

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 24 APRIL 2014 AT  
10AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL  
INFIRMARY**

**Present:**

Mr R Kilner – Acting Trust Chairman  
Mr J Adler – Chief Executive  
Colonel (Retired) I Crowe – Non-Executive Director  
Dr S Dauncey – Non-Executive Director  
Dr K Harris – Medical Director  
Ms K Jenkins – Non-Executive Director  
Mr R Mitchell – Chief Operating Officer (from part of Minute 117/14/1)  
Ms R Overfield – Chief Nurse  
Mr P Panchal – Non-Executive Director  
Ms J Wilson – Non-Executive Director

**In attendance:**

Dr T Bentley – Leicester City CCG (from Minute 111/14)  
Ms K Bradley – Director of Human Resources  
Reverend M Burleigh – Head of Chaplaincy and Bereavement Services (for Minute 118/14/1)  
Mr P Burlingham – Time for a Treat Volunteer, UHL (for Minute 116/14/2)  
Mr E Charlesworth – Healthwatch Representative (from Minute 111/14)  
Mr P Hollinshead – Interim Director of Financial Strategy  
Ms H Leatham – Head of Nursing  
Ms C Love-Rouse – Interim Chief Operating Officer, NIHR Clinical Research Network: East Midlands (for Minute 119/14/1)  
Mr A Powell – Head of Performance and Quality Assurance, NHS Horizons (for Minute 106/14/2)  
Mrs K Rayns – Trust Administrator  
Ms A Reynolds – Volunteer Services Co-Ordinator (for Minute 116/14/2)  
Mr C Reynolds – Meet and Greet Volunteer, LGH (for Minute 116/14/2)  
Ms K Shields – Director of Strategy  
Ms N Topham – Project Director, Site Reconfiguration (for Minute 118/14/1)  
Ms J Waite – Ward Support/Mealtime Assistant, LRI (for Minute 116/14/2)  
Mr S Ward – Director of Corporate and Legal Affairs  
Mr M Wightman – Director of Marketing and Communications

**ACTION**

**97/14 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 97/14 – 110/14), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**98/14 APOLOGIES**

Apologies for absence were received from Professor D Wynford-Thomas, Non-Executive Director and it was noted that the Chief Operating Officer would be arriving late due to a meeting with the Local Area Team (which he was attending on behalf of the Chief Executive).

**99/14 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

There were no declarations of interests regarding the business being transacted.

**100/14 ACTING CHAIRMAN'S AND CHIEF EXECUTIVE'S OPENING COMMENTS**

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

101/14 CONFIDENTIAL MINUTES

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

102/14 CONFIDENTIAL MATTERS ARISING REPORT

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

103/14 REPORT BY THE DIRECTOR OF HUMAN RESOURCES

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

104/14 REPORT BY THE MEDICAL DIRECTOR

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

105/14 REPORT BY THE INTERIM DIRECTOR OF FINANCIAL STRATEGY

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

106/14 REPORT BY THE CHIEF NURSE

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

107/14 REPORT BY THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

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

108/14 REPORTS FROM BOARD COMMITTEES

108/14/1 Finance and Performance Committee

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

108/14/2 Remuneration Committee

**Resolved** – that the confidential Minutes of the 27 March 2014 Remuneration

**Committee (paper J) be received, and the recommendations and decisions therein be endorsed and noted respectively.**

**109/14 PRIVATE TRUST BOARD BULLETIN – APRIL 2014**

There were no Bulletin items for noting.

**110/14 CORPORATE TRUSTEE BUSINESS**

110/14/1 Charitable Funds Committee

**Resolved – that the confidential Minutes of the 14 April Charitable Funds Committee meeting (paper K) be received and noted.**

**111/14 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

There were no declarations of interests relating to the public items being discussed.

**112/14 ACTING CHAIRMAN’S AND CHIEF EXECUTIVE’S OPENING COMMENTS**

The Acting Chairman drew members’ attention to the following issues:-

- (a) the start of the 2014-15 financial year and the challenges surrounding the £40.8m deficit forecast position for UHL, noting that deficit forecasts had also been submitted by a number of other acute Trusts for 2014-15;
- (b) a strong focus on producing LLR whole health system plans and delivering these through the Better Care Together 2014 programme;
- (c) the dominant theme for UHL to strive to return to financial balance whilst maintaining the current focus on the quality of care provided and patient safety;
- (d) UHL had invested £6m in increasing the ward staffing levels during the last financial year and this level of investment would continue with active recruitment processes ongoing to fill existing nursing vacancies;
- (e) the positive outcome from the CQC inspection which had highlighted good work in respect of patient experience, reductions in patient falls, pressure ulcer prevention and reductions in hospital acquired infections. He particularly highlighted UHL’s creditable performance in meeting the challenging threshold for clostridium difficile infections, noting that no other Trust of a similar size to UHL had delivered its trajectory, and
- (f) the update on the Trust’s Emergency Floor project (paper X refers) and the associated planning application to Leicester City Council to dismantle St Luke’s Chapel and re-provide a permanent replacement Christian chapel as part of the proposed multi-faith centre on the LRI site.

