

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 2 JULY 2015 AT 9AM
IN THE SEMINAR ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL
HOSPITAL**

Voting Members Present:

Mr K Singh – Trust Chairman (excluding Minute 155/15/1)
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
Professor A Goodall – Non-Executive Director
Mr R Mitchell – Chief Operating Officer
Mr R Moore – Non-Executive Director
Mr P Traynor – Director of Finance
Ms J Wilson – Non-Executive Director (Chair from Minute 155/15/1)

In attendance:

Ms P Eddy – Matron, Kinmonth Unit (for Minute 140/15/1)
Ms L Gallagher – Workforce Manager (for Minute 140/15/2)
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 149/15)
Ms T Jones – Head of Communications (for Minute 144/15/3)
Mr D Kerr – Director of Estates and Facilities (for Minute 153/15)
Ms H Leatham – Assistant Chief Nurse (for Minute 140/15/1)
Ms M McAuley – Assistant Chief Nurse (for Minute 140/15/2)
Ms C Pawley – Sister, Kinmonth Unit (for Minute 140/15/1)
Dr P Rabey – Deputy Medical Director (for Minute 144/15/2)
Ms K Shields – Director of Strategy
Ms E Stevens – Acting Director of Human Resources (up to and including Minute 153/15)
Ms H Stokes – Senior Trust Administrator
Ms L Tibbert – Director of Workforce and OD (designate)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

134/15 APOLOGIES AND WELCOME

Apologies for absence were noted from Mr M Traynor, Non-Executive Director and Dr R Palin, Leicester, Leicestershire and Rutland CCG Representative. The Chairman welcomed Professor A Goodall, Non-Executive Director and University of Leicester representative to her first UHL Trust Board meeting, and also welcomed Ms L Tibbert, Director of Workforce and Organisational Development (designate). He thanked both Ms E Stevens, Acting Director of Human Resources and Ms C Ribbins, Acting Chief Nurse for their contributions, noting that this would be their final Trust Board meeting. The Chair also congratulated Mr D Henson on his appointment as Executive Officer for Healthwatch, and advised Trust Board members that the National Trust Development Authority (NTDA) had extended Ms J Wilson, UHL Non-Executive Director's term of office until October 2016.

135/15 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

There were no declarations of interest.

136/15 MINUTES

Resolved – that the Minutes of the 4 June 2015 Trust Board be confirmed as a correct CHAIR

record and signed by the Trust Chairman accordingly.

137/15 MATTERS ARISING FROM THE MINUTES

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

- (a) **Minutes 115/15 and 118/15/2 of 4 June 2015** – the Chairman advised that the LLR Chairs' meeting had been cancelled, with potential individual meetings now being considered;
- (b) **Minute 118/15/2 of 4 June 2015** – the Director of Marketing and Communications confirmed that an 'easy read' version of the Delivering Caring at its Best 5-year plan would address the accessibility comments raised by the Trust Board;
- (c) **Minute 96/15/1(c) of 7 May 2015** – discussions continued regarding an integrated clinical education report, which it was felt would be available for the September 2015 Trust Board if not earlier, and
- (d) **Minute 71/15/4(c) of 2 April 2015** – the Director of Marketing and Communications outlined the various engagement events which had taken place and which would continue in respect of the emergency floor development. It was agreed to remove this issue from the matters arising log, as it had been actioned.

STA

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

ALL

138/15 CHAIRMAN'S MONTHLY REPORT – JULY 2015

In introducing his monthly report for July 2015 (paper C), the Trust Chairman particularly highlighted:-

- (a) a task and finish group established at his request to review the diversity and appropriate talent management of UHL's workforce. Dr S Dauncey, Non-Executive Director and QAC Chair, was also meeting with the Chairman and the Director of Marketing and Communications to review the diversity of UHL's Non-Executive Directors. The Acting Director of Human Resources confirmed that the Trust's equalities annual report was scheduled for Trust Board approval in August 2015, and advised that the new Department of Health standard on workforce equality would be reflected in the associated action plan. Trust Board members were requested to send any further comments on equality and diversity issues to the Chairman outside the meeting;
- (b) his view that UHL's carbon footprint and the wider sustainability agenda should be discussed at a future Trust Board thinking day. It was acknowledged that UHL's sustainability plan had not been reviewed by the Trust Board recently, and that the sustainability portfolio as a whole within UHL required review. The Director of Strategy agreed to discuss this further with the Director of Corporate and Legal Affairs accordingly (noting the Chairman's desire also to review wider issues such as food sourcing and UHL's impact on the local economy), and
- (c) the need to ensure that the Trust Board remained sighted to key national issues and developments, to enable it to take appropriate decisions. He noted that the November 2015 Trust Board thinking day would focus on reviewing Board effectiveness.

