regarding admitted patients was more challenging however, with UHL currently behind on the November 2014 compliance trajectory. The Chief Executive reiterated the crucial need to achieve that timescale, and the Chief Operating Officer noted his confidence in meeting that target;

- (3) continued concerns over cancer performance. The Chief Operating Officer outlined a number of reasons affecting performance, including a significant rise in referrals and changes in internal practices. He had reviewed remedial action plans from each tumour site and considered that performance would become compliant in September 2014 (CCGs and the NTDA had been advised accordingly). In response to a query from Mr D Henson LLR Healthwatch representative, the Chief Operating Officer confirmed that the impact of the referral rise on diagnostic services featured within the tumour sites' action plans, and
- (4) emergency care performance (covered in Minute 211/14/3 below).

In discussion on the issues highlighted above and on the month 3 quality and performance report generally, the Trust Board:-

- (I) noted that this was the final month for the existing format of the report;
- (II) noted a suggestion from Dr A Bentley, CCG representative on the usefulness of auditing the rise in breast cancer referrals, to assess whether it led to a rise in detection of actual cancer cases (this was already intended). It would also be helpful to understand referral patterns for the other tumour sites;
- (III) noted comments from Dr A Bentley CCG representative, on the welcomed reduction in UHL's hospital standardised mortality ratio, particularly in light of the earlier item on the LLR Learning Lessons to Improve Care quality review – he considered that the position had therefore already improved since 2013;
- (IV) queried how the current position re: nursing vacancies compared to the original recruitment trajectory. The Chief Nurse advised that additional posts had been added since the original plan and confirmed that she would report further on this issue to the August 2014 Trust Board (including the additional investment and the number of posts added);
- (V) queried the position re: ambulance turnaround times, in light of the patient impact and financial penalties involved. The Chief Operating Officer noted the challenging nature of this target and confirmed that an action plan was in place with partners, and
- (VI) noted a query from Mr P Panchal Non-Executive Director on whether the Trust monitored the demographic impact of not meeting targets. Although this could potentially be done, it was not monitored at present.

CN

Resolved – that (A) a possible further detailed review of the 2014-15 capital plan be discussed at the August 2014 Trust Board development session and the formal August 2014 Trust Board, and

ADF

(B) the nursing vacancies trajectory be updated to reflect incremental investments, and reported to the August 2014 Trust Board.

CN

211/14/2 Month 3 Financial Position

Paper AA advised members of UHL's financial position as at month 3 (month ending 30 June 2014), noting a year-to-date adverse variance to plan of £0.6m. This variance was due largely to a £0.4m shortfall on cost improvement programme delivery. Patient care income was also under-performing. The Trust was still forecasting to deliver its forecast year-end £40.7m deficit, however, and cost improvement programme schemes had now been identified in excess of the original £45m target. Paper AA also set out the current potential risks to delivery of the year end plan. In discussion on the month 3 financial position, the Trust Board:-

- (a) queried the reasons for the apparent adverse variance in year-to-date ED activity, and requested that these be further clarified to the August 2014 Finance and Performance Committee. Mr D Henson, LLR Healthwatch representative also noted a need for greater understanding of this variance to the forecast position. The Trust Board noted comments from Executive Directors on the national trend for increased ED attendances and

COO

admissions, and on the relative performance of Commissioners' ED admission avoidance schemes – in further discussion on this latter aspect, Dr A Bentley CCG representative suggested it would be useful to know whether the acuity of ED patients had changed, and

(b) sought assurance on the adequacy of the Trust's financial contingency – in response the Acting Director of Finance considered that improved planning meant that the contingency was sufficient, and he advised that the contingency was intact as at the end of quarter 1 of 2014-15.

Resolved – that the August 2014 Finance and Performance Committee review the reasons for the year-to-date variance in forecast ED activity.

COO

211/14/3 Emergency Care Performance and Recovery Plan

Paper BB provided an overview of ED performance, noting improved performance against the target in month 3 (91.2%). Although encouraging, this improvement was still recognised to be below the 95% target. It was also noted that ED admissions remained high compared to 2013 levels. UHL's ED action plan appended to paper BB focused heavily on clinical leadership, and the Chief Operating Officer outlined the key elements of that recovery plan including the use of 4 principal working groups to drive the necessary changes on a day to day basis. A 'rapid cycle testing' approach had also been adopted to assess the impact of new ideas. The Chief Operating Officer also reiterated the Trust's commitment (as stated to the NTDA) to achieve compliance with the ED target by 31 August 2014. In discussion on the ED performance report and recovery plan, the Trust Board:-

(a) sought assurance that performance improvements would be sustained. In response, the Chief Operating Officer was confident of maintaining the momentum – he noted the ongoing work by Dr I Sturgess, External Consultant to deliver change and also advised that there was now a clearer understanding of the various different factors involved. Professor D Wynford-Thomas, Non-Executive Director, suggested a focus on flow issues and noted the need to know which elements of the recovery plan were working well. The Chief Operating Officer also noted the development of key performance indicators for ED, which could be shared at the August 2014 Trust Board, and

COO

(b) queried whether a change in the acuity of ED attendances was the cause of the rise in admissions compared to 2013. Dr A Bentley CCG representative commented on the impact of care pathway changes and the Chief Operating Officer noted cross-LLR work to understand the reasons for the rise in admissions. A shared understanding of (and partnership approach to) improvement was vital.

Resolved – that KPIs and data on which elements of the emergency care improvement plan were having the most impact, be shared with the August 2014 Trust Board.

COO

212/14 **GOVERNANCE**

212/14/1 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns for June 2014 (paper CC). Following due consideration, and taking appropriate account of any further information needing to be included from today's discussions, the self certification against Monitor Licensing Requirements (appendix A), and Trust Board Statements (appendix B) were endorsed for signature accordingly by the Chief Executive and submission to the NTDA.

