# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

## MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 3 SEPTEMBER 2015 AT 9AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY

**Voting Members Present:**
Mr K Singh – Trust Chairman
Mr J Adler – Chief Executive
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Furlong – Acting Medical Director
Professor A Goodall – Non-Executive Director
Mr R Mitchell – Chief Operating Officer (up to and including Minute 197/15 [part])
Mr R Moore – Non-Executive Director
Ms J Smith – Chief Nurse
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer (up to and including Minute 197/15 [part])
Ms J Wilson – Non-Executive Director

**In attendance:**
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 192/15)
Mr D Kerr – Director of Estates and Facilities (for Minute 196/15)
Ms H Leatham – Assistant Chief Nurse (up to and including Minute 184/15/1)
Ms K Shields – Director of Strategy
Ms H Stokes – Senior Trust Administrator
Ms K Tebbutt – Nurse (shadowing the Assistant Chief Nurse) (up to and including Minute 184/15/1)
Ms L Tibbert – Director of Workforce and OD
Mr P Walmsley – Deputy Head of Operations (for Minute 184/15/1)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

**ACTION**

### 178/15 APOLOGIES

Apologies for absence were received from Dr S Dauncey, Non-Executive Director. The Trust Chairman noted his thanks to Dr R Palin for his previous work as CCG representative on UHL's Trust Board – as Dr Palin had now been appointed as Chair of East Leicestershire and Rutland CCG he would no longer attend UHL Trust Board meetings. The CCG Chairs had now met to identify a representative and UHL awaited their formal nomination accordingly.

### 179/15 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Chairman declared an interest in the new ED front door arrangements briefly referred to in paper H (Minute 184/15/4 below refers) and confirmed that he would absent himself from any detailed discussion on that item. The Chairman's updated declaration of interest was also formally being reported to the Trust Board under Minute 190/15 below.

### 180/15 MINUTES

**Resolved – that the Minutes of the 6 August 2015 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly.** **CHAIR MAN**

### 181/15 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for resolution. Members particularly noted:-

(a) **Minute 163/15/1 of 6 August 2015** – following his discussions with Healthwatch, the

Director of Marketing and Communications confirmed Healthwatch would have access to UHL's library of recorded patient stories as discussed. The Chairman noted that the Leicester Mercury would also be interested in using appropriate patient stories as part of their health coverage, and

(b) **Minute 165/15/4 of 6 August 2015** – the signing of the Armed Forces Community Covenant was scheduled for 5 November 2015 (following the Trust Board meeting on that date), and UHL's Armed Forces Champion (Col [Ret'd.] I Crowe, Non-Executive Director) had drafted a press release accordingly. Members requested that the Lord Lieutenant of Leicestershire be invited to the signing ceremony (any additional suggestions for attendees to be provided to the Director of Marketing and Communications). **ICNED/ DMC**

**Resolved – that the update on outstanding matters arising and any related actions be noted, and progressed by the identified Lead Officer(s).** **ALL**

## 182/15 CHAIRMAN'S MONTHLY REPORT – SEPTEMBER 2015

In introducing his monthly report for September 2015 (paper C), the Trust Chairman particularly highlighted:-

(a) the need for clear communication re: the need to use resources effectively;
(b) the need for the Trust Board to continue to look to the future, in light of UHL's ambitious reconfiguration programme over the next 5 years, and
(c) his wish to develop a deeper and more strategic relationship with the University of Leicester. Relations with other local universities were also key, and it was noted that Dr K Harris, former UHL Medical Director, was now operating in a liaison role between local universities. The Chief Executive also noted scope to strengthen the Trust's already-good research framework and commercial research opportunities, through discussion with academic partners.

**Resolved – that the position be noted.**

## 183/15 CHIEF EXECUTIVE'S MONTHLY REPORT – SEPTEMBER 2015

The Chief Executive's September 2015 monthly update at paper D followed (by exception) the framework of the Trust's strategic objectives. As the attached quality and performance dashboard also covered core issues from the monthly quality and performance report, the full version of that report would no longer be taken at Trust Board meetings but was accessible on the Trust's external website (also hyperlinked within paper D). The Chief Executive noted in particular:-

(a) UHL's continued good progress on quality metrics. In terms of performance metrics, he advised the Trust Board of 2 hotspot areas relating to endoscopy and orthodontic waits; these were significant in terms of scale, and had emerged through changes in the way that UHL reported its waiting lists. The endoscopy position had been reviewed in detail by the August 2015 IFPIC. The Chief Executive also noted UHL's continued focus on improving its cancer performance, with welcomed improvement on the 62-day wait target;
(b) that the LLR Better Care Together programme was entering a crucial phase as it approached the public consultation launch in November 2015. He also noted the high level of cooperation in place between BCT partners;
(c) the disappointing PLACE audit results ("Patient Led Assessment of the Care Environment") from March 2015 for UHL's 3 sites, as detailed in appendix 4 of paper D. The Trust had highlighted the deteriorating position to Interserve FM, and continued to enforce the facilities management contract. The Chief Executive noted that further discussion on that matter would take place in the confidential section of this Trust Board meeting, and
(d) that his presentation on UHL's 5-year plan to Deliver Caring at its Best would take place at the October 2015 Trust Board; **CE**

