UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 7 JULY 2016 AT 9AM IN ROOMS 2 & 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Voting Members present:
Mr K Singh – Chairman
Mr J Adler – Chief Executive
Professor P Baker – Non-Executive Director (up to and including Minute 148/16)
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Johnson – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Mr R Moore – Non-Executive Director
Ms J Smith – Chief Nurse
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer

In attendance:
Ms S Baines – Assistant Director of Learning (for Minute 139/16/1)
Professor N Brunskill – Director of Research and Innovation (for Minute 143/16)
Matron Y Francis-Burnett – ITAPs CMG (for Minute 139/16/1)
Dr C Free – Deputy Medical Director (for Minute 142/16)
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 149/16)
Mr J Jameson – Acting Medical Director (in the absence of Mr A Furlong Medical Director)
Dr N Sanganee – LLR CCG representative (up to and including Minute 149/16)
Ms H Stokes – Senior Trust Administrator
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

133/16 APOLOGIES AND WELCOME

Apologies for absence were received from Dr S Dauncey Non-Executive Director and Mr A Furlong Medical Director. The Trust Chairman welcomed both Mr J Jameson Acting Medical Director (in the absence of the Medical Director), and Professor P Baker new UHL Non-Executive Director, to the meeting.

134/16 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Chairman declared an interest in the Lakeside House practice, which was referred to in the emergency care performance update at Minute 144/16/4 below, and confirmed that he would absent himself from the discussion on that item if members wished to discuss the ED front door arrangements in any further detail (in the event, that did not prove necessary).

135/16 MINUTES

Resolved – that the Minutes of the 2 June 2016 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR MAN**

136/16 MATTERS ARISING FROM THE MINUTES

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

(a) action 1b (Minute 112/16 of 2 June 2016) – the Chief Nurse confirmed that FFT reports were now being shared with the Healthwatch representative;

(b) action 3b (Minute 114/16 of 2 June 2016) – the Chief Nurse confirmed that the outcome of the 11 May 2016 public listening event had been shared with the CQC as requested, and

(c) action 6 (Minute 115/16/3 of 2 June 2016) – the Chief Nurse confirmed that work was underway on producing an easy to read version of the Trust's 2015-16 Quality Account.

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

137/16 CHAIRMAN'S MONTHLY REPORT – JULY 2016

In respect of the issues highlighted in paper C, the Chairman noted:-

(a) the increasing national pressures on health expenditure, particularly from a capital perspective, and resulting frustrations arising from delays to reconfiguration scheme approvals;
(b) his thanks to all those involved in preparing for the CQC's June 2016 inspection of UHL. All UHL staff had been very positive about their work, and the Trust recognised the pressures being faced by certain services;
(c) his recognition that the Brexit referendum result was potentially unsettling for UHL's EU staff – he emphasised that the Trust valued and appreciated all of its staff, and had reiterated this in a recently-circulated communication, and
(d) his recent attendance at a Leicester conference of the British Chapter of the Global Association of Physicians of Indian Origin, as outlined in paper C.

Resolved – that the Chairman's July 2016 monthly report be noted.

138/16 CHIEF EXECUTIVE'S MONTHLY REPORT – JULY 2016

The Chief Executive's July 2016 monthly update followed (by exception) the framework of the Trust's strategic objectives. As the attached quality and performance dashboard covered core issues from the monthly quality and performance report, the full version of that report was no longer taken at Trust Board meetings but was accessible on the Trust's external website (also hyperlinked within paper D). The new template Board Assurance Framework dashboard and the extreme and high risks dashboard were also attached to the Chief Executive's report at appendices 2 and 3 respectively – in a change to previous reporting practice the full BAF and risk register entries were now detailed in a separate report at Minute 140/16 below.

In introducing his report, the Chief Executive noted:-

(a) continued good progress on a number of clinical and operational targets, including June 2016 delivery of the Referral to Treatment (RTT) 18-week waits target, a very significant improvement in diagnostics performance, and significant reductions in orthodontics RTT 52-week waits. Ambulance handover times continued to improve, although emergency pressures remained challenging as detailed in Minute 144/16/4 below. Good performance also continued in respect of MRSA and Clostridium difficile trajectories for 2016-17. However, the cancer 62-day target continued to be challenging and although UHL remained committed to focusing on recovery as a key priority, ICU capacity was a key constraining factor in delivering cancer 62-day performance. The Chief Operating Officer now outlined plans to address that issue, including the opening of an additional 4 High Dependency Unit (HDU) beds on the Leicester General Hospital site (if successful, that would be replicated at the LRI); ensuring that patients could be stepped down as soon as it was safe to do so (via improved communication and forecasting mechanisms and protecting surgical care beds); work underway to smooth the LGH ICU demand profile across the week (currently higher on Tuesdays and Wednesdays), and ensuring a greater level of clinician-led discussion on staff movements between sites. The Chief Executive welcomed these measures, which would

also improve the patient experience;