**Resolved – that the information be noted.**

**113/14 MINUTES**

**Resolved – that the Minutes of the 27 March 2014 Trust Board be confirmed as a correct record.**

**114/14 MATTERS ARISING FROM THE MINUTES**

Paper M detailed the status of previous matters arising, particularly noting those without a specific timescale for resolution. In discussion on the matters arising report, the Board received updated information in respect of the following items:-

- (a) **item 5** (Minute 88/14/1 of 27 March 2014) – it had been confirmed at the Trust Board development session on 10 April 2014 that further analysis and comparisons of the UHL

- Listening into Action Pulse Check survey was not possible within the functionality of the system;
- (b) **item 7** (Minute 89/14/1 of 27 March 2014) – details of the never event investigation would be presented to the Quality Assurance Committee in May 2014 and the Medical Director would report verbally on this incident during presentation of the Quality and Performance report (Minute 117/14/1 below refers);
  - (c) **item 11** (Minute 90/14/1 of 27 March 2014) – the timescales for the respective actions arising from consideration of the 2 year operational plan were agreed as set out in paper M;
  - (d) **item 14** (Minute 91/14/1) – clarity would be sought from the Chief Operating Officer regarding the date for commencement of quarterly reviews of risk 2 (failure to transform the emergency care system); COO
  - (e) **item 16** (Minute 95/14/3) – whilst the action to contain all future Trust Board reports to a maximum of 10 pages (subject to recognised exceptions) was marked as complete, the Acting Chairman requested that this be retained as a standing item to serve as a reminder of this ambition going forwards; STA
  - (f) **item 17** (Minute 56/14/3 of 27 February 2014) – the Chief Executive was requested to seek an indicative date for submission of the EDRM business case to the TDA; CE
  - (g) **item 18** (Minute 58/14/1 of 27 February 2014) – this action relating to consideration of a never event through EQB and QAC would be removed as it appeared to replicate the agreed action under item 7; STA  
CN
  - (h) **item 19** (Minute 61/14/1 of 27 February 2014) – the annual review (and refresh if necessary) of the Board Assurance Framework had been scheduled for the 12 June 2014 Trust Board development session, and
  - (i) **item 20** (Minute 22/14/2 of 30 January 2014) – consideration of the arrangements for raising awareness of dementia related issues and the Care of the Elderly Strategy were provisionally scheduled for the May 2014 Trust Board meeting.

Ms K Jenkins, Non-Executive Director commented upon the unexplained use of acronyms within the matters arising report, noting the example of item 17 which referred to POC (proof of concept) and EDRM (electronic document and records management). The Acting Chairman suggested that the scope to compiling a standardised list of acronyms be explored outside the meeting. DCLA/  
STA

**Resolved – that (A) the update on outstanding matters arising and the associated actions above, be noted, and** NAMED  
EDs

**(B) consideration be given to compiling and circulating a list of commonly used acronyms.** DCLA/  
STA

**115/14 REPORT BY THE CHIEF EXECUTIVE**

115/14/1 Monthly Update Report – April 2014

The Chief Executive advised that most of the key issues within his monthly report at paper N were covered on the Trust Board agenda. He particularly noted that UHL had not exceeded the forecast deficit for the 2013-14 financial year end which was an indicator that the Trust had good control of its forecasting processes.

Emergency Care performance continued to be heavily reliant upon the level of emergency admissions and the last week's performance (which stood at 94.2%) was felt to be directly correlated to a reduction in the level of admissions, which had since increased again. Discussion on increases to UHL's bed capacity was scheduled later in the agenda (Minute 117/14/3 below refers). The Chief Operating Officer was currently attending a meeting with the Local Area Team (LAT) in order to review the local health economy's whole system recovery plans and its position against the nationally mandated action plan. The Chief Executive highlighted a range of investments which had been put in place over the winter

period to manage high emergency activity levels. Some of these had since ceased but others were required on an ongoing basis and the Trust was reviewing which of these could be maintained once the additional £15m non-recurrent funding came to an end.

In terms of strategy, the Chief Executive highlighted the crucial importance of the LLR 5 Year Health and Social Care Strategy in relation to the development of UHL's Integrated Business Plan (IBP) and Long Term Financial Model (LTFM). The IBP/LTFM submission was due to be provided to the Trust Development Authority on 20 June 2014. Tangible progress was being made in respect of the LLR 5 Year Strategy and a set of framework principles and long term goals had been identified. To achieve the vision, some significant changes in service delivery and patient activity modelling would be required and a collaborative process with robust PPI engagement had been agreed. The Chief Executive noted his concerns that the individual organisations were being required to develop their plans within a parallel process, suggesting that a sequential planning process would be more effective. He had alerted Ernst Young (who were supporting this LLR workstream) to this issue with a recommendation to consider staggering the phasing of each workstream. Further progress reports would be provided to the Trust Board at appropriate intervals.

**CE**

Finally, the Chief Executive sought and received the Trust Board's approval to appoint the Director of Corporate and Legal Affairs as the Trust's Senior Information Risk Owner (SIRO), noting the logical alignment with his existing governance portfolio.

**DCLA**

**Resolved – that (A) the Chief Executive's April 2014 monthly update be noted;**

**(B) regular progress reports on the development of the LLR 5 Year Health and Social Care Strategy be provided to the Trust Board, and**

**CE**

**(C) the proposal to appoint the Director of Corporate and Legal Affairs as the Trust's Senior Information Risk Owner (SIRO) be approved.**

**DCLA**

**116/14 CLINICAL QUALITY AND SAFETY**

116/14/1 Renal Transplant Service

Further to Minute 7/14/2 of 31 January 2014, paper O provided an update on the findings of the external review of UHL's Renal Transplant Service and the precautionary measures implemented upon advice received from the review team to suspend renal transplantation in Leicester for a minimum of 2 weeks to allow for implementation of the wider recommendations. Professor C Rudge, CBE had been appointed to oversee the embedding of the recommendations and NHS Blood and Transplant (NHSBT) had since re-visited the unit on 17 April 2014 and confirmed their support to re-open the service, subject to the satisfactory conclusion of UHL's own assurance processes.