In discussion on the report, it was agreed that the UHL-NHSE graduate trainees be invited (as a group) to meet with the Trust Board, including observation of a Trust Board meeting. **DWOD**
Although welcoming the cancer performance improvements, Mr D Henson, Healthwatch representative, voiced significant concern at the PLACE audit results, and requested that UHL share its action plan on this issue. In response to a further query, he received confirmation that the Trust would also undertake a 'PLACE-light' type audit to understand how the deteriorated position had arisen. **CE**

**Resolved – that (A) the Chief Executive's presentation on 'Delivering Caring at its Best, our 5-year plan' be scheduled for the October 2015 Trust Board;** **CE**

**(B) UHL-NHSE Graduate Trainees as a group be invited to meet the Trust Board, including observing a Trust Board meeting, and** **DWOD**

**(C) the Trust's action plan to address PLACE concerns be shared with Healthwatch.** **CE**

## 184/15 KEY ISSUES FOR DECISION/DISCUSSION

184/15/1 Patient Story – Same Day Cancellation

The DVD presentation accompanying paper E described how a patient scheduled for surgery prior to cancer treatment had experienced two same-day cancellations. The patient and his relative powerfully detailed the impact of this double cancellation on them and their family, although they had been content with the clinical care otherwise. The Trust Board was advised that the first cancellation was due partially to the patient being not clinically well, with the second cancellation due to unavailability of a critical care bed for the patient (bed required by an emergency case).

Mr P Walmsley, Deputy Head of Operations, ITAPS CMG, apologised for the patient's experience, and outlined the extensive work undertaken to reduce same day cancellations, led by a dedicated project manager. This dedicated work had resulted in UHL improving from being the worst-placed Trust nationally re: same day cancellations to being in the mid-position, with the objective of being in the top 10 best performing Trusts by year-end. Although recognising that not all same day cancellations were avoidable, the Deputy Head of Operations also outlined the stringent mechanisms now in place before such cancellations were approved. He also described the moves in hand to expand physical ITU bed capacity at the Glenfield Hospital and LRI. In discussion on the issues raised by this patient story, the Trust Board:-

(a) agreed that appropriate feedback should be shared with the patients featured in the Trust Board patient stories, re: improvements/actions as a result of their experience; **CN**
(b) received assurance that a clinician spoke to any patient cancelled on the day of their operation;
(c) received assurance that the escalation procedure described by Mr Walmsley would also apply during the ICU reconfiguration scheme. The Acting Medical Director and the Director of Strategy outlined the long-term (5-year) plan for ITU, which also required a significant cultural change;
(d) noted the CMG's view that winter 2015 was likely to exert pressure on intensive care facilities. However, the CMG also noted that the processes in place were more robust than previously, and
(e) noted (in response to a query) that approximately 70-80 on the day cancellations took place each month for non-clinical reasons. The Chief Executive proposed that all patients cancelled on the day should receive a written apology from him – this would be progressed accordingly by the same day cancellations project manager. **COO**

**Resolved – that (A) appropriate feedback be shared with the patients featured in the patient stories, re: improvements/actions resulting from their experience, and** **CN**

**(B) a letter of apology be sent by the Chief Executive to any patient cancelled on the day for non-clinical reasons (process to be organised through the Project Manager, same day cancellations).** **COO**

184/15/2 Strategy Update – UHL Reconfiguration Programme

This monthly update from the Director of Strategy would update the Trust Board on the governance of UHL's reconfiguration programme, and on the progress on 1-2 selected workstreams and the 3 key programme risks. The dashboard appended to the report provided a high-level overview of the general workstreams, while the report itself:-

(1) provided further detail on the following workstreams:-
- models of care/future operating model;
- reconfiguration business cases;
- estates, and

(2) identified the top 3 programme risks as:-
- delivery of 250 beds worth of activity from UHL to LPT;
- unmitigated growth in activity from failure of demand management initiatives to reduce acute admissions impacting original bed model assumptions, and
- risk of non-delivery of out of hospital beds could jeopardise ability to provide additional bed base at Glenfield Hospital for ICU level 3 and impacted specialties.