ALL

DS/
DCLA

Resolved – that (A) any further comments on diversity and equality in the workplace be passed to the Chairman, and

ALL

(B) consideration be given to discussing sustainability issues at a future Trust Board thinking day, and to reviewing the appropriate Executive Director lead for this issue.

DS/
DCLA

139/15 CHIEF EXECUTIVE'S MONTHLY REPORT – JULY 2015

The Chief Executive's July 2015 monthly update at paper D followed (by exception) the framework of the Trust's strategic objectives. As the attached quality and performance dashboard 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. The Chief Executive noted that a red rating within the dashboard highlighted performance challenges, rather than implying the metric would not be achieved. He further noted:-

- (a) the disappointing news that UHL had not been selected for the NTDA Development Programme. However, the Executive Team's work on that issue would be presented to a future Trust Board thinking day, for information and internal progression; CE
- (b) that engagement events had now started in respect of the 5-year plan (copies of the plan as now tabled by the Director of Marketing and Communications). The Chairman commented on the high level of engagement at the 1 July 2015 event and encouraged his Board colleagues to attend similar sessions, and
- (c) that UHL had now issued Interserve with a formal compliance notice.

In discussion, the Chairman queried the apparent challenges around compliance with the cancer performance targets – in response, the Chief Operating Officer outlined the intensive internal work underway to move towards compliance, including an additional focus on the most challenged tumour sites and work with GPs on referral patterns. He suggested that Mr M Metcalfe, Cancer Centre Lead Clinician attend a future Trust Board to present this work in more detail. Ms J Wilson, Integrated Finance Performance and Investment Committee (IFPIC) Non-Executive Director Chair, advised of the assurance received by that Committee on 25 June 2015 regarding leadership on the cancer targets – the Committee would, however, now wish to see evidence of improved performance against target. Although welcoming the work outlined by the Chief Operating Officer, Mr D Henson, advised that LLR Healthwatch would be monitoring July 2015 cancer performance. He also welcomed the actions taken on fractured neck of femur performance and advised that the new format of the report was very useful when briefing the Healthwatch Chairs. The UHL Chairman welcomed these comments and reiterated that the full monthly quality and performance report was also still available each month on UHL's external website. COO

Resolved – that (A) UHL's work on the 'UHL way' be presented to a future Trust Board thinking day, and CE

(B) an update on work to address cancer target underperformance be presented to a future Trust Board. COO

140/15 KEY ISSUES FOR DECISION/DISCUSSION

140/15/1 Patient Story – "Excellent Care Tainted by Hitches"

The DVD presentation accompanying paper E described an instance of excellent planned surgery patient care on the LRI Kinmonth Unit, which had been marred by two specific hitches. Ms H Leatham, Assistant Chief Nurse explained that the patient had very much wished to be present for the Trust Board meeting today but had been unable to attend. The two specific aspects of unsatisfactory care related to the non-availability of a pressure-relieving mattress (despite having been booked at pre-assessment) and the fact that the tailgate ambulance booked to take the patient home on discharge had not arrived, with the patient instead having to go home significantly later and in a taxi. The Kinmonth Unit staff attending for this item (Ms P Eddy, Matron, and Ms C Pawley, Sister) outlined the nature of that Unit and commented on its good Friends and Family Test scores.

