

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 6 OCTOBER 2016 AT 9AM IN ROOMS A & B, EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL**

**Voting Members present:**

Mr K Singh – Chairman (excluding the last part of Minute 219/16/3 as detailed in the notes)  
Mr J Adler – Chief Executive  
Professor P Baker – Non-Executive Director  
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  
Mr B Patel – Non-Executive Director  
Ms J Smith – Chief Nurse  
Mr M Traynor – Non-Executive Director (Acting Chairman for part of Minute 219/16/3 as detailed in the notes)  
Mr P Traynor – Chief Financial Officer

**In attendance:**

Ms S Baines – Senior Learning and OD Manager (for Minute 219/16/1)  
Mr C Benham – Director of Operational Finance (for Minute 235/16/2)  
Professor N Brunskill – Director of Research & Innovation (for Minute 223/16)  
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 228/16)  
Mr M Hotson – Head of Business, Commercial and Contracts (for Minute 234/16)  
Mr J Jameson – Deputy Medical Director  
Mr N Loach – Senior Occupational Health Nurse (for Minute 219/16/1)  
Mr M Lynn – PwC (for Minute 235/16/2)  
Mr M Norman – MBP IT Engineer (for Minute 219/16/1)  
Mr N Sone – Financial Controller (for Minute 235/16/2)  
Ms H Stokes – Senior Trust Administrator  
Mrs C Trevithick – Chief Nurse and Quality Lead, West Leicestershire CCG (for Minute 219/16/4)  
Mr S Ward – Director of Corporate and Legal Affairs  
Mr M Wightman – Director of Marketing and Communications  
Mr R Wood – PwC (for Minute 235/16/2)

**ACTION**

**213/16 APOLOGIES**

Apologies for absence were received from Mr A Furlong Medical Director.

**214/16 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

The Chairman declared an interest in the Lakeside House practice, which was discussed in the emergency care performance update at Minute 219/16/3 below. He confirmed that he had received a redacted copy of the report on this issue (without the section on Lakeside House) and noted that he would absent himself from the discussion on that item, at which point the meeting would be Chaired by Mr M Traynor Non-Executive Director and Deputy Trust Chairman.

**215/16 MINUTES**

**Resolved – that the Minutes of the 1 September 2016 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly.**

**CHAIR  
MAN**

**216/16 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 11a (Minute 196/16 of 1 September 2016) – the Chairman confirmed that other health partners would be invited to participate in UHL’s 2017 thinking day with PPI groups, and
- (b) actions 15 and 19 (Minutes 165/16/1 of 4 August 2016 and 141/16/1 of 7 July 2016) – the Chief Financial Officer advised that these had been superseded by action 5a rather than 5c as currently shown on paper B.

**DMC**

**STA**

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

**NAMED LEADS**

**217/16 CHAIRMAN’S MONTHLY REPORT – OCTOBER 2016**

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

- (a) the welcome news that Mr M Traynor’s term of office as a UHL Non-Executive Director had been extended for a further 2 years by NHS Improvement. The Trust was currently seeking a clinical Non-Executive Director and also an Associate (non-voting) Non-Executive Director. While seeking as diverse a field as possible, all appointments would be made on merit;
- (b) continuing work with CCG colleagues to identify a replacement GP representative for UHL’s Trust Board;
- (c) the excellent annual Caring at its Best awards evening attended by many Trust Board members, honouring the dedication, care and compassion shown by UHL’s staff and volunteers. In discussion, Trust Board members thanked the sponsors of that event, noting that it was run at no cost to the NHS, and
- (d) the financial pressures facing the NHS and the key need to ensure that safety and quality remained paramount. He felt that UHL’s robust Committee structure and governance framework enabled the Trust Board to be kept informed of all relevant issues.

**Resolved – that the Chairman’s October 2016 monthly report be noted.**

**218/16 CHIEF EXECUTIVE’S MONTHLY REPORT – OCTOBER 2016**

The Chief Executive’s October 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 – the full BAF and risk register entries were now detailed in a separate report at Minute 220/16 below. In introducing his report, the Chief Executive noted:-

- (a) good progress on a number of clinical quality and patient experience targets, including expected continued compliance with the cancer 2-week wait target and a SHMI of 98. However, due to operational pressures the Trust had not achieved the 62-day cancer wait target in September 2016, which was disappointing;
- (b) continued pressures on the Trust’s emergency care service, which would be covered more fully in Minute 219/16/3 below;
- (c) his quarter 2 progress report re: UHL’s 2016-17 annual priorities, as detailed in section 4 of paper D. Disappointingly, quarter 2 showed a deteriorating position resulting primarily

from [i] increased operational pressures; [ii] increased financial and workforce pressures and [iii] continued uncertainty about the availability of national capital;

(d) an update on UHL's position as an Early Implementer Site for 7-day services. No additional resources had been provided, and UHL was clear that the standards could not all be achieved without financial investment. Paper D therefore set out an assessment of what could be achieved by March 2017 within current resources. This position had been made clear to NHS Improvement, and UHL's letter on this subject would be circulated to Trust Board members outside the meeting;

**DMD**

(e) NHSE England's national request for organisations to undertake 2 years' planning (covering 2017-2019) by Christmas 2016, focusing on contracting and sustainability and aligned to the Sustainability and Transformation Plans. The guidance issued by NHS England also reminded organisations of the need to live within their cost envelope whilst simultaneously achieving all operational standards and improving the net provider deficit position. This would be extremely challenging, and

(f) UHL's successful bid (with academic partners) to become a National Institute for Health Research Biomedical Research Centre. The Chief Executive thanked all staff involved (both UHL, the University of Leicester, and Loughborough University) for their efforts in achieving this well-deserved recognition. The secured funding of £11.6m would see the continuation of research into respiratory, cardiovascular and lifestyle studies under the newly-named 'Leicester Biomedical Research Centre', together with a cross-cutting theme relating to precision medicine. It was noted, however, that not all of the funding requested had been granted – Professor P Baker Non-Executive Director advised that discussions were underway with potential other funders to bridge the shortfall.

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

- (i) agreed that the Chief Operating Officer would meet with the Healthwatch representative to provide assurances on the next steps in respect of the 62-day cancer target;
- (ii) noted (in response to a comment from the Healthwatch representative) that the Trust's plans for managing outflow in relation to ED admissions were covered in the report at Minute 219/16/3 below, and
- (iii) noted clarification from the Director of Workforce and OD that the specific targets re: BME leadership were not yet included in the performance dashboard appended to paper D. This would be rectified for the November 2016 Trust Board.

**COO**

**DWOD**

**Resolved – that (A) the Chief Executive's letter to NHS England re: 7-day services be circulated to the Trust Board for information;**

**DMD**

**(B) the Chief Operating Officer meet with the Healthwatch representative outside the meeting, to discuss the next steps re: cancer 62-day wait performance, and**

**COO**

**(C) the data to be included in the November 2016 iteration of the performance dashboard re: BME leadership targets be clarified to the Assistant Director of Information.**

**DWOD**

**219/16 KEY ISSUES FOR DECISION/DISCUSSION**

**219/16/1 Staff Story – Experience of the Prince's Trust 'Get Into' Hospital Services Programme**

As detailed in paper E (and accompanying video presentation) from the Director of Workforce and OD, this staff story focused on the positive experience of the Prince's Trust 'Get Into' hospital services programme. UHL had run its first such programme in 2015

(following a successful pilot) with 5 further programmes delivered since then. The Prince's Trust programmes aimed to provide vulnerable people aged between 16-30 with practical and financial support, developing self-esteem and skills for work. The video clip now played to the Trust Board followed the story of a young staff member who had secured full-time UHL employment following completion of the 'Get Into' hospital services Prince's Trust programme. Both the staff member and his mentor, Mr N Loach Senior Nurse Occupational Health, attended the Trust Board for this item.

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

- (a) noted how beneficial and positive the experience had been both for the staff member and the UHL department involved. The Trust Board thanked the staff for attending to share this story;
- (b) was advised that 40% of those on the programme went on to secure either apprenticeships or formal employment with UHL;
- (c) voiced its support for continuing to invest and participate in the Prince's Trust programmes, recognising the benefits both for the young people involved and for UHL as an organisation;
- (d) noted comments from the Chief Executive on the high level of enthusiasm and motivation of those on the Prince's Trust programme, and
- (e) reiterated the very significant number of different roles available within UHL (approximately 350), and the Trust's corporate social responsibility as a key local employer.

**Resolved – that the staff story on the Prince's Trust 'Get Into' hospital services programme, be noted.**

### 219/16/2 East Midlands Congenital Heart Centre (EMCHC) Update

Further to Minute 187/16/2 of 1 September 2016, paper F updated members on the Trust's 16 September 2016 meeting with NHSE England (NHSE) to discuss the future of the EMCHC. Following detailed discussions with Executive Directors and clinicians earlier on that day, NHSE had undertaken a tour of the EMCHC facility and then participated in a Q&A session with internal and external stakeholders, the notes of which were appended to paper F. Although the meeting had proved positive in that it had allowed UHL to show evidence rebutting some of NHSE's assumptions, the Director of Marketing and Communications advised that there had been no real 'meeting of minds' during the day. There had been further exchanges of information since that meeting, and it now seemed likely that consultation would begin in mid-December 2016 running into Spring 2017.

The Director of Marketing and Communications thanked all stakeholders who had attended the afternoon Q&A session on 16 September 2016, and noted that the internal EMCHC taskforce continued to meet weekly (chaired by the Chief Executive). Trust representatives had also recently attended the first meeting of the LLR joint scrutiny committee, which was very supportive of UHL's position on this issue. In discussion on paper F, Mr M Traynor Non-Executive Director emphasised the crucial need for the national consultation to contain an individual chapter on each centre, as proposed by UHL on 16 September 2016. Although agreeing with the importance of this point (and noting that the Trust would continue to press for such an approach), the Chief Executive commented that it was not within UHL's gift to insist on this.

**Resolved – that the progress update on EMCHC be noted.**

### 219/16/3 Emergency Care Performance

The Trust Chairman reiterated his declaration of interest in relation to Lakeside House and confirmed that he would absent himself from the meeting at the point this was discussed.

He also reconfirmed that he had not received those parts of the report which related to the ED front door arrangements.

Further to Minute 191/16/4 of 1 September 2016, paper G updated the Trust Board on recent emergency care and Clinical Decisions Unit performance. To provide additional assurance to the Trust Board, the expanded report also included the new (September 2016) LLR recovery action plan at appendix 1. A meeting held with NHS England and NHS Improvement on 30 September 2016 had confirmed that the actions contained were correct, although the emphasis now needed to be on delivery. The 4 key UHL actions from the recovery action plan were detailed in paper G and broadly comprised:-

- (i) continuing to work on improvements to the ambulatory pathways and use of the yellow zone;
- (ii) focusing on non-admitted/out-of-hours breaches;
- (iii) focusing on streaming/treating and redirecting patients from the ED front door, and
- (iv) rolling out the SAFER placement and reopening the discharge lounge. The Chief Operating Officer advised that the next LLR A&E Delivery Board would focus on discharge issues.

Paper G also advised that the Trust remained under acute operational pressure due to increasing emergency demand, with September 2016 4-hour performance at 78.5% as of 23 September 2016. Attendances, admissions and occupancy levels remained high, placing significant pressure on the ED. Although the Trust had delivered the STP improvement trajectory re: ED for the last 4 months, the Chief Operating Officer confirmed that the September 2016 trajectory of 85% had not been achieved. He also reiterated his previous comments that UHL did not have sufficient beds going into winter 2016 for the current levels of demand.

Although appropriate performance management mechanisms were now in place through the fortnightly LLR A&E Delivery Board, the Chief Executive advised that 2 issues had been highlighted to NHSE and NHS Improvement:- [1] whether the demand management actions were sufficient to return activity back to planned levels, and [2] UHL's capacity to improve its processes – this was not just about ED processes and would constitute a significant change project.

In discussion on emergency care performance, the Trust Board:-

- (a) noted the difficulty of finding sufficient headroom to make the changes, although staff across LLR were motivated to change;
- (b) sought further assurance in respect of social care's ability to accommodate patients on leaving hospital, without creating further bottlenecks. The Chief Executive advised that the A&E Delivery Board was seeking to improve the operational interface with social care, particularly in the county;
- (c) reiterated the size of the challenge facing UHL over winter, noting particularly the difficulty in avoiding medical outliers. The Chief Operating Officer acknowledged this point and noted the need to have an appropriately flexible approach to increasing and reducing capacity;
- (d) noted the contradictory nature of 2 national imperatives, namely the ED 4-hour target and the national cap on agency spending. The Chief Executive advised that bed increases would likely require significant agency spending, and he reiterated that the Trust would find it very difficult to meet the agency spend cap (as previously mentioned by the Chief Financial Officer);
- (e) urged a realistic assessment of UHL's likelihood of being able to meet the bed gap;
- (f) noted that agreement would have to be reached with Commissioners on activity trends and bed requirements, given the need for 2-year operational and contracting

- plans to be drafted by Christmas 2016 (as mentioned in Minute 218/16 above);
- (g) agreed to meet with the Healthwatch representative to clarify the 2016 winter plans and consider ways in which Healthwatch could assist with appropriate public messaging; COO
- (h) noted that Healthwatch would shortly be represented on the LLR A&E Delivery Board, and
- (i) reiterated that emergency care performance was the single most crucial issue facing the Trust. In addition to the monthly update at each Trust Board meeting, this issue was also covered through dedicated discussion at the monthly Trust Board thinking days.

At this point the Trust Chairman withdrew from the meeting to enable Trust Board consideration of the ED front door element of the report. During this discussion the meeting was chaired by Mr M Traynor Non-Executive Director and Deputy Trust Chairman. In response to queries from the Acting Chairman, the Chief Executive clarified that the form of the model for the ED front door streaming service from April 2017 had not yet been finalised. Lakeside House would continue as the ED front door service provider until 31 March 2017 and plans were needed in the event that the replacement procurement was not concluded by that time. The Trust Board would be kept appropriately informed of progress on this issue. COO

**Resolved – that (A) a meeting be held the Healthwatch representative to clarify the 2016 winter plans and consider ways in which Healthwatch could assist with appropriate public messaging, and** COO

**(B) the Trust Board be kept appropriately informed of progress on future ED front door arrangements.** COO

219/16/4 LLR Learning Lessons to Improve Care (LLIC) Update

Paper H advised the Trust Board of progress against both the LLR and UHL action plans in response to the 2014 LLR ‘Learning Lessons to Improve Care’ review. Based on the progress made and the arrangements in place to monitor any remaining actions, it had been agreed to close down both of these action plans and focus on 4 remaining areas as follows:-

- (i) undertaking a 2<sup>nd</sup> review;
- (ii) developing a continuous learning culture;
- (iii) system-wide clinical leadership, and
- (iv) safe transfer of care from secondary to primary care.

The Chief Nurse and Quality Lead for West Leicestershire CCG attended for this item, and sought Trust Board approval to undertake the proposed next stage review in (i) above. Each partner organisation’s Board was discussing this issue, and it was noted that procurement was about to start for the review. In discussion, the Healthwatch representative requested that an appropriate communications plan be developed for this 2<sup>nd</sup> review, given the adverse media attention attracted by the original LLR LLIC review in 2014. It was vital to be able to demonstrate that the original issues had been addressed and that the situation had improved. In response, the Chief Nurse and Quality Lead West Leicestershire CCG confirmed that a communications plan involving UHL’s Director of Marketing and Communications was already in development. DMC

Non-Executive Directors also commented on the challenges of delivering system-wide clinical leadership, and queried the mechanism for this. In response, the Chief Nurse and Quality Lead for West Leicestershire CCG noted a recent event on this issue led by UHL’s Clinical Senate and the Better Care Together clinical leadership group, as the first step in the process. Following due consideration, the Trust Board endorsed the proposal to undertake a 2<sup>nd</sup> review as outlined in paper H. MD

**Resolved – that (A) that the proposal for a 2<sup>nd</sup> review be endorsed as detailed in paper H, and** MD

**(B) an appropriate public communication plan be developed accordingly, in liaison with UHL’s Director of Marketing and Communications.** DMC

**220/16 RISK MANAGEMENT**

220/16/1 Integrated Risk Report

Paper I comprised the 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 (2 were listed, relating to the 62-day cancer target and to the potential impact on the medical equipment programme of reduced national capital availability). The Trust Board was also invited to consider whether there were any assurance gaps or inadequate controls in the current Board Assurance Framework.

The Audit Committee Non-Executive Director Chair queried whether the recent PLACE results and FSA feedback should raise the risk rating of BAF principal risk 2 (*failure to provide an appropriate environment for staff/patients*). The Chief Executive confirmed that a decision to increase the score of this risk had been taken accordingly at the October 2016 Executive Quality Board meeting, but that this Trust Board iteration of the BAF had been issued prior to that meeting. Although the Executive team discussion cycle meant that there was always a time lag in the report presented to Trust Board, the Chief Executive recognised the need to try and keep the Trust Board report as current as possible. The Quality Assurance Committee Non-Executive Director Chair also noted that the PLACE results had been discussed at that Committee – they reflected the March 2016 position and the Director of Estates and Facilities hoped to rerun the assessment internally in November 2016 to gauge the level of improvement. Although welcoming the Healthwatch representative’s view that there had been significant improvements since the May 2016 handover of FM services back to UHL, the Chief Executive noted the need to be able to evidence such improvements before communicating them widely.

In further discussion on the integrated risk report and BAF, the Trust Board noted:-

- (a) a suggestion from the IFPIC Non-Executive Director Chair that principal risk 17 (*failure to achieve a revised and approved 5 year financial strategy*) should be reviewed, to reflect the shortage of cash; CFO
- (b) comments that the Executive Team would assess whether the current risk score for principal risk 4 (*failure to deliver the national access standards impacted by operational process and an imbalance in demand and capacity*) should be increased; COO
- (c) concerns from the QAC Non-Executive Director Chair re: the reported uncertainty over the accuracy of the GMC trainer database within principal risk 8 (*failure to deliver an effective learning culture and to provide consistently high standards of medical education*). It was agreed to ask the Director of Medical Education to confirm the position outside the meeting, and MD
- (d) positive comments from the Healthwatch representative over the quality and clarity of UHL’s integrated risk register and BAF.

**Resolved – that (A) the Executive Team assess whether the risk score currently attributed to BAF principal risk 4 needed to be increased;** COO

**(B) the Director of Medical Education be requested to confirm the current position re: accuracy of the GMC trainer database (re: BAF principal risk 8) to Col (Ret’d) I Crowe Non-Executive Director, and** MD

**(C) BAF principal risk 17 be reviewed to ensure appropriate reflection of cash issues.** CFO

**221/16 STRATEGY**

**221/16/1 Sustainability and Transformation Plan (STP), Better Care Together (BCT) and UHL Reconfiguration Programme – Update**

This new integrated report at paper J updated members on LLR STP and BCT progress, noting that this set the context for UHL's own reconfiguration programme. A rephased reconfiguration programme was scheduled to be presented to the December 2016 Trust Board, thus providing a forward view of the planned activities and delivery timescales.

The Director of Marketing and Communications reminded members of the 5 priority areas within the LLR STP (as detailed in the slides appended to paper J), and also noted the ongoing review of BCT governance arrangements. In terms of next steps, the LLR STP was scheduled for submission by the end of October 2016. Paper J also set out how this process aligned to the timescale for 2-year operational plans and provider contracts. Formal approval to initiate formal public consultation on some elements was anticipated in early 2017.

In discussion on paper J, the Trust Board:-

- |  |                 |
|--|-----------------|
| (a) suggested reviewing the Government's 'Troubled Families programme' to assess any scope for transferable lessons;   | <b>DMC</b>      |
| (b) noted work underway at a very early stage re: back office functions, with the overall aim of reducing such costs to below 7% of income;  |                 |
| (c) noted the view of the Audit Committee Non-Executive Director Chair that further assurance was needed regarding governance arrangements. It was agreed that this would be discussed in further detail at the October 2016 Trust Board thinking day ahead of a report to the November 2016 Trust Board [i] clarifying the role of the respective Boards and [ii] considering appropriate public messaging. It was agreed therefore that 'draft principles' would be developed accordingly prior to that October 2016 Trust Board thinking day (any comments on these to be sent to the Chief Executive); | <b>CFO /DMC</b> |
| (d) noted the challenges of delivering the programme in paper J, particularly in a time of national financial pressures. The Chief Financial Officer emphasised the scale of the task facing UHL, to move from a 2016-17 deficit position of £8.3m to a surplus of £6.9m in 2017-18, and   | <b>ALL</b>      |
| (e) noted that the Emergency Floor project was being discussed in detail at the October 2016 Trust Board thinking day. A briefing on reconfiguration capital funding options and PF2 would be provided to the November or December 2016 thinking day.  | <b>CFO</b>      |

**Resolved – that (A) the Department for Communities and Local Government 'Troubled Families programme' be reviewed to assess any transferable lessons;** DMC

**(B) governance arrangements (including 'draft principles') be discussed in further detail at the October 2016 Trust Board thinking day, ahead of a report to the November 2016 Trust Board [i] clarifying the role of the respective Boards and [ii] considering appropriate public messaging;** DMC/  
CFO

**(C) any further Trust Board views on the 'draft principles' in (B) above be sent to the Director of Marketing and Communications, and** ALL

**(D) potential capital funding and PF2 options be discussed at the Trust Board thinking day in either November or December 2016.** CFO

**222/16 STAFFING**



222/16/1 Nursing and Midwifery Biannual Establishment Review

Paper K set out UHL's approach to understanding and reviewing safe nursing and midwifery staffing levels within the Trust, and detailed the outputs from the most recent biannual staffing review. In line with the 'Hard Truths' report, the results of each biannual review were reported to the Trust Board. The Chief Nurse confirmed that UHL used the AUKUH (Association of UK University Hospitals) tool and she noted the need also to triangulate appropriately with quality outputs, patient experience findings, clinical outcomes and professional judgement. The Trust had also asked Birthrate Plus to undertake a full review of UHL's maternity staffing, the report on which was awaited.

The latest biannual review indicated that for most areas, UHL's establishment was appropriate but that an increase was required in certain areas within Musculoskeletal and Specialist Surgery and Renal, Respiratory and Cardio Vascular. UHL's focus would be on recruiting to vacancies, and CMGs would review the findings and build measures into their planning cycle accordingly. The Chief Nurse clarified that no specific financial investment was being requested today other than in the Glenfield Clinical Decisions Unit, where Trust Board support was sought to continue the additional funding. In discussion on paper K, the Trust Board:-

CN

- (a) requested that training and education be included in the 'overall priorities' section of future iterations of the report;
- (b) noted (in response to a query) that there was some potential correlation between establishment issues and wards showing 'levels of concern', although triangulation needed to be improved;
- (c) queried the Chief Nurse's level of confidence that appropriate further information would be available in 6 months' time as stated in paper K;
- (d) noted that UHL's maternity staffing ratio of 1:29 births was broadly comparable to Trusts elsewhere;
- (e) was advised that ED was not mentioned in paper K as the report related to ward-based staffing only, and
- (f) noted that the Healthwatch representative found the report to be reassuring, albeit recognising that it was a snapshot in time. The Healthwatch representative also queried whether there were similar tools available to measure establishment levels/recruitment and retention within other staff groups – the Director of Workforce and OD agreed to review this issue accordingly.

CN

DWOD

**Resolved – that (A) training and education be included in the 'overall priorities' section of future iterations of the report;**

CN

**(B) consideration be given to reviewing establishment/recruitment and retention benchmarks in respect of other staff groups, and**

DWOD

**(C) the actions in respect of Glenfield Hospital CDU staffing be supported and progressed as detailed in paper K.**

CN

222/16/2 "Looking After UHL" – Health and Wellbeing Strategy

Paper J sought Trust Board approval for the "Looking After UHL" health and wellbeing strategy, which had been developed in consultation with key internal and external partners, reflecting staff feedback and incorporating local/national drivers and best practice. The strategy aimed to address improvement against key measures relevant to workplace health, and would be monitored by the UHL Health and Wellbeing Steering Group and the Executive Workforce Board. The Trust's immediate focus would be on stress management and building resilience.

Once endorsed by the Trust Board, “Looking After UHL” would be launched on 19 October 2016 which was also the national Fab NHS Change Day. A further ‘health summit’ was then planned for February 2017. The Trust Board fully supported the “Looking After UHL” health and wellbeing strategy and agreed to lead by example by pledging personal changes for improvement for Fab NHS Change Day.

DWOD

**Resolved** – that the “Looking After UHL” health and wellbeing strategy and related priorities be endorsed as detailed in paper J and launched on 19 October 2016 (Fab NHS Change Day), including Trust Board agreement to pledge personal changes for improvement.

DWOD

**223/16 EDUCATION, TRAINING, RESEARCH AND INNOVATION**

223/16/1 Research and Innovation 2016-17 Quarter 2 Update

Professor N Brunskill, Director of Research & Innovation attended to introduce the 2016-17 quarter 2 research and innovation update. Paper M described current research and innovation performance against key metrics, projects under development, and new challenges. The Trust Board noted in particular:-

(a) a significant reduction in recruitment to portfolio studies (down by 23% compared to 2015-16 levels), reflecting a national trend. In response to Trust Board queries, the Director of Research & Innovation outlined the reasons for – and the plans in place to try and address – this reduction, and he also noted the uncertainty surrounding European funding beyond 2020;

(b) the very welcome news of the Trust’s successful BRC bid (securing funding of £11.6m), as also reported in Minute 218/16 above. The new BRC would come into effect from April 2017 and would submit annual performance reports to the NIHR. Performance metrics would focus on research excellence (eg grants, publications etc), and the next renewal would be after 5 years;

(c) the receipt of an NIHR award of £2m for the DISC project to study treatment options in Dupuytren’s Contracture (Musculoskeletal and Specialist Surgery Clinical Management Group);

(d) plans to establish an Early Life Centre with the University of Leicester to enhance academic activities in obstetrics and paediatrics;

(e) its congratulations to Professor Brunskill on his recent appointment as University of Leicester lead for clinical research (joint role across UHL), and

(f) that the November 2016 Trust Board thinking day would discuss research and innovation in detail. The Trust Chairman also noted the forthcoming children’s hospital showcase event on 7 October 2016.

**Resolved** – that the 2016-17 quarter 2 update on research and innovation be noted.

**224/16 QUALITY AND PERFORMANCE**

224/16/1 Quality Assurance Committee (QAC)

Paper N summarised the issues discussed at QAC’s 29 September 2016 meeting, and sought Trust Board approval for the recommended item re: existing capacity plans and delegated product approval in respect of aseptic dispensing (additions to Chief Pharmacist responsibilities – report appended to paper N). The QAC Non-Executive Director Chair also

MD

## Trust Board Paper A

clarified a decision taken by QAC on 29 September 2016 to allow Pharmacists without prescribing qualifications to generate the TTO section of the discharge letter (report also appended to paper N). The final report appended to paper N related to the 2016 PLACE results (Patient Led Assessment of the Care Environment).

In discussion, the Director of Workforce and OD outlined progress on the Freedom to Speak Up Guardian arrangements, noting that the Director of Safety and Risk would be the Trust's Interim Freedom to Speak Up Guardian until a substantive appointment was made.

DWOD

**Resolved – that (A) the summary of issues discussed at the 29 September 2016 QAC be noted (Minutes to be submitted to the 3 November 2016 Trust Board) and any actions progressed as appropriate, and**

DWOD

**(B) the recommended item re: existing capacity plans and delegated product approval in respect of aseptic dispensing (additions to Chief Pharmacist responsibilities) be approved as per the report appended to paper N and progressed accordingly.**

MD

### 224/16/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Paper O summarised the issues discussed at IFPIC's 29 September 2016 meeting, and sought Trust Board approval for the UHL Procurement Transformation Plan in response to the Lord Carter implementation programme (recommended item within paper O).

CFO

**Resolved – that the summary of issues discussed at the 29 September 2016 IFPIC be noted (Minutes to be submitted to the 3 November 2016 Trust Board), and**

**(B) the UHL Procurement Transformation Plan in response to the Lord Carter implementation programme be approved and progressed accordingly.**

CFO

### 224/16/3 2016-17 Financial Performance – August 2016

Paper P presented the Trust's month 5 financial position (as discussed in detail at the September 2016 IFPIC). The Trust's deficit position for the year to date (£9.1m) was £0.7m adverse to plan, although UHL was still forecasting to achieve its planned year end deficit position of £8.3m. The Chief Financial Officer noted the crucial importance of quarter 2 in terms of sustainability and transformation funding, and advised that a report on this issue would be provided in November 2016. He also outlined the scale of the current difference in 2016-17 activity assumptions between the Trust and Commissioners.

CFO

Agency spend continued to be challenging, and the Chief Financial Officer reiterated his view that UHL was unlikely to achieve the £20.6m cap for 2016-17 (currently £1.1m adverse to plan). National availability of capital remained uncertain, and the Chief Financial Officer provided assurance that he continued to work closely with the Trust leads for medical equipment, IM&T and estates regarding their 2016-17 capital requirements. In response to a query from the Audit Committee Non-Executive Director Chair, the Chief Financial Officer advised that there were no specific risks to the capital programme to be highlighted to the Trust Board – however a detailed review of capital would be reported to a future IFPIC.

CFO

In discussion on the month 5 financial position, the Trust Board noted comments from the Chief Operating Officer on the difficulty in reducing activity to impact in 2016-17, given that patients being referred now would feature in the February and March 2017 referral to treatment numbers.

**Resolved – that (A) a report on 2016-17 sustainability and transformation funding be provided to the 3 November 2016 Trust Board, and**

CFO

**(B) a detailed review of UHL's capital programme be presented to IFPIC.**

CFO

**225/16 REPORTS FROM BOARD COMMITTEES****225/16/1 Audit Committee**

**Resolved** – that the Minutes of the 1 September 2016 Audit Committee be received and noted, and any recommendations endorsed accordingly.

**225/16/2 Quality Assurance Committee (QAC)**

**Resolved** – that the Minutes of the 25 August 2016 QAC be received and noted, and any recommendations endorsed accordingly.

**225/16/3 Integrated Finance Performance and Investment Committee (IFPIC)**

**Resolved** – that the Minutes of the 25 August 2016 IFPIC be received and noted, and any recommendations endorsed accordingly.

**226/16 TRUST BOARD BULLETIN – OCTOBER 2016**

**Resolved** – that the October 2016 Trust Board Bulletin be noted, comprising an updated declaration of interest for the Chief Executive, noting his (unpaid) Trusteeship of NHS Providers.

**227/16 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

In response to a Patient Partner query, the Chief Financial Officer advised that under reconfiguration it was assumed that the proceeds from any landsale would be for the Trust to reinvest back into its infrastructure (subject to Secretary of State for Health approval). However, it was emphasised that UHL was not yet at the stage of disposing of any assets.

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

**NAMED  
LEADS**

**228/16 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 229/16 – 239/16), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**229/16 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

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

**230/16 CONFIDENTIAL MINUTES**

**Resolved** – that the confidential Minutes of the 1 and 8 September 2016 Trust Boards be confirmed as a correct record and signed by the Trust Chairman accordingly.

**CHAIR  
MAN**

**231/16 CONFIDENTIAL MATTERS ARISING REPORT**

**Resolved** – that the confidential matters arising report be noted.

**232/16 REPORT FROM THE CHIEF EXECUTIVE AND DIRECTOR OF MARKETING AND**

## COMMUNICATIONS

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

## 233/16 REPORT FROM THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

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

## 234/16 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.

## 235/16 REPORTS FROM THE CHIEF FINANCIAL OFFICER

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

## 236/16 REPORTS FROM BOARD COMMITTEES

236/16/1 Audit Committee

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

236/16/2 Integrated Finance Performance and Investment Committee (IFPIC)

**Resolved** – that the confidential Minutes of the 25 August 2016 IFPIC and the confidential summary of the 29 September 2016 IFPIC be received and noted, and any recommendations endorsed accordingly.

236/16/3 Remuneration Committee

**Resolved** – that the Minutes of the 1 September 2016 Remuneration Committee be received and noted, and any recommendations endorsed accordingly.

## 237/16 CORPORATE TRUSTEE BUSINESS

237/16/1 Report from the Director of Marketing and Communications

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

## 238/16 ANY OTHER BUSINESS

238/16/1 Increases in the Number of Medical Students

Professor P Baker, UHL Non-Executive Director and Dean of the University of Leicester Medical School noted that Leicester would be keen to take on some of the increased number of medical students as recently announced by the Health Minister. This would have implications for the local healthcare community, and Professor Baker suggested that it would be helpful therefore if UHL's Chief Executive would consider providing formal written support for the University of Leicester increasing its intake of medical students.

CE

CE

## Trust Board Paper A

**Resolved** – that consideration be given to providing formal written support for the University of Leicester increasing its intake of medical students.

### 239/16 DATE OF NEXT TRUST BOARD MEETING

**Resolved** – that the next Trust Board meeting be held on Thursday 3 November 2016 from 9am in rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 2pm

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	8	8	100	A Johnson	8	8	100
J Adler	8	8	100	R Mitchell	8	6	75
P Baker	5	4	80	R Moore	8	7	88
I Crowe	8	7	88	B Patel	4	4	100
S Dauncey	4	3	75	J Smith	8	8	100
A Furlong	8	7	88	M Traynor	8	7	88
A Goodall	3	2	67	P Traynor	8	8	100

#### Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Henson	7	7	100	L Tibbert	8	7	88
N Sanganee	5	2	40	S Ward	8	8	100
				M Wightman	8	6	75