UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 2 JUNE 2016 AT 9AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY

Voting Members present:
Mr K Singh – Chairman
Mr J Adler – Chief Executive
Col (Ret'd) I Crowe – Non-Executive Director
Dr S Dauncey – Non-Executive Director
Mr A Furlong – Medical Director
Professor A Goodall – Non-Executive Director (up to and including Minute 119/16)
Mr A Johnson – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Mr R Moore – Non-Executive Director (from Minute 114/16)
Ms J Smith – Chief Nurse
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer

In attendance:
Mr D Benham – Director of Operational Finance (for Minute 115/16/2)
Professor S Carr – Director of Medical Education (for Minute 118/16/2)
Ms C Ellwood – Chief Pharmacist (for Minute 115/16/1)
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 119/16)
Mr M Hotson – Head of Business, Commercial and Contracts (for Minute 129/16)
Mrs S Hotson – Director of Clinical Quality (for Minute 115/16/3)
Ms B Kotecha – Assistant Director of Learning and OD (in the absence of the Director of Workforce and OD)
Ms E Meldrum – Assistant Chief Nurse (for Minute 118/16/2)
Mr N Sone – Financial Controller (for Minute 115/16/2)
Ms H Stokes – Senior Trust Administrator
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

109/16 APOLOGIES AND WELCOME

Apologies for absence were received from Dr N Sanganee, LLR CCG representative.

110/16 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 120/16/4 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, it was not necessary for the Chairman to absent himself from the discussion on that report.

111/16 MINUTES

Resolved – that the Minutes of the 5 May 2016 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR MAN**

112/16 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 3 (Minute 94/126/2 of 5 May 2016) – the Director of Marketing and Communications agreed to contact the Leicester Mercury to explore the scope for provision **DMC**

of newspapers for volunteers to deliver to wards;

(b) action 3b (Minute 94/16/2 of 5 May 2016) – it was confirmed that the Leicester Mercury was running a feature on the work of UHL's volunteers. The Director of Marketing and Communications also noted the UHL Volunteers' Dinner event on 7 June 2016;

(c) action 4a (Minute 94/16/3 of 5 May 2016) – the Chief Operating Officer advised that UHL's 2016-17 demand and capacity plan was in the process of being signed off internally and would be presented to the July 2016 Trust Board as part of the wider emergency care performance item, and **COO**

(d) action 14a (Minute 48/16 of 3 March 2016) – the Chief Nurse agreed to ensure that information on improving FFT coverage in ED and Outpatients was shared with the Healthwatch representative. He had received the requested fractured neck of femur information, and was pleased by the performance improvement in that area. **CN**

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

113/16 CHAIRMAN'S MONTHLY REPORT – JUNE 2016

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

(a) the active steps being taken by UHL to strengthen its relationships with the University of Leicester, Loughborough University, and De Montfort University, including supporting the Biomedical Research Centre [BRC] bid, interest in creating an Academic Science and Research Network, and continuing senior-level meetings (Minutes of a recent UHL-UoL meeting would be circulated to Trust Board members for information). The Chairman also noted that more than 50 UHL clinicians had recently been awarded Honorary contracts. He also further commented on his intention to hold a Trust Board thinking day on developing closer relations with local Universities and identifying further opportunities for partnership; **CHAIR MAN** **CHAIR MAN/ MD**

(b) his thanks to Professor A Goodall Non-Executive Director for her contribution to the work of the Trust and her role in deepening UHL-academic relationships. This was Professor Goodall's last Trust Board meeting, as Professor P Baker Dean of the University of Leicester Medical School would begin his term of office as a UHL Non-Executive Director on 1 July 2016. Professor Goodall thanked Trust Board members for their kind comments;

(c) the dedication and commitment of UHL front line and support staff, as demonstrated during his recent visits to the Trust's ward areas across all 3 sites, and

(d) the annual multi-faith service being held on the afternoon of 9 July 2016, which he encouraged Trust Board colleagues to attend.

Resolved – that (A) the minutes of a May 2016 meeting between UHL and the University of Leicester be circulated to Trust Board colleagues for information, and **CHAIR MAN**

(B) a Trust Board thinking day be held on developing closer relations with local Universities and identifying further opportunities for partnership. **CHAIR MAN/ MD**

114/16 CHIEF EXECUTIVE'S MONTHLY REPORT – JUNE 2016

The Chief Executive's June 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 116/16 below.

In introducing his report, the Chief Executive noted:-

(a) continued work to finalise the BRC bid by the 7 June 2016 deadline, noting the joint Trust-academia nature of BRCs. Once the immediate priority of that deadline had passed, the Chief Executive noted that he would convene a meeting with University partners to discuss the academic side of cancer services, linking in with Dr K Harris, Consultant as appropriate; **CE**

(b) the Trust's generally good 2016-17 progress to date on clinical and operational targets, including elective waiting times, RTT performance, diagnostics, and financial delivery. Very significant year-on-year improvements were also being made to the reduction of harms, and the Chief Executive noted the need to highlight this more. On a slightly less positive note, although UHL remained committed to trying to compliance with cancer 62-day wait targets by June 2016 it was recognised that September 2016 compliance was probably more realistic. UHL was also currently on target with its ED performance improvement trajectory required under the Sustainability and Transformation Funding, but it was recognised that the back-loaded nature of the trajectory was likely to become more challenging as the year progressed;

(c) an additional 2016-17 annual priority allocated to the Director of Workforce and OD, relating to the development of a more inclusive and diverse workforce better to represent the communities served by UHL and to provide services which met the needs of all patients. This had now been added to UHL's finalised Annual Operating Plan 2016-17;

(d) the achievement of UHL's ED in recently winning 2 HSJ awards in respect of medical manpower and medical education, despite the operational pressures continuing to face the Department. It was agreed to write to the ED expressing the Trust Board's congratulations, and **CHAIR MAN**

(e) the intention to receive a detailed report on emergency activity drivers (as part of the emergency care monthly performance update) at the July 2016 Trust Board.

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

(i) noted the CQC's request for the outcomes of a UHL May 2016 public listening event to be shared with it – these would therefore be included in the Chief Executive's presentation during the June 2016 CQC visit. The Chief Nurse would also circulate those outcomes to Trust Board members, and **CN**

(ii) queried what would happen to UHL's 3 existing UHL Biomedical Research Units (BRUs) if the BRC bid was not successful. In response, it was noted that the BRU facilities were funded by the National Institute for Health Research until the end of March 2017 although the scope and scale of research would likely be adversely affected if BRC status was not achieved. A decision on the BRC bid was expected in Autumn 2016 and the Trust Board noted the need to factor this timescale into UHL-University of Leicester meetings accordingly. **CE/MD**

<u>Resolved</u> – that (A) a meeting be convened with key academic partners to discuss cancer issues; **CE**

(B) the Trust Board's congratulations be expressed to the UHL ED, for its recent HSJ awards re: medical manpower and medical education; **CHAIR MAN**

(C) the outcome of the 11 May 2016 public listening event be shared with the CQC via the Chief Executive's presentation (and the Trust Board for information), and **CN**

(D) the timescale for the BRC bid decision be appropriately factored in to future UHL-University of Leicester meetings. **CE/MD**

115/16 KEY ISSUES FOR DECISION/DISCUSSION

115/16/1 Patient Story – Outpatient Dispensing Process

Paper E (and accompanying DVD) from the Chief Nurse and Chief Pharmacist advised the Trust Board of the negative experience of a patient visiting the LRI outpatient dispensary managed by Lloyds Pharmacy. The patient (who was in attendance for this item) wished to highlight concerns re: patient privacy and confidentiality, particularly the extent to which potentially-sensitive conversations between healthcare staff and patients could be overheard by others due to the environment of the pharmacy facility, and queries over the necessity for non-medical counter staff to ask patients for medication information. The patient had initially received no response from Lloyds Pharmacy when raising his concerns, and he commented on how quickly the Trust had acted when he had subsequently contacted UHL.

The Chief Pharmacist reiterated the Trust's apologies to the patient, and thanked him for sharing his story with the Trust Board. She then outlined the steps taken by UHL to resolve the concerns raised, including:-

(i) reducing the need for patients to sit/wait near the counter (where discussions could be overheard), by:-

- doubling the physical size of the LRI outpatient dispensary;
- introducing a hand-held buzzer system to alert patients when their prescriptions were ready;
- reducing dispensing wait times;

(ii) sharing the patient's story with both Lloyds and UHL staff, to learn lessons. The practice of counter staff asking patients specifically what medication they were on had now been stopped – instead the counter staff enquired only whether the patient was on any medication, and only if essential to ensure that the prescription was safe would the Pharmacist then speak privately to the patient to gain any further details. The Chief Pharmacist commented that this had required a change in embedded behaviour, as it was wide custom and practice to ask patients what medication they were on, and

(iii) only proceeding with counselling (offered to all patients) about the medications if that patient explicitly consented. The patient's view would also be sought on whether they were content to receive that counselling at the counter.

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

(a) recognised that patients' experiences of third party providers such as Lloyds still reflected on UHL itself. Non-Executive Directors queried the next steps for future pharmacy provision at UHL beyond March 2017 when the current contract ended. In response the Chief Pharmacist confirmed that a business case was scheduled for Trust Board consideration in August 2016. Non-Executive Directors also commented on the need for appropriately patient-focused future provision; **MD**

(b) sought assurance that the changes to asking patients about their medication would not be detrimental to patient safety. The Chief Pharmacist considered that the specific questioning by counter staff had not added anything to patient safety, and she reiterated that the Pharmacist would continue to intervene wherever necessary. She was confident, therefore, that the new approach was safe and appropriate. In

response to a further query from the Chief Executive, the Chief Pharmacist also confirmed that the requirement for counter staff to inform the Pharmacist if patients were on any other medication, and for the Pharmacist then to consider if a further discussion was needed with the patient, was written into the pharmacy standard operating procedures;

(c) provided examples of how UHL encouraged patients and relatives to come forward with their experiences/concerns (in response to a query from the patient now present);

(d) noted that all complaints received re: Lloyds Pharmacy were now also routed through UHL's Chief Pharmacist; the responses were reviewed by her prior to issue and discussed at UHL's monthly meetings with Lloyds, and

(e) noted a suggestion from the Healthwatch representative that Healthwatch visit other general areas such as outpatients and receptions to speak to staff and patients about the concerns raised in this patient story. **DMC/ CN**

<u>Resolved</u> – that (A) the outpatient dispensing process patient story be noted;

(B) a report on future pharmacy provision be presented to the 4 August 2016 Trust Board, and **MD**

(C) liaison take place with the Healthwatch representative to set up Healthwatch visits to general areas such as receptions and outpatients, in light of the issues raised in this patient story. **CN/ DMC**

115/16/2 <u>Adoption of the Annual Accounts and Annual Report 2015-16</u>

Papers F1-F5 presented the Trust's annual accounts for 2015-16, and sought the Trust Board's approval for UHL's Going Concern statement 2016-17 (paper F2); formal accounts 2015-16 and Annual Report 2015-16 (paper F3); Annual Governance Statement 2015-16 (paper F4); Letter of Representation (paper F5), and to authorise the signature of the relevant statements accordingly. **CFO**

Paper F1 from the Audit Committee Non-Executive Director Chair detailed that Committee's 25 May 2016 consideration of the 2015-16 annual accounts and associated documentation, which it was recommending accordingly for Trust Board approval. The Audit Committee Chair noted External Audit's intention to issue an unqualified opinion on those accounts (as in 2015). A qualified opinion was being issued on value for money/use of resources aspects however, due to UHL's ongoing deficit position and its performance on certain national access targets. The Audit Committee Chair further advised that a number of discrepancies between the notes and the accounts themselves had now been corrected, as reflected in the version circulated for this Trust Board meeting.

With regard to the 2015-16 annual accounts themselves, the Chief Financial Officer confirmed that although break-even had not been achieved, the Trust's planned deficit of £34.1m had been delivered as agreed with the NTDA. Other statutory targets in respect of the External Financing Limit and the Capital Resource Limit had been delivered, although the administrative target in respect of the Better Payments Practice Code required further work. The Chief Financial Officer further confirmed that the revaluation of UHL's estate had been undertaken in line with best practice guidance, resulting in a significant reduction and aligned overall with the Trust's strategic direction. Due to the lateness of providing the accounts for the Audit Committee, the Chief Financial Officer planned to review the accounts preparation process, including External Audit's role – the outcome of that review would be presented to the July 2016 Audit Committee. In discussion on the annual accounts 2015-16, the Trust Board:- **CFO**

(a) queried whether wording was missing from page 39 of paper F3 – in response the Director of Operational Finance advised that this was a presentational issue and had

now been corrected (see (b) below), and

(b) noted a list of proposed presentational changes now circulated by the Director of Operational Finance, which did not change the overall reported position. The list related to revaluation changes and consistency checking by External Audit (eg cross-referencing consistency) and had been incorporated in to the final version of the accounts being submitted to the Department of Health later today. The Chief Financial Officer noted his expectation that External Audit should have undertaken this final review prior to the Audit Committee and certainly before the circulation of Trust Board papers.

In respect of the 2015-16 UHL Annual Report also appended to paper F3, the Director of Marketing and Communications noted the prescriptive format and advised that a shorter version would be developed for the Trust's Annual Public Meeting in September 2016. The Trust Chairman advised that he wished to add in his thanks to Ms J Wilson former Non-Executive Director for her contribution to UHL during her term of office. **DMC**

<u>Resolved</u> – that (A) the 2015-16 annual accounts, UHL 2015-16 Annual Report, 2016-17 Going Concern statement, Annual Governance Statement and Letter of Representation be approved by the Trust Board as presented, and all relevant statements/ certificates/letters be signed accordingly by the appropriate officers, for onward submission to the Department of Health as required; **CFO/ CE**

(B) the 2015-16 Annual Report be amended to include the Chairman's thanks to Ms J Wilson, former UHL Non-Executive Director for her contribution to the Trust, and **DMC**

(C) a review of the 2015-16 accounts process (including External Audit aspects) be presented to the 7 July 2016 Audit Committee. **CFO**

115/16/3 <u>UHL Quality Account 2015-16</u>

Paper G from the Chief Nurse presented UHL's 2015-16 Quality Account for Trust Board approval, noting that External Audit's opinion on the Quality Account had now also been received. The document had also been presented to the Audit Committee and Quality Assurance Committee (QAC) in May 2016, and the QAC Non-Executive Director Chair considered that the Quality Account was a good reflection of UHL's progress in embedding quality. The Chief Executive also noted efforts to make quality central to UHL business, while recognising the ongoing scope for further quality improvements

Trust Board members noted that the report was a useful reference source, with extracts often used in presentations such as the Chief Executive's briefings. The document was also sent to external stakeholders and made available on the Trust's public website and on the public NHS Choices website. The Healthwatch representative echoed the usefulness of the document, which was used by Healthwatch throughout the year to respond to public concerns. Although the format of the Quality Account itself was prescribed, the Chief Nurse proposed also developing a shorter, easy-to-read version, working with appropriate patient groups. **CN/ DCQ**

<u>Resolved</u> – that (A) the 2015-16 UHL Quality Account be approved, and placed on the public NHS Choices website by 30 June 2016 as required, and **DCQ/ CN**

(B) an easy-to-read version also be developed, in conjunction with appropriate patient groups. **CN/ DCQ**

115/16/4 <u>UHL Strategic Direction</u>

The Director of Marketing and Communications tabled the Trust's updated strategic **DMC**

direction (paper H), which would be issued more widely to staff and external stakeholders on 6 June 2016. The key new additions were the 'UHL Way' and 'reality checks' sections. The Trust Board welcomed the updated document and approved it accordingly.

Resolved – that the updated UHL Strategic Direction be approved and disseminated to staff and stakeholders. **DMC**

116/16 RISK MANAGEMENT

116/15/1 Integrated Risk Report

As referred to in Minute 114/16 above, paper I 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 and to advise how it wished to review the BAF going forwards.

In discussion the Audit Committee Non-Executive Director Chair welcomed the new format BAF and risk reporting process (including the key lines of enquiry for both the BAF and the organisational risk register), although he commented on the likely need for the process to evolve slightly. He also queried whether the BAF currently captured the extent of the workforce risks facing UHL – the Trust Chairman agreed that this should be discussed further at the June 2016 Trust Board thinking day on workforce and OD issues. **DWOD**

Resolved – that (A) the new integrated risk report be noted, and

(B) the comprehensiveness of the current BAF entry re: workforce and OD be reviewed, for further discussion at the 9 June 2016 Trust Board thinking day. **DWOD**

117/16 STRATEGY

117/16/1 UHL Reconfiguration Programme

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 Gateway review referred to in sections 10 and 11 of the report had also been discussed at the May 2016 Audit Committee.

In terms of key workstream deep dives, paper J focused on the Out of Hospital Beds project, noting that an evaluation of the direct benefits to UHL was still required (scheduled for the first 2 quarters of 2016-17). The Chief Financial Officer also noted continuing uncertainty over the availability of national capital in 2016-17, with UHL currently on a third iteration of its capital programme. The Chief Executive had advised NHS Improvement of UHL's minimum national capital requirements and was awaiting a response accordingly.

In discussion on the reconfiguration update the Trust Board:-

(a) noted (in response to a Healthwatch query) that the 2016-17 capital allocation was not yet known, although it was hoped to have more clarity by the end of June 2016. UHL's minimum external capital requirements of between £13-13.5m were not thought to be unreasonable. The Healthwatch representative voiced concern over the potential impact on UHL's vascular and ICU reconfiguration schemes and resultingly on patients and the public, and he welcomed the continuing priority being given to those schemes by the Trust. The Chief Financial Officer also noted the significant risk assessment process undertaken by the capital leads for estates,

medical equipment and IM&T, in light of the current capital constraints. Non-Executive Directors voiced their frustration at the national capital position, and the Trust Chairman considered that a future Trust Board thinking day should be held after the end of quarter 1 to discuss capital. Non-Executive Directors also repeated previously-expressed comments on the potential value of political lobbying for capital, and **CFO**

(b) noted a query from the Healthwatch representative on whether the availability of social care packages was restricting the discharge of UHL patients. In response, the Chief Operating Officer noted the ongoing work with Leicestershire Partnership NHS Trust to resolve this issue.

Resolved – that a future Trust Board thinking day be held to discuss the impact of national capital constraints. **CFO**

117/16/2 LLR Better Care Together (BCT) Programme Update

Paper K provided a high-level update on the LLR Better Care Together Programme, as prepared for all partner organisations' Boards, accompanied LLR BCT Board Assurance Framework at appendix 2. The BCT Programme Management Office was currently conducting a series of 'deep dive' reviews of the workstream plans to ensure they were robust, linked partly to April 2016 NHSE comments about the pre-consultation business case (seeking further assurance on cash, capital and capacity). A BCT Partnership Board 'lock-in' event would be held in early June 2016, and the Trust Board also noted certain changes to the Clinical Leadership Group and PPI Monitoring Group.

The Chief Executive noted growing agreement on the need for more radical change in terms of system integration and transformation, and advised that UHL's Executive Team was reviewing the Trust's role in this. The Executive Team had also recently discussed the potential impact of the longer-term financial situation, which would be considered further at a future Trust Board thinking day. **CFO**

In discussion, the Chief Operating Officer proposed that an additional top programme risk of 'access to capital and cash' be added to the existing top risks of demand and reputational risk. **DMC**

Resolved – that (A) the longer-term capital funding position be discussed at a future Trust Board thinking day, and **CFO**

(B) the BCT Programme Management Office be advised of UHL's suggestion to add a further top programme risk of 'access to capital and cash'. **DMC**

118/16 EDUCATION, TRAINING AND RESEARCH/INNOVATION

118/16/1 East Midlands Clinical Research Network (EMCRN) Annual Report 2015-16

Paper L presented the EMCRN Annual Report 2015-16 for Trust Board approval as the Network's host organisation. The report had also been considered by UHL's Executive Performance Board on 24 May 2016. The document's format was nationally prescribed, and the Medical Director advised that due to timing issues the report had already been signed by him and submitted to the NIHR for review. Paper L advised that the performance and operating framework requirements had been met in 2015-16, and that the EMCRN had performed well against its 2015-16 annual plan objectives.

Resolved – that the East Midlands Clinical Research Network Annual Report 2015-16 be approved by the UHL Trust Board as Network host organisation. **MD**

118/16/2 Multi-Professional Education and Training 2015-16 Quarter 4 report

The Assistant Chief Nurse and the Director of Medical Education attended to introduce the 2015-16 quarter 4 report on multi-professional education and training (paper M), and reported respectively on non-medical and medical issues. The following issues were particularly highlighted to the Trust Board:-

(a) the recent national reduction in 2016-17 Learning Beyond Registration (LBR) funding from Health Education England, as detailed in table 1 of paper M. This was a particularly complex issue for UHL given its involvement with a significant number of education providers for non-medical staff. UHL would now work with LPT to ensure the most efficient use of the reduced resources, and the Assistant Chief Nurse advised that there were no significant high-level risks associated with the reduction in funding. In discussion, Non-Executive Directors advised planning for actual Trust needs despite reduced funding, and the Trust Chairman queried the scope for UHL to become a training provider itself. He also welcomed the quality improvements made despite reduced funding;

(b) certain issues with radiographer training, as the single provider had withdrawn its modules from the East Midlands. This issue was now being addressed by Health Education England – East Midlands;

(c) a new Advanced Practitioner course now being offered at De Montfort University, which would be covered in greater detail in the next quarterly Trust Board update; **CN**

(d) 2 Listening into Action (LiA) projects completed in May 2016, relating to the introduction of a senior staff nurse role and a mentorship model, the latter of which looked likely to be adopted nationally;

(e) the GMC's visit to UHL on 25 October 2016 as part of its East Midlands review. The results of that visit would be crucial to medical trainees' decisions on where to train and work and the Director of Medical Education emphasised the need for appropriate UHL planning and preparation for the visit. It was noted that Dr S Dauncey Non-Executive Director and QAC Chair was the nominated Trust Board link for the visit. The areas to be visited by the GMC were specified in paper M, and a significant amount of information was required to be provided in advance. The 100% trainer compliance requirement would be challenging. In discussion, the Medical Director noted that the need to upgrade some of the Trust's training facilities should be appropriately reflected in the Trust's capital discussions;

(f) the position re: medical manpower – the Chief Executive noted that this was a sobering picture and requested that a stocktake report be provided to the July 2016 Trust Board detailing medical manpower numbers, the challenges facing UHL and the planned actions in response, and **MD/ DWOD**

(g) the more positive than expected position for UHL in terms of East Midlands redistribution plans for medical trainees. In response to a Non-Executive Director query, the Director of Medical Education advised that UHL's retention rate for medical students was below 20% - this was a significant concern for the Trust and close work continued on this issue with the University of Leicester. The Trust Chairman proposed using part of a Trust Board thinking day to discuss clinical research/education/training issues (including retention) with appropriate University partners. **MD/CN /DWOD**

Resolved – that (A) information on the Advanced Practitioner course now offered at De Montfort University be included in the next quarterly Trust Board update (September 2016); **CN**

(B) an assessment of current medical manpower challenges and proposed remedial actions be presented to the 7 July 2016 Trust Board, and **MD/ DWOD**

(C) consideration be given to using part of a Trust Board thinking day to discuss research and training/education (including staff retention issues), also involving representatives from De Montfort University and the University of Leicester. **MD/CN/ DWOD**

119/16 PATIENT AND PUBLIC INVOLVEMENT AND ENGAGEMENT

119/16/1 PPI and Engagement 2015-16 Quarter 4 Report

Paper N from the Director of Marketing and Communications provided a 2015-16 quarter 4 update on UHL PPI activity, noting the increasing profile of the Patient Partners and ongoing recruitment to raise their numbers further. An 'involvement into action' initiative had also been developed in 2015-16 incorporating the UHL Way, and the Director of Marketing and Communications would review the Trust's PPI Strategy to ensure that it aligned with the UHL Way change methodology. In discussion on the involvement into action aspect, the Chief Executive advised beginning with the UHL Way change exemplars. **DMC**

In discussion, the Trust Chairman advised that he tried to involve either a Patient Partner or Healthwatch on his ward visits, and he queried how far an inclusive PPI approach was embedded within the Clinical Management Groups. Paper N noted that the priority for year 2 (2016-17) of UHL's PPI Strategy would be to promote a consistent approach to patient and public involvement across the Trust's CMGs. The Trust Chairman suggested inviting CMG representatives to attend the August 2016 Trust Board thinking day being held with patient and public partner organisations. **DMC**

Resolved – that (A) CMG representatives to be invited to the 11 August 2016 Trust Board thinking day with PPI partners, and **DMC**

(B) the UHL Way change exemplars be used as the starting point for the PPI 'involvement into action' initiative. **DMC**

120/16 QUALITY AND PERFORMANCE

120/16/1 Quality Assurance Committee (QAC)

Paper O from the QAC Non-Executive Director Chair summarised the issues discussed at that Committee's 26 May 2016 meeting, particularly noting QAC's recommendation of the 2015-16 Quality Account for Trust Board approval (Minute 115/16/3 above refers).

Resolved – that the summary of issues discussed at the 26 May 2016 QAC be noted (Minutes to be submitted to the 7 July 2016 Trust Board).

120/16/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Resolved – that the summary of issues discussed at the 26 May 2016 IFPIC be noted at paper P (Minutes to be submitted to the 7 July 2016 Trust Board).

120/16/3 2016-17 Financial Performance – April 2016

Paper Q comprised the revised format financial report, which presented the month 1 position in a more visual form than previously. Trust Board members were invited to pass any comments on the new format report to the Chief Financial Officer outside the meeting, and the Trust Chairman noted his view that the new version was easier to follow. UHL had delivered a month 1 and year to date deficit of £6m against a planned deficit of £5.8m, representing an adverse variance of £0.2m to plan. Agency expenditure in-month was **ALL**

£2.1m representing an adverse variance of £0.1m to plan, and cash was also slightly adverse to plan. The Chief Financial Officer advised that these monthly financial performance reports would show the Trust's position both including and excluding the Sustainability and Transformation Plan funding of £23.4m. He also noted that the current phasing of UHL's 2016-17 plan was slightly different to that in April 2016, although this would not affect the overall total numbers.

Resolved – that (A) the 2016-17 financial position for month 1 be noted, and

(B) any comments on the new format financial report be passed to the Chief Financial Officer outside the meeting. **ALL**

120/16/4 Emergency Care Performance

The Trust Chairman reiterated his previously-declared interest in the Lakeside House practice, and advised that he would absent himself from the meeting if further discussion was needed on the ED front door arrangements (this did not prove necessary). Further to Minute 84/16/3 of 5 May 2016, paper R updated the Trust Board on recent emergency care performance, and now also covered the Glenfield Hospital Clinical Decisions Unit (CDU). Despite a recent levelling out of demand compared to May 2015, UHL's May 2016 4-hour performance remained poor at 79.4%.

The reasons for this continued underperformance were (i) the increasing imbalance between capacity and demand and (ii) poor processes; although recent changes to the ED management team would prove fruitful the Chief Operating Officer emphasised the need for a focused improvement over the coming months. Non-admitted breaches were proving particularly challenging. The LLR action plan referred to in the report was not attached, as it had not been updated due to meeting cancellations. In discussion on the emergency care performance update the Trust Board:-

(a) noted the progress made on the issue of ambulance handover times, although this could be further improved;

(b) noted Non-Executive Directors' concerns over the reduction in performance, and their view that cultural issues in the Emergency Department were key. Mr A Johnson Non-Executive Director queried the scope for 'over-recruitment' in ED, to provide staff with sufficient headroom and respite – in response, and although acknowledging the merits of such an approach, the Chief Officer and the Chief Executive commented on the challenges of recruiting even up to base levels. The need for the existence of a recruitment plan nonetheless was reiterated;

(c) welcomed the reduction in the number of medical outliers, and queried it was seasonal or process-related in nature. Although noting the positive impact of ICS bed availability and improved discharge processes, the Chief Operating Officer considered that the main driver was seasonal, with the Trust seeing lower-acuity patients presenting;

(d) noted the Trust's improved understanding of its admissions intake and demand patterns, with Leicester City demand remaining the hotspot;

(e) noted Non-Executive Director views that demand was not realistically going to reduce, and that bed availability across UHL needed to be increased (with a potential impact on elective waiting times). The Chief Operating Officer agreed that it would be helpful to agree in advance which delivery areas were priorities for the Trust, and it was noted that further discussion on emergency performance and demand/capacity pressures was scheduled for the July 2016 Trust Board thinking day; **COO**

(f) agreed the need to review and update the current BAF risk on emergency care, as it did **COO**

not cover issues of culture/accountability/leadership, and

(g) noted a recent multi-agency event regarding frequent users of ED services, with 1% of patients accounting for 8% of ED attendances. The Director of Marketing and Communications queried how far UHL was assured re: primary care risk stratification, and suggested that it would be useful for the Chief Operating Officer to attend the forthcoming BCT Partnership Board lock-in event on integration.

Resolved – that (A) the July 2016 Trust Board thinking day include a detailed review of emergency care issues including demand and capacity and priorities for 2016-17, and **COO**

(B) the BAF risk on emergency care be reviewed and updated as appropriate, to cover culture/accountability/leadership aspects. **COO**

120/16/5 Review of the ED Front Door Service

Resolved – that this item be deferred to a future Trust Board meeting. **COO**

121/16 GOVERNANCE

121/16/1 Governance Framework

Paper T from the Director of Corporate and Legal Affairs presented a proposed consolidated UHL governance framework for comment, incorporating the document previously known as the Assurance and Escalation Framework. Once finalised, it was proposed to review the governance framework on an annual basis. *Inter alia*, the governance framework proposed that all Non-Executive Directors attend all Trust Board Committees in a voting capacity, with the exception of the Audit Committee (which the Chairman did not attend) and the Charitable Funds Committee (on which only the following Non-Executive Directors would be classed as voting members: Col (Ret'd) I Crowe, Dr S Dauncey, and Mr M Traynor) – this proposal was endorsed accordingly. The framework would also be updated shortly to reflect the deployment of Professor P Baker Non-Executive Director (once agreed). **ALL**

In discussion on the draft governance framework, the Trust Board noted:-

(a) the need to update the Executive and CMG management structures appended to the report – this would be required on a more flexible basis than annually, and **DCLA**

(b) the Chief Executive's view that more detail and strengthening was needed on the risk and control section, which the Director of Corporate and Legal Affairs agreed to review accordingly (taking appropriate account of the 25 May 2016 Audit Committee discussions). **DCLA** The Chief Executive would review the resulting changes outside the meeting, with the updated version then circulated to Trust Board members for comment on 6 June 2016 with a view to finalising the document by 9 June 2016. **CE/DCLA**

Resolved – that (A) the proposal that all Non-Executive Directors attend all Trust Board subcommittees in a voting capacity (with the stated exceptions above of the Audit Committee and the Charitable Funds Committee) be approved; **ALL**

(B) Executive and CMG management structure be updated and reviewed on a flexible basis (eg changes made as they occur) rather than annually, and **DCLA**

(C) following amendments to strengthen the risk and control section (and review thereof by the Chief Executive), the updated governance framework be circulated to Trust Board members on 6 June 2016 for final approval by 9 June 2016. **DCLA/ CE**

122/16 REPORTS FROM BOARD COMMITTEES

122/16/1 Audit Committee

Paper U summarised the issues discussed at the 25 May 2016 Audit Committee (with the exception of the annual accounts and related documents, a summary of which had been provided in Minute 115/16/2 above). Formal Minutes of the meeting would be submitted to the July 2016 Trust Board. The Audit Committee Non-Executive Director Chair particularly noted the Audit Committee's receipt of 3 (medium risk) Internal Audit reports covering: waiting times in elective care; medical staffing, and outpatients patient experience.

Resolved – that the summary of issues discussed at the 25 May 2016 Audit Committee be noted (Minutes to be submitted to the July 2016 Trust Board).

122/16/2 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 28 April 2016 QAC be submitted to the July 2016 Trust Board (summary of issues discussed having been presented to the May 2016 Trust Board).

12216/3 Integrated Finance Performance and Investment Committee (IFPCI)

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

123/16 TRUST BOARD BULLETIN – JUNE 2016

Resolved – that the updated declaration of interests from Mr M Traynor Non-Executive Director be noted, reflecting his role as a member of HM Government's Regulatory Policy Committee.

124/16 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

In relation to the emergency care performance item at Minute 120/16/4 above, a questioner commented on the need to challenge the primary care position re: available GP appointments and to assess the likely impact of reducing the number of GP superhubs. The questioner considered that patients were presenting later to their GPs and thus having to be referred to UHL's ED, and that assurance was therefore needed on primary care remedial action plans. The Trust Chairman and Chief Executive advised that this would be raised at the forthcoming BCT integration event, and commented also on the manpower constraints faced by GPs (particularly in Leicester City).

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

125/16 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 126/16 – 132/16), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

126/16 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

127/16 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 5 May 2016 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR MAN**

128/16 CONFIDENTIAL MATTERS ARISING REPORT

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

129/16 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.

130/16 REPORTS FROM BOARD COMMITTEES

130/16/1 Audit Committee

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

130/16/2 Quality Assurance Committee (QAC)

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.

130/16/3 Integrated Finance Performance and Investment Committee (IFPIC)

Resolved – that the confidential Minutes of the 28 April 2016 IFPIC be received and noted, and any recommendations approved accordingly.

131/16 ANY OTHER BUSINESS

There were no items of any other business.

132/16 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 7 July 2016 from 9am in Seminar Rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 1.20pm

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	3	3	100	R Mitchell	3	3	100
J Adler	3	3	100	R Moore	3	2	67
I Crowe	3	3	100	J Smith	3	3	100
S Dauncey	3	3	100	M Traynor	3	3	100
A Furlong	3	3	100	P Traynor	3	3	100
A Goodall	3	2	67				
A Johnson	3	3	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Henson	3	3	100	L Tibbert	3	2	67
N Sanganee	3	1	33	S Ward	3	3	100
				M Wightman	3	3	100
