

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 25 SEPTEMBER 2014
AT 11.00AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE,
LEICESTER ROYAL INFIRMARY**

Present:

Mr R Kilner – Acting Trust Chairman
Mr J Adler – Chief Executive
Col. (Ret'd) I Crowe – Non-Executive Director
Dr K Harris – Medical Director
Mr R Mitchell – Chief Operating Officer
Ms R Overfield – Chief Nurse
Mr S Sheppard – Acting Director of Finance
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

In attendance:

Dr A Bentley – Leicester City CCG (from Minute 252/14)
Ms K Bradley – Director of Human Resources
Mr M Caple – Patient Advisor (for Minute 259/14/2)
Mr J Clarke – Chief Information Officer (for Minute 250/14)
Mr D Henson – LLR Healthwatch Representative (from Minute 252/14)
Dr R S Patel, NIHR Academic Clinical Lecturer in Medical Education at the University of Leicester and Honorary Specialist Registrar (for Minute 259/14/1)
Ms A Randle – Senior Patient Safety Manager (for Minute 259/14/2)
Ms S Remington – IBM (for Minute 250/14)
Ms K Shields – Director of Strategy
Mr M Smith – Healthwatch (for Minute 259/14/2)
Ms H Stokes – Senior Trust Administrator (up to and including Minute 251/14)
Ms M Thompson – Patient Experience Team (for Minute 259/14/1)
Mr J Visser – Paediatric Oncologist (for Minute 250/14)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

244/14 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 244/14 – 251/14), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

245/14 APOLOGIES

Apologies for absence were received from Mr P Panchal, Non-Executive Director and Dr S Dauncey, Non-Executive Director.

246/14 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

247/14 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS

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

accordingly, on the grounds of commercial interests.

248/14 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 28 August 2014 Trust Board be confirmed as a correct record and signed accordingly by the Acting Trust Chairman.

CHAIR

249/14 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.

250/14 REPORT BY THE CHIEF EXECUTIVE

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

251/14 REPORTS FROM BOARD COMMITTEES

251/14/1 Audit Committee

Resolved – that the confidential Minutes of the 2 September 2014 Audit Committee be received, and the recommendations and decisions therein endorsed and noted respectively.

251/14/2 Finance and Performance Committee

Resolved – that the confidential Minutes of the 27 August 2014 Finance and Performance Committee be received, and the recommendations and decisions therein endorsed and noted respectively.

252/14 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

253/14 ACTING CHAIRMAN'S OPENING COMMENTS

The Acting Chairman:-

(a) noted that impending Non-Executive Director appointments would soon be confirmed by the NHS Trust Development Authority and announced formally shortly thereafter;

CHAIR

(b) commended the ongoing recent improvement in the Trust's performance against the emergency care 4 hour standard;

(c) recorded the Trust Board's thanks to the Leicester City Council Officers and Councillors for granting planning permission on 24th September 2014 for the Trust's emergency floor development;

(d) commended the partnership working with key stakeholders which had underpinned the work on complaints management, featured under Minute 259/14/2 below.

Resolved – that the position be noted.

254/14 MINUTES

Trust Board paper A

In respect of Minute 235/14/1 of 28th August 2014 (Blood Transfusion Laboratory Information System), in response to a point raised by Dr T Bentley, CCG representative the Trust Board agreed that the assurance given at the Trust Board meeting on 28th August 2014 regarding the availability of the ICE requesting systems for use by primary care once the Electronic Patient Record System went live be recorded in the Minutes.

Resolved – that the Minutes of the meeting of the Trust Board held on 28th August 2014 be confirmed as a correct record and signed by the Trust Chairman accordingly, subject to it being noted in respect of Minute 235/14/1 that the assurance given at that Board meeting regarding the availability of the ICE requesting system for use by primary care once the Electronic Patient Record System went live being recorded.

STA /
CHAIR

255/14 MATTERS ARISING FROM THE MINUTES

The Trust Board reviewed paper G setting out the current status of outstanding actions arising from the Board meeting held on 28th August 2014 and earlier Board meetings.