(b) his quarter 1 review of progress against UHL's 2016-17 annual priorities, as detailed in appendix 4 of paper D. Although the majority of these were RAG-rated as amber or green, the Chief Executive noted 3 red-rated issues (all of which had previously been reported to the Trust Board) of:- [i] the imbalance between capacity and demand; [ii] delays to funding of the ICU and related reconfigurations, and [iii] delays to approval and funding of the EPR business case (although this business case was moving through the system albeit slowly);

(c) progress on the development of the LLR Sustainability and Transformation Funding (STF) Plan, noting that the submission itself was not currently in the public domain;

(d) his own thanks to the Chief Nurse and her team for the CQC preparation, noting that the number of CQC requests for information to the Trust amounted to nearly 2000. The rating from that CQC inspection was not yet known, and UHL recognised that the situation within ED remained very pressured; the Chief Executive noted that the existing conditions on UHL's licence in respect of ED might continue to apply;

(e) the early July 2016 submission by UHL and University partners of the Biomedical Research Centre bid, and his thanks to the bid team;

(f) the annual NHS Confederation Conference which he had attended with the Chairman and Chief Operating Officer on 16 and 17 June 2016. The Chief Executive particularly noted his discussions with the Chief Executive of NHSI regarding UHL's 2016-17 capital requirements, and

(g) the UHL Volunteers Thank You event held on 7 June 2016, attended by both the Chief Executive and a number of other Trust Board members.

In discussing the Chief Executive's July 2016 report, the Trust Board:-

(i) noted comments from the Healthwatch representative welcoming the improvements in diagnostics performance and ambulance handover times. However, he queried the sustainability of the use of ward 7 for cancer patients;

(ii) noted queries from the Healthwatch representative over the sustainability of opening the additional ICU beds, in light of known staffing constraints. The Chief Operating Officer and the Chief Nurse agreed to meet with the Healthwatch representative outside the meeting to provide assurances accordingly,and **COO/ CN**

(iii) queried the implications if the BRC bid was rejected. In response, Professor P Baker Non-Executive Director (and also Dean of Medicine, University of Leicester) noted the range of potential decisions on the bid, the outcome of which would not be known until Autumn 2016. There was no direct financial risk to either the Trust or its University partners, however. Professor Baker also noted that one outcome might involve variable funding for the 3 themes within the bid.

<u>Resolved</u> – that a meeting be held with the Healthwatch representative outside the meeting to provide assurances over the sustainability of opening up additional ICU beds. **COO/ CN**

139/16 KEY ISSUES FOR DECISION/DISCUSSION

139/16/1 <u>Staff Story – Staff Experience of the Apprenticeship Programme</u>

As detailed in paper E (and accompanying DVD) from the Director of Workforce and OD, the Trust Board received the first in a new series of 'staff stories', which would be reported quarterly to the Trust Board. Paper E told the story of a 2010 Customer Service Apprentice within the Trust's Sleep Service, and how that apprentice had been able subsequently to

obtain a substantive post in the service and progress to her current position of an Assistant Practitioner. The staff member featured in the DVD particularly commented on the support and encouragement she had received from UHL, thus enabling her to progress along her chosen career. She had been part of the first cohort of 12 apprentices taken on by the Trust in that first year of 2010 – UHL currently had 118 apprentices in place, with a nationally-set target of 335 for 2017-18.

In discussion on the staff story, the Trust Board:-

(a) voiced its support for the apprenticeship programme, particularly for hard-to-reach positions. Non-Executive Directors queried, however, how to dispel the perception that a degree was required for further progress – in response, the Director of Workforce and OD outlined the various options including obtaining degrees whilst working and also potentially reviewing the overall need for degree-level qualifications. The Assistant Director of Learning also noted that recent national changes to the apprentice programme included 'apprentice degrees';

(b) queried whether the required rise in apprentice numbers was feasible, in terms both of available apprentices and UHL resourcing. The Director of Workforce and OD acknowledged the resource-intensive nature of the apprenticeship programme and advised that she would be taking an investment request to the Trust's Revenue Investment Committee. In terms of numbers, UHL would also be looking at the scope for existing staff to join the apprentice programme;