In discussion on the patient story and the issues raised, the Trust Board noted:-

- (a) comments from the Kinmonth Unit staff that the lack of an appropriate mattress had

been due to human error. The lack of an ambulance had been the result of a breakdown in communications, and the Trust Board was advised that there was now a patient experience team in place at Arriva;

- (b) a query from the Chief Executive as to how the learning from the ambulance issue had been shared, and whether all UHL staff were now aware of how to escalate transport issues in real-time. In response, the Acting Chief Nurse outlined where this issue had been discussed, and agreed to issue a Trust-wide communication to staff highlighting the escalation process. The Director of Finance advised that the non-emergency patient transport contract was currently being reviewed, recognising the scope for both quality and financial improvements. The Chief Operating Officer also noted his intention to explore rolling-out web-based transport bookings Trust-wide, and
- (c) comments from the Chairman on how impressed he had been with the Kinmonth Unit and its staff. He then reiterated that the August 2015 Trust Board thinking day would be focusing on learning from experience, also involving Healthwatch and Patients' Panel representatives.

ACN

Resolved – that Trust-wide communication be issued to staff advising how to escalate patient transport issues in real-time.

ACN

140/15/2 Workforce and OD Quarterly Update

Paper F from the Acting Director of Human Resources updated the Trust Board on workforce and organisational development workstreams, focusing particularly on 'workforce planning and development'. The paper identified 7 key workstreams, each supported by a specific work plan containing clear actions. The Trust Chairman noted that the September 2015 Trust Board thinking day would focus on workforce issues, looking too at the wider labour market, the workforce implications of changes to healthcare delivery, and seeking assurance that UHL's workforce and OD planning was aligned to its strategic objectives. In discussion on the workforce and OD quarterly update, the Trust Board:-

- (a) commented that the waterfall charts accompanying paper F were particularly helpful and highlighted certain staffing gaps despite recruitment efforts. It would be helpful to see similar charts for the medical workforce, and for the workforce to be presented by specialty;
- (b) noted the successful UHL 'family funday' held on 27 June 2015, attended by more than 700 people;
- (c) suggested that the September 2015 thinking day might also usefully consider:-
- what constituted an 'acceptable' vacancy level for UHL, to understand the risks/implications of having to fill the resulting gap from bank and agency staff. In response, the Chief Executive suggested that although a 5-6% vacancy level was appropriate, it was vital for UHL to use bank staff much more than agency staff;
 - the further interventions needed to fill workforce gaps/increase recruitment;
 - team training;
- (d) sought assurance on whether a sufficient number of nurses to meet UHL needs were being trained locally, and whether the projected significant increase in local recruitment for 2015-16 was realistic. In light of comments from the Acting Chief Nurse on the number of nurses being trained locally, the Chief Executive requested that this issue be discussed further at the next Executive Workforce Board;
- (e) sought assurance that appropriate operational plans were in place to bridge 2015-16 workforce gaps. Mr R Moore, Audit Committee Non-Executive Director Chair queried whether it might be necessary to revisit the risk assessment on this issue and review the financial impact. The Director of Finance confirmed that UHL was taking action to reduce agency staff use, and he commented that the location of specific vacancies was a key issue, as some specialties were less able to manage vacancies than others;

AMD/
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ACN

ACN/
ADHR

Trust Board Paper A

- (f) noted continuing work on medical workforce issues, including new/extended roles such as chief registrars and physicians' associates. The Acting Medical Director commented on the need to review UHL education and training facilities in terms of the Trust's attractiveness to students, and he also noted the continuing challenges posed by Government visa restrictions, and by the redistribution of East Midlands trainees. The Acting Medical Director also noted concerns regarding the quality of some locums, in addition to their impact on UHL's paybill;
- (g) noted comments from Professor A Goodall, Non-Executive Director and University of Leicester representative, on the importance of retaining medical trainees – this could be covered at the September 2015 Trust Board thinking day, and
- (h) noted a query from the Trust Chairman on whether local training providers could explore self-funded nurse training courses.

AMD/
ADHR

Resolved – that (A) the quarterly update on workforce and OD be noted;

(B) future reports include workforce data by specialty, covering the medical and nursing workforce;

ACN/
AMD/
ADHR

(C) the Executive Workforce Board discuss whether a sufficient number (for UHL needs) of nurses were being trained locally, and

ADHR/
ACN

(D) the 10 September 2015 Trust Board thinking day re: workforce/OD also discuss medical staff retention issues.