The following points were discussed and agreed by the Trust Board:-

(a) **item 2a** (Minute 232/14 of 28th August 2014) – Trust Board to be advised at its January 2015 meeting on the outcome of the Medical Director's/Executive Team's consideration of whether additional resource is to be deployed to enable the Trust to meet its medical revalidation and appraisal responsibilities;

MD/STA

(b) **item 2d** (Minute 232/14 of 28th August 2014) – the Director of Human Resources to confirm the date for production of the next iteration of the Medical Workforce Strategy – date to be incorporated in the October 2014 Trust Board action log;

DHR

(c) **item 4b** (Minute 232/14/2 of 28th August 2014) – Trust Board to be advised at its November 2014 meeting on the decision of the LLR CCGs on retendering the provision of urgent care services (NB decision expected to be taken by the end of October 2014);

COO

(d) **item 5** (Minute 233/14/3 of 28th August 2014) – Trust Board to receive nursing workforce updates bi-annually, timing to be synchronised with the outcome of the bi-annual UHL nursing acuity review;

CN

(e) **item 6c** (Minute 233/14/4 of 28th August 2014) – Trust Board to be updated on the issue of monitoring patient sexual orientation via the equality governance update report to be submitted to the January 2015 Trust Board meeting;

DHR

(f) **item 6e** (Minute 233/14/4 of 28th August 2014) – Director of Human Resources to confirm the timescales for completion of the analysis of two critical incidents and patient outcome review – timescale to be incorporated in the October 2014 Trust Board action log;

DHR

(g) **item 10a** (Minute 236/14/1 of 28th August 2014) – Trust Board to be advised at its January 2015 meeting on the outcome of the work to explore an increase in the number of available choose and book slots;

COO

(h) **item 12** (Minute 236/14/3 of 28th August 2014) – the item on an update from the Local Education and Training Board on discussions concerning changes to the national Consultant contract be removed from the Trust Board action log;

STA

(i) **item 2c** (Minute 232/14) – Director of Marketing and Communications to submit a report to the January 2015 Trust Board meeting recommending the consideration and adoption of an updated UHL patient and public involvement and engagement strategy;

DMC

(j) **item 20** (Minute 180/14/2 of 26th June 2014) – Director of Marketing and

Communications to submit a report to the October 2014 Trust Board meeting on the plans for patient and stakeholder engagement, following consideration of this subject at the Better Care Together Programme Board on 2nd October 2014.

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

256/14 KEY ISSUES FOR DECISION/DISCUSSION

256/14/1 Better Care Together – Programme Update

The Chief Executive introduced paper H, commenting on the Better Care Together Programme update report dated September 2014 prepared by the Interim Programme Director which was appended to the report.

The Chief Executive also reported on the recent meetings of the Better Care Together Delivery Board and Clinical Reference Group, respectively.

The Trust Board noted that, with support from Ernst Young, work continued to calculate the anticipated transitional and transformational costs associated with implementation of the Better Care Together Programme. The costs would be significant and, as there was no provision to meet the costs from within the resources of the local health economy, a bid would need to be made to Government for support.

The updated LLR 5-year health and social care plan would be submitted to the Trust Board on 27th November 2014 for consideration and approval.

DS

The Chief Executive noted in conclusion that Ms Kaye Burnett had been appointed as Independent Chair of the Better Care Together Programme and would take up her post on 6th October 2014.

Resolved – that the report be received and noted.

256/14/2 Congenital Heart Disease Review

Further to Minute 233/14/1 of 28th August 2014, the Director of Strategy introduced paper I and explained that NHS England had recently launched a 12 week consultation on the proposed congenital heart disease standards and service specifications. As anticipated, the revised draft standards for paediatric congenital cardiac surgical units stated that co-location with other paediatric services was essential: consequently, this would require the Trust's paediatric congenital heart service to move from Glenfield Hospital to join the rest of paediatric services on the Leicester Royal Infirmary site.