(c) noted (in response to a question from the Healthwatch representative) that although there were 3 apprentice intakes per year the Trust also hoped to do a more continuous recruitment programme. UHL was working hard with local schools and colleges to attract potential apprentices. Non-Executive Directors queried what measures were in place to attract mature/2nd career apprentices, and the Assistant Director of Learning commented that this might be more attractive to existing UHL staff who could follow the apprentice study programme. The Trust was also linked in to the Armed Forces community, but it was recognised that the apprenticeship market was a very competitive one;

(d) noted that appropriate social media applications were being used to attract apprentices, with Health Education England (East Midlands) funding also available for a marketing strategy;

(e) commented on the Trust's corporate social responsibility (as LLR's largest employer) to take a strategic view and make all sectors of society aware of the apprenticeship opportunities spanning the whole range of NHS occupations, and

(f) noted a useful training video by NHS England, which could potentially be linked to from UHL's jobs website. **DWOD**

<u>Resolved</u> – that (A) the first in the quarterly programme of staff stories be noted, and

(B) consideration be given to including a link to the NHS England training video on the UHL jobs website. **DWOD**

139/16/2 <u>Children's Heart Surgery Services</u>

In a departure from the agenda, the Chief Executive tabled an additional report outlining NHS England's stated intention to cease commissioning children's heart surgery from the East Midlands Congenital Heart Centre (EMCHC). Although currently embargoed, the Trust had taken the decision to consider this paper in public rather than in private, and the Chief Executive and Director of Marketing and Communication had spent part of that morning

briefing staff involved in the service. The Chief Executive now outlined the background to both the 2008 'Safe and Sustainable Review' and the subsequent 'New Review of Congenital Heart Services', noting that the Trust had been given a very short notice period to respond to NHS England's stated intention (both the NHSE letter and UHL's subsequent response were appended to the tabled report). The Chief Executive also briefed members on UHL's position in respect of the 2 key standards within the New Review of Congenital Heart Services, relating to the required minimum number of cases per surgeon (although on trajectory for the 375 level, the longer-term aim of 500 cases was recognised to be challenging by the Trust), and co-location of children's services (for which UHL had a plan in place).

The Trust's response to NHS England had therefore strongly rebutted the grounds behind the intention to cease commissioning, focusing also on a number of additional counter-arguments including:- UHL's quality outcomes both nationally and internationally, and the likely adverse impact on both other paediatric services (eg PICU and specialist children's services) and ECMO of closing the East Midlands Congenital Heart Centre. However, despite this response and as noted above, NHS England would shortly publicly announce its stated intention to cease commissioning children's heart surgery from the East Midlands Congenital Heart Centre.

In terms of process, the Chief Executive noted that NHS England would now initiate a 'service change process' with 'appropriate local engagement before reaching a decision', and he advised that UHL would seek appropriate legal advice on the need for formal public consultation on NHS England's intention to cease commissioning of level 1 children's heart surgery at the Glenfield Hospital. The timescale for the service change process was not yet known. The Chief Executive reiterated UHL's view that NHS England's decision was incorrect and carried a significant risk of affecting the quality of other services. UHL recognised that this was likely to be a very difficult time both for users of the service and UHL staff, and intended to challenge the decision as strongly as possible. However, he acknowledged that if a challenge did not succeed, the Trust would have to co-operate with a final decision. **CE/ DCLA**

The Trust Board confirmed that it fully supported the approach laid out by the Chief Executive, and the Trust's intention to use all means at its disposal to challenge NHS England's stated intention on this service. In discussion, the Trust Board:-

(a) queried the likely timeframe – as noted above, this was not yet definitively known;
(b) queried the number of UHL staff employed in the East Midlands Congenital Heart Centre;
(c) queried the cost to UHL of providing children's heart surgery services – it was agreed to confirm this information and circulate it accordingly outside the meeting; **DCLA**
(d) suggested that the Trust Chairman contact the Secretary of State for Health and local MPs regarding NHSE's statement; **DMC/ CHAIR MAN**
(e) noted a query from the LLR CCG representative on what public engagement would now take place – in response the Director of Marketing and Communication confirmed that the Trust would be issuing stakeholder briefings later today which would include patient groups and the families of service users;
(f) noted concerns expressed by the Healthwatch representative over the short response period given to the Trust by NHSE, and his incredulity at NHSE's subsequent decision. He confirmed his support for UHL's approach and advised that he would fully brief the Healthwatch Chairs. He voiced concern, however, over both the potential destabilising effect on other services, and the additional anxiety this would cause for EMCHC service users. In response, the Trust Chairman echoed this latter point, emphasising that the Trust was very sensitive to the impact on users and would wish to allay concerns as far as it was able;
(g) queried why NHS England appeared to be providing further support to other organisations who did not yet meet the standards. In discussion, it was felt possible

that geographical considerations might play a part;