ADHR/
AMD

140/15/3 Staff Survey Action Plan 2014

Further to Minute 72/15/2 of 2 April 2015, paper G updated the Trust Board on the development of a UHL-wide action plan in response to the 2014 staff survey. CMGs had now developed local action plans to respond to the results for their areas, in addition to the Trust-wide action plan covering the four key workstreams. Although the CMG action plans featured certain local specific issues, they also covered common themes such as quality of appraisal. In response to a query, the Acting Director of Human Resources advised that Executive Directors would be sighted to progress on the action plans through both the Executive Workforce Board and the weekly performance meetings with CMGs. In further discussion on the staff survey action plan the Trust Board:-

- (a) noted (in response to a query) the Trust's desire to be above average in terms of satisfaction by the time of the next staff survey. However, some of the questions were being changed, so a direct read across would not be possible – the Listening into Action (LiA) pulsecheck was a better comparative measure;
- (b) queried whether any unexpected results had emerged from the survey – in response, the Chief Executive advised that some 'process' issues were emerging as sources of staff frustration (as was IM&T hardware and the physical environment at the LRI). The Chief Executive also acknowledged that some staff perceived that some Trust managers did not respond to front-line concerns;
- (c) considered that communications with staff regarding estate changes could be improved;
- (d) noted (in response to a query) that there was no central capture of how many staff were being engaged with on a detailed basis, as much of that deeper engagement took place at CMG level and below rather than corporately, and
- (e) noted that it would be useful to know how the CMGs were integrating their action plans into their everyday business.

Resolved – that the update on the staff survey action plans be noted.

141/15 **STRATEGY**

Paper H from the Director of Strategy provided an overview of the Better Care Together-UHL reconfiguration programme, which had been running since January 2015. The dashboard accompanying the report was an illustrative example, and comments were welcomed on its format. In discussion on the report, the Trust Board noted:-

- (a) the dashboard was particularly difficult to read on a tablet;
- (b) an overall rating of progress would be helpful (in addition to the individual workstream ratings);
- (c) it was not yet clear what various level of underlying detail would be available to the Trust Board and its subCommittees, in terms of providing assurance;
- (d) it would be helpful for the risk log to clarify which risks were material to the project, although recognising that not all risks were solely within UHL's control;
- (e) a suggestion from Mr D Henson, Healthwatch representative, that future reports include information on contingencies and the consequences of any slippage, and
- (f) a query from Professor A Goodall, Non-Executive Director and University of Leicester representative as to how the University was involved in reconfiguration discussions, given that it shared some estate (and staff) with UHL. In response, the Chief Executive acknowledged that the relationship between the Trust and the University Directors of Estates/Facilities was crucial – they held regular meetings and reconfiguration was also a standing item on the joint UHL-UoL Strategic Partnership Committee (which UHL's Director of Estates and Facilities would be invited to attend). Consideration would also be given to inviting a University of Leicester representative to attend the Reconfiguration Board.

CE/DEF

DS

The Audit Committee Non-Executive Director Chair, considered that further 'project assurance' was needed, and it was agreed that this would be provided through the Audit Committee on behalf of the Trust Board. In addition to addressing the points raised above for future monthly Trust Board strategy updates, the Director of Strategy therefore agreed to draft a report explaining the proposed project assurance process, for consideration at the August 2015 Trust Board. Dr S Dauncey, QAC Non-Executive Director Chair, confirmed that she was confident that the Integrated Finance Performance and Investment Committee would appropriately review the quality aspects of business cases without QAC also having separately to review them. She was further assured by the Audit Committee role in project assurance as mentioned above.

DS

Resolved – that (A) the format of the programme dashboard be reviewed to improve navigability and understanding;

DS

(B) future iterations of the monthly strategy report also include:-

- an overall RAG rating of progress;
- additional information on contingencies, and on the consequences of planned actions not happening, and
- clarification of which were the material risks within the high-level risk log;

DS

(C) the UHL Audit Committee review project assurance on this programme, on behalf of the Trust Board;

AC
CHAIR

(D) the monthly strategy update to the August 2015 Trust Board include additional detail on the process for project assurance and the varying levels of detail available underpinning the dashboard;

DS

(E) consideration be given to inviting a University of Leicester representative to attend the Reconfiguration Programme Board, and

DS

(F) the UHL Director of Estates and Facilities be invited to attend the joint UHL-

CE

University of Leicester Strategic Partnership Committee.