The Medical Director advised that a formal recommendation to re-start the service would be presented to the Executive Team on 29 April 2014. Subject to the Executive Team supporting this proposal, he requested that the Trust Board delegated authority to the Acting Chairman and the Non-Executive Director Chair of the Quality Assurance Committee to approve the arrangements to re-commence renal transplantation (potentially within the next 7 days). The Trust Board noted the ongoing assurance processes surrounding external leadership, guidance and monitoring and provided the delegated authority as requested.

**CHAIR/  
QAC  
CHAIR**

Discussion took place regarding the scope for a "lessons learned" review, whether the Trust Board had been sighted to any of the issues through the organisational risk register, and whether any similar external reviews were likely. The Medical Director reminded Board members of the timely nature of his briefing on issues affecting the Renal Transplant Service at the 31 January 2014 Trust Board meeting and he confirmed that he was not aware of any other forthcoming external reviews.

The Non-Executive Director Chair of the Audit Committee noted the need for a robust process for capturing all risks and she queried the criteria upon which the outputs of the Executive Team review and the delegated authority would be based. The Medical Director noted that the NHSBT had provided very clear guidance on the requirements for a CMG risk assessment, scheduling of joint team meetings, individual Consultant timetables, protocols and standard operating procedures. Responding to a Non-Executive Director concern, the Medical Director confirmed that the risks associated with re-starting a service which had been closed for such a short period of time were minimal. However, in the event of a longer closure, specific assurance processes would require to be followed.

The Director of Marketing and Communications particularly commended the transparent approach to discussion of this important patient safety issue within the public section of the Board agenda.

**Resolved – that, subject to appropriate assurance being confirmed by the Executive Team on 29 April 2014, delegated authority be provided to the Acting Chair and the Non-Executive Director Chair of the Quality Assurance Committee to approve the re-commencement of renal transplantation in Leicester.**

MD/  
CHAIR/  
QAC  
CHAIR

116/14/2 Patient Experience – Message Through a Volunteer

In presenting paper P, the Chief Nurse welcomed the Volunteer Services Co-Ordinator and 3 volunteers to the meeting. Introductions took place and each volunteer spoke for a few minutes about their personal experiences of listening to patients' comments during the course of their voluntary activities and the benefits of having a formalised system for capturing such feedback through the "message through a volunteer" slips. The volunteer representatives highlighted their:-

- experiences of guiding patients from the front entrance desk to their clinic appointments on the LGH site and the confusing abbreviations and acronyms used within UHL's appointment letters. As a result of such feedback, improvements had been made to the clinic letters which provided greater clarity regarding the location of the appointment and the most appropriate hospital entrance to use. Clearer hospital site maps had also been developed;
- practice of spending up to 75 minutes talking to patients during "time for a treat" hand and foot massage sessions. One patient had revealed that the Trust's day parking passes were valid for multiple access and egress during the day on the Glenfield and LGH hospital sites, but would only allow 1 visit per day on the LRI site. This issue had since been escalated appropriately and resolved, but until the issue had been raised, the Trust had not been aware that this issue was causing patients and their visitors any concern, and
- work as a patient mealtime volunteer, often assisting elderly patients and patients suffering from dementia with their meals. During the course of this role, volunteers had noticed that when plastic teaspoons and disposable plates were replaced with more substantial crockery and cutlery, patients responded positively to the feel and weight of the spoon on their lips or the plate in their hand (or on their laps) and they were encouraged to eat more readily as a result.

In discussion on the presentation, the Board:-

- a) commented upon the valuable links between the volunteer services and the Charitable Funds Committee, noting that a charitable funding application to purchase specialist crockery and cutlery for care of the elderly wards had been approved recently;
- b) noted the immense value of gathering patient feedback and the formalised process for capturing and acting upon suggested improvements;
- c) thanked all of the volunteers for attending the meeting and invited them to suggest any

additional actions the Trust could take to support them in their roles. In response, the Board noted the need for additional mealtime assistants in some areas. More generally there was a feeling that suggestions were being acknowledged and acted upon which was reassuring and helped to maintain satisfaction within the volunteer role and retention of volunteers on a long term basis. The volunteers also advised that they felt well supported by both clinical and non-clinical staff in their roles and that the Trust's culture led to them feeling well utilised and part of the wider team;

- d) commented upon the scope for developing further Listening into Action enabled workstreams relating to volunteering and the sense of identity created by the volunteers' aqua t-shirts which were well recognised around the Trust, and
- e) recognised the significant contribution of Mr P Burlingham in his role as Patient Adviser and in respect of re-formatting the patient clinic letters and hospital site maps.

**Resolved – that the information and discussion on the Message Through a Volunteer system be noted.**

116/14/3 CQC Inspection Report and Action Plan

Paper Q provided the following electronic link to the 5 CQC inspection reports for UHL as a whole and the 4 individual sites:- [www.leicestershospitals.nhs.uk/aboutus/performance/care-quality-commission/](http://www.leicestershospitals.nhs.uk/aboutus/performance/care-quality-commission/)

The Chief Nurse confirmed that the first draft of the action plan to respond to the CQC inspection had been reviewed at the 23 April 2014 Quality Assurance Committee meeting and that printed copies were available upon request (at the request of the Acting Chairman, copies were circulated to all Trust Board members by email following the meeting). Members noted the intention to submit version 1 of the action plan to the CQC alongside some accompanying narrative to explain the dynamic nature of this document and advising that further iterations would be issued as and when the ongoing review work was completed.

The Non-Executive Director Chair of the Quality Assurance Committee commended this comprehensive action plan and the assurance received that the Clinical Management Group (CMG) teams were actively engaged in the improvement plans.