(h) queried whether there was a risk of jeopardising central support for UHL's reconfiguration programme by challenging NHSE's intention – in response the Chief Executive did not feel this was a risk at present;

(i) noted that NHSI was aware of UHL's response on this issue, and of the Trust's decision to discuss this in public today;

(j) noted the need to consider how best to highlight this issue to the Chairman of NHSI during his 18 July 2016 visit to UHL; **CHAIR MAN/CE**

(k) noted that UHL was sharing advice with the other unit earmarked for closure (at the Royal Brompton and Harefield NHS Foundation Trust);

(l) noted the need to emphasise the Leicester service's performance, quality and ability;

(m) queried how likely other centres were to refer to a service publicly identified as intended for closure, and

(n) noted that any further queries should be passed to the Chairman or Chief Executive outside the meeting – responses to any further questions and any raised above which had not been able to be answered today would be circulated accordingly. **ALL/ DCLA**

<u>Resolved</u> – that (A) appropriate legal advice be sought on the need for formal public consultation on NHS England's intention to cease commissioning of level 1 children's heart surgery at the Glenfield Hospital; **DCLA /CE**

(B) contact be made with the Secretary of State for Health and local MPs regarding the NHSE announcement; **CHAIR MAN/ DMC**

(C) any further queries be directed to either the Chairman or Chief Executive for a response (replies to be circulated together with an update on questions raised at the meeting on this issue – eg re: cost of the service), and **ALL/ DCLA**

(D) consideration be given to how best to flag this issue to the Chairman of NHS Improvement in light of his forthcoming visit to UHL. **CHAIR MAN/CE**

140/16 RISK MANAGEMENT

140/15/1 <u>Integrated Risk Report</u>

As referred to in Minute 138/16 above, paper F comprised a new integrated risk report presenting the revised 2016-17 Board Assurance Framework (BAF) for endorsement and also summarising any new organisational risks scoring 15 or above. The Trust Board was also invited to consider whether there were any assurance gaps or inadequate controls in the current Board Assurance Framework. Introducing the report, the Acting Medical Director advised that no principal risks had increased in score since the June 2016 Trust Board, and that 3 had reduced in risk score (principal risks 2, 9 and 13). Where currently omitted, the 'risk assurance rating' would be agreed at the next round of Executive meetings and indicated in the next iteration of the BAF at the August 2016 Trust Board. The Acting Medical Director also highlighted 3 new high-level risks on the organisational risk register, relating to [i] outlying medical patients; [ii] risk of single sex accommodation breaches on the Brain Injury Unit and [iii] risk of delay in acting upon monitoring investigation results in patients with multiple sclerosis. **MD**

In discussion the Trust Board:-

(a) commented on the challenging environment within the Brain Injury Unit, noting that the area was also at heightened risk of breaches due to changes to the Same Sex Accommodation risk matrix. The Chief Nurse advised that the Brain Injury Unit was generally compliant with Same Sex Accommodation requirements for the majority of the time;

(b) requested further assurance that risk leads were bringing appropriate pressure to

bear on both the BAF principal risks and the organisational risk register entries. Non-Executive Directors suggested that there were certain issues on the organisational risk register which appeared to be relatively straightforward to resolve – in response, the Acting Medical Director advised that although the risk registers were discussed in detail at each CMG performance management meeting, pace remained an issue in some cases. In further discussion, Non-Executive Directors commented that rises in the BAF principal risk scores were due to continuing high pressure on UHL services;

(c) suggested that it was difficult to prioritise the risks because they were not currently divided into those which the Trust could/could not resolve. It was also reiterated that "assembling" the register was not the end objective of the exercise;

(d) suggested that a greater connection was needed between the risk register/BAF and Executive Directors' top-down management of UHL's strategic objectives;

(e) noted comments from the LLR CCG representative on the lack of a specific strategic objective re: workforce pressures – in response, the Director of Workforce and OD advised that UHL's July 2016 Executive Workforce Board would review key workforce risks in detail. For the benefit of members of the public, it was also noted that specific individual risks were reviewed by the appropriate weekly Executive meeting, and

(f) suggested a need for future Sustainability and Transformation Plan discussions to link appropriately to delivery of the Board Assurance Framework principal risks. **ALL EDs**