In terms of the workstreams to be focused on in future reports, the Trust Board requested that 'workforce' be covered in the near future. ITU reconfiguration and the need to maintain operational performance was also a key issue. The Chief Operating Officer also requested that 'operational performance' be added to the dashboard and covered separately in the risk log, with himself as the operational lead. With regard to the risk log, the Audit Committee Non-Executive Director Chair noted that the item on capital funding was scored differently to a similar item within UHL's Board Assurance Framework – the Director of Strategy agreed to review the position and ensure appropriate alignment between the two documents (subject to the caveat that the BAF was itself currently under review). **DS** **COO** **DS**

Lengthy discussion took place on the first of the key risks listed above (shift of activity to LPT), with the IFPIC Non-Executive Director Chair seeking particular assurance on the Trust's confidence of deliverability (significantly dependent on LPT's ability to recruit the necessary staff). Executive Directors noted the internal UHL cultural change required (re: earlier discharge to appropriate community facilities) as well as progress on the contract variation. The IFPIC Non-Executive Director Chair also queried what contingency plans were in place in respect of this risk. It was agreed therefore that the programme risk deepdive at the October 2015 Trust Board would focus on the delivery of 250 beds worth of activity from UHL to LPT (first 130 beds worth planned for 2015-16), including workforce aspects (recruitment and mobilisation). This issue could also potentially be discussed further at the Board to Board session on 8 October 2015. **DS** **DS**

In response to further comments/queries, the Trust Board noted:-
(a) that the Gantt chart to be included in the October 2015 monthly reconfiguration update would cover how the risks impacted on timescales. An adjacency matrix and a map of current service locations were also key components, and

(b) a request (from the Healthwatch representative) for assurance on the patient and public communication planned on the ICU reconfiguration. The Director of Strategy noted that an update being provided to Leicestershire County Council Health Overview and Scrutiny Committee (once the BCT consultation business case was available) would cover public and patient engagement. **DS**

**Resolved – that (A) 'Operational performance' be included as a separate workstream** **DS**

**(Chief Operating Officer to be the Executive Lead), and feature on the risk log accordingly;**

**(B) the programme risk deepdive at the 1 October 2015 Trust Board focus on the delivery of 250 beds worth of activity from UHL to LPT (first 130 beds worth planned for 2015-16), including workforce aspects (recruitment and mobilisation) and the cultural change needed re: earlier discharge to appropriate community facilities;** **DS**

**(C) the activity shift from UHL to LPT potentially also be discussed at the 8 October 2015 Board to Board meeting;** **DS**

**(D) ITU reconfiguration and the need to maintain operational performance feature as a future programme risk deepdive;** **DS**

**(E) any further suggestions for deepdives to feature in future Trust Board reconfiguration updates, be sent to the Director of Strategy (eg workforce, as already identified);** **ALL**

**(F) scores within the reconfiguration programme risk log be appropriately aligned with scores for similar items in the UHL risk register/Board Assurance Framework (where applicable), and** **DS**

**(G) patient and public engagement aspects be included in the update to Leicestershire County Council Health Overview and Scrutiny Committee once the BCT consultation business case was available.** **DS**

184/15/3 LLR Better Care Together (BCT) Programme Update

Paper G provided a high-level update on the LLR Better Care Together Programme, as prepared for all partner organisations' Boards (accompanied here by an internal UHL covering report). The report outlined progress on both the BCT pre-consultation business case and an LLR-wide BCT dashboard (latter now being developed by UHL for use by all BCT partners), and also sought members' views on whether they would value a presentation at Trust Board from each of the 8 BCT clinical workstreams. In discussion, the Trust Board:-

(a) requested that future reports also identify the implications for UHL of each BCT progress report; **DS**

(b) considered that the current BCT-generated elements of the update did not address short-medium term operational issues;

(c) noted (in response to comments) that the BCT Project Management Office (PMO) was relatively small and was currently focusing on the pre-consultation business case;

(d) agreed that the principle and timing of any BCT workstream presentations to the Trust Board would be discussed by the Trust Chairman and Director of Corporate and Legal Affairs outside the meeting, and **CHAIR MAN/ DCLA**

(e) sought clarification on the nature of the Trust Board approval required for the BCT pre-consultation business case, in light of a suggestion from the Director of Marketing and Communications that this be considered at the October 2015 Trust Board. **DCLA**

**Resolved – that (A) future Trust Board reports on this item also identify the implications (for UHL) of the BCT Programme Board update;** **DS**

**(B) further consideration be given to the nature and timing of possible Trust Board** **CHAIR MAN/**

**presentations from the BCT clinical workstreams, and** **DCLA**

**(C) clarification be provided on the nature of the Trust Board approval required for the BCT pre-consultation business case.** **DCLA**

184/15/4 Emergency Care Performance and Winter Contingency Plan

Further to Minute 166/15/6 of 6 August 2015, paper H from the Chief Operating Officer updated the Trust Board on recent emergency care performance, which stood at 92% for the year to date despite continued atypically-high attendance and admission rates. As requested at the August 2015 Trust Board, the report also set out 5 LLR-wide key actions to try and mitigate likely winter 2015 pressures. The LLR winter communication plan agreed by the Urgent Care Board was also attached to paper H. In introducing the report, the Chief Operating Officer advised that he had no expectation that attendances or admissions would reduce for winter, and he noted the crucial importance of the bridge analysis action outlined in paper H. In discussion on emergency care performance and the planned LLR winter actions the Trust Board:-