**Resolved – that progress of the action plan (and any future iterations of this document) be monitored by the Quality Assurance Committee on a regular basis.**

**CN/  
QAC  
CHAIR**

116/14/4 2014-15 Quality Commitment

Further to discussion at the 10 April 2014 Trust Board development session, paper R provided a single page summary of UHL's revised Quality Commitment Priorities for 2014-15. The Chief Nurse noted the intention to capture the essential workstreams rather than all the desirable elements and advised that appropriate outcome statements had been provided at the top of each column. She confirmed that the aims were designed to be applied consistently year to year and that the focus would be on delivering the agreed priorities listed below each heading.

During discussion at the 23 April 2014 Quality Assurance Committee meeting, the Committee had agreed to change the heading of the left hand column from "Be Effective – Reduce Mortality" to "Be Effective – Improved Patient Outcomes". The Director of Marketing and Communications challenged the impact of this as a statement of intent and queried how the Trust would be able to present this. In response, the Chief Nurse identified the challenges associated with measuring reductions in patient mortality. The Trust Board agreed that the Chief Executive would liaise with the Chief Nurse to finalise the wording of the top left hand corner of the Quality Commitment structure.

**CN/CE**

**Resolved – that the 2014-15 Quality Commitment be approved, subject to the final**

**CN/CE**

wording of the top left hand corner being agreed between the Chief Executive and the Chief Nurse.

117/14 **QUALITY AND PERFORMANCE**

117/14/1 Month 12 Quality and Performance Report

The month 12 quality and performance report (paper S – month ending 31 March 2014) advised of red/amber/green (RAG) performance ratings for the Trust, and set out performance exception reports in the accompanying appendices. Ms J Wilson, Non-Executive Director and Quality Assurance Committee (QAC) Chair drew members' attention to the following issues as discussed at the 23 April 2014 QAC meeting:-

- forthcoming changes to the format of the Quality and Performance reporting in line with the structure of the 2014-15 Quality Commitment;
- progress with statutory and mandatory training compliance which had risen from circa 40% to 76% within the last 12 months – work was continuing in order to meet the 95% target and a specific focus on “hotspot” areas was being developed;
- a comprehensive action plan presented to the Committee in response to 10 times medication errors in neonatal prescribing;
- patient feedback on the dementia implementation plan, and
- the outputs arising from the triangulation of several sources of patient feedback – a summary of the main themes had been circulated to Trust Board members following the QAC meeting. The Acting Chairman queried whether volunteer feedback had been incorporated into this analysis and noted in response that it was not, but there were volunteer representatives on the Patient Experience Group.

With regard to the quality section within the month 12 report, members commended the Trust's achievement of the clostridium difficile trajectory and the anticipated green RAG ratings for the majority of the Quality Schedule and CQUIN indicators. In respect of never events, the Medical Director advised of a correction to the 2013-14 data, advising that a retained vaginal swab (designed to be left in situ to prevent further bleeding) was not reportable as a never event under new guidance, despite a failure to remove the swab at a later point. Consequently, the Trust had reported a total of 3 never events for the year which was half the number reported in 2012-13. The year to date crude mortality rate for April 2013 to February 2014 was also noted to be lower than the 2012-13 rate.

In discussion on the quality issues within the month 12 report, the Trust Board:-

- (a) sought and received additional information regarding the process to achieve compliance with the “Right Blood” alert, including the ongoing training issues and the challenges surrounding traceability within a paper based system;
- (b) expressed disappointment at the red RAG rating in respect of the timescales for responding to patient complaints, and
- (c) noted that the Chief Nurse would forward additional supporting information to the Non-Executive Director Chair of the Audit Committee to clarify the meaning and impact of the Quality Schedule and CQUIN indicators.

CN

The Chief Operating Officer summarised operational performance, particularly noting the trajectory for achieving RTT compliance for admitted performance by November 2014 and for non-admitted performance by August 2014. In respect of operations cancelled on the day of surgery, he noted that the target had not been achieved within the last 36 months and advised of a requirement for dedicated project management support to address this. Assurance was provided that the appropriate clinical prioritisation process was applied prior to any cancellation of procedures. All 8 key cancer targets had been achieved for the last 3 consecutive months. In discussion on operational performance, the CCG Representative queried what the impact on Choose and Book slot availability would be, if the 4 challenged

COO



RTT specialties were removed. The Chief Operating Officer agreed to respond to the CCG Representative on this point outside the meeting.

Lead Directors advised that there were no specific HR, IM&T or FM issues to report beyond the information within paper S. The Acting Chairman commented upon the target to deliver 95% compliance with statutory and mandatory training compliance by the end of March 2015 and the Chief Executive suggested that the Director of Human Resources consider setting interim milestones within the overall target.

**DHR**

Following a recent ward visit, the Acting Chairman highlighted issues with the battery functionality for the wheeled computer workstations and commented that the laptops provided to support the e-prescribing system could also be used as regular UHL computer terminals.

A report on UHL's year-end financial performance was considered under Minute 117/14/2 (below). Mr R Kilner, Acting Trust Chairman and Finance and Performance Committee Chair, reported on the 23 April 2014 Finance and Performance Committee's discussions on the following items of note:-

- progress with the 2014-15 Cost Improvement Programme;
- an analysis of GP bed bureau admissions showing a significant increase in the number of admissions by a small number of GP practice – this information had been shared with the CCGs some 2 months previously;
- central intervention being undertaken to address clinical letters performance, and
- the risk of emergency admission rates impacting upon the Trust's agreed trajectory for achieving RTT compliance.