The paper set out a three stage approach to bringing children's services together on one site, co-located: at this point, it was anticipated that the achievement of an integrated women's and children's hospital at the Leicester Royal Infirmary would take up to five years.

It was noted that Commissioners might require the co-location of all paediatric services before the Trust had developed and implemented its proposals for co-location at the Leicester Royal Infirmary. Discussions would consequently now take place with Commissioners to enable an assessment to be made of whether a single move of services, or a staged move of services, would be required.

Paper I identified the intention to establish a charitable fundraising programme to complement the intended establishment of an integrated Women's and Children's Hospital at the Leicester Royal Infirmary.

The Director of Strategy confirmed that a report would be submitted to the October 2014 meeting of the Executive Strategy Board on this matter and that the draft Strategic Outline Case to give effect to the Trust's plans would be developed thereafter in line with the Trust's five year strategy and in alignment with the Better Care Together Programme.

In discussion, the Director of Strategy concurred with the views expressed by Ms J Wilson, Non-Executive Director that, at the appropriate juncture, it would be necessary for the Trust Board to be sighted to the risks associated with moving the services to the Leicester Royal Infirmary and to obtain assurance on the measures to be put in place to mitigate those risks.

Resolved – that the report be received and noted and approval be given to the action plan attached at appendix A to paper I to bring about the co-location of children's services at Leicester Royal Infirmary.

DS

257/14 CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT (SEPTEMBER 2014)

The Chief Executive introduced his monthly update report for September 2014 and highlighted the following issues:-

- (a) improving emergency care performance;
- (b) the Trust's financial position as at month 5 2014/15: the Trust continued to forecast that it would deliver its financial plan for 2014/15 (a deficit of £40.7M);
- (c) the Trust expected to learn by the end of September 2014 if its bid to be part of the 'Mutuals in Health: Pathfinder Programme' had been successful;
- (d) ongoing work with local Commissioners to agree a 'Memorandum of Understanding' to provide a framework within which issues concerning the in-year healthcare contract would be resolved;
- (e) the intention, subject to the successful outcome of the Trust's bid to the Independent Trust Financing Facility for long term borrowing, and approval by the NHS Trust Development Authority (decisions anticipated mid October 2014) to proceed with the remainder of the emergency floor enabling works (estimated at £3.5M), subject to the approval of the Trust Board;
- (f) work to finalise the Trust's Development Support Plan which it had been agreed with the NHS Trust Development Authority would be submitted to the Trust Development Authority by 31st October 2014: the Director of Strategy outlined the anticipated content of the Development Support Plan and it was noted that the final draft Plan would come before the Trust Board on 30th October 2014 for consideration and approval.

Resolved – that (A) the report be received and noted,

(B) subject to the successful outcome of the Trust's bid to the Independent Trust Financing Facility for long-term borrowing, and approval by the NHS Trust Development Authority (decisions anticipated mid October 2014), approval be given to proceeding with the remainder of the emergency floor enabling works at an estimated cost of £3.5M,

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(C) consequent upon the decision at (B) above, measures to mitigate the over-commitment of the 2014/15 capital programme be discussed at the October 2014 Finance and Performance Committee meeting,

ADF

(D) the draft UHL Development Support Plan be discussed at the Trust Board Development session on 16th October 2014, ahead of submission to the public Trust

DS

Board meeting on 30th October 2014, for approval and onward submission to the NHS Trust Development Authority.

258/14 STRATEGY, FORWARD PLANNING AND RISK

258/14/1 Draft 2015/16 and 2016/17 Integrated Business Planning Guidance

The Acting Director of Finance introduced paper K which set out guidance for the development of the Trust's Integrated Business Plan for 2015/16 and 2016/17.

The draft guidance had been reviewed and endorsed by the Executive Workforce Board at its meeting on 16th September 2014 (Minute 8.2 refers) and the Finance and Performance Committee at its meeting on 24th September 2014 (Minute 106/14/1 refers).