/DEF

141/15/2 LLR Better Care Together Programme Update

Paper I provided a high-level update on the LLR Better Care Together Programme, as prepared for all partner organisations' Boards. A dashboard would be agreed with the BCT Programme Director, for circulation with future such monthly updates. In brief discussion, the Trust Board noted that it would be helpful to include information on whether the programme was on track, and suggested that a single cross-system monthly report go to each partner Board.

DS

Resolved – that an appropriate dashboard be agreed with the Better Care Together Programme Director, for adoption and monthly review by all BCT partner organisations.

DS

142/15 **QUALITY AND PERFORMANCE**142/15/1 Quality Assurance Committee (QAC)

Dr S Dauncey, QAC Non-Executive Director Chair outlined the key issues discussed at the 25 June 2015 QAC meeting (paper J). The Board representation letter in respect of the 2014-15 Quality Account was recommended for Trust Board approval from that QAC meeting, and the Director of Corporate and Legal Affairs confirmed that the finalised version remained the same as the draft appended to paper J. The QAC Chair also highlighted the temporary suspension of CPA accreditation for the transplant laboratory; in discussion on that item QAC members had also requested that the schedule of external visits be updated to ensure appropriate preparedness for such visits. The June 2015 QAC meeting had also reviewed the safeguarding annual report, which the QAC Chair now confirmed (following discussion with the Director of Corporate and Legal Affairs) was not also required to be presented for Trust Board approval. In discussion on paper J, the Acting Chief Nurse advised that she was meeting with the Director of Estates and Facilities later on 2 July 2015 to triangulate the FM services aspects of patient experience feedback.

Resolved – that the summary of key issues considered at the 25 June 2015 QAC meeting be received and noted.

142/15/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Ms J Wilson, IFPIC Non-Executive Director Chair outlined the key issues discussed at the 25 June 2015 IFPIC meeting (paper K), noting in particular:-

- (a) the assurance gained from its receipt of detailed action on the 62-day wait cancer target, with a further update scheduled for the July 2015 IFPIC;
- (b) issues identified with planned waiting lists, a further update on which would be presented to the July 2015 IFPIC. Despite affecting a small percentage of patients, the Chief Operating Officer expressed his disappointment with this matter and had written to Heads of Service accordingly, and
- (c) the welcomed compliance with Referral to Treatment (RTT) targets. Discussions were in hand with the NTDA about RTT reporting.

Resolved – that the summary of key issues considered at the 25 June 2015 IFPIC meeting be received and noted.

142/15/3 2015-16 Financial Position – Month 2 (May 2015)

The Director of Finance updated the Board on performance against the Trust's key financial duties (paper L). The report also provided further commentary on the month 2 financial

performance by CMG and Corporate Directorates and on the associated risks and assumptions. The month 2 position was £1.5m adverse to plan, with the primary driver for this being due to pay overspend. All parts of the organisation had been tasked with producing financial recovery plans, which would be presented to the Executive Performance Board and IFPIC in July 2015 prior to Trust Board consideration on 6 August 2015. Although pay issues had been anticipated for quarter 1, the scale was unexpected.

The IFPIC Non-Executive Director Chair advised that the 25 June 2015 IFPIC had discussed possible further actions to remedy the position. In response to a query from the Chief Operating Officer, the Director of Finance considered that the end of year forecast was still deliverable. Although the month 3 position was likely to be off-plan, he noted the need for a significant improvement in the two months thereafter, with year-end delivery increasingly challenging if still off-plan by month 5. The Chief Executive advised that the NTDA's comments on UHL's 2015-16 Annual Operational Plan would be circulated to members for information, and he reiterated that it was crucial for UHL not to move beyond its forecast deficit. He also noted that UHL was one of very few Trusts nationally forecasting an improved 2015-16 position compared to 2014-15.