**Resolved – that (A) the quality and performance report for month 12 (month ending 31 March 2014) be noted;**

**(B) the Chief Nurse arrange to provide supporting information on the Quality Schedule and CQUINS to the Non-Executive Director Chair of the Audit Committee outside the meeting;**

**CN**

**(C) the Chief Operating Officer respond to the CCG Representative's query regarding Choose and Book outside the meeting, and**

**COO**

**(D) consideration be given to setting milestone targets for statutory and mandatory training compliance.**

**DHR**

117/14/2 2013-14 Year-End Financial Position

Paper T advised members of UHL's draft year-end financial position (subject to audit of the draft annual accounts), including performance against the Trust's 3 statutory financial duties (as set out in section 2.1 of paper T). In light of the £39.8m year-end deficit, UHL had not met its duty to deliver a planned surplus and an adverse value for money opinion was expected on its accounts therefore. The remaining two statutory financial duties (External Financing Limit and Capital Resource Limit) had been delivered. In terms of cash flow, the Trust had secured short term temporary borrowing, but longer term financing would be reliant upon the Trust's ability to submit a robust financial plan by the end of June 2014 demonstrating that the Trust would achieve financial balance within the next 3 years.

**Resolved – that the 2013-14 financial year-end position be noted.**

117/14/3 Update on Submission of UHL's 2-Year Annual Operating Plan

Further to Minute 90/14/1 of 27 March 2014 and the Trust's submission of the 2 year annual

operating plan to the TDA on 4 April 2014, paper U provided updated information in respect of finance, capacity planning and workforce planning. Each of the Executive Director leads briefed the Trust Board on their respective sections as follows:-

**Finance** – the Interim Director of Financial Strategy introduced appendix A highlighting the completion of the integrated business planning process for CMGs and Corporate Directorates, which would be used as the basis for performance management going forwards. In future years, he noted the intention to commence the business planning process earlier in the year, eg September or October. In respect of the Trust's 3 year recovery plans, he reported on the key risks and opportunities surrounding CIP delivery, fines and penalties, operational targets, bed capacity and winter activity plans;

**Capacity** – the Chief Operating Officer introduced appendix B which detailed the short term proposals to expand UHL's bed capacity for 2014-15 by introducing an additional 55 beds (as supported by the Executive Team and the Finance and Performance Committee). He highlighted the associated capital and revenue cost pressures and the opportunities to ring fence more of UHL's elective beds in order to reduce cancelled operations and improve the arrangements to cohort emergency patients within the Trust. In addition, he highlighted developments towards carrying out more elective procedures as day cases and more day cases as outpatient procedures. Reducing delayed transfers of care (DTCOs) was also considered to be a key factor in increasing UHL's capacity and whilst the methodology was in place to achieve this, the Chief Operating Officer noted the complex nature of this work and advised that this issue was unlikely to be fully resolved within the current financial year, and

**Workforce** – the Director of Human Resources introduced appendix C, reporting progress on the development of 5 year (outline) and 2 year (detailed) Workforce Plans. She drew members' attention to the challenges relating to the cost of staffing the additional 55 beds and delivering the £45m CIP target with only a small percentage of schemes being forecast to deliver headcount savings – the current total stood at 59 whole time equivalents. Recent changes in the Trust's workforce profile had included an additional 218 staff associated with the Elective Care Alliance and significant growth in nursing and medical staffing costs. The Chief Executive provided feedback from the previous day's discussions at the Finance and Performance Committee meeting where a high-level mismatch between CIP schemes and their associated workforce impact had been noted. He indicated that the workforce impact of some less-developed schemes had not yet been calculated, and that the Committee had requested greater visibility of the workforce impact of CIP schemes going forwards.

In discussion on paper U, the Trust Board:-

- (a) noted the assurance provided by the Chief Executive that appropriate arrangements were being explored to mitigate against the additional capital and revenue costs associated with providing the additional bed capacity and that this might include deferring items of less strategic importance from the 2014-15 Capital Programme and reviewing the use of continued winter activity initiatives;
- (b) received an update from the Interim Director of Financial Strategy (in response to a Healthwatch query) on the 2014-15 contract arbitration process and the ongoing discussions with Commissioners to finalise the position regarding those issues which fell outside the formal arbitration process (eg performance penalties and their reinvestment within UHL's services);
- (c) queried which services had benefited from recent increases in medical workforce establishment, noting in response that 14 posts had been created in Intensive Care and that the remainder were spread across a range of services and were not limited to Consultant grades. The Director of Marketing and Communications commented upon the scope to review medical productivity to demonstrate UHL's return on investment and the Interim Director of Financial Strategy confirmed that this was one of the Trust's key cross-cutting CIP themes for 2014-15;

- (d) agreed that additional clarity regarding workforce plans would emerge from the bottom up approach towards service planning within each CMG and the wider local health economy;
- (e) noted that Ernst Young had been benchmarking UHL's staffing costs against a range of similar non-London Trusts and that the outputs of this workstream would be presented to the Executive Team in the near future;
- (f) debated the importance of bed capacity as a key performance constraint, noting that other factors such as attendance levels and systems and processes were also crucial. The Chief Operating Officer confirmed that the checklist for developing operational best practice would continue in parallel, but there was a direct correlation between bed capacity and effective emergency care performance. Until the additional 55 beds came on line, bed occupancy levels would continue to be higher than ideal and whilst unregulated emergency demand continued, the system would struggle to cope with surges in emergency attendances until the whole LLR health economy strategy for reducing emergency demand began to take effect;
- (g) noted the flexible nature of UHL's bed base and that additional capacity would only remain open whilst absolutely necessary. The Director of Strategy briefed members on the opportunities to work with the Trust's health care partners for service re-design which might result in future changes to the cohorts of patients requiring acute healthcare. She highlighted opportunities for stepped changes in bed capacity over the next 5 years, and
- (h) received confirmation that the additional beds would be predominantly staffed by agency nurses and that staffing levels would be risk assessed together with any potential impact upon length of stay. The Acting Chairman suggested that it would be helpful for the Board to receive an update on nurse recruitment (including overseas recruitment campaigns) in May 2014.