<u>Resolved</u> – that (A) all risk assurance ratings be reflected in the August 2016 Trust Board iteration of the integrated risk report, following appropriate discussion at the Executive Team meetings, and **MD**

(B) future Sustainability and Transformation Plan discussions link appropriately to delivery of the Board Assurance Framework principal risks. **ALL EDs**

141/16 STRATEGY

141/16/1 <u>UHL Reconfiguration Programme</u>

This monthly report updated the Trust Board on (i) the governance of UHL's reconfiguration programme; (ii) progress on 1-2 selected workstreams, and (iii) the 3 key programme risks, while the high-level dashboard appended to the report provided an overview of the programme status and key risks as a whole. The key workstream update this month had been intended to be on the children's hospital business case project, but had been overtaken by the events detailed at Minute 139/16/2 above.

In introducing paper G, the Chief Financial Officer noted continuing uncertainty over the availability of national capital in 2016-17, which also impacted adversely on capacity risks. A revised phasing of UHL's reconfiguration programme would be presented to the September 2016 Trust Board, and the Chief Financial Officer noted that significant preparatory work continued. In response to a query from the Trust Chairman, the Chief Financial Officer advised that UHL was currently reviewing its capital requirements to assess any scope for further reduction. In discussion, the Audit Committee Non-Executive Director Chair noted the need for appropriate contingency/mitigation plans in the event that no capital was available nationally, although in response the Chief Financial Officer considered that this was unlikely to be the case. The Chief Financial Officer noted his view however, that UHL's capital requirements were already at their minimum level, and that alternative funding sources would need to be explored if national capital could not meet those needs. **CFO**

<u>Resolved</u> – a revised phasing of UHL's reconfiguration programme be presented to the 1 September 2016 Trust Board. **CFO**

141/16/2 <u>LLR Better Care Together (BCT) Programme Update</u>

Paper H provided a high-level update on the LLR Better Care Together Programme, as prepared for all partner organisations' Boards. The Director of Marketing and Communication advised that the first cut LLR Sustainability and Transformation Plan had been submitted to NHS England on 30 June 2016 – in further discussion the Chief Executive noted NHSE's view that the BCT 2% demographic rise assumption was too low, which would impact on capacity.

Resolved – that the LLR BCT programme update be noted.

142/16 MEDICAL WORKFORCE AND APPRAISAL

142/16/1 Medical Appraisal and Revalidation Annual Report 2015-16

Dr C Free, Deputy Medical Director and UHL Responsible Officer presented the 2015-16 Medical Appraisal and Revalidation Annual Report (paper I) for Trust Board approval as required. The Annual Report advised the Trust Board how UHL had fulfilled its statutory duties as Designated Body for medical practitioners employed by the Trust in 2015-16, and sought Trust Board approval for the Statement of Compliance accordingly. Paper I advised that 98% of doctors had completed their appraisal for 2015-16 (as required for revalidation), and confirmed that each case of missed appraisal had been considered individually by the Medical Conduct Committee with further action taken in 5 cases.

In discussion on paper I, the Trust Board:-

(a) noted the intention to sample 10% appraisals each year to check the quality of the appraisal. 1 reviewer per CMG would be appointed for this purpose It was also intended to provide more training for appraisers and ensure that appropriate time for appraisal was allocated in job plans;
(b) noted that the Deputy Medical Director had asked UHL's Internal Auditors to review the Trust's arrangements for identifying concerns about medical staff, given that the Medical Director and Responsible Officer roles were split in UHL. Non-Executive Directors commented on the importance of appropriately triangulating information on this issue;
(c) was advised that 99% of job plans had been submitted, with work now underway to approve them by the deadline of 31 August 2016. A report on job planning would be submitted to the July 2016 Executive Workforce Board. The Deputy Medical Director outlined how job plans were divided between direct patient care and supporting programmed activities, the revalidation element of which included clinical supervision (with potential additional time also available for educational supervision); **MD/ DMD**
(d) noted (in response to a query) the difference between UHL's "Accountable Officer" (the Chief Executive) and the "Responsible Officer";
(e) emphasised the crucial importance of medical student supervision, and requested that this be highlighted to clinical staff. Good levels of medical student supervision could lead to higher medical student satisfaction scores and therefore also improve retention rates;
(f) noted queries from the LLR CCG representative, relating to:-
    - how to align personal job plans with UHL's strategic objectives (in response, the Deputy Medical Director advised that this had been considered and remained work in progress);
    - whether UHL had considered using non-medical supervisers, as happened in GP practice;
(g) queried whether the Trust had considered using 360º feedback for medical supervisers – the Deputy Medical Director agreed to review this, and **MD/ DMD**
(h) received an update (at the request of Col [Ret'd] I Crowe Non-Executive Director) on nursing revalidation, which was considered by the Chief Nurse to have been successfully implemented at UHL. She noted that nursing revalidation was not similarly resourced to the medical process, and noted the significant work

undertaken by the Corporate Nursing Education Team. Initial concerns that significant numbers of nurses would be lost through revalidation had not materialised.