DCLA/
CE

Resolved – that the NHS Trust Over-Sight Self Certification returns for June 2014 be approved for signature by the Chief Executive, and submitted to the NTDA.

DCLA/
CE

212/14/2 Board Effectiveness Review – Proposed Changes

Paper DD detailed the draft Board effectiveness action plan prepared following the Foresight Partnership's review of UHL Board effectiveness. The action plan set out recommendations in respect of the 3 key roles of the Trust Board namely (i) formulating strategy; (ii) ensuring accountability, and (iii) shaping culture, and the Acting Trust Chairman advised that work to take forward those recommendations would be led by UHL's Vice-Chair (Ms J Wilson Non-Executive Director). In response to a query from Mr P Panchal Non-Executive Director on this specific point, the Acting Trust Chairman noted his view that this decision reflected Ms Wilson's particular skillset – he also noted her role as Senior Independent Director. In further discussion on the action plan, the Trust Board:-

(a) noted (in response to a query from Mr P Panchal Non-Executive Director) that the costs of appointing a Board 'coach' were not yet known, as the work required was currently at the scoping stage;

(b) requested that the action plan also include work to reduce the current level of duplication between the corporate Committees, and

(c) noted the need for any 'key' items to be featured at the start of future Trust Board agendas.

DCLA

CHAIR

Resolved – that the Board effectiveness review action plan be endorsed, subject to inclusion of actions to:-

DCLA
/CHAIR

(A) reduce duplicated business between Committees, and

(B) review the order of Trust Board agendas to take the most important items early.

212/14/3 UHL Annual Report 2013-14

Members considered the UHL annual report for 2013-14 (paper EE), noting that the opening statements from the Acting Trust Chairman and the Chief Executive would be circulated once available. The Annual Report was endorsed subject to the inclusion of the following additional information:-

DMC

(a) Non-Executive Directors' Committee chairing and membership commitments;

(b) a brief explanation of the role of a Non-Executive Director, and

(c) reference to both the CCG and Healthwatch representatives on the Trust Board.

Resolved – that **(A) the 2013-14 UHL Annual Report section on the Executive and Non-Executive Director Trust Board members be amended to include:-**

DMC

(1) CCG and Healthwatch representatives;

(2) Non-Executive Directors' Committee Chairing and membership commitments;

(3) a brief explanation of the role of Non-Executive Directors, and

(B) the opening statements to the Annual Report be circulated once available.

DMC

213/14 **REPORTS FROM BOARD COMMITTEES**213/14/1 Finance and Performance Committee

Resolved – that the 25 June 2014 Finance and Performance Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted.

213/14/3 Quality Assurance Committee (QAC)

Resolved – that the 25 June 2014 QAC Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively.

214/14 **TRUST BOARD BULLETIN**

Resolved – that the quarterly update on Trust sealings, and the report on quarter 1 progress against the 2014-15 annual operational plan, be noted.

215/14 CORPORATE TRUSTEE BUSINESS

215/14/1 Charitable Funds Committee

All items from the 9 June 2014 Charitable Funds Committee were presented as recommendations and required Trust Board approval as Corporate Trustee, in light of that meeting's inquorate nature. Approval was given accordingly, including to the 2 supported bids for charitable funding (applications 5006 - £500 from general purposes fund for 4 wheelchairs for LGH outpatients and 5044 - £11,160 from the Women's and Children's equipment fund for the provision of a colposcope for gynaecology services).

ADF

Resolved – that all recommended items within the inquorate 9 June 2014 Charitable Funds Committee minutes be approved by the Trust Board as Corporate Trustee.

ADF

216/14 QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The Director of Corporate and Legal Affairs agreed to provide a response outside the meeting, to a question tabled earlier by a member of the public who had had to leave before the end of the meeting.

DCLA

Resolved – that a response be provided outside the meeting to the question tabled by a member of the public.

DCLA

217/14 ANY OTHER BUSINESS

217/14/1 Query from Mr I Crowe, Non-Executive Director

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

217/14/2 Item from the Dean of the University of Leicester Medical School

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

217/14/3 Report from the Director of Human Resources

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

217/14/4 Report from the Medical Director

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

218/14 CHAIR'S BULLETIN

The Acting Trust Chairman invited members to identify key messages from the meeting today, which would then be communicated to staff in the form of a 'Chair's Bulletin'. Following discussion, it was agreed to highlight the following:-

CHAIR/
DMC

Trust Board Paper G

- learning lessons to improve care review;
- medical staffing workforce strategy
- intention to engage more widely on UHL’s strategic forward planning business programme;
- clinically-led improvements to emergency care;
- paediatric congenital heart surgery review, and
- engagement with Age UK.

Resolved – that the above issues be communicated immediately to staff through the new ‘Chair’s Bulletin’ as key messages from today’s Trust Board.

**CHAIR/
DMC**

219/14 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday 28 August 2014 at 10am in rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 3.30pm

Helen Stokes - Senior Trust Administrator

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Acting Chair from 26.9.13)	5	5	100	R Mitchell	5	4	80
J Adler	5	5	100	R Overfield	5	5	100
T Bentley*	4	4	100	P Panchal	5	5	100
K Bradley*	5	5	100	K Shields*	5	5	100
I Crowe	5	4	80	S Ward*	5	5	100
S Dauncey	5	4	80	M Wightman*	5	5	100
K Harris	5	5	100	J Wilson	5	3	60
D Henson*	1	1	100	D Wynford-Thomas	5	3	60
K Jenkins	4	4	100				

* non-voting members