**Resolved – that (A) the updated 2 year annual operating plan be received and noted (as presented in paper U);**

**(B) the detailed budget book for 2014-15 be approved;**

**IDFS**

**(C) the direction of travel for the 2014-15 Capacity Plan be supported and final proposals be presented to the May 2014 Trust Board meeting for approval;**

**COO**

**(D) the process for development of the 2014-19 Workforce plan be noted and the need for continued challenge in respect of workforce numbers be supported, and**

**DHR**

**(E) the Chief Nurse be requested to report on progress of nurse recruitment processes to the May 2014 Trust Board meeting.**

**CN**

117/14/4 Emergency Care Performance and Recovery Plan

Paper V from the Chief Operating Officer advised members of recent performance against the 4 hour emergency care target and detailed the key actions underway to deliver an improved position. March 2014 performance against the target stood at 89.7% and the 2013-14 year-end performance stood at 88.37%, due primarily to increased admissions, a fixed bed base and deteriorations in internal processes as a result of sustained pressures on the emergency care system. He briefed the Board on discussions held that morning at a meeting involving NHS England, the Local Area Team and Commissioners in respect of outline high level plans to reduce the number of admitted patients and reduce the level of ED attendances.

The Acting Chairman highlighted a recent analysis of GP bed bureau admissions which had evidenced increased admission levels from a small number of GP practices. The Chief Operating Officer confirmed that this data had been discussed at the Emergency Care working group alongside a detailed breakdown of patient length of stay by GP practice and

this data had indicated that such patients were staying at UHL for an average of 4 days. The CCG representative suggested that this length of stay was a fair indicator that the GP admissions were clinically appropriate and he commented that it would also be helpful to contrast the data with non-GP referral ED attendances broken down by GP practice. In discussion, the Trust Board:-

- (a) considered the arrangements for strengthening UHL's relationships with GPs and Community Hospitals as part of the LLR 5 Year Strategy;
- (b) noted the action plan appended to paper V and the wide range of initiatives being pursued, some of which would require input from UHL's partner agencies;
- (c) commented upon an increase in primary care attendances which was perceived as an indicator of more wide-spread general increases in health care demand;
- (d) queried whether the 11% increase in admissions between the final quarters of 2012-13 and 2013-14 reflected the national trend. The CCG representative suggested that this was not a consistent increase throughout the whole year and noted that it did not differentiate between City and County admissions;
- (e) noted that Dr I Sturgess had been appointed to undertake a piece of whole system redesign work across the health economy for a 6 month period starting on 19 May 2014. Feedback from the diagnostic phase of this workstream was expected to be available for consideration at the June 2014 Trust Board meeting, and
- (f) confirmed that a House of Commons report on emergency care performance had already been shared with Board members. The Chief Operating Officer noted some material errors contained within this report which were attributed to the data set of unified submissions. Including the Urgent Care Centre, UHL actually had the 5th largest number of attendances nationally, but the national data set did not reflect this point. The Non-Executive Director Chair of the Audit Committee sought and received assurance that UHL's data submissions were factually correct and members noted the negative impact of this report upon staff morale.

COO

**Resolved – that (A) the monthly update on Emergency Care performance be received and noted, and**

**(B) feedback from the diagnostic phase of the health economy system redesign work being undertaken by Dr I Sturgess be presented to the June 2014 Trust Board meeting (if available).**

COO

117/14/5 NHS Trust Over-Sight Self Certifications

The Director of Corporate and Legal Affairs introduced UHL's self certification returns for April 2014 (paper W), inviting any comments or questions on this report. Members noted the need to change the wording to reflect (i) the outcome of the CQC inspection, (ii) recent emergency care performance, and (iii) RTT improvement plans. Delegated authority was provided to the Chief Executive and the Director of Corporate and Legal Affairs to finalise the amendments required. Subject to those updates, the April 2014 self certification against Monitor Licensing Requirements (appendix A), and Trust Board Statements (appendix B) were endorsed for signature by the Chief Executive and submission to the NTDA accordingly.

DCLA/  
CE

**Resolved – that, subject to the changes above, the NHS Trust Over-Sight Self Certification returns for April 2014 be approved for signature by the Chief Executive, and submitted to the NTDA as required.**

CE

118/14 **STRATEGY AND FORWARD PLANNING**

118/14/1 Emergency Floor Update

The Project Director, Site Reconfiguration and the Head of Chaplaincy and Bereavement

Services attended the meeting to present paper X, providing an update on the development of the Emergency Floor scheme and requesting the Trust Board to (i) reflect upon the heritage issues presented in the paper, (ii) ratify the preferred option approved at the October 2013 Trust Board meeting which required the dismantling of St Luke's Chapel, and (iii) commit to a firm plan for the provision of a permanent replacement chapel as part of a multi-faith centre on the LRI site. In respect of recommendation (iv) within paper X, separate alternative arrangements were now being made for approving the proposed palette of materials for the external facades of the new building.

Particular discussion took place regarding the spiritual and heritage issues associated with dismantling the Chapel, the arrangements for preservation of the artefacts currently housed there, and the engagement that had taken place with the League of Nurses, Chaplaincy and the Civic Society. Members noted that whilst this decision was regrettable, it did represent the only clinically and financially sustainable solution. The feasibility of retaining the Chapel within a small courtyard and building around it had been fully explored but this was found not to be viable. Reverend Burleigh, Head of Chaplaincy and Bereavement Services briefed members on the deep concerns that had been raised by 2 groups and provided his assurance that the impact of the loss of this facility was understood and well recognised and that the decision had not been taken lightly. During the substantial engagement activity with a range of UHL stakeholders and staff and following discussion with the Bishop of Leicester and the Archdeacon, assurances had been provided regarding the Trust's commitment to re-providing an uplifting and inspirational permanent replacement Christian Chapel as part of a multi-faith centre on the LRI site.