Resolved – that (A) an update on 2016-17 job planning process to be provided to the 19 July 2016 Executive Workforce Board; **MD/ DMD**

(B) consideration be given to the potential future use of 360° feedback for medical supervisers, and **MD/ DMD**

(C) the Medical Appraisal and Revalidation Annual Report 2015-16 be approved by the Trust Board and the Statement of Compliance signed by the Chief Executive as required. **MD/ CE**

143/16 RESEARCH AND INNOVATION

143/16/1 Research and Innovation 2016-17 Quarter 1 Report

Professor N Brunskill, Director of Research & Innovation attended to introduce the 2016-17 quarter 1 update on research and innovation activities within UHL (paper J), noting in particular:-

(a) the submission of the Biomedical Research Centre (BRC) bid along 3 themes of cardiovascular, respiratory, and diet and lifestyle, with precision medicine as a cross-cutting theme;
(b) UHL's application for £5.7m of NIHR Clinical Research Facility (CRF) funding over 5 years;
(c) ongoing work with the University of Leicester to support the renewal of the cancer Research UK (CRUK) Centre and the Experimental Cancer Medicine Centre. The final bid was due in August 2016;
(d) national interest in recruitment rates to the 100,000 Genome Project;
(e) close work with the University of Leicester to embed the Leicester Precision Medicine Institute (with Clinical and Commercial Directors now in place), and
(f) work to renew UHL's research and innovation strategy.

In discussion on the report, the Trust Board:-

(1) noted the Trust Chairman's intention to discuss the Hope Unit's Glenfield Hospital space requirements with the Chief Executive and the Director of Estates and Facilities, noting its potential impact on the Cancer Research UK Centre renewal bid; **CHAIR MAN**
(2) queried the reasons for UHL's (welcomed) good levels of recruitment to clinical trials, and whether the Trust's good practice could be shared with other organisations. Professor P Baker Non-Executive Director suggested that UHL should also look to increase the number of trials on which it led;
(3) noted that research/innovation and the relationship with local Universities would be discussed further at the September 2016 Trust Board thinking day, and
(4) reiterated the benefits of securing a UHL research and innovation slot at the October 2016 Leicester Business Festival (as mentioned at the February 2016 Trust Board), liaising as appropriate with the new Director of the Leicester Precision Medicine Institute. **DRI**

Resolved – that (A) the Hope Unit's Glenfield Hospital space requirements be discussed with the Chief Executive and the Director of Estates and Facilities, noting links to the Cancer Research UK Centre renewal, and **CHAIR MAN**

(B) obtaining a UHL research and innovation slot at the October 2016 Leicester Business Festival be pursued further, liaising as appropriate with the new Director of the Leicester Precision Medicine Institute. **DRI**

144/16 QUALITY AND PERFORMANCE

144/16/1 Quality Assurance Committee (QAC)

Paper K from the QAC Non-Executive Director Chair summarised the issues discussed at that Committee's 30 June 2016 meeting, noting that there were no specific recommendations or decisions requiring Trust Board approval.

Resolved – that the summary of issues discussed at the 30 June 2016 QAC be noted (Minutes to be submitted to the 4 August 2016 Trust Board).

144/16/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Paper L from the IFPIC Non-Executive Director Chair summarised the issues discussed at that Committee's 30 June 2016 meeting, noting that the updated 2016-17 financial plan was recommended for Trust Board approval (as appended to paper L). The Chief Financial Officer advised that Trusts had been asked nationally to resubmit their financial plans on 29 June 2016, and paper L outlined the changes made to the plan at that time and confirmed that the Trust's 2016-17 control total had not changed as a result. The IFPIC Non-Executive Director Chair also noted that Committee's specific approval of the 2016 draft reference cost submission, as detailed in paper L.