CE

Resolved – that (A) the month 2 financial performance report be noted;

(B) the financial recovery plan be reviewed by the July 2015 Executive Performance Board, July 2015 Integrated Finance, Performance and Investment Committee, and the 6 August 2015 Trust Board, and

DF

(C) the NTDA response to UHL's 2015-16 Annual Operational Plan be circulated to Trust Board members for information.

CE

142/15/4 Emergency Care Performance

Further to Minute 120/15/5 of 4 June 2015, the Chief Operating Officer updated the Trust Board on recent emergency care performance and progress against the agreed LLR action plan (paper M). Although non-compliant, emergency performance had improved to 92.6% for the year-to-date. UHL remained under significant pressure due to continuing (and unseasonably high) attendances and admissions, and a cross-system solution was vital in addition to front-door improvements. In discussion, the Acting Medical Director supported the reported closure of 71 UHL beds, and emphasised the crucial need to address in-flow issues. The Chief Executive advised that the closure of LRI ward 42 had been a bottom-up initiative, and he commented on the need for UHL to be more proactively involved in the in-flow process.

The Trust Board queried progress on standardising discharge before 12noon, which appeared to have plateau'd. In response, the Chief Operating Officer confirmed that efforts continued to try and address this challenging issue.

The Chairman requested that the August 2015 update describe the mitigating actions being taken by UHL in respect of emergency care system 'external' issues outside the Trust's control. The Chairman also requested that emergency care issues be discussed with external partners at the October 2015 Trust Board thinking day.

COO

COO

Resolved – that (A) the August 2015 monthly report outline UHL initiatives to mitigate the more external challenges, and

COO

(B) emergency care system issues also be discussed at the 8 October 2015 Trust Board thinking day with external partners.

COO

143/15 **RESEARCH & INNOVATION**

143/15/1 Research and Innovation Quarterly Report

The Acting Medical Director introduced the quarterly update in respect of UHL research and innovation (paper N), particularly noting the Trust's good performance in initiating trials. The Acting Medical Director also drew the Trust Board's attention to:-

- (a) ongoing discussions with the Director of Finance about a potential charitable funds contribution to the adult and children's clinical research facility;
- (b) the challenge of finding space at the Glenfield Hospital for the Hope satellite recruitment centre;
- (c) a reduction in UHL's NIHR research and innovation funding (East Midlands-wide trend). Within UHL the funding was allocated transparently and reflected key strategic priorities, and
- (d) national changes to research management and governance, with the Health Research Agency assuming responsibility for such functions from December 2015.

In response to a query, the Acting Medical Director advised that the update reflected specific progress areas since the previous quarterly report, rather than covering all research developments. In further discussion, the Trust Chairman commented on the need for an appropriately strategic relationship with the Universities in terms of research and innovation, and to explore how best to attract commercial research projects. In response to a specific query from Mr I Crowe Non-Executive Director, the Director of Finance advised that the Finance team was appropriately involved in return on investment considerations – he also noted a forthcoming Trust Board thinking day on research and innovation.

Resolved – that the research and innovation quarterly update be noted.

144/15 **GOVERNANCE**144/15/1 UHL Risk Report incorporating the Board Assurance Framework (BAF)

Paper O from the Acting Medical Director comprised the latest iteration of the 2015-16 Board Assurance Framework (as at 31 May 2015) and a summary of all high and extreme risks on the risk register. It was noted that work continued to revise the format of the BAF. In terms of the specific risks being discussed at this meeting, the Trust Board noted:-

- (a) **principal risk 4** – other than a need to update the Memorandum of Understanding, the Director of Strategy was broadly happy with this entry as currently articulated, and **DS**
- (b) **principal risk 5** – there was an agreed need to review the 'delivery' risks within the key controls section, in light of the earlier discussions in Minutes 141/15/1 and 141/15/2 above. The wording of this risk would also be triangulated to the BCT dashboard (once finalised) and revised if necessary. The Audit Committee Non-Executive Director Chair considered that further work was needed on the 'gaps in assurance' for this risk. **DS**

Ms J Wilson, IFPIC Non-Executive Director Chair, queried the September 2015 timescale for **principal risk 11** given that entry's risk score of 20. The Director of Strategy advised that UHL's Director of Estates and Facilities was currently reviewing mitigation actions, and it was agreed to discuss this risk accordingly at the August 2015 Trust Board with the Director of Estates and Facilities present. **AMD /DEF**