In further discussion on this report:-

- (a) the Director of Strategy confirmed the timescales for the planning application, noting that the submission was due on 17 May 2014 and that the outcome was expected to be known by 20 August 2014. Clarity was also provided that the Chapel was not a listed building;
- (b) in response to Non-Executive Director queries regarding the artefacts, it was confirmed that interim on-site storage would be provided for all artefacts with the exception of the communion rail and the organ – alternative locations would be sought for these due to their size. However, public access to the artefacts would not be available during their interim storage;
- (c) the Director of Strategy reported on the scoping work for the provision of the interim solution and opportunities to engage with a wide range of religious groups and explore the use of charitable funding for some elements of the scheme, and
- (d) members acknowledged the immense value of the Chapel for staff, patients and relatives, noting that some staff used the facility on a daily basis, but it was difficult to gather data on overall usage as not all users made an entry in the visitors' book.

**Resolved – that (A) the progress report on development of the Emergency Floor scheme be received and noted;**

**(B) the preferred option for the Emergency Floor be supported (including the dismantling of St Luke's Chapel) as approved at the October 2013 Trust Board meeting;** DS

**(C) Trust Board commitment to firm plans for the provision of an interim Christian Chapel and a permanent replacement Christian Chapel as part of a multi-faith centre on the LRI site be confirmed, and** DS

**(D) alternative arrangements be established to seek Trust Board approval of the materials for the external facades of the new building.** DS

Further to Minute 90/14/2 of 27 March 2014, the Chief Executive presented paper Y, updating the Board on 'Delivering Caring at its Best' (DCAIB), particularly noting the content and governance structure chart on page 2 and the focus on developing the next stages and strengthening the project management disciplines. A separate Project Management Office (PMO) function had been agreed for each domain (quality, performance, strategy and workforce), but he clarified that no new resources would be required, as there were already people working in each of these areas. He outlined Ernst Young's supporting role in relation to 'System Improvements' and 'Best use of Staff' and noted the need to replace this PMO on a sustainable basis moving forwards.

Trust Board members noted the ongoing development of an action plan to establish the DCAIB infrastructure and the need to establish a coherent approach to Trust-wide reporting and Trust Board oversight. A progress update on these aspects would be presented to the May 2014 Trust Board meeting.

CE

The Acting Chairman noted his view that the PMO functions should be co-located within the same room to prevent potential 'silo working'. A variety of views were expressed regarding the optimum management arrangements for the PMO functions to ensure both flexibility and manageability within the final structure. Responding to a Non-Executive Director query, the Director of Marketing and Communications advised that the relationship between the Older People's Strategy workstream and dementia care would be clarified in a report on this strategy to the May 2014 Trust Board meeting.

DMC

**Resolved – that (A) a further update on Delivering Caring at its Best be provided to the 29 May 2014 Trust Board, and**

CE

**(B) a report on the Older People's Strategy (including the links with dementia care) be presented at the May 2014 Trust Board meeting.**

DMC

118/14/3 UHL-Northants Cancer Alliance

Paper Z provided a briefing note on the development of a provider alliance across the Leicester, Northamptonshire and Rutland for Specialised Services. The Director of Strategy reported verbally on progress with the cancer alliance between UHL and Northamptonshire and Kettering and commented upon the scope to extend such arrangements within other services, eg cardiac surgery, vascular services, children's services and potentially orthopaedics. She stressed that any such arrangements would be developed as partnerships with existing providers and would focus on redesigning patient pathways. She undertook to present a high level timetable and programme of work to a future Trust Board meeting. In discussion on paper Z, the Board:-

DS

- (a) commented upon internal management capacity to drive this workstream and whether a risk assessment had been conducted;
- (b) noted the challenges that might be associated with working with more than one Local Area Team;
- (c) queried whether any Leicester or Leicestershire patients would have to travel outside of the county for their treatment. In response, the Director of Strategy advised that the proposed arrangements would not diminish the range of services offered and would be more likely to protect patients from this eventuality;
- (d) noted the scope to explore commercial opportunities in order to improve the Trust's financial sustainability, and
- (e) supported the direction of travel, subject to clarification of how performance would be measured.

**Resolved – that (A) the information on the development of specialised services provider alliances be received and noted, and**

**(B) indicative timescales and work programme for building such alliances be presented to a future Trust Board meeting (together with an assessment of UHL's internal capacity to drive this workstream).**

DS

118/14/4 Establishment of UHL Members' Engagement Forum

Paper AA from the Director of Marketing and Communications provided a briefing on the development of the UHL Members' Engagement Forum, the Minutes of the 17 March 2014 Prospective Governors' Meeting and the proposed Terms of Reference for the Members' Engagement Forum for Trust Board approval.

Discussion took place regarding the proposed venues for the meetings and the Director of Marketing and Communications clarified that all meetings were expected to be held on UHL premises and that most members appeared to prefer the LGH site for ease of car parking. The Acting Chairman highlighted the need to ensure that non-car drivers were not disadvantaged in any way. Mr P Panchal, Non-Executive Director noted the need to ensure ease of access for any disabled attendees, advising that a lift was currently out of order on the LRI site, which might have prevented disabled people from attending today's Trust Board meeting.