Resolved – that the summary of issues discussed at the 30 June 2016 IFPIC be noted at paper L (Minutes to be submitted to the 4 August 2016 Trust Board), and the updated financial plan 2016-17 be approved as recommended. **CFO**

144/16/3 2016-17 Financial Performance – May 2016

Paper M comprised the revised format financial report, which presented the month 2 position in a more visual form than previously. UHL had delivered a month 2 and year-to-date deficit of £11.4m against a planned deficit of £11.6m, representing a favourable variance of £0.2m to plan. The Chief Financial Officer advised that UHL's 2016-17 £20.6m agency spend cap would be challenging, and noted that the Trust had phased this slightly differently to NHSI. He also advised the Trust Board that STP funding would be judged at the end of quarter 1. **ALL**

The Chief Financial Officer drew the Trust Board's attention to UHL's relatively poor compliance with the Better Payment Practice Code administrative target, with only 16% of invoices paid against that target. IFPIC had received a report on this issue at its June 2016 meeting, and would continue to receive monthly updates on the Trust's cash position. A weekly cash committee was also being established, and the Chief Financial Officer reiterated the Trust's aim of paying critical and small/medium suppliers as soon as possible. The IFPIC Non-Executive Director Chair noted that the May 2016 transfer of IFM staff to UHL had impacted on invoicing, and the Chief Financial Officer commented on national changes to processes overall. The Chief Financial Officer assured the Trust Board that there was no risk of UHL not being able to meet its liabilities. **CFO**

Resolved – that IFPIC receive monthly briefings on the Trust's cash position. **CFO**

144/16/4 Emergency Care Performance

Further to Minute 120/16/4 of 5 May 2016, paper N updated the Trust Board on recent emergency care and Clinical Decisions Unit performance. The report advised that the Trust remained under acute operational pressure due to increasing emergency demand, with June 2016 4-hour performance at 80.79% to date. The Trust had achieved the STP ED improvement trajectory for the first 2 months of 2016-17, but the Chief Operating Officer

advised that the trajectory rose very steeply from September 2016 and so would become much more challenging.

Emergency pressures would also be discussed in detail at both the 7 July 2016 Audit Committee and the 14 July 2016 Trust Board thinking day. The Chief Operating Officer considered that 50% of the issues related to UHL's internal ways of working and noted that a recent NHSI ED workshop for Midlands and East had focused on those issues acute providers could control. The remaining 50% reflected the continued imbalance between capacity and demand. In discussion on the emergency care update the Trust Board:-

(a) commented on the high number of red indicators within the LLR emergency care action plan appended to paper N. Non-Executive Directors noted the need to try and progress external factors as well as those which were within the Trust's internal control. In response, the Chief Executive and the Chief Operating Officer confirmed that they were working with CCG colleagues to develop a strengthened plan, and the Trust Board welcomed this shared recognition of the emergency care challenges;
(b) noted the very high numbers of patients accessing UHL's ED in early July 2016; **CHAIR MAN**
(c) noted that the Chairman would consider how best to share the outcomes of the July 2016 Trust Board thinking day discussions on ED more widely, and
(d) recognised the continuing pressures on UHL's clinical staff.

Resolved – that consideration be given to how best to share more widely the outcomes of the July 2016 Trust Board thinking day on emergency care. **CHAIR MAN**

145/16 REPORTS FROM BOARD COMMITTEES

145/16/1 Audit Committee

Paper O comprised the Minutes of the 25 May 2016 Audit Committee, noting that all recommendations and decisions had been covered at the 2 June 2016 Trust Board including the annual accounts and Annual Report 2015-16 (and related documents), and the 2015-16 Quality Account.

Resolved – that the Minutes of the 25 May 2016 Audit Committee be received and noted, and any recommendations endorsed accordingly.

145/16/2 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 28 April 2016 and 26 May 2016 QAC be received and noted, and any recommendations endorsed accordingly.

14516/3 Integrated Finance Performance and Investment Committee (IFPCI)

Resolved – that the Minutes of the 26 May 2016 IFPIC be received and noted, and any recommendations endorsed accordingly.

146/16 CORPORATE TRUSTEE BUSINESS

146/16/1 Charitable Funds Committee (CFC)

Paper R comprised the Minutes of the 5 May 2016 Charitable Funds Committee meeting, noting that certain items were in the recommended section due to the part-inquorate nature of that meeting. The CFC Non-Executive Director Chair highlighted the discussions on the charity's budget at Minute 17/16/1, and advised that he had asked the Head of Fundraising to review the Charity's policies and guidelines. He also outlined the legal advice received re: the use of charitable funds for staff events, noting that Charity actions had to demonstrate an overriding public (patient) benefit test. The CFC Non-Executive Director