(a) noted (in response to a Non-Executive Director query) the multi-factorial nature of the increase in attendances and admissions. UHL was working with the CCGs and GPs to stratify the increase further, noting a significant increase in short-stay (24-48 hours) admissions. The Acting Medical Director also commented on a rise in readmissions, with more work needed on discharge planning for complex cases. Further work was also required in respect of end of life care;

(b) queried what would constitute an 'unsustainable' winter position. The Chief Operating Officer noted that approximately 3.5 of the 5 key winter risks currently sat within UHL's purview, and he confirmed that the Trust was appropriately aware of the level of risk approaching winter;

(c) noted comments from the Chief Executive on the crucial importance of implementing the 5 winter actions in paper H as soon as possible, which he would also emphasise at that evening's Urgent Care Board. Early traction on those measures was vital, and there was very little headroom available for further acute capacity, in either staffing, physical space or financial terms;

(d) queried whether consideration was still being given to GPs writing to high-risk patient cohorts, advising them to seek medical help early if feeling unwell. The Director of Marketing and Communications also reiterated his support for such communication, and the Chairman requested that UHL's Chief Executive and Chief Operating Officer raise this accordingly at the Urgent Care Board; **CE/ COO**

(e) noted (in response to a query) that information was available re: collective LLR attendances at Urgent Care Centres, walk-in centres and ED, and that UCC attendances were not increasing at the same rate as for ED. The Director of Strategy advised that the new ED front door process would enable as assessment of how much ED activity was appropriate to ED, and what could have been more appropriately handled elsewhere, and

(f) noted the Chairman's view that LLR emergency care system issues should be covered at the planned October 2015 Board to Board session. **COO**

**Resolved – that (A) the issue of targeted GP letters to specific cohorts of patients (re: seeking GP treatment at an appropriate stage) be raised at the 3 September 2015 Urgent Care Board, and** **CE/ COO**

**(B) the emergency care LLR system be discussed at the 8 October 2015 Board to Board session.** **COO**

**185/15 EDUCATION AND TRAINING**

185/15/1 Multi-Professional Education Update

Paper I (authored jointly by the AMD and the Chief Nurse) provided the first multi-professional education update – a headline report would be presented on a quarterly basis going forward, with this more detailed update provided annually. A multi-professional education and training facilities strategy was in development and would be presented to a future Executive Quality Board. Paper I also detailed UHL's results from the 2015 GMC national trainee survey, noting particular issues re: induction of, and provision of feedback to, trainees – these results were currently being reviewed more widely by UHL's Director of Medical Education in the context of the recognised need for UHL to retain a greater number of medical trainees. The Chief Nurse considered that a multi-professional education strategy was a key selling point for recruitment, and she noted the positive feedback on nursing placements. In discussion on the new multi-professional education update the Trust Board:- **AMD/ CN** **AMD/ CN**

(a) noted that the September 2015 Trust Board thinking day would focus on workforce issues;

(b) noted the need for UHL to demonstrate to trainees that it was committed to investing in training and educating its staff. The Director of Workforce and OD commented on the need also to consider the wider workforce when reviewing education and training facilities;

(c) agreed a need to include education facilities explicitly in the Trust's 5-year capital plan, and consider them more proactively in the yearly capital programme process;

(d) noted comments from Professor A Goodall, Non-Executive Director and University of Leicester representative, on the benefits of UHL refocusing on its role as a teaching hospital, and emphasising its partnerships with local academia. Professor Goodall also noted the support available from the University of Leicester in respect of research training;

(e) noted the Director of Strategy's comments on the scope to offer UHL training and development experience commercially;

(f) recognised the need to address the less than satisfactory experience of post-graduate medical trainees. LiA-style events were planned at CMG-level with medical trainees, which would be discussed further at UHL's Executive Workforce Board; **AMD**

(g) queried the scope for joint UHL-University of Leicester use of the Robert Kilpatrick Building examination facilities on the LRI site – Professor A Goodall agreed to raise this with her University colleagues; **AGNED**

(h) requested that education and training developments be communicated to the Consultant body via the Clinical Senate (including factoring in research and education facilities into UHL's long-term planning), and **AMD**

(i) noted the need for appropriate inclusion of DMU and Loughborough University when considering education and training issues.

**Resolved – that (A) quarterly multi-professional education updates be more 'headline' in nature, with the more detailed report as per paper I provided on a yearly basis;** **AMD/ CN**

**(B) the education and training facilities strategy be discussed by the Executive Quality Board;** **AMD/ CN**

**(C) CMG-level 'Listening into Action' style events planned with medical trainees be**

**discussed at the Executive Workforce Board;** **AMD**

**(D) the scope for joint UHL-University of Leicester use of the Robert Kilpatrick Building examination facilities be explored, and** **AGNED**

**(E) education and training developments be communicated to the Consultant body via the Clinical Senate (including factoring in research and education facilities into UHL's long-term planning).** **AMD**

**186/15 GOVERNANCE**

186/15/1 UHL Annual Report and Account 2014-15 - Review

Further to Minute 144/15/3 of 2 July 2015, paper J set out (in a single document as required), the Trust's 2014-15 Annual Report and Accounts, comprising the Annual Report, the statement of the Accountable Officer's responsibilities, the Annual Governance Statement, the primary financial statements and notes to the accounts, and the (external) audit opinion and report. It was necessary to consider these documents together in order to reach an informed decision on whether they represented an accurate position. Following formal Trust Board approval, the Annual Report and Accounts 2014-15 would be presented at the Trust's APM on 17 September 2015.

