

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 7 MAY 2015 AT 9AM
IN SEMINAR ROOMS A AND B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL
HOSPITAL**

Voting Members Present:

Mr K Singh – Trust Chairman (excluding Minute 110/15/1)
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 (up to and including Minute 100/15/2)
Mr R Mitchell – Chief Operating Officer
Mr R Moore – Non-Executive Director
Ms C Ribbins – Acting Chief Nurse
Mr M Traynor – Non-Executive Director
Mr P Traynor – Director of Finance
Ms J Wilson – Non-Executive Director

In attendance:

Mr A Bradley – Partner, Pinsent Masons LLP (for Minute 107/15)
Sr E Callaghan – Sister, Ward 39, LRI (for Minute 95/15/1)
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 102/15)
Ms H Leatham – Assistant Chief Nurse (for Minute 95/15/1)
Mr C Kent – Consultant Oncologist (for Minute 95/15/1)
Mr D Kerr – Director of Estates and Facilities (for Minute 107/15)
Dr R Palin – Leicester, Leicestershire and Rutland CCG Representative (up to and including Minute 102/15)
Mrs K Rayns – Acting Senior Trust Administrator
Mr G DiStefano – Head of Strategic Development (on behalf of the Director of Strategy)
Ms E Stevens – Acting Director of Human Resources
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications (from part of Minute 93/15)

ACTION

89/15 APOLOGIES AND WELCOME

An apology for absence was noted from Ms K Shields, Director of Strategy. The Chairman welcomed Mr G DiStefano, Head of Strategic Development who was attending the meeting on behalf of the Director of Strategy.

90/15 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

There were no declarations of interest.

91/15 MINUTES

Resolved – that the Minutes of the 2 April 2015 Trust Board (paper A) be confirmed as a correct record and signed by the Trust Chairman accordingly. CHAIR

92/15 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for resolution. Members noted that all items were either marked as (5) complete or (4) proceeding on track.

Resolved – that the update on outstanding matters arising and the timescales for

resolution be noted.

93/15 CHAIRMAN'S MONTHLY REPORT – MAY 2015

The Trust Chairman introduced paper C, providing a summary of engagement activity in relation to the Trust's Strategic Objectives and inviting the Board to consider how success in this area might be measured. Paper C also provided feedback from a recent visit to the Trust's Coding Department, highlighting particular challenges around the recruitment of experienced clinical coding staff and inviting the Board to consider what strategy should be adopted to meet wider workforce related challenges, both in the immediate and longer term.

Resolved – that the content of the Chairman's monthly update report (paper C) be noted.

94/15 CHIEF EXECUTIVE'S MONTHLY REPORT – MAY 2015

The Chief Executive introduced his monthly update report (paper D), noting that a look back review of the Trust's 2014-15 performance would be undertaken later in the agenda Minute 98/15/3 below refers) and detailed reports featured on the agenda in respect of emergency care performance and the Trust's month 12 (March 2015) financial position. He noted that this would be the last of his monthly reports in the current style, advising that future reports would provide a more detailed narrative. He briefed the Board on the following key issues:-

- (a) progress with Executive and Associate Director recruitment – advising that Ms Louise Tibbert had now been appointed as Director of Workforce and Organisational Development and Ms Julie Smith had been appointed as the Chief Nurse. Both of these appointments would be effective from 3 August 2015. Further to Minute 70/15(b) of 2 April 2015, the date of Mr Darryn Kerr's appointment as substantive Director of Estates and Facilities was confirmed as 4 May 2015;
- (b) a number of major and internal incidents declared recently due to problems with water supplies and waste pipes in UHL's Emergency Department. The Chief Executive paid tribute to the effective responses provided by UHL staff, Interserve personnel and Severn Trent Water. A formal letter would be sent to Severn Trent Water thanking them for their support during these incidents;
- (c) Mutuals in Health Pathfinder Programme – the executive summary arising from the detailed options assessment had been circulated and published on the external website as supplementary paper D1 in advance of today's meeting. The Chief Executive highlighted the key findings, conclusions and longer-term next steps for whole-Trust mutuals, subject to the potential removal of the existing legislative barriers highlighted in the report. He expanded upon potential opportunities to pilot an autonomous team within the Orthopaedics Service at UHL, noting the related complexities and the need to mitigate against any potential unintended consequences of such a pilot scheme, and
- (d) UHL's application to participate in the TDA development programme to support the implementation of further improvement methodology.

CE

In discussion on item (c) above, the Trust Board:-

- (i) noted opportunities to hold a Trust Board thinking day session on the subject of autonomous teams to clarify the potential benefits for the Trust and its staff;
- (ii) commented upon the longer-term strategy to develop proposals at a pace which allowed staff to adapt to and engage with the proposed Mutuals in Health model, noting that the whole-Trust model was not currently considered to be an available option;
- (iii) queried whether any other NHS Trusts were developing mutualisation proposals already, noting (in response) that approximately 20% of community health providers were progressing this model as well as a number of social care providers, leisure and private sector organisations (eg John Lewis), and

- (iv) noted the degree of enthusiasm that existed within the Orthopaedics Service to change the philosophy around the operating theatre setting to ensure that theatre teams, anaesthetists and surgeons were all working as a single entity with common goals.

Resolved – that the Chief Executive’s monthly briefing (paper D) and the Executive Summary of the Mutuals in Health Pathfinder Programme (paper D1) be received and noted.

95/15 KEY ISSUES FOR DECISION/DISCUSSION

95/15/1 Patient Story – Patient Experience on Ward 39 at the Leicester Royal Infirmary

The Acting Chief Nurse introduced paper E, providing a summary of a patient’s positive experiences of the care and support she had received following her diagnosis of cancer, during chemotherapy treatments and as an inpatient on Ward 39. Ms H Leatham, Assistant Chief Nurse, Sr E Callaghan, Ward Sister and Mr C Kent, Consultant Oncologist attended for this item. A short audio recording of the patient’s feedback was played to the Board and some photographs of the ward environment were displayed simultaneously.

Board members noted that Ward 39 treated some of the Trust’s most acutely unwell patients and (in some cases) provided end of life care. The recently appointed ward sister undertook daily ward rounds speaking with patients and their families, during which any negative issues were picked up and resolved wherever possible. The patient featured in the story had been treated with care and compassion during her inpatient stay and the Board heard examples of the small things which had contributed to this, eg being offered a last cup of tea prior to being “nil by mouth”.

Recent examples of interactive improvements on the ward had included the provision of a fridge for patients’ own food, relocation of toilet roll holders within the cubicles, relocation of nursing stations within the patient bays to increase staff visibility, and regular ice-lolly rounds (a popular service which helped patients with their fluid intake).

The patient story also identified 2 areas where there was some scope to improve the service:- (a) patient communications whilst waiting for a bronchoscopy procedure to be undertaken at Glenfield Hospital, and (b) the amount of time between discharge decisions and the actual point of discharge. In response to these more negative areas, the ward had purchased additional laptop computers to speed up the processes for producing discharge letters and TTO prescriptions. The Chief Executive invited the team to expand upon the top 2 or 3 things that might help to improve the pace of discharges, noting in response that clinical time to write the discharge letters was currently only available at the end of the ward rounds and that clinicians needed to have 4 or 5 different pieces of software open simultaneously to complete the process.

The Director of Communications and Marketing sought and received assurance that patients’ expectations regarding their time of discharge were being appropriately managed and that such messages were used consistently across the Trust. The Trust Chairman thanked the presentation team for raising the Board’s awareness of these issues and he indicated a desire to visit Ward 39 in the near future.

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

95/15/2 Draft Annual Operational Plan 2015-16

On behalf of the Director of Strategy, the Head of Strategic Development presented the draft Annual Operational Plan for 2015-16 (paper F), setting out the objectives and priorities for the second year of the Trust’s 5 year strategy. He provided feedback received from the

Trust Board Paper A

Trust Development Authority (TDA) on 6 May 2015, confirming a high risk rating, with the areas of finance and ED performance being RAG-rated as red. The area of quality had been rated as green (in line with CQC intelligent Monitoring) and the workforce area was rated as amber/green.

The Trust Chairman sought and received clarity on the 2 main issues raised by the Integrated Finance, Performance and Investment Committee on 30 April 2015, namely the timing of the Equality Impact Assessment (EIA) process and the additional resource requirements to support patient and public involvement activity. In response, the Head of Strategic Development confirmed that no high-level equality impact concerns had been raised within the overall review of the plan and the intention was to continue with EIAs in respect of each of the individual business cases. The Chief Executive confirmed that revenue funding had now been agreed for the additional band 5 PPI resource, in view of the relatively modest investment required for such a potential big gain.

The Director of Finance provided assurance that the scale of UHL's deficit plan for 2015-16 was consistent with the overall 5 year plan and that the direction of travel was broadly positive. However, a further meeting was planned with the TDA later that day and it was expected that the TDA would be testing UHL's financial plan and challenging whether the pace of UHL's trajectory for financial recovery was sufficient.

The Chief Executive sought Trust Board approval of the current draft plan and requested delegated authority for himself and the Trust Chairman to review and sign-off the final plan prior to formal submission to the TDA on 14 May 2015, noting that any significant changes could be highlighted to Trust Board members outside the meeting.

CE/
CHAIR

Resolved – that (A) the draft Annual Operational Plan 2015-16 be approved, and

(B) delegated authority be provided to the Chief Executive and the Trust Chairman to review and sign-off the final iteration of the Annual Operational Plan prior to submission to the TDA on 14 May 2015.

CE/
CHAIR

95/15/3 Final Financial Plan 2015-16

Further to Minute 71/15/2 of 2 April 2015, the Director of Finance presented paper G, providing the final financial plan and budget book for 2015-16 noting that the final version was entirely consistent with the previous draft and that the status of UHL's contracts with Commissioners had now been confirmed. In addition, it was noted that the Integrated Finance, Performance and Investment Committee had endorsed the final financial plan on 30 April 2015 for Trust Board approval.

The Trust Chairman drew members' attention to section 6 of paper G, which set out the following key risks and mitigation proposals for finalising and delivering against the plan:- (1) CIP delivery, (2) pay expenditure, (3) unidentified cost pressures, (4) CMG and Directorate delivery against control totals, and (5) cash management. The Chief Operating Officer queried whether any increase in non-elective admissions would be classed as unidentified cost pressures, and received assurance (in response) that non-elective over-performance risks had been factored into the plan.

The Trust Board approved the final financial plan and budget book for 2015-16 (as presented in paper G) and agreed that a regular review of the risks to delivering the plan would be undertaken through the Integrated Finance, Performance and Investment Committee.

DF

Resolved – that (A) the final 2015-16 financial plan be approved, and

(B) the risks associated with delivering the financial plan for 2015-16 be kept under regular review by the Integrated Finance, Performance and Investment Committee.

DF

96/15 EDUCATION

96/15/1 Quarterly Update on Medical Education Issues

The Acting Medical Director introduced paper H, providing an update on the following issues currently affecting medical education at UHL:-

- (a) Health Education East Midlands (HEEM) quality management visits – in respect of Obstetrics and Gynaecology a follow-up visit was scheduled for 12 June 2015 and members discussed UHL's preparedness for this visit, noting concerns around split-site working and access to theatre sessions;
- (b) GMC enhanced monitoring arrangements for Emergency Medicine, Renal Medicine and Ophthalmology;
- (c) medical education funding had reduced in line with reductions in the numbers of UHL medical students;
- (d) education facilities – the Odames library had now been completed and was open for use. The Trust Chairman encouraged members to visit this area or attend the formal opening ceremony on 11 May 2015. Work continued in the Robert Kilpatrick building to re-provide medical education facilities from the Jarvis building;
- (e) workforce implications of the proposed redistribution of training posts and the Broadening Foundation report – foundation doctors were no longer allowed to repeat the same specialty which currently put 16 posts at risk. The Trust continued to work towards identifying a solution and the Chief Executive agreed to follow up this issue with Mr P Miller, Chief Executive at Leicestershire Partnership NHS Trust (who was also the local representative on the HEEM Board);
- (f) simulation training facilities – the necessary expertise was available for simulation training but UHL did not currently have the associated facilities. An Education Strategy was being developed for submission to a future Executive Strategy Board meeting.

CE

AMD

The Associate Medical Director for Clinical Education had particularly requested that all CMGs viewed Medical Education as an integral part of the Trust's business and that they valued their trainees accordingly. The Education Quality Dashboard was appended to paper H and Colonel (Retired) I Crowe, Non-Executive Director voiced his concerns regarding the high number of red RAG-ratings for the requirement to identify funding streams at CMG level. In response, the Acting Medical Director advised that further work on the dashboard was taking place to clarify the triggers for red RAG-ratings. In parallel the Associate Medical Director for Clinical Education had scheduled meetings with each CMG lead to support this workstream going forwards.

Finally, the Acting Chief Nurse highlighted the importance of non-medical clinical education and suggested that future iterations of this report might be adapted to become a joint quarterly update covering all aspects of clinical education.

AMD/
ACN

Resolved – that (A) the quarterly update on Medical Education issues be received and noted;

(B) the Chief Executive be requested to follow up the issue regarding the proposed re-distribution of training posts with the LPT Chief Executive;

CE

(C) the Acting Medical Director be requested to present the Trust's Education Strategy to a future meeting of the Executive Strategy Board, and

AMD

(D) consideration be given to adapting the format of the medical education quarterly updates to include all aspects of clinical education.

AMD/
ACN

97/15 GOVERNANCE

97/15/1 UHL Risk Report incorporating the Board Assurance Framework (BAF)

The Acting Medical Director introduced paper N detailing the 2014-15 Board Assurance Framework as at 31 March 2015, a draft version of the 2015-16 BAF and a summary of all high and extreme risks on the risk register.

Section 4 of the covering report identified 2 new high risks opened during March 2015:- (a) patients waiting for trauma surgery and (b) delays in implementing an electronic blood tracking system. In respect of the latter item, members noted that the delay had arisen as a result of a formal challenge within the tender process. Section 2.2 of the report proposed a detailed review of risks 5, 6, 7 and 8 relating to the strategic objective "Responsive services which people choose to use". The following comments were received in respect of the 2014-15 BAF:-

- (a) risk 5 (failure to deliver RTT improvement plan) – a fully compliant RTT plan was expected to be available in May 2015 for consideration at the 4 June 2015 Trust Board meeting;
- (b) risk 6 (failure to achieve effective patient and public involvement) – the Director of Communications and Marketing noted the need to update the controls and assurance section now that funding had been agreed for an additional PPI engagement resource;
- (c) risk 7 (failure to effectively implement BCT strategy) – the Head of Strategic Development provided feedback on the excellent engagement in respect of the Better Care Together workstreams and the intention for UHL's internal governance process to mirror those of the Better Care Together Programme. Ms J Wilson, Non-Executive Director queried the current risk score for risk 7 (likelihood 4 x impact 3 = 12) and whether this was consistent with the scores for the corresponding risk within the partner organisations. In response, the Chief Executive agreed to sight the Risk and Assurance Manager to a parallel process being undertaken as part of the Better Care Together Programme to ensure consistent messaging on this subject, and
- (d) risk 8 (failure to respond appropriately to specialised service specification) – the Head of Strategic Development briefed members on the work of the task group established for integrated frailty care and the partnership approach being developed across a range of clinical pathways.

CE

The draft BAF for 2015-16 was approved subject to completion of the ongoing development work and the submission of any additional comments to the Risk and Assurance Manager outside the meeting.

Resolved – that (A) UHL Risk Report incorporating the Board Assurance Framework (BAF) be received and noted as presented in paper N, and

(B) subject to any further comments, the final 2015-16 version of the BAF be presented to the Trust Board on 4 June 2015 for approval.

AMD

98/15 **QUALITY AND PERFORMANCE**98/15/1 Quality Assurance Committee (QAC)

Dr S Dauncey, Non-Executive Director and QAC Chair introduced a summary of the key issues considered at the 30 April 2015 QAC meeting (paper I refers), confirming that the Minutes of that meeting would be presented to the 4 June 2015 Trust Board meeting. She particularly drew members' attention to the following issues:-

- (i) UHL's response to the Kate Lampard 'Savile Report' – a copy of which was appended to paper I, and
- (ii) the following updates in respect of UHL's CQC registration:-

- application to remove Harborough Lodge,
 - application to add Northampton Renal and Dialysis Unit (Riverside House) as a new location,
 - a declaration of non-compliance with staffing for Riverside House, noting that this was planned to become compliant by 31 August 2015, and
- (iii) confirmation of the Trust's priority CQC Intelligent Monitoring band rating of 4.

The Committee's recommendations surrounding the East Midlands Congenital Heart Centre and the Whistle Blowing update (as detailed in paper I) were endorsed. Responding to a query raised by the Healthwatch Representative, the Acting Director of Human Resources and the Acting Chief Nurse provided additional assurance regarding the arrangements for implementing the recommendations in relation to DBS checks for nursing staff.

Resolved – that (A) the summary of key issues considered at the 30 April 2015 QAC meeting be received and noted as paper I, and

(B) the changes to UHL's CQC registration detailed in item (ii) above be endorsed.

98/15/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Ms J Wilson, Non-Executive Director and IFPIC Chair presented paper J, providing a summary of the issues discussed at the 30 April 2015 IFPIC meeting. She highlighted an error on the summary sheet, noting that the CMG presentation had been received from the MSS CMG (not ITAPS as stated). Substantive reports had featured earlier on today's Trust Board agenda for each of the 2 recommendations arising from this meeting and the detailed Minutes of the 30 April 2015 IFPIC meeting would be presented to the 4 June 2015 Trust Board meeting.

The IFPIC Chair particularly commended the financial performance of the MSS CMG team during the second half of 2014-15 and the Trust's achievement in saving £48m within the 2014-15 cost improvement programme (CIP). She provided assurance that the Committee would be reviewing each of the 5 cross-cutting CIP schemes on a rotating monthly basis for 2015-16.

Resolved – that the summary of key issues considered at the 30 April 2015 IFPIC meeting be received and noted.

98/15/3 Quality and Performance Report – Month 12 (March 2015)

Paper K provided an overview of the Trust's month 12 quality and operational performance against key UHL and TDA metrics. Escalation reports were appended to the report detailing any areas of underperformance. In addition, the Chief Executive tabled a 2 page summary of the Trust's full-year performance against the key performance metrics for 2014-15. This summary also included the Trust's comparative data for 2013-14 and UHL's rankings against (a) all Acute Trusts in England and (b) 18 peer group Trusts. He highlighted the intention to monitor UHL's performance against this peer group of 18 Trusts on a regular basis going forwards.

The Trust Board discussed the following indicators arising from the tabled performance summary and the detailed quality and performance report:-

- (a) Clostridium Difficile – whilst rated green and demonstrating a significant reduction from several years ago, the increasing trend in cases (from 66 to 81) was beginning to cause concern;
- (b) MRSA – only 1 of the 6 reported bacteraemias had been classified as avoidable;
- (c) serious incidents – a pleasing reduction had occurred (from 60 to 41) and assurance was provided that a strong reporting culture was still in place at UHL;

- (d) good inpatient and ED friends and family test scores;
- (e) compliance with the 95% statutory and mandatory training target – the Chief Executive recorded his thanks to the staff and line-managers involved in achieving this target;
- (f) a reduction in UHL's recently published SHMI mortality data (from 105 to 103) – the Acting Medical Director advised that whilst the Trust's SHMI data had also reduced from 107 2 years ago, it had always remained within the expected limits. The reducing trend was attributed to improved arrangements for patient monitoring and a focused workstream around the treatment of patients suffering from pneumonia;
- (g) non-compliance with the target to operate on 72% of patients with a fractured neck of femur within 36 hours – a Listening into Action (LiA) Pioneering Team had been implemented to support further improvements and additional investment had been made in respect of the Trust's model of trauma care. Members noted that this investment was not likely to demonstrate any significant improvement until the latter half of the 2015-16 financial year;
- (h) RTT waiting times for admitted patients – a compliant position was expected to be achieved in May 2015;
- (i) cancer performance – the peer group benchmarking data was poor against the 2 week wait, 31 day and 62 day targets. Compliant performance for 2 week wait and 31 day targets was expected to be achieved in May 2015, but the trajectory for 62 day performance was likely to be achieved in July 2015. The Healthwatch Representative requested additional assurance that the planned reconfiguration of UHL's services would not impact adversely upon future cancer performance. In response, the Chief Operating Officer confirmed that UHL was looking closely at all reconfiguration plans to ensure that they did not impact upon the Trust's performance for cancer or access targets;
- (j) delayed transfers of care (DTCs);
- (k) ambulance handovers – including specific priorities relating to clinical handover and the data recording mechanism, and
- (l) appraisal rates – the Trust was still performing within the top 20% of Trusts nationally but performance appeared to have reached a plateau. A further focus on timely staff appraisals was being developed to support improvements in this area.

Resolved – that the month 12 Quality and Performance report (paper K) and the tabled performance summary for 2014-15 be received and noted.

98/15/4 2014-15 Financial Position – Month 12 (March 2015)

The Director of Finance presented paper L, updating the Board on performance against the Trust's key financial duties and providing further commentary on the month 12 financial performance by CMG and Corporate Directorates, and the associated risks and assumptions. Subject to the on-going audit process, compliance with the 3 key financial duties (delivery against the planned deficit, External Financing Limit and Capital Resource Limit) had been met. The final year-end accounts were due to be submitted to the Audit Committee on 27 May 2015 and the Trust Board on 7 June 2015 meeting for approval.

The Director of Finance particularly commended the Trust's achievement in delivering £48m in cost improvement savings, and provided assurance that the current level of focus on controlling pay expenditure and development of cross-cutting CIP themes would continue during the 2015-16 financial year. The Director of Marketing and Communications echoed this view and commented on the qualitative improvements that had been delivered in parallel, recognising the efforts of staff who were continuing to deliver high quality patient services with (in some cases) less resources.

The Chief Operating Officer advised that Mr S Barton, Director of CIP and Future Operating Model was developing a process for triangulating CIP activity with quality improvements and strengthening performance against access targets. The outputs of this workstream would be presented to future meetings of the Integrated Finance, Performance and Investment Committee and the Trust Board. The Acting Medical Director reported on the proposed

application for UHL to participate in a TDA Development Programme which would help to develop the link between the Trust's quality improvement workstreams and the cost improvement programme, with the aim of parallel improvements in patient experience and value for money. The Trust Chairman welcomed this information and noted that opportunities to showcase such developments outside of the Trust were being explored.

Resolved – that the month 12 financial performance report (paper L) and the subsequent discussion be received and noted.

98/15/5 Emergency Care Performance

Further to Minute 71/15/5 of 2 April 2015, the Chief Operating Officer introduced paper M, updating the Trust Board on recent emergency care performance and progress against the agreed LLR action plan. Members noted that the high-level performance data for the 2014-15 financial year appeared to mask the underlying improvements in UHL's emergency care performance and that UHL was the 23rd most improved Trust nationally for 2014-15, despite an increase of 7,000 non-elective admissions. The Chief Operating Officer advised that the reported April 2015 emergency attendance and admissions data (provided on page 1 of paper M) was incorrect due to an issue with the data warehouse. ED attendances had actually increased by 3.7% and admissions were 7.0% higher when compared with the April 2014 data.

Paper M also provided a summary of the key findings arising from a follow-up visit undertaken by Dr I Sturgess in March 2015 and his detailed report was provided as an appendix. Dr Sturgess's recommendations were being implemented through the Leicester Hospitals action plan and the LLR Urgent Care Board action plan. The focus for whole health economy activity was required to centre upon achieving 5 goals in 2015-16:- (1) 10% reduction in attendances, (2) 10% reduction in admissions, (3) 10% reduction in medical length of stay, (4) 10% improvement in LPT supported discharge and (5) improvements in CDU and ED productivity.

Responding to a query raised by the Trust Chairman, the LLR CCG Representative agreed to share feedback on this latest Sturgess report, once the CCG Boards had formally considered it at their next meetings. Ms J Wilson, Non-Executive Director sought and received additional assurance regarding the CCGs' commitment to delivering the 5 goals itemised above. She also requested an update on the status of the LLR urgent care dashboard. In response, the Chief Operating Officer confirmed that the LLR dashboard had been reduced from an unwieldy 37 page document into a 4 page summary and that this was now circulated to Urgent Care Board members on a fortnightly basis. He undertook to arrange for the dashboard to be appended to the Trust Board emergency care report on a monthly basis in future.

**CCG
Rep**

COO

In further discussion, Board members received assurance that the actions required to deliver improved emergency care performance were consistent with the Better Care Together Programme and they commented upon the fragility of the recovery process and opportunities to build a greater shared understanding amongst the local health economy partners. It was agreed that UHL would share paper M with the CCGs and LPT to support this shared understanding.

**COO/
Chair**

Resolved – that (A) the update on emergency care performance be received and noted as paper H;

(B) the LLR CCG Representative be invited to provide feedback from the CCG Boards' consideration of the Sturgess report (when available);

**CCG
Rep**

(C) the Chief Operating Officer be requested to append the LLR urgent care dashboard to future iterations of the Emergency Care report;

COO

(D) copies of paper M be shared with CCG and LPT colleagues to support a shared understanding of the issues and challenges surrounding LLR emergency and urgent care.

COO/
Chair

99/15 REPORTS FROM BOARD COMMITTEES

99/15/1 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the QAC meeting held on 26 March 2015 (paper O) be received and noted.

99/15/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Resolved – that the Minutes of the IFPIC meeting held on 26 March 2015 (paper P) be received and noted and the recommendations contained therein be endorsed.

100/15 CORPORATE TRUSTEE BUSINESS

100/15/1 Charitable Funds Committee (CFC)

The Trust Chairman introduced the Minutes of the 2 April 2014 Charitable Funds Committee meeting (paper Q refers) and briefed members on plans to hold wide-ranging discussions on the future remit and modus operandi of this Committee on 4 June 2015 (in place of the scheduled CFC meeting). The Trust Board also endorsed the appointment of Mr M Traynor, Non-Executive Director as Chairman of the Charitable Funds Committee with immediate effect.

Resolved – that (A) the Minutes of the CFC meeting held on 2 April 2015 (paper Q) be received and noted;

(B) the recommendation contained in Minute 16/15 (to approve charitable funds applications 5243, 5394, 5398, 5424, 5449, 5332, 5345, 5448 and 5241) be endorsed, and

DF

(C) the appointment of Mr M Traynor, Non-Executive Director as Chairman of the Charitable Funds Committee be endorsed with immediate effect.

100/15/2 Meaningful Activity Service for Patients with Dementia

Paper R sought Trust Board approval to support 7 posts within the Meaningful Activities Service from charitable funds for a 12 months period to allow for the retention of trained staff within this valued service. The total sum being requested (inclusive of on-costs) was £163,747. In discussion on the proposal:-

- (a) the Acting Medical Director voiced his support, noting the key role that this service provided in caring for patients with dementia. He also commented upon the need to build such funding into the Trust's baseline to reduce the reliance upon charitable funds in future years;
- (b) the Chief Executive supported the 12 month funding extension to allow for an informed review of the boundaries between exchequer funding and charitable funding to be undertaken going forwards;
- (c) Col (Ret'd) I Crowe, Non-Executive Director supported the proposal, advising that he had witnessed members of the Meaningful Activities team at work. He also commented upon opportunities to embed cascade training of the skills and techniques used and the possibility of building upon the roles undertaken by volunteers;
- (d) the Acting Chief Nurse advised that up to 1 in 4 patients treated on the care of the

elderly wards were suffering from dementia in varying forms and severity. She briefed members on the improvements in quality of care for affected patients and the arrangements for skills transfer within the dementia training programme, and
(e) the Director of Corporate and Legal Affairs responded to a query regarding the purpose of presenting this report to the Trust Board, advising that the Trust Board was acting as Corporate Trustee. He also advised that a previous proposal had been rejected by the Charitable Funds Committee on 2 April 2015 and that this proposal had been modified accordingly.

Resolved – that the application for £163,747 from charitable funds to support 7 posts within the Meaningful Activities Service for a period of 12 months be approved.

DF

101/15 TRUST BOARD BULLETIN – MAY 2015

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

- annual updated Trust Board declarations of interest (paper 1);
- NHS Trust Over-Sight Self Certification return for the period ended 28 February 2015 (paper 2), and
- Quarterly Sealings Report (paper 3).

102/15 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANACTED AT THIS MEETING

Resolved – that no questions were raised.

103/15 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 104/15 – 110/15), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

104/15 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

105/15 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 2 April 2015 Trust Board (paper T) be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIR

106/15 CONFIDENTIAL MATTERS ARISING REPORT

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

107/15 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 personal information.

108/15 REPORTS FROM BOARD COMMITTEES

108/15/1 Quality Assurance Committee (QAC)

Resolved – that the confidential Minutes of the 26 March 2015 QAC meeting be received and noted.

108/15/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Resolved – that the confidential Minutes of the 26 March 2015 IFPIC meeting and the summary of issues discussed at the 30 April 2015 meeting be received and noted.

108/15/3 Remuneration Committee

Resolved – that the confidential Minutes of the 2 April 2015 Remuneration Committee meeting be received and noted.

109/15 **CORPORATE TRUSTEE BUSINESS**

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

110/15 **ANY OTHER BUSINESS**

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

111/15 **DATE OF NEXT MEETING**

Resolved – that the next Trust Board meeting be held on Thursday 4 June 2015 from 10am in the C J Bond room, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 1.10pm

Kate Rayns
Acting Senior Trust Administrator

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

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	2	2	100	R Moore	2	2	100
J Adler	2	2	100	C Ribbins	2	2	100
I Crowe	2	2	100	M Traynor	2	2	100
S Dauncey	2	1	50	P Traynor	2	2	100
A Furlong	2	2	100	J Wilson	2	2	100
R Mitchell	2	2	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Henson	2	2	100	E Stevens	2	2	100
R Palin	2	2	100	S Ward	2	2	100
K Shields	2	1	50	M Wightman	2	2	100