Chair advised that the Charity would not therefore be able to fund staff award events, and Minute 23/16/5 of paper R set out a number of other issues which had been discussed in that item. The CFC Non-Executive Director Chair also noted his wish to review the frequency of CFC meetings due to the volume of business, with a view to holding more meetings which would be shorter in duration – this was currently being discussed with the Director of Corporate and Legal Affairs. **CFC CHAIR/ DCLA**

<u>Resolved</u> – that (A) the Minutes of the 5 May 2016 CFC be received and noted, and any recommendations endorsed accordingly, and

(B) options for holding CFC meetings on a more frequent basis be discussed with the Director of Corporate and Legal Affairs. **CFC CHAIR/ DCLA**

147/16 TRUST BOARD BULLETIN – JULY 2016

<u>Resolved</u> – it be noted that no papers had been circulated for the July 2016 Trust Board Bulletin.

148/16 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

In relation to the EMCHC item at Minute 139/16/2 above, members of the public commented on the disheartening nature of this latest NHSE announcement and commended the Trust Board for its clear public steer on UHL's response. A clear communication strategy was needed going forward, and the Director of Marketing and Communication noted a public meeting being held on 14 July 2016 at the Glenfield Hospital. It was confirmed that Healthwatch was keen to work with the Trust on communications.

A Patient Partner also queried how widely the PPI triangulation report referred to in the 30 June 2016 QAC summary was shared, and the Chief Nurse agreed to advise the requester accordingly outside the meeting. Healthwatch and Patient Partner representatives both commented on the usefulness of the triangulation report. **CN**

<u>Resolved</u> – that the question above and any associated actions, be noted and progressed by the identified lead officer(s). **NAMED LEADS**

149/16 EXCLUSION OF THE PRESS AND PUBLIC

<u>Resolved</u> – 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 150/16 – 156/16), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

150/16 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

There were no declarations of interests made in respect of the confidential business.

151/16 CONFIDENTIAL MINUTES

<u>Resolved</u> – that the confidential Minutes of the 2 June 2016 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR MAN**

152/16 CONFIDENTIAL MATTERS ARISING REPORT

<u>Resolved</u> – that the confidential matters arising report be noted.

153/16 REPORTS FROM BOARD COMMITTEES

153/16/1 Audit Committee

Resolved – that the confidential Minutes of the 25 May 2016 Audit Committee be received and noted, and any recommendations endorsed accordingly.

153/16/2 Quality Assurance Committee (QAC)

Resolved – that (A) the confidential Minutes of the 28 April 2016 and 26 May 2016 QAC be received and noted, and any recommendations endorsed accordingly, and

(B) the summary of confidential issues from the 30 June 2016 QAC be noted (Minutes to be submitted to the 4 August 2016 Trust Board).

153/16/3 Integrated Finance Performance and Investment Committee (IFPIC)

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

153/16/4 Remuneration Committee

Resolved – that the confidential Minutes of the 2 June 2016 Remuneration Committee be received and noted, and any recommendations endorsed accordingly.

154/16 CORPORATE TRUSTEE BUSINESS

154/16/1 Report from the Charitable Funds Committee Chair

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

154/16/2 Charitable Funds Committee (CFC)

Resolved - that the confidential Minutes of the 5 May 2016 CFC be received and noted, and any recommendations endorsed accordingly.

155/16 ANY OTHER BUSINESS

155/16/1 Report from the Chief Executive

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

155/16/2 Report from the Chairman

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

155/16/3 Junior Doctors' Contract – Update

The Director of Workforce and OD advised that UHL was working through the implications of the rejection of the revised junior doctors' contract, noting that Trusts would now be in

imposition mode. An internal UHL steering group would discuss this further, and it was recognised that handling and timescales were both challenging. The Director of Workforce and OD advised that Brexit-related contract aspects were also being reviewed.

Resolved – that the position be noted.

156/16 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 4 August 2016 from 9am in Seminar Rooms A & B, Education Centre, Leicester General Hospital.

The meeting closed at 1.17pm

Helen Stokes – **Senior Trust Administrator**

Cumulative Record of Attendance (2016-17 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	4	4	100	A Johnson	4	4	100
J Adler	4	4	100	R Mitchell	4	4	100
P Baker	1	1	100	R Moore	4	3	75
I Crowe	4	4	100	J Smith	4	4	100
S Dauncey	4	3	75	M Traynor	4	4	100
A Furlong	4	3	75	P Traynor	4	4	100
A Goodall	3	2	67				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Henson	4	4	100	L Tibbert	4	3	75
N Sanganee	4	2	50	S Ward	4	4	100
				M Wightman	4	4	100