The Audit Committee Non-Executive Director Chair confirmed that he had now reviewed the composite document, which in future years would also go to the Audit Committee prior to the Trust Board. He noted that External Audit's opinion included an 'emphasis of matter' paragraph in respect of UHL's financial position, and that External Audit had issued an adverse conclusion as outlined in paper J. The Chief Financial Officer noted that this also reflected the audit opinion in 2013-14. In discussion, the Trust Board approved the Annual Report and Accounts 2014-15 as presented, and agreed that a number of the points raised by External Audit in their audit opinion should be set out in these Minutes – these are as detailed below accordingly:-

(a) "***Emphasis of Matter – financial position***. *In forming our opinion on the financial statements, which is not qualified, we have considered the adequacy of the disclosure made in the Statement of Comprehensive Income to the financial statements concerning the Trust's financial position. The Trust incurred a deficit of £40.6 million during the year ended 31 March 2015 and will require significant injection of Public Dividend Capital and loans in 2015-16 to fund the budgeted deficit and support the capital plan. These conditions and the other matters explained in the Statement of Comprehensive Income indicate the existence of a material uncertainty which may place significant doubt on the Trust's ability to achieve its long-term financial targets.";*

(b) "***Opinion on other matters prescribed by the Code of Audit Practice 2010 for local NHS Bodies.*** *In our opinion:-*
*(i) the part of the Remuneration Report subject to audit has been properly prepared in accordance with the accounting policies directed by the Secretary of State within the consent of the Treasury as relevant to NHS Trusts in England; and*
*(ii) the information given in the Strategic Report and Director's Report for the financial year for which the financial statements are prepared is consistent with the financial statements.";*

(c) "***Basis for Adverse Conclusion***. *In considering the Trust's arrangements for securing financial resilience, we identified the following:-*
*(i) the Trust incurred a deficit for 2014/15 of £40.6m;*
*(ii) the Trust has submitted a draft financial plan to the NHS Trust Development Authority (NTDA) for a planned deficit of £36.1m in 2015/16 and cash requirement of £130m; and*
*(iii) the NTDA reset the Trust's External Financing Limit (EFL) during 2014/15 from £20.7m to £50.3m.*

*In considering the Trust's arrangements for challenging how it secures economy, efficiency and effectiveness, we also identified the following:*
*(i) the Trust has set a Cost Improvement Programme of £43m for 2015/16 in order to improve efficiency and productivity and support its financial plan;*
*(ii) the Trust required £58m of funding from the Department of Health's Independent Trust Financing Facility (ITFF) during the financial year in order to fund the deficit and improve liquidity; and*
*(iii) the Trust has failed to effectively deliver on a number of operational targets throughout 2014/15, particularly the A&E wait target, Referral to Treatment target for admitted wait times, as well as a number of cancer targets.*

*The Trust is working with local health economy partners and the Trust Development Agency in developing a whole health economy solution, through Better Care Together programme, which encompasses the Trust's clinical strategy and wider reconfiguration.",* and

(d) "***Adverse conclusion****. On the basis of our work, having regard to the guidance on the specific criteria published by the Audit Commission in October 2014, the matters reported in the basis for adverse conclusion paragraph above prevent us from being satisfied that in all significant respects the University Hospitals of Leicester NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness, in its use of resources for the year ending 31 March 2015."*

The Trust Board recalled that the Audit Committee had noted that UHL was not an outlier in receiving such an 'emphasis of matter'/opinion when considering the draft Annual Accounts 2014/15 at its meeting on 27 May 2015 (Minute 32/15/2 refers).

**Resolved – that (A) the Trust's Annual Report and Accounts 2014-15 be approved as detailed in paper J and presented to the APM on 17 September 2015, and**

**(B) External Audit's opinion be noted as replicated in (a) – (d) above.**

186/15/2 Implementation of UHL PPI (Patient and Public Involvement) and Stakeholder Engagement Strategy

Paper K outlined quarter 1 progress in implementing UHL's PPI and stakeholder engagement strategy, as approved at the April 2015 Trust Board. A very productive Trust Board thinking day had also been held with stakeholders in August 2015. In response to a query, the Director of Marketing and Communications confirmed that stakeholders were appropriately advised when patient and public involvement issues were being discussed at the Trust Board. In discussion on the quarterly update, the Trust Board:-