The Acting Director of Finance recommended the guidance for approval, subject to the inclusion of additional wording to describe the Trust's approach to patient and public involvement in the development of the Trust's annual plan for 2015/16.

Resolved – that (A) the draft 2015/16 and 2016/17 Integrated Business Planning guidance appended to paper K be approved and implemented, subject to (B) below, and

ADF

(B) additional wording be included within the draft 2015/16 and 2016/17 Integrated Business Planning guidance referred to at (A) above to describe the Trust's approach to patient and public involvement in the development of the Trust's Annual Plan 2015/16.

ADF/
DMC

258/14/2 Board Assurance Framework (BAF)

Paper L detailed UHL's Board Assurance Framework as at 31st August 2014 and notified the Board of five new high risks which had been opened during August 2014, a full description of which was included at Appendix 3 to the paper.

The Board concurred with the view expressed by the Acting Chair that review of the scoring of risk 4 (delay in the approval of the Emergency Floor Business Case) should take into account the outcome of the Trust's bid to the Independent Trust Financing Facility for long term borrowing (also subject to approval by the NHS Trust Development Authority), referenced at Minute 257/14(e) above.

Further to Minute 235/14/3 of 28th August 2014, the Board proceeded to review each of the risks (namely, risks 5, 6, 7 and 8) linked to the strategic objective, "Responsive services which people choose to use (secondary, specialised and tertiary care).

In the course of this review, the Board:-

(a) concurred with the recommendation of the Chief Operating Officer that the current score of 9 for risk 5 remain unaltered at present;

(b) concurred with the view expressed by the Director of Marketing and Communications in relation to risk 6 that it would be appropriate to review the scoring of this risk once the Board had considered and approved a revised UHL patient and public involvement and engagement strategy at its meeting in January 2015 (Minute 255/14(i) above refers);

(c) concurred with the view expressed by the Director of Strategy that it would be appropriate to review the scoring for risk 7 at the November Trust Board meeting at which the Board would be asked to consider approving the updated LLR health and social care 5 year plan and the updated Trust 5 year plan, respectively;

(d) noted that the Director of Strategy would review the scoring of risk 8 in the light of revised guidance soon to be published by NHS England on specialised commissioning.

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Resolved – that (A) the revised UHL Board Assurance Framework as at 31st August 2014 appended to paper L, now submitted, be received and noted,

(B) the new operational risks scoring 15 or above opened on the organisational risk register during August 2014 as detailed at Appendix 3 to paper L, now submitted, be noted,

(C) the risk scoring systems in place for the organisational risk register and the Board Assurance Framework, as described in paper L, now submitted (and set out at Appendix 4 to paper L) be noted.

259/14 CLINICAL QUALITY AND SAFETY

259/14/1 Patient Story: Effective Prescribing Insight for the Future (ePIFFany)

Dr R S Patel, NIHR Academic Clinical Lecturer in Medical Education at the University of Leicester and Honorary Specialist Registrar in renal medicine attended the Board with a colleague and introduced Paper M which described a new educational approach for junior doctors conducted between April and December 2013.

A video providing further information about the project was exhibited at the meeting. The Board noted that the aim of ePIFFany was to improve the prescribing performance and safety behaviours of junior doctors, while also creating a strong ethic for learning within the workplace.

The ePIFFany project contained four educational components:-

- clinical simulations (a simulated 'ward round'),
- face to face teaching in a dedicated 'feedback clinic' from pharmacists and clinicians,
- clinical-decision support,
- computer-based instruction (e-learning).

The rate of prescribing errors amongst junior doctors who had participated in the ePIFFany project had reduced by 50%, an improvement equivalent to an extra 12 months of clinical experience. There had been considerable reductions in prescribing errors across all grades of error severity. Moreover, junior doctors had reported that their confidence, well-being and enthusiasm in the workplace had improved as a result of the education.