DMC

Ms J Wilson, Non-Executive Director queried the links between this Forum and other stakeholder groups. In response, the Director of Marketing and Communications advised that the Stakeholder Engagement Strategy was being amended to take account of this new group, which he noted would be more outward-looking than the internally-focused Patient Advisers Group. Engagement with a wide range of stakeholders, including Healthwatch, the Leicester Mercury Patients' Panel and Patient Advisers would be included within the scope and governance arrangements.

During the 17 March 2014 Prospective Governors' Meeting, members had considered opportunities for the UHL Members' Engagement Forum to be Co-chaired, but this was not currently reflected in the Terms of Reference. The Director of Marketing and Communications was requested to clarify the group's views on this point.

DMC

**Resolved – that, subject to clarification of the arrangements for Co-chair and venues for meetings, the Terms of Reference for the UHL Members' Engagement Forum be endorsed.**

DMC

119/14 **RESEARCH, DEVELOPMENT AND EDUCATION**

119/14/1 National Institute for Health Research Clinical Research Network (NIHR CRN): East Midlands Annual Plan and Assurance Framework

Paper BB sought UHL Trust Board approval of the following documents as host organisation for the NIHR CRN: East Midlands:- (a) Annual Plan 2014-15, (b) Financial Planning Principles 2014-15 and (c) Governance Framework. Ms C Love-Rouse, Interim Chief Operating Officer for the Network attended the meeting for this item.

The Medical Director briefed the Trust Board on the background behind the formation of this Network effective from 1 April 2014 and UHL's accountability in this respect. He apologised that these documents had not been presented for approval at the March 2014 meeting, noting the developmental processes that were still being finalised. He confirmed that the documents being presented for approval today had been appropriately reviewed by the Directorates of Human Resources and Finance and Procurement.

Ms Love-Rouse commented upon the indicative nature of the financial plans advising that the budgets had been through a period of transition and were awaiting final sign-off by the

partner organisations and affiliated organisations. Close working relationships were being maintained with all the partner and affiliated organisations and a shared target had been developed to recruit 50,000 patients to participate in high quality research.

The Interim Director of Financial Strategy noted the need for UHL (as the host organisation) to maintain transparency in respect of the flow of funds on a trading basis. He advised that the governance arrangements would be subject to an early Internal Audit review as required by the NIHR. The Acting Chairman noted the requirements outlined within paper BB for monthly monitoring of financial performance. Clarity was provided that the 512 whole time equivalent posts referred to in the paper were employed by the NIHR CRN: East Midlands and not by the host Trust.

**Resolved – that the following NIHR CRN: East Midlands documents be approved (as presented in paper BB):-**

CE

- **Annual Plan 2014-15;**
- **Financial Planning Principles 2014-15, and**
- **Governance Framework.**

119/14/2 Research and Development Quarterly Update

The Medical Director introduced paper CC, providing the quarterly update on research and development activity and challenges. He drew members' attention to the commencement of work to support the Biomedical Research Unit re-application processes and the risks of NIHR penalties being incurred for non-achievement of the 80% target for recruiting the first patient into clinical trials. Discussion took place regarding the importance of renewing the BRUs within the 2 year timescale and the Trust's aspiration to become a Biomedical Research Centre, building upon the relationships with the University of Leicester and Loughborough University.

The Director of Marketing and Communications commented upon the 2013-14 recruitment by Topic Network for the category of 'aging' and he queried whether there were any opportunities to develop relationships with age-related charities (similar to the Cancer-Research UK model for supporting cancer research). The Medical Director responded that age-related charitable organisations tended to be more patient-facing, but there might be some scope to develop relationships with several charities in respect of Alzheimer's disease research. The Director of Marketing and Communications agreed to liaise with the Director of Research and Development to incorporate appropriate research themes into the Older People's Strategy (due to be presented to the May 2014 Trust Board meeting).

DMC

Trust Board members noted the scope to improve the format of this quarterly update report by reducing the emphasis on the standard data set and including more of a narrative commentary and additional information on UHL's research and development activities. The Medical Director agreed to provide this feedback to the Director of Research and Development accordingly.

MD

**Resolved – that (A) the Director of Marketing and Communications be requested to liaise with the Director of Research and Development before finalising the Older People's Strategy to incorporate any research related themes, and**

DMC

**(B) the Medical Director be requested to feedback the Board's comments to the Director of Research and Development on potential improvements to the quarterly reporting format.**

MD

119/14/3 Medical Education – Quarterly Update Including the Quality Dashboard

The Medical Director introduced paper DD, providing the quarterly update on medical education and training issues at UHL and outlining the key priorities. He particularly



highlighted significant changes in the funding streams for post graduate medical training and the requirement for each CMG to deliver their training activity and appropriately capture this information within the accountability framework. The Acting Chairman advised that he would be attending a meeting on 25 April 2014 between the Associate Medical Director, Medical Education and the CMG Medical Education leads.

The Chief Executive drew members' attention to the University of Leicester's proposals to use SIFT funding allocations to improve the facilities in the Robert Kilpatrick Building on the LRI site and suggested that the scope to include this work in the Trust's Capital Programme be explored in the first instance. Members noted that the full Quality Dashboard was still under development but some CMG-level data against key education performance indicators was provided at appendix 2. The Chief Executive noted that the Associate Medical Director, Medical Education had been requested to liaise with her opposite number at Sandwell and West Birmingham NHS Trust, where the Dashboard had been used to good effect.

In discussion on the format of the report, members noted the scope to provide greater clarity and assurance within the narrative and opportunities to include an action plan (in the Trust's standard format). The Interim Director of Financial Strategy commented upon opportunities to mainstream the reporting of SIFT and MADEL funding and agreed to follow up opportunities for capitalising the planned works to the Robert Kilpatrick Building. The