(a) noted a query raised at a recent Patient Partners meeting as to whether UHL's PPI team was adequately resourced. In response, the Director of Marketing and Communications outlined the recent expansion of that team and advised that UHL's PPI Manager would now specialise in community outreach;

(b) noted the key need for appropriate CMG involvement and buy-in to progress PPI actions. The Director of Marketing and Communications considered that PPI was now being recognised as a priority by CMGs;

(c) queried whether the planned expansion of Patient Partners would be via open recruitment or targeted to any specific groups. The Director of Marketing and Communications clarified that efforts would be targeted, including a drive to recruit younger people. The Trust Chairman suggested that some recent Non-Executive Director candidates might be interested in pursuing this role, and he agreed to explore this with the National Trust Development Authority (NTDA), and **CHAIR MAN**

(d) noted a query over the most appropriate home for the PPI portfolio – Executive Directors agreed to discuss this further outside the meeting. **EDs**

**Resolved – that (A) quarterly updates be provided re: implementation of UHL's PPI Strategy;** **DMC**

**(B) the scope to approach recent Non-Executive Director applicants to become Patient Partners, be explored with the NTDA, and** **CHAIR MAN**

**(C) Executive Directors assess the most appropriate location for the PPI portfolio.** **EDs**

186/15/3 UHL Risk Report Incorporating Board Assurance Framework (BAF)

Paper L from the Acting Medical Director comprised the latest iteration of the 2015-16 Board Assurance Framework (as at 31 July 2015) and a summary of all high and extreme risks on the risk register (1 new high risk, relating to the provision of vascular access services). The Acting Medical Director particularly noted the significant revision of principal risks 12, 13 and 14 since the August 2015 Trust Board. In terms of the specific risks being discussed at this meeting, the Trust Board noted:-

(a) **principal risk 15** – the Executive lead for this risk should be the Director of Strategy rather than the Chief Operating Officer as currently shown. The Chief Executive noted ongoing progress in linking service reviews with cost improvement programme schemes, particularly through cost-cutting schemes. The Chief Operating Officer advised that beds access was a key focus issue (eg high volume specialties); **AMD/ DS**
(b) **principal risk 16** – the Chief Financial Officer advised that this was covered in papers P and O below (Minutes 187/15/3 and 187/15/4 refer). In response to a query from the Chief Operating Officer, the Chief Financial Officer advised that the end of year position in paper O should also be amber, in line with risk 16, and
(c) **principal risk 17** – the Chief Financial Officer noted UHL's good relationship with the NTDA regarding the 5-year financial strategy, and confirmed that UHL's IFPIC received regular updates on the Trust's longterm financial model (LTFM). In response to a query from the Acting Medical Director, the Chief Financial Officer agreed that this risk should also include ongoing work to explore alternative sources of capital funding. **AMD/ CFO**

The Audit Committee Non-Executive Director Chair queried the August 2015 timescale for principal risk 18 (re: delays to the approval of the EPR programme) and requested that this risk be focused on by the Trust Board at its October 2015 meeting. The Chief Executive outlined ongoing discussions regarding the EPR programme. In further general discussion, the Chief Executive noted continuing discussions with the Trust's risk management team to redevelop the BAF, including feedback from Internal Audit. This issue would be discussed further with the Audit Committee Non-Executive Director Chair and was a scheduled item for the September 2015 Audit Committee. **AMD/ CIO** **CE/AC CHAIR**

**Resolved – that (A) the Director of Strategy be the Executive Lead for principal risk 15;** **AMD/DS**

**(B) work to explore alternative sources of capital funding be included in principal risk 17;** **AMD/ CFO**

**(C) principal risk 18 be reviewed at the October 2015 Trust Board, and** **AMD/CIO**

**(D) further discussion take place re: restructure of the BAF, in light of recent Internal Audit feedback.** **CE/AC CHAIR**

**187/15 QUALITY AND PERFORMANCE**

187/15/1 Quality Assurance Committee (QAC)

On behalf of Dr S Dauncey, QAC Non-Executive Director Chair, Col. (Ret'd) I Crowe Non-Executive Director outlined the key issues discussed at the 27 August 2015 QAC meeting (paper M). He particularly noted that the PLACE audit results dated from March 2015.

**Resolved – that the summary of key issues considered at the 27 August 2015 QAC meeting be received and noted.**

187/15/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Ms J Wilson, IFPIC Non-Executive Director Chair outlined the key issues discussed at the 27 August 2015 IFPIC meeting (paper N), particularly noting that the value of the approved interim ICU reconfiguration business case did not require Trust Board approval. As detailed in paper N IFPIC had also received a presentation from the Cancer, Haematology, Urology, Gastroenterology and General Surgery (CHUGGS) CMG, with a further update on the reported endoscopy issues scheduled for September 2015. A detailed thematic review of the cancer targets had also been considered by the Committee, as had the Trust's financial position.

In discussion, Professor A Goodall, Non-Executive Director queried whether the charging discussions re: University of Leicester embedded space at UHL related to new space. In response (and confirming that the discussions related to existing space) the IFPIC Non-Executive Director Chair advised that UHL's Director of Estates and Facilities was pursuing this issue. The Healthwatch representative also queried whether it was possible for the fractured neck of femur report discussed at IFPIC to be shared with Healthwatch.

**Resolved – that the summary of key issues considered at the 27 August 2015 IFPIC meeting be received and noted.**

187/15/3 2015-16 Financial Position – Month 4 (July 2015)

This item was taken in conjunction with the discussion on delivery of the 2015-16 financial plan (Minute 187/15/4 below refers), noting that both papers had been discussed in detail at the August 2015 Executive Performance Board and IFPIC. Paper O outlined the month 4 financial position, noting that from month 5 onwards the Trust's control total would reflect the revised deficit of £34.1m. UHL was £3.6m off plan for the year to date, with activity and income unexpectedly below plan in month 4. Pay expenditure seemed to have plateau'd, however (which was welcomed) and good progress was being made on UHL's 2015-16 cost improvement programme (currently £1.2m off plan year to date). Despite a disappointing month 4 result, the Chief Financial Officer considered that opportunity remained to correct the position.

**Resolved – that the month 4 financial performance report be noted.**

187/15/4 Delivery of the 2015-16 Financial Plan

Further to Minute 187/15/3 above, paper P updated members on UHL's 2015-16 financial recovery plan, noting the need for a full resubmission to the NTDA in September 2015. The report outlined the further CMG and corporate actions required, and it was noted that a more detailed report would be provided to the September 2015 IFPIC and then to the October 2015 Trust Board. The Chief Financial Officer reiterated the need for all staff throughout UHL to understand the financial position and what was required to deliver the year-end position. The IFPIC Non-Executive Director Chair commented that she had seen a detailed plan communicated to staff, which she would share with her Non-Executive Director colleagues for information. Members also noted the varying level of revised control totals

**CFO**

**IFPIC CHAIR**

required of other Trusts by the NTDA, and commented on the nationally-difficult financial position.

In response to a query from the Audit Committee Non-Executive Director Chair, the Director of Workforce and OD noted that she would review the scope for further reductions in UHL's sickness absence rate. **DWOD**

**Resolved – that (A) a further update on the 2015-16 financial recovery plan be provided to the October 2015 Trust Board, following detailed discussion by the September 2015 IFPIC;** **CFO**

**(B) the scope for further reductions in sickness absence be reviewed, and** **DWOD**

**(C) UHL's communication of the detailed financial recovery action plan to staff be shared with Non-Executive Directors by the IFPIC Non-Executive Director Chair.** **IFPIC CHAIR**

**188/15 REPORTS FROM BOARD COMMITTEES**

188/15/1 Quality Assurance Committee (QAC)

**Resolved – that the 30 July 2015 QAC Minutes be received and noted, and the recommendations therein be endorsed.**

188/15/2 Integrated Finance, Performance and Investment Committee (IFPIC)

**Resolved – that the 30 July 2015 IFPIC Minutes be received and noted and the recommendations therein be endorsed.**

**189/15 CORPORATE TRUSTEE BUSINESS**

189/15/1 Charitable Funds Committee

Mr M Traynor, Charitable Funds Committee Non-Executive Director Chair reported on the Charitable Funds Committee meeting of 6 August 2015 (paper S), noting the items presented for Trust Board approval as corporate Trustee. The Charitable Funds Committee Chair also sought approval for UHL to sign a letter of agreement with the Thomas Cook Children's Charity regarding a £300,000 grant donation (background and intended accounting treatment as now briefly outlined). The Director of Strategy undertook to confirm outside the meeting whether the £300,000 was already factored in to the Emergency Floor spend on children's elements. In response to a Non-Executive Director query, the Director of Marketing and Communications confirmed that a mechanism was in place to ensure that charitable donations were acknowledged and spent appropriately. **CHAIR MAN/ DCLA** **DS**

**Resolved – that (A) the 6 August 2015 Charitable Funds Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted, respectively (recommended items being the charitable funds bids specified in Minute 30/15, the review of policies in respect of celebrities and other visitors at Minute 31/15 and appended to paper S, and acceptance of the Thomas Cook Children's Charity grant donation of £300,000 in Minute 32/15);** **ALL/CFO**

**(B) confirmation be sought of whether the £300,000 Thomas Cook Children's Charity donation was appropriately reflected in the emergency floor business case, and** **DS**

**(C) subject to assurance on (B) above, a Deed be signed accordingly by the Chairman and sealed appropriately.** **CHAIR MAN/ DCLA**

**190/15 TRUST BOARD BULLETIN – SEPTEMBER 2015**

**Resolved – that the Trust Board Bulletin containing the following reports be noted:-**
**(1) NHS Trust Over-Sight Self Certification return for the period ended 30 June 2015 [noting the cleanliness concerns expressed by the Trust] (paper 1);**

**(2) declarations of interests for Mr K Singh Trust Chairman [update reflecting that a family member worked as a Partner and Director of Research for Lakeside Consortium, Northamptonshire], Ms J Smith Chief Nurse [none to declare] and Ms L Tibbert Director of Workforce and OD [Director, Public Sector People Managers' Association until June 2016] (paper 2);**

**(3) update on Trust sealings for quarter 1 of 2015-16 (paper 3), and**

**(4) Minutes of the 13 August 2015 Members' Engagement Forum (paper 4).**

**191/15 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

The following questions/concerns/comments were raised by public attendees in respect of the subjects discussed at the meeting:-

(1) a concern from the relative of a recently-discharged elderly patient over a lack of communication with relatives on discharge and between the different organisations involved in aftercare. The Acting Medical Director and the Chief Nurse apologised for the patient and relatives' experience, and agreed to investigate the circumstances further. In discussion, Mr M Traynor Non-Executive Director and Charitable Funds Committee Chair noted a discharge pilot project in Rutland, the details of which he had passed to UHL's Chief Operating Officer, and **AMD/ CN**

(2) a suggestion that UHL revisit the viability of site-based nurseries, as a measure to improve staff recruitment and retention. The Trust Chairman noted that workforce issues as a whole would be discussed in detail at the September 2015 Trust Board thinking day.

**Resolved – that the issues above be noted, and any actions arising be progressed by the identified lead(s).** **EDs**

**192/15 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 193/15 – 200/15), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.**

**193/15 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

The Trust Chairman reiterated his declaration as reported in Minutes 179/15 and 190/15 above, and noted that he would absent himself from the meeting accordingly if this item was discussed.

**Resolved – that the Chairman's declaration be noted.**

**194/15 CONFIDENTIAL MINUTES**

**Resolved – that the confidential Minutes of the 6 August 2015 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly.** **CHAIR MAN**

**195/15 CONFIDENTIAL MATTERS ARISING REPORT**

**Resolved – it be noted that items 2b, 2c and 2d of paper V would be covered in Minute 196/15 below.**

**196/15 REPORT FROM THE DIRECTOR OF ESTATES AND FACILITIES**

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

**197/15 JOINT REPORT FROM THE ACTING MEDICAL DIRECTOR AND 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 data.**

**198/15 JOINT REPORT FROM THE TRUST VICE-CHAIR AND 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 data.**

**199/15 REPORTS FROM BOARD COMMITTEES**

199/15/1 Integrated Finance, Performance and Investment Committee (IFPIC)

**Resolved – that the confidential 30 July 2015 IFPIC meeting Minutes be received and noted, and any recommendations therein endorsed.**

**200/15 ANY OTHER BUSINESS**

200/15/1 Non-Executive Director Query

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

200/15/2 Trust Board Thinking Day 10 September 2015

Non-Executive Directors requested that UHL's Chief Information Officer also be invited to attend the 10 September 2015 Trust Board thinking day, in light of his recent presentation to them re: IM&T developments. **STA**

**Resolved – that the request above be actioned accordingly.** **STA**

**201/15 ANNUAL PUBLIC MEETING 2015 AND DATE OF NEXT TRUST BOARD MEETING**

**Resolved – that (A) it be noted that the Trust's Annual Public Meeting (APM) would be held on Thursday 17 September 2015 from 6.30pm at The Big Shed, Freemen's Common, Leicester. An information fair would be held at the same venue from 4pm – 6.30pm, and**

**(B) the next Trust Board meeting be held on Thursday 1 October 2015 from 9am in Seminar Rooms A & B, Education Centre, Leicester General Hospital.**

The meeting closed at 1.45pm

Helen Stokes – **Senior Trust Administrator**

**Cumulative Record of Attendance (2015-16 to date):**

**Voting Members:**

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|---|---|---|---|---|---|---|---|
| K Singh | 6 | 6 | 100 | R Moore | 6 | 6 | 100 |
| J Adler | 6 | 6 | 100 | C Ribbins | 4 | 3 | 75 |
| I Crowe | 6 | 6 | 100 | J Smith | 2 | 2 | 100 |
| S Dauncey | 6 | 4 | 67 | M Traynor | 6 | 5 | 83 |
| A Furlong | 6 | 6 | 100 | P Traynor | 6 | 6 | 100 |
| A Goodall | 3 | 3 | 100 | J Wilson | 6 | 6 | 100 |
| R Mitchell | 6 | 6 | 100 | | | | |

**Non-Voting Members:**

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|---|---|---|---|---|---|---|---|
| D Henson | 6 | 6 | 100 | E Stevens | 4 | 4 | 100 |
| R Palin | 5 | 3 | 60 | L Tibbert | 2 | 2 | 100 |
| K Shields | 6 | 5 | 83 | S Ward | 6 | 6 | 100 |
| | | | | M Wightman | 6 | 6 | 100 |