The Board expressed its support for the use of patient stories within this project and, recognising that the approach might have wider applicability at UHL not only for junior doctors but for all staff, asked that consideration be given adapting and replicating the approach more widely at UHL.

Resolved – that (A) the ePIFFany project be commended, especially its emphasis on patient stories,

(B) the Medical Director, Chief Nurse and Director of Human Resources be requested to consider and determine how best to harness the new approach to staff education and training exemplified by the ePIFFany project,

MD/CN/
DHR

(C) the Chief Executive be requested to invite Dr R S Patel, NIHR Academic Clinical Lecturer in Medical Education, University of Leicester and Honorary Specialist Registrar in renal medicine to the Executive Team Improvement Workshop to be held

CE

on 30th September 2014.

259/14/2 Update on Complaints Process Review

The Chief Nurse introduced paper N which summarised the outcomes arising from a complaints engagement event held in 2014. The event had been supported by Healthwatch, POhWER, recent users of the complaints/PILS Service, Patient Advisers, carers and representatives of the Leicester Mercury Patients' Panel.

The primary focus of the event had been to listen to the experiences of the users of the service, including patients, carers and staff, learn from the feedback and to take action subsequently to ensure that the Trust operated a best practice complaints service.

Mr M Caple, Chair of the Trust's Patient Advisers, Mr M Smith, Healthwatch and the Trust's Senior Patient Safety Manager attended the meeting and, at the invitation of the Acting Chair, addressed the Board on the feedback arising from the engagement event and next steps, details of which were set out in an action log appended to paper N.

The Board discussed:-

(a) resourcing the action plan now submitted, noting that it might be necessary to consider additional, pump priming resource,

(b) noted that, at its meeting held on 24th September 2014, the Quality Assurance Committee had expressed its strong support for the improvement work set out in the action log, now submitted and expressed concurrence with the view of the Acting Chair that it was appropriate to review progress against the action log in 6 months time,

(c) discussed the contribution that the PILS Service could make to resolving concerns and, thereby, reducing the number of formal complaints,

(d) noted the comments made by Ms J Wilson, Non-Executive Director and Chair, Quality Assurance Committee on the opportunity to review ways in which patients and the public could raise concerns about patient care and other issues of concern afforded by the current review of the Trust's whistleblowing policy. In this regard, it was agreed that the Director of Human Resources should consider the point raised taking into account also the independent review of whistleblowing in the NHS which was due to complete its work by November 2014.

Resolved – that (A) Trust Board support for the organisational improvements and recommendations identified in the report now submitted (paper N) and accompanying action log be recorded,

(B) it be noted that both the Executive Quality Board and Quality Assurance Committee shall receive regular updates on the implementation of the complaints engagement event action log, now submitted,

(C) the Chief Nurse be requested to consider and determine the most effective way of deploying existing resources in the implementation of the complaints engagement event action plan, now submitted,

CN

(D) taking into account the independent review of whistleblowing in the NHS ('Freedom to speak up?') due to complete its work by November 2014, the Director of Human Resources be requested to confirm the timescale for completing the review of the Trust's Whistleblowing Policy – for incorporation in the October 2014 Board action log,

DHR

(E) the Chief Nurse be requested to give consideration to a means of strengthening

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the ways in which patients and the public can raise concerns about patient care and other issues of concern; and to publicising such arrangements: with the outcome to be incorporated in the October 2014 Board action log.

259/14/3 Leicester Improvement, Innovation and Patient Safety Unit (LIIPS)

Paper O from the Medical Director updated the Trust Board on a new local NHS – academia collaborative initiative in the shape of the Leicester Improvement Innovation and Patient Safety Unit (LIIPS). Work was at a relatively embryonic stage, with governance issues to be discussed further on 29th September 2014. LIIPS had received a ‘soft launch’ to date, with a pilot year planned from September 2014, followed by full launch of the Unit (subject to a successful pilot) in September 2015.

Noting that, at its meeting held on 15th September 2014 (Minute 43/14 refers) the Charitable Funds Committee had agreed to fund the provision of a part-time post for a period of 1 year of Unit Lead, the Medical Director concurred with the view expressed by the Acting Chair that it would be necessary to give consideration to establishing permanent funding for such a post well in advance of that ‘pump-priming’ funding coming to an end.

Resolved – that (A) the Leicester Improvement, Innovation and Patient Safety Unit (LIIPS) be supported and

(B) an update on the progress of the LIIPS initiative be submitted to the Trust Board in March 2015.

MD

260/14 EDUCATION AND TRAINING

260/14/1 Medical Education and Training – Quarterly Update

The Medical Director introduced paper P, the latest quarterly update on medical education and training issues.

The Trust Board:-

(a) noted the summary of the 2014 GMC training survey as set out in the report and, in particular, noted that the Trust had a number of “triple red” rated areas;

(b) noted the work in hand as described in the report regarding management of the ‘MADEL’ funding;

(c) noted the concerns expressed by external parties regarding the Trust’s education facilities, and undergraduate medical examinations, as summarised in the report;

(d) noted the work underway to implement key performance indicators and education quality dashboards, summarised in the paper;

(e) noted the key priorities as set out in paper P and now commented upon by the Medical Director;

(f) noted with satisfaction the reduction in the number of patient safety comments raised by UHL GMC trainees in the 2014 survey, as compared to the position in 2013;

(g) discussed and agreed upon the need to dedicate some time at a forthcoming Trust Board development session on medical education at which it was agreed the Director of Clinical Education should be invited to attend; and that consideration should also be given to inviting the CMG Clinical Education Leads to join this session.

Resolved – that (A) the latest quarterly update on medical education and training issues at UHL as set out at paper P, now submitted, be received and noted,

(B) the presentation on medical education (to accompany paper P now submitted) be circulated to Trust Board members,

STA

(C) discussion take place at the December 2014 Trust Board development session on medical education, to include the Director of Clinical Education and consideration be given to also inviting the CMG Clinical Education Leads to join the Trust Board for this session.

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260/14/2 Workforce and Organisational Development – Quarterly Update

The Director of Human Resources introduced paper Q, updating the Trust Board on the implementation of the Trust's Organisational Development plan, specifically focussing on 'Strengthening Leadership' and 'Enhancing Workplace Learning'.

The Trust Board noted:-

(a) that the Trust has recently been awarded the 'Skills for Health Quality Mark', details of which were set out at Appendix 1 to the paper;

(b) the key components of the Trust's 'Leadership into Action Strategy 2014/16', summarised at Appendix 2 of paper Q;

(c) that work continued to develop the Trust's workforce indicator dashboard, as now explained by the Director of Human Resources.

Resolved – that the report be received and noted.

261/14 **QUALITY AND PERFORMANCE**

261/14/1 Month 5 Quality and Performance Report

The month 5 quality and performance report (paper R – month ending 31st August 2014) highlighted the Trust's performance against key internal and NHS Trust Development Authority metrics, with exception reports appended.

In terms of the 24th September 2014 Quality Assurance Committee meeting, Ms J Wilson, Non-Executive Director and Committee Chair highlighted the following issues:-

(a) consideration of the monthly patient safety report and annual patient safety report, respectively;

(b) the Committee's discussion on the subject of a shortage of junior doctors, and the intention of the Committee to review this matter again later in the year;

(c) the Committee's receipt of a presentation on stroke services, which had assured the Committee on the Trust's position on this matter;

(d) the Committee's review of fractured neck of femur performance, a subject upon which there would be a presentation to a future meeting;

(e) the Committee's receipt of a report on SHMI;

(f) the Committee's discussion of cancer waiting times performance – it was noted that it was proposed to receive a report on this subject at the October 2014 Trust Board meeting.

At the suggestion of the LLR Healthwatch representative, it was agreed that the report to be submitted to the October 2014 Board meeting on cancer waiting times performance should set out the local and national factors felt to be influencing the Trust's current performance. Furthermore, the Board agreed with the suggestion of the Chief Nurse that the report should also review the results of the national cancer patient survey 2014.

The Medical Director reported orally on recent improvements in the Trust's SHMI performance and it was agreed that, at its November 2014 Development Session, the Trust Board should examine mortality indicators in greater depth, together with the other key performance indicators featured in the new version quality and performance report.

The Acting Trust Chair and Finance and Performance Committee Chair then outlined key issues discussed by the 24th September 2014 Finance and Performance Committee, namely:-

- (i) the challenges around ambulance waiting times, the need to ensure a realistic recording system with Commissioners and the importance of resolving this issue as a matter of high priority;
- (ii) clinic letter performance: this matter was felt to need additional resource and prioritisation and, ideally, the implementation of a standardised technology model;
- (iii) good progress in terms of Cost Improvement Programme Delivery 2014/15, although noting a key current risk in terms of job planning and associated productivity opportunities.

The Chief Nurse updated the Trust Board on a recent MRSA bacteraemia case.

Dr A Bentley, CCG representative noted the importance of reviewing the cancer detection rate in the context of the recent rise in cancer two week wait referrals; noted the Choose and Book recovery plan details of which were appended to the Quality and Performance report, implementation of which was being supported in primary care with progress scrutinised at the monthly LLR E-Communications Project Board. Dr Bentley also flagged performance against indicator E12 (Communication – ED, Discharge and Outpatient Letters), noting that it was important to be clear about whether the indicator referred to timeliness or electronic letter coverage and that achievement of 100% performance would help the Trust to work with primary care in switching off the circulation of paper letters to GP practices.

Finally, the Chief Operating Officer drew attention to performance in respect of operations cancelled on the day and their rebooking within 28 days.

Resolved – that (A) the month 5 quality and performance report for the period ending 31st August 2014 be received and noted,

(B) a comprehensive report on cancer waiting times performance be submitted to the October 2014 Board meeting and address:-

COO/
CN

- (1) how clinical risk is being mitigated in light of current performance,**
- (2) cancer detection rates,**
- (3) the local and national factors felt to be influencing the Trust's performance,**
- (4) the results of the national cancer patient survey 2014,**

(C) discussion take place at the November 2014 Trust Board Development Session on mortality indicators and other key performance indicators featured in the new version UHL quality and performance report.

MD/CN

Paper S advised the Board of the Trust's financial position as at month 5 (ending 31st August 2014), noting a worsened year to date adverse variance to plan of £1.7M. Delivery of the year end £40.7M deficit was still being forecast, and paper S outlined mitigating actions in respect of key risks as set out in section 5 of the paper.

Resolved – that the month 5 financial update be received and noted.

261/14/3 Emergency Care Performance

Paper T provided an overview of ED performance, noting that performance in August 2014 had been 91.26%, compared to 90.1% in August 2013 and 92.52% in July 2014.

The Chief Operating Officer observed that, in general, performance was more stable than it had been over the last 18 months and drew Board members' attention to graph 3 of paper T, setting out the rolling 30 day average of performance.

The Chief Operating Officer:-

(a) highlighted the key actions taken since the Trust Board meeting on 28th August 2014, as set out in the report;

(b) amplified the key reasons why performance was not yet in line with the trajectory set out in the Trust's recovery plan, also summarised in the report;

(c) exchanged views with Dr T Bentley, CCG representative on the importance of integrated working with the Urgent Care Centre; and noted Dr Bentley's praise for the improved support provided by specialties to ED, especially out of hours;

(d) responded to questions posed by Professor Wynford-Thomas, Non-Executive Director on the sustainability of recent performance improvements;

(e) concurred with the views expressed by the Chief Executive on the need for the Trust to ensure that its improvement efforts on emergency care were appropriately resourced: the Chief Executive noted that this matter was being prioritised and that, in parallel, focus also needed to be applied to improvements in the emergency care system outwith UHL.

Resolved – that paper T, now submitted, updating the Trust Board on Emergency Department performance be received and noted and support be expressed for the actions being taken to improve performance.

COO

262/14 **GOVERNANCE**

262/14/1 NHS Trust Over-Sight Self Certification

The Director of Corporate and Legal Affairs introduced the Trust's over-sight self certification return for August 2014. Following due consideration, and taking appropriate account of any further information needing to be included from today's discussions (including the month 5 exception reports, as appropriate), the Board authorised the Director of Corporate and Legal Affairs to finalise and submit the return to the NHS Trust Development Authority in consultation with the Chief Executive.

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

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

DCLA/
CE

30th September 2014.**263/14 REPORTS FROM BOARD COMMITTEES**263/14/1 Audit Committee

Resolved – that the 2nd September 2014 Audit Committee Minutes be received and the recommendations and decisions therein be endorsed and noted, respectively (including adoption of the 2013/14 Annual Audit Letter as appended to those Minutes).

ADF

263/14/2 Finance and Performance Committee

Resolved – that the 27th August 2014 Finance and Performance Committee Minutes be received and the recommendations and decisions therein be endorsed and noted, respectively.

ADF

263/14/3 Quality Assurance Committee

Resolved – that it be noted that the Minutes of the August and September 2014 Quality Assurance Committee meetings shall be submitted to the Trust Board meeting to be held on 30th October 2014.

264/14 CORPORATE TRUSTEE BUSINESS264/14/1 Applications for Charitable Funding

The Board received paper X, outlining the grant applications presented to an inquorate meeting of the Charitable Funds Committee held on 15th September 2014.

Ten applications were detailed in the report, all of which had been supported by the Charitable Funds Committee and which now came before the Board (as Corporate Trustee) for approval.

Also set out in paper X were details of the request for funding of the 2014 staff Christmas meal.

Prompted by a query raised by the Chief Nurse in respect of application 5158 (Appendix 7), the Board agreed with the proposal put forward by the Chief Executive that the Director of Marketing and Communications and Acting Director of Finance be requested to report to the Trust Board (as Corporate Trustee) on a framework to guide decision-making by the Charitable Funds Committee and Trust Board (as Corporate Trustee) on the expenditure of charitable funds.

The Board (as Corporate Trustee) approved each of the applications, now submitted, together with the charitable funding of the 2014 staff Christmas meal.

Resolved – that (A) paper X, now submitted, be received and each of the ten charitable funds application set out therein, together with the charitable funding of the 2014 staff Christmas meal, be approved,

ADF

(B) the Director of Marketing and Communications and Acting Director of Finance be requested to report to the Trust Board as Corporate Trustee on a framework to guide decision-making by the Charitable Funds Committee and Trust Board (as Corporate Trustee) on the expenditure of charitable funds, such framework to recommend matters which are/are not suitable for charitable funds expenditure.

DMC/
ADF

265/14 TRUST BOARD BULLETIN

Resolved – that the following Trust Board Bulletin items be noted:-

- (A) Board effectiveness action plan;
- (B) Listening into Action update.

266/14 QUESTIONS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

A member of the public commended the Acting Chair for the way in which he had carried out his duties as both Acting Chair and as a Non-Executive Director more generally. Noting that there were three Non-Executive Directors present today, a question was asked about the timescale for the recruitment of new Non-Executive Directors. In response, it was noted that the NHS Trust Development Authority had recently held interviews to recruit new UHL Non-Executive Directors and that an announcement was expected shortly.

A further comment was made by a Patient Advisor who was present at the meeting encouraging the Trust to ensure that the views of patients and the public were taken into account in the development of the Leicester Innovation and Improvement Patient Safety Unit and more generally.

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

267/14 ANY OTHER BUSINESS

No other business was raised at the meeting.

Resolved – that the position be noted.

268/14 DATE OF NEXT MEETING

Resolved – that the next Trust Board meeting be held on Thursday, 30th October 2014 from 10am in Seminar Rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 3.25pm

Stephen Ward
Director of Corporate and Legal Affairs

19th October 2014