

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 4 JUNE 2015 AT 10AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY**

**Voting Members Present:**

Mr K Singh – Trust Chairman (excluding Minute 132/15/2)  
Mr J Adler – Chief Executive  
Col (Ret'd) I Crowe – Non-Executive Director  
Dr S Dauncey – Non-Executive Director  
Mr A Furlong – Acting Medical Director  
Mr R Mitchell – Chief Operating Officer  
Mr R Moore – Non-Executive Director  
Mr M Traynor – Non-Executive Director  
Mr P Traynor – Director of Finance  
Ms J Wilson – Non-Executive Director

**In attendance:**

Mr D Henson – LLR Healthwatch Representative (up to and including Minute 126/15)  
Mrs S Hotson – Director of Clinical Quality (for Minute 120/15/1)  
Ms H Leatham – Assistant Chief Nurse (in the absence of the Acting Chief Nurse)  
Mr D Kerr – Director of Estates and Facilities (for Minutes 118/15/5 and 130/15)  
Ms C Lediard – Meaningful Activities Team Leader (for Minute 118/15/1)  
Professor D Rowbotham – EM CRN Clinical Director (for Minute 121/15)  
Ms K Shields – Director of Strategy  
Mr P Smith – Patient's relative (for Minute 118/15/1)  
Mr N Sone – Financial Controller (for Minute 119/15)  
Ms E Stevens – Acting Director of Human Resources  
Ms H Stokes – Senior Trust Administrator  
Mr S Ward – Director of Corporate and Legal Affairs  
Mr D White – Meaningful Activities Co-ordinator (for Minute 118/15/1)  
Mr M Wightman – Director of Marketing and Communications

**ACTION**

**112/15 APOLOGIES AND WELCOME**

Apologies for absence were noted from Dr R Palin, Leicester, Leicestershire and Rutland CCG Representative and Ms C Ribbins, Acting Chief Nurse. The Chairman welcomed Ms H Stokes, Senior Trust Administrator on her return to work and thanked Mrs K Rayns, Acting Senior Trust Administrator for her support to the Board.

**113/15 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

There were no declarations of interest.

**114/15 MINUTES**

**Resolved – that the Minutes of the 7 May 2015 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly.**

**CHAIR**

**115/15 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 96/15/1(a)** – a joint letter from the Chief Executives of UHL and Nottingham

## Trust Board Paper A

University Hospitals NHS Trust to the Post Graduate Dean outlining their concerns. No response had yet been received;

- (b) **Minute 96/15/1(c)** – discussions continued with the Acting Medical Director and Acting Chief Nurse regarding the quarterly medical education updates provided to the Trust Board, and
- (c) **Minute 98/15/5(a)** – the Trust Chairman would report back in due course on the outcome of his 18 June 2015 discussions with other LLR Chairs re: emergency care performance.

CHAIR

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

ALL

### 116/15 CHAIRMAN'S MONTHLY REPORT – JUNE 2015

In introducing his monthly report for June 2015 at paper C, the Trust Chairman particularly highlighted:-

- (a) the importance of UHL being receptive and responsive to concerns raised by patients, carers and the public. Consideration was needed of how best to triangulate such information and ensure that the Trust learned from it appropriately. He requested that this be discussed further at a Trust Board thinking day with external bodies present such as Healthwatch and the Patients' Panel. In discussion, Trust Board members noted the Annual Volunteers' Dinner held on 3 June 2015 and queried how best to keep UHL's volunteers informed of service developments and changes. In response, the Director of Marketing and Communications outlined the various ways of communicating with the Trust's volunteers (who were also required to be UHL Members) and agreed to review these methods to test their adequacy, and
- (b) the need to consider how best to stimulate internal innovation and match innovative activity with potential external partners.

CHAIR

DMC

**Resolved – that (A) UHL's responsiveness to patients/public concerns be considered further at a future Trust Board thinking day with external partners as appropriate, and**

CHAIR/  
DCLA

**(B) the adequacy of mechanisms for briefing volunteers on UHL developments be reviewed.**

DMC

### 117/15 CHIEF EXECUTIVE'S MONTHLY REPORT – JUNE 2015

The Chief Executive noted the new format for the June 2015 monthly update report (paper D), which now followed (by exception) the framework of the Trust's strategic objectives. As it 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, although it would still be publicly available via the Trust's external website. In reporting on the latest core quality and performance metrics, the Chief Executive particularly noted:-

- (a) the welcomed May 2015 achievement of the referral to treatment (RTT) target for admitted patients. He congratulated all involved in having achieved this target for the first time in nearly 2.5 years. At a later stage in the meeting the Chief Executive then advised of news that the admitted and non-admitted RTT targets had now been scrapped (with only the "incomplete" RTT target remaining) – he confirmed, however, that UHL was well placed to deliver that remaining RTT aspect due to the robust measures already implemented by the Trust;
- (b) that cancer performance remained off-track, although the position was improving;
- (c) UHL's good performance on the infection prevention metrics, and

(d) disappointing fractured neck of femur performance – this had now been escalated to a corporate performance issue rather than being addressed exclusively at CMG level.

In respect of other key issues, the Chief Executive noted:-

- (i) the positive response received from NHS England and the Trust Development Authority (TDA) to the Better Care Together strategic outline case, as per the letter dated 17 April 2015 appended to paper D;
- (ii) continued challenges in the Trust's contractual relationship with Interserve, with further discussion planned in the private section of this Trust Board meeting. He confirmed that UHL was sighted to the operational performance concerns within the contract;
- (iii) that UHL had been shortlisted for the TDA Improvement Programme, with final selection interviews scheduled for 10 June 2015, and
- (iv) the high-level communication received recently from the Department of Health regarding concerns over national nurse agency spend.

In discussion, the Healthwatch representative supported the new format of the report, and welcomed the Trust's funding of a new Patient and Public Involvement Manager to help implement UHL's patient and public involvement strategy (paragraph 4.5 of paper D refers).

**Resolved – that the Chief Executive's monthly briefing be noted.**

**118/15 KEY ISSUES FOR DECISION/DISCUSSION**

**118/15/1 Patient Story – the Role of the Meaningful Activities Co-ordinator**

The DVD presentation accompanying paper E described two different patient experiences of the Meaningful Activities Service, detailing the very positive impact of that service for both patients and relatives/carers. The Meaningful Activities Service focused on offering individualised activities to patients presenting with agitation, confusion, wandering, or requiring support with nutrition and hydration. Paper E also outlined the improvements made as a result of learning from patients' experiences, including the importance of compiling and transferring a 'Patient Profile'. Members of the Meaningful Activities Service attended the Trust Board for this item, as did one of the patient's relatives. In discussion on the patient story and the issues raised, the Trust Board noted:-

- (a) the key need for health professionals to 'be bothered' about patients' care, and the benefits of reflecting this in the Trust Board thinking day in Minute 116/15(a) above;
- (b) audit evidence of improving compliance in respect of the patient profile (it was also planned to include the patient profile on the nervecentre handover system);
- (c) the importance of not tolerating non-compliance with essential care requirements such as red trays, and
- (d) the need to move away from charitable (to core) funding of the Meaningful Activities Co-ordinator posts.

**Resolved – that the patient story and the related discussion be noted.**

**118/15/2 Delivering Caring At Its Best – Our 5-Year Plan**

The Trust's updated 5-year plan for Delivering Caring At Its Best was outlined in paper F, which would also incorporate input from Healthwatch and the East Leicester Clinical Commissioning Group. Once approved by the Trust Board, wider communication of the strategy would begin. Although supporting the document, the Trust Board suggested a need for a more user-friendly/'plain English' version to improve its overall accessibility. The Trust Chairman advised that he would also share the strategy with the CCG Chairs for information, although noting that it already meshed with the CCGs' own 5-year plans and

**CHAIR**

## Trust Board Paper A

priorities. In response to a query from the Chief Operating Officer, the Trust Board discussed the extent to which the strategy should proactively be made available in languages other than English, noting the current approach of translating on request. The Director of Marketing and Communications agreed to review these wider communication issues accordingly. Trust Board members also agreed to advise the Head of Communications which of the forthcoming staff engagement events they would be attending.

DMC

ALL

**Resolved – that (A) the updated 5-year plan for Delivering Caring At Its Best be approved;**

ALL

**(B) paper F be circulated to CCG Chairs for information;**

CHAIR

**(C) the accessibility of the plan be reviewed, including development of a ‘plain English’ summary and potential availability of non-English language versions, and**

DMC

**(D) Trust Board members advise the Head of Communications which forthcoming staff engagement event they would be attending.**

ALL

### 118/15/3 Long Term Financial Model (LTFM) and Updated Financial Strategy

Paper G from the Director of Finance detailed UHL’s updated LTFM and financial strategy for Trust Board approval, following its endorsement at the 28 May 2015 UHL Integrated Finance, Performance and Investment Committee (IFPIC). Table 7 of paper G set out a 5-year income and expenditure summary, with table 8 showing the 5-year projection for delivery of UHL’s cost improvement programme. It was agreed that the LTFM and financial strategy should be reviewed on a 6-monthly basis by UHL’s IFPIC, with at least an annual update to the Trust Board.

DF

In response to a query from the Chief Executive regarding TDA views, the Director of Finance considered that the latest iteration of UHL’s LTFM was robust and consistent with national planning assumptions. However, it was recognised that there would be appropriate challenge and scrutiny of the plan. TDA feedback on the LTFM would be circulated to the Trust Board for information, once available.

DF

**Resolved – that (A) UHL’s updated LTFM and financial strategy be approved;**

**(B) TDA feedback on UHL’s LTFM be circulated to Trust Board members once received, and**

DF

**(C) the Integrated Finance, Performance and Investment Committee (IFPIC) receive 6-monthly updates on the LTFM (annual update to the Trust Board).**

DF

### 118/15/4 Better Care Together Programme Update

Paper H provided a high-level status report in respect of the Better Care Together Programme, for May 2015 – this update would now be a standing monthly update on each Trust Board agenda. The Director of Strategy invited Trust Board comments on whether sufficient detail was provided within the report as it currently stood, and on whether the top 3 risks outlined in paper H were appropriate. There were currently 2 red RAG rated areas within the progress report, relating to workforce and transformation funding issues (brief updates on these issues were now provided by the Acting Director of Human Resources and the Director of Strategy respectively).

In terms of the format of the report, the Trust Board requested that future iterations include an additional ‘UHL-focused’ impact assessment, appropriate detail on contingency planning/critical path analysis/gateways/milestones, and further information about BCT

DS

deliverables in future quarters. It would also be helpful to see information on UHL savings, if this was available. Although welcoming the new format, the Healthwatch representative commented that it would be helpful to have further detail on the UHL elements and also on the scale and pace of change required from external organisations to deliver Better Care Together.

In terms of any escalation to the BCT Partnership Board, the UHL Chairman and Chief Executive agreed that they would raise issues as required, noting that the first escalation point was not until the end of quarter 2.

**Resolved** – that future iterations of the monthly BCT progress report include an additional ‘UHL-focused’ impact assessment, appropriate detail on contingency planning/critical path analysis/gateways/milestones, and further information about BCT deliverables in future quarters.

DS

118/15/5 Multi-storey Carpark LRI – Full Business Case

Paper I presented the full business case for a multi-storey carpark at the LRI site, for Trust Board approval of the requested £4.5m capital investment. The preferred option as detailed in paper I would increase the number of LRI carparking spaces by 359. The business case had been considered and endorsed at the 28 May 2015 IFPIC meeting subject to inclusion of certain further information prior to TDA submission. IFPIC had also sought assurance on appropriate patient and public involvement (engagement would take place accordingly with the Patient Advisers, and it was confirmed that residents had already been involved).

In presenting the full business case, the Director of Estates and Facilities noted that patient experience improvements were key, although return on investment issues had also been assessed. Appropriate future-proofing had also been taken into account. In discussion, the Assistant Chief Nurse advised that (LRI) carparking was a key component of the patient experience, and she agreed to forward patient feedback/comments to the Director of Estates and Facilities accordingly.

ACN

Following consideration, the Trust Board approved the full business case as presented.

**Resolved** – that (A) the preferred option for the multi-storey LRI carpark be approved as detailed in the full business case at paper I (£4.5m capital investment), and

ALL

(B) patient feedback/communication re: (LRI) carparking to be passed to the Director of Estates and Facilities, for information.

ACN

119/15 **FORMAL ADOPTION OF THE ANNUAL ACCOUNTS 2014-15**

Papers J - N presented the Trust’s annual accounts for 2014-15, and sought the Trust Board’s approval to adopt those accounts, to approve the Trust’s Annual Governance Statement at paper L, to approve the Letter of Representation (paper M), to approve UHL’s 2015-16 Going Concern Statement (paper N), and to authorise the signature of the relevant statements accordingly.

Paper J from the Non-Executive Director Audit Committee Chair detailed that Committee’s 27 May 2015 consideration of the 2014-15 annual accounts, and also advised of External Audit’s intention to issue an unqualified opinion on those accounts; that unqualified opinion would contain an ‘emphasis of matter’ paragraph relating to UHL’s deficit, the need for significant PDC loans in 2015-16, and the ability to achieve longterm financial sustainability. He reported that the Audit Committee had queried this wording.

With regard to the 2014-15 annual accounts themselves, the Director of Finance confirmed UHL’s delivery of statutory targets on the External Financing Limit and the Capital Resource

Limit. The statutory break-even target had not been met, nor had the administrative target on the Better Payments Practice Code. He also advised that further training was available to Trust Board members on the accounts, in light of their complexity.

**Resolved – that (A) the 2014-15 annual accounts, Letter of Representation and Annual Governance Statement be approved by the Trust Board as presented, and all relevant statements/certificates/letters be signed accordingly by the appropriate officers, for onward submission as required, and**

DF/CE

**(B) the 2015-16 Going Concern Statement be approved as presented.**

120/15 **QUALITY AND PERFORMANCE**

120/15/1 UHL Quality Account 2014-15 and Statement of Directors' Responsibilities

The Director of Clinical Quality attended to introduce the UHL Quality Account and statement of Directors' responsibilities as detailed in paper O, noting detailed discussion by UHL's Audit Committee and Quality Assurance Committee (27 and 28 May 2015 respectively). Stakeholder comments were reproduced verbatim within the Quality Account, and only the External Audit opinion remained outstanding at this time. The Statement of Directors' Responsibilities in respect of the Quality Account would be formally signed by the Chairman and Chief Executive once External Audit's opinion had been received.

In line with suggestions from the 28 May 2015 QAC meeting, the Trust Chairman suggested that the stakeholders' comments be discussed further at a proposed Trust Board thinking day with external partners (as per Minute 116/15(a) above). Mr D Henson advised that Healthwatch would welcome being involved in the Quality Account process more generally, in addition to providing formal stakeholder comments.

CHAIR

DCQ

**Resolved – that (A) the UHL Quality Account 2014-15 and the Statement of Directors' Responsibilities be approved, with the latter signed formally by the Chairman and Chief Executive once External Audit's opinion had been received;**

**(B) the comments of Healthwatch and other external stakeholders on UHL's Quality Account be considered at the proposed Trust Board thinking day with external partners, and**

CHAIR

**(C) consideration be given to seeking Healthwatch's input to the Quality Account more generally (in addition to seeking their comments formally as a stakeholder).**

DCQ

120/15/2 Quality Assurance Committee (QAC)

Mr I Crowe, Non-Executive Director outlined the key issues discussed at the QAC meeting of 28 May 2015 (paper P), which he had chaired in the absence of Dr S Dauncey, Non-Executive Director. QAC had particularly requested a report on fractured neck of femur at its June 2015 meeting, in terms of the patient impact of the current underperformance.

**Resolved – that the summary of key issues considered at the 28 May 2015 QAC meeting be received and noted.**

120/15/3 Integrated Finance, Performance and Investment Committee (IFPIC)

Ms J Wilson, Non-Executive Director and IFPIC Chair presented paper Q, providing a summary of the issues discussed at the 28 May 2015 IFPIC meeting. As noted earlier in the Trust Board meeting, IFPIC had specifically recommended both the LTFM and the multi-storey LRI carpark business case for Trust Board approval (Minutes 118/15/3 and 118/15/5 above refer), in addition to identifying various issues of particular interest as listed in paper

Q. The June 2015 IFPIC meeting would be conducting a deep dive of cancer performance, and the Committee had also requested a further report on the orthodontics service at its July 2015 meeting.

In respect of cancer performance the Chief Operating Officer noted refocused efforts to return to compliance. It was vital that full compliance was achieved on the 2-week wait aspect, and the 62-day wait compliance scheduled for July 2015 was recognised as likely to be challenging. With regard to the orthodontics service, the Chief Operating Officer noted the underprovision of the service, and considered this to be largely a community issue. He apologised to patients waiting for treatment, and noted that the Trust's waiting list for orthodontics treatment had now been suspended (new patients not being accepted). It was also noted that QAC discussions had touched on the quality aspects of the orthodontics service waiting lists. The Chief Operating Officer further advised that UHL was reviewing other service areas to ensure that all waiting lists were being appropriately reported. It was possible that further external support might be required to validate this work.

**Resolved – that the summary of key issues considered at the 28 May 2015 IFPIC meeting be received and noted.**

120/15/4 2015-16 Financial Position – Month 1 (April 2015)

The Director of Finance presented paper R, updating the Board on performance against the Trust's key financial duties and providing further commentary on the month 1 financial performance by CMG and Corporate Directorates, and the associated risks and assumptions. Paper R reminded members of UHL's planned £36.1m deficit for 2015-16, including delivery of a £43m cost improvement programme. The month 1 position was adverse to plan by £0.7m, due primarily to pay issues including additional theatre sessions, premium costs for covering nursing vacancies, and medical overspends. In response to a Non-Executive Director query, the Director of Finance considered that the month 2 pay position was likely to be a similar picture.

A full forecast and recovery plan would be reported within the month 2 position, and it was planned to enhance performance meetings to take a more prospective view of the financial position (where possible). CMGs had also been asked for pay recovery plans, taking account of national high-profile of out-of-hours use of medical and nursing staff. UHL recognised the need to address this issue without impacting on quality of care. The Chief Executive emphasised the need to improve nursing recruitment and also to move to a position where bank nursing staff use was greater than agency use. He also requested that UHL's nursing bank:agency ratio be benchmarked against that of other Trusts.

ADHR

**Resolved – that (A) the month 1 financial performance report be noted, and**

**(B) UHL's nursing bank:agency ratio be benchmarked against other Trusts.**

ADHR

120/15/5 Emergency Care Performance

Further to Minute 98/15/5 of 7 May 2015, the Chief Operating Officer updated the Trust Board on recent emergency care performance and progress against the agreed LLR action plan (paper S). Although non-compliant, emergency performance had improved from 2014-15 but UHL remained under significant pressure due to the continuing (and unseasonably high) levels of both attendances and admissions. For the year to date from 1 April 2015, emergency care performance stood at 91.8%, with 4200 more patients seen within 4 hours than in the same period during 2014-15. The Chief Operating Officer acknowledged that greater progress was needed on front door aspects, however.

In discussion, the Trust Board welcomed the cross-system perspective provided by the dashboard in paper S. An effective LLR communication message direct to GPs, care

homes, nursing homes and patients' carers continued to be flagged as a key risk, and the Director of Marketing and Communications queried who was leading on this and when the Trust Board would have sight of it. Although Leicester City CCG had provided a communications update to the 28 May 2015 Urgent Care Board, UHL's Chief Operating Officer considered that greater focus was needed on 'who to contact early in the process of feeling unwell'.

In response to a query from the Trust Chairman, the Chief Operating Officer noted the need to accelerate the pace of change to unite the deliverability of both the urgent care agenda and Better Care Together (also flagged as a risk within the report). On this point, the Director of Strategy outlined discussions with various partner organisations on working in different ways and beginning to make changes sooner. The Trust Chairman commented on the need to understand which issues could/could not be influenced by UHL, and he also suggested that it would be helpful to hold a further Board-to-Board meeting in Autumn 2015 with CCGs and Leicestershire Partnership NHS Trust about emergency care issues. In further discussion, the Chief Executive also noted the national announcement on 4 June 2015 regarding a vanguard projects for emergency care.

CHAIR/  
DCLA

**Resolved – that (A) the update on emergency care performance be noted, and**

**(B) consideration be given to a further Board-to-Board meeting in Autumn 2015 to discuss emergency care issues with LLR CCGs and LPT.**

CHAIR/  
DCLA

**121/15 RESEARCH & INNOVATION**

**121/15/1 NIHR East Midlands Clinical Research Network (EM CRN) Annual Report 2014-5**

Professor D Rowbotham, Clinical Director of the NIHR East Midlands Clinical Research Network, attended to introduce the EM CRN's annual report for 2014-15 (paper T). Hosted by UHL, the EM CRN comprised 16 Trusts and 14 CCGs (in addition to various other organisations) and had been in place for 1 year following a merger of certain previous networks. The EM CRN Clinical Director noted in particular:-

- (a) EM CRN's over-achievement in respect of key targets, both for recruitment and dementia, and
- (b) further work needed on timeliness targets in respect of both commercial and non-commercial studies (although EM CRN underperformance reflected the national picture).

In discussion, the Trust Chairman noted the important issues covered by the report, and suggested that it would be helpful to cover research/relationships with local Universities at a future Trust Board thinking day. In response to a query from the Acting Medical Director, the EM CRN Clinical Director confirmed that NIHR comments had now been received on the EM CRN annual plan for 2015-16.

DS

**Resolved – that (A) the 2014-15 EM CRN Annual Report be approved as presented, and**

DS

**(B) consideration be given to including 'research' in partnerships discussions at a future Trust Board thinking day.**

**122/15 GOVERNANCE**

**122/15/1 UHL Risk Report incorporating the Board Assurance Framework (BAF)**

Further to Minute 97/15/1 of 7 May 2015, the Acting Medical Director introduced a proposed final iteration of the 2015-16 UHL Board Assurance Framework (paper U) – if approved, this

format would then be used as the basis for internal assurance. The report also notified the Trust Board of any new extreme or high risks opened in during April 2015. In discussion on paper U, the Trust Board:-

- (a) noted the Chief Executive's view that the format was not yet ideal, with a varying level of consistency in the detail provided for each risk. He suggested that following further redesign over the next 3 months, proposals would then be presented accordingly to the 3 September 2015 Audit Committee as part of that Committee's standing item on the BAF. Mr R Moore, Non-Executive Director Audit Committee Chair also noted the need for further discussion on how the risk register was used internally. The BAF presented to the Trust Board each month would remain in its current format in the meantime, however, and
- (b) welcomed the inclusion of the medical workforce strategy within principal risk 10, but suggested that the current risk score (12) be increased. Members noted ongoing work re: medical recruitment, nursing workforce turnover, and nursing recruitment, and requested that these issues be covered in the quarterly workforce and organisational development update scheduled for the July 2015 Trust Board.

ADHR

ADHR/  
AMD/  
ACN

**Resolved – that (A) the current format of the UHL Board Assurance Framework (BAF) 2015-16 be retained as presented, pending further redesign discussions;**

**(B) the risk score for risk 10 be increased, and**

ADHR

**(C) the quarterly workforce report scheduled for 2 July 2015 Trust Board also include an appropriately forward-looking assessment of medical and nursing workforce/recruitment issues.**

ADHR/  
AMD/  
ACN

122/15/2 Trust Board and Board Committee Governance

Paper V from the Director of Corporate and Legal Affairs summarised outputs from the 14 May 2015 Trust Board thinking day, regarding Trust Board and Board Committee reporting arrangements. As outlined in the report, a number of changes were proposed for Trust Board approval – these changes had also been considered at and endorsed by the 27 May 2015 Audit Committee. A number of issues also remained under consideration by the Director of Corporate and Legal Affairs, as outlined in section 5 of paper V, and would be pursued in discussion with Executive colleagues and the Non-Executive Director Chairs of Trust Board Committees as appropriate. In discussion on the proposals, the Trust Board:-

- (a) noted a query on whether the Quality Commitment had a sufficiently high profile at the Trust Board, and how to address this. The Trust Chairman considered that this was an information flow issue, and noted plans to review the work programme of the UHL Quality Assurance Committee. QAC's Non-Executive Director Chair noted her view that the Quality Commitment was appropriately discussed by the Executive Quality Board;
- (b) suggested that a strengthened focus on workforce issues was needed at Board Committee level. It was noted that a Trust Board thinking day on workforce issues would be held in September 2015 after the arrival of UHL's substantive Director of Workforce and Organisational Development, and
- (c) agreed to review the working of the arrangements in paper V at a Trust Board thinking day in December 2015.

DCLA

DCLA

DCLA

**Resolved – that (A) the proposals for Trust Board and Board Committee reporting arrangements be approved as detailed in paper V;**

**(B) consideration be given to strengthening the Trust Board/Board Committee level focus on workforce issues, and to the information flow re: the Quality Commitment, and**

DCLA

**(C) the working of the processes outlined in paper V be reviewed at the December 2015 Trust Board thinking day.**

DCLA

## 123/15 REPORTS FROM BOARD COMMITTEES

### 123/15/1 Audit Committee

Paper W from Mr R Moore, Non-Executive Director Audit Committee Chair, highlighted particular issues of note from the 27 May 2015 Audit Committee meeting, Minutes from which would be submitted to the July 2015 Trust Board. Four items had been specifically recommended for Trust Board approval from that 27 May 2015 Audit Committee meeting, namely:-

- (a) the draft statutory accounts 2014-15 (Minute 119/15 above refers);
- (b) the counter-fraud and corruption policy (appendix A of paper W) – this was now approved accordingly;
- (c) the prevention of bribery policy (appendix B of paper W) – this was now approved accordingly, and
- (d) the draft annual Quality Account 2014-15 and statement of Directors' responsibilities (Minute 120/15/1 above refers).

The Audit Committee Chair also drew the following issues to the Trust Board's particular attention:-

- (i) the Internal Audit report on the implementation of E-Rostering, and wider Audit Committee unease at the number of outstanding actions from Internal Audit reports in general. In discussion, the Chief Executive advised that he was reviewing how best to track such outstanding actions through an appropriate performance management process, for report through the monthly Executive Performance Board, and
- (ii) the Internal Audit year-end report and the Head of Internal Audit's opinion 2014-15 ('improvement required').

**Resolved – that (A) the update on the 27 May 2015 Audit Committee be noted (formal Minutes to be submitted to the 2 July 2015 Trust Board), and**

**(B) Trust Board approval be given to the counter-fraud and corruption policy and the prevention of bribery policy (appendices A & B respectively of paper W).**

DCLA

### 123/15/2 Quality Assurance Committee (QAC)

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

### 123/15/3 Integrated Finance, Performance and Investment Committee (IFPIC)

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

## 124/15 TRUST BOARD BULLETIN – JUNE 2015

**Resolved – that the Trust Board Bulletin containing the following reports be noted:-**

- updated declarations of interest from Col. (Ret'd.) I Crowe [*Brother, Order of St John (by award, not active in the organisation), and part-time Consultant Adviser for General Dynamics Information Technology Ltd (from May 2015 – November 2015)*] and Mr R Mitchell, Chief Operating Officer [*occasional work for Guidepoint Consulting*] – paper 1, and

- NHS Trust Over-Sight Self Certification return for the period ended 31 March 2015 (paper 2).

**125/15 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

Queries/comments were raised on the following issues by attendees at the public Trust Board meeting:-

- (a) concerns over the impact on UHL of the national shortage of ENT registrars. In response, the Acting Director of Human Resources acknowledged the need to review known gaps within rotations – the Chief Operating Officer also noted his ongoing discussions regarding ENT recruitment. The Acting Medical Director commented on the need to make Leicester an attractive option for recruitment and noted the work of an internal group to explore new roles and ways of working, and
- (b) a query as to progress on the vascular service moves and changes to ITU. The Director of Strategy provided a brief update and advised that a plan for the various service moves (including timeframes) would be issued in the next few weeks.

**Resolved** – that the questions raised – and any actions arising therefrom – be noted and progressed as required.

**126/15 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 127/15 – 133/15), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**127/15 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

The Trust Chairman declared an interest in respect of Minute 132/15/2 below, and absented himself from the meeting accordingly during its discussion.

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

**128/15 CONFIDENTIAL MINUTES**

**Resolved** – that the confidential Minutes of the 7 May 2015 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly. CHAIR

**129/15 CONFIDENTIAL MATTERS ARISING REPORT**

**Resolved** – that the update on previous confidential matters arising be noted as detailed in paper BB.

**130/15 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.

**131/15 REPORTS FROM BOARD COMMITTEES**

**131/15/1 Integrated Finance, Performance and Investment Committee (IFPIC)**

**Resolved** – that the confidential Minutes of the 30 April 2015 IFPIC meeting be

received and noted, and any recommendations therein endorsed.

**132/15 ANY OTHER BUSINESS**

132/15/1 Attendance at Trust Board meetings held in public

The Chief Operating Officer suggested exploring options for increasing public attendance at open Trust Board meetings.

COO/  
DMC

**Resolved** – that measures to increase the number of public attendees at Trust Board meetings, be reviewed.

COO/  
DMC

132/15/2 Report by the Director of Strategy

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

**133/15 DATE OF NEXT MEETING**

**Resolved** – that the next Trust Board meeting be held on Thursday 2 July 2015 from **9am** in Seminar Rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 2.40pm

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	3	3	100	R Moore	3	3	100
J Adler	3	3	100	C Ribbins	3	2	67
I Crowe	3	3	100	M Traynor	3	3	100
S Dauncey	3	2	67	P Traynor	3	3	100
A Furlong	3	3	100	J Wilson	3	3	100
R Mitchell	3	3	100				

**Non-Voting Attendees:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Henson	3	3	100	E Stevens	3	3	100
R Palin	3	2	67	S Ward	3	3	100
K Shields	3	2	67	M Wightman	3	3	100