Resolved – that (A) UHL risk report incorporating the Board Assurance Framework (BAF) be noted;

- (B) the Memorandum of Understanding be updated in respect of principal risk 4;** DS
- (C) principal risk 5 be amended to:-** DS
- review the 'delivery' risks, in light of earlier comments on the monthly strategy report and the monthly BCT update;
 - review the 'gaps in assurance/control' entries, and
- (D) risk 11 be reviewed in detail at the August 2015 Trust Board, with the Director of Estates and Facilities present.** DEF/
AMD

144/15/2 Medical Staff Appraisal and Revalidation – Annual Report 2014-15

Dr P Rabey, Deputy Medical Director and Responsible Officer, introduced the report for Trust Board approval and signature of the statement of compliance, as required to deliver UHL's responsibilities as a Designated Body (paper P). A 2014 update of UHL's medical appraisal and revalidation policy had strengthened the action taken in respect of medical staff without an in-year appraisal, and the Deputy Medical Director advised that 1 dentist and 9 out of 751 doctors had not had such an appraisal as at 1 July 2015. UHL continued to use the electronic PReP system for documenting medical appraisals. Appraisers were now assigned to appraisees (no more than 8 per appraiser), and no instances of non-engagement in the process had been reported in the last 12 months.

In discussion, the Trust Chairman recognised the work done by UHL's revalidation lead (Professor P Furness, Assistant Medical Director), thanking both him and the Deputy Medical Director for their input to this issue. In response to a query from Dr S Dauncey, QAC Non-Executive Director Chair, the Deputy Medical Director confirmed that appropriate discussions also took place with private providers in terms of doctors' private work. It was also advised that 98% of job plans had now been submitted, with sign-off due by 31 August 2015.

Resolved – that the medical staff appraisal and revalidation annual report 2014-15 be approved and the statement of compliance signed by the Chairman as required. AMD/
CHAIR

144/15/3 UHL Annual Report 2014-15

The Director of Marketing and Communications introduced UHL's draft Annual Report (incorporating the Annual Accounts) 2014-15 for approval, noting the statutory (and therefore largely prescribed) format of the report. It was proposed to produce an abridged, lay version of paper Q for members and stakeholders. In discussion, the Audit Committee Non-Executive Director Chair queried when the Audit Committee would have an opportunity to review the finalised report, noting that some detail was currently outstanding (eg no auditors' report). The issue of Audit Committee review would be pursued outside the meeting, noting the need for any such review to take place prior to the UHL Annual Public Meeting on 17 September 2015. The Director of Finance agreed to contact the auditors for their outstanding report. Members agreed to send any further comments to the Director of Marketing and Communications direct, ahead of finalising the report.

Resolved – that (A) the draft UHL Annual Report 2014-15 be noted;

(B) the Audit Committee formally review the annual report prior to the UHL's Annual Public Meeting on 17 September 2015, and DCLA/
AC
CHAIR

(C) the External Audit response be sought. DF

144/15/4 2016 Calendar of Trust Board Meetings, Trust Board Thinking Days and Trust Board Committees

The Director of Corporate and Legal Affairs advised that the Audit Committee dates for 2016 were being reviewed with that Committee's Chair, and a revised version of the calendar would be circulated following those discussions.

DCLA

Resolved – that the 2016 Calendar of Trust Board meetings, Trust Board Thinking Days and Trust Board Committees be approved as presented, subject to review of the proposed Audit Committee dates (updated version to be circulated once available).

DCLA

145/15 **REPORTS FROM BOARD COMMITTEES**

145/15/1 Audit Committee

Resolved – that the 27 May 2015 Audit Committee Minutes be received and noted, and the recommendations therein be endorsed (relating primarily to the annual accounts 2014-15 as presented to the June 2015 Trust Board, and updated policies on counter-fraud and prevention of bribery).

145/15/2 Quality Assurance Committee (QAC)

Resolved – that the 28 May 2015 QAC Minutes be received and noted, and the recommendations therein be endorsed.

145/15/3 Integrated Finance, Performance and Investment Committee (IFPIC)

Resolved – that the 28 May 2015 IFPIC Minutes be received and noted and the recommendations therein be endorsed.

146/15 **CORPORATE TRUSTEE BUSINESS**

146/15/1 Charitable Funds Applications

Paper V detailed a request for £170,485 from the Renal research fund to support specific kidney research posts, using legacy bequests received for such research. Although supporting the application, the Trust Board as Corporate Trustee suggested a need to develop a wider assessment process for future such bids. The Acting Medical Director suggested that the Trust's Research and Innovation Executive could be involved in reviewing and endorsing future requests of a research nature, thus providing assurance of the prioritisation and cost-effectiveness of bids. Mr R Moore, Audit Committee Non-Executive Director Chair also suggested reviewing the end outcome of such bids.

AMD/DRD
/DMC

Resolved – that (A) charitable funds application 5426 be approved as detailed in paper V, and

DF

(B) a potential role be considered for the UHL Research and Innovation Executive, in reviewing charitable funds bids for research purposes, and providing assurance accordingly.

AMD/DRD
/DMC

147/15 **TRUST BOARD BULLETIN – JULY 2015**

Resolved – that the Trust Board Bulletin containing the following reports be noted:- (i) NHS Trust Over-Sight Self Certification return for the period ended 30 April 2015 (paper 1).

148/15 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANACTED AT THIS MEETING

The following questions were raised by attendees at the public Trust Board meeting:-

- (a) the impact on UHL's workforce plan of Government proposals to restrict UK entry on the basis of earning level. In response, the Acting Director of Human Resources acknowledged that visa issues were challenging for the NHS, noting that NHS Employers was currently gathering evidence on the extent of that impact, and
- (b) the impact of new nurse revalidation requirements. The Acting Chief Nurse advised that there had been very few staff concerns raised about the revalidation requirements, due largely to the work of UHL's Nursing Revalidation Lead (Ms E Meldrum, Assistant Chief Nurse). UHL's Quality Assurance Committee was also undertaking a deep dive into nursing revalidation. Leading on from (a) above, however, the Acting Chief Nurse commented that visa issues were already impacting on overseas nurse recruitment.

Resolved – that the queries above – and any resulting actions – be noted.

149/15 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 150/15 – 156/15), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

150/15 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Trust Chairman declared an interest in respect of Minute 155/15/1 below (nature of that declaration as now detailed to the Board), and absented himself from the meeting accordingly during its discussion.

Resolved – that the Chairman's declaration be noted.

151/15 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 4 June 2015 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIR

152/15 CONFIDENTIAL MATTERS ARISING REPORT

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

153/15 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.

154/15 REPORTS FROM BOARD COMMITTEES

154/15/1 Integrated Finance, Performance and Investment Committee (IFPIC)

Resolved – that the confidential 28 May 2015 IFPIC meeting Minutes be received and noted, and any recommendations therein endorsed.

154/15/2 Remuneration Committee

Resolved – that the confidential 4 June 2015 Remuneration Committee Minutes be received and noted, and any recommendations therein endorsed.

155/15 **ANY OTHER BUSINESS**155/15/1 Report by the Director of Strategy

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.

155/15/2 Queries from the Chief Operating Officer

The Director of Corporate and Legal Affairs and the Chief Operating Officer agreed to discuss (outside the meeting) a number of functional queries regarding the new system for Board members to access their papers electronically.

DCLA

Resolved – that the queries raised be responded to outside the meeting.

DCLA

156/15 **DATE OF NEXT MEETING**

Resolved – that the next Trust Board meeting be held on Thursday 6 August 2015 from **9am** in Seminar Rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 2.03pm

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	4	4	100	R Moore	4	4	100
J Adler	4	4	100	C Ribbins	4	3	75
I Crowe	4	4	100	M Traynor	4	3	100
S Dauncey	4	3	75	P Traynor	4	4	100
A Furlong	4	4	100	J Wilson	4	4	100
R Mitchell	4	4	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Henson	4	4	100	E Stevens	4	4	100
R Palin	4	2	50	S Ward	4	4	100
K Shields	4	3	75	M Wightman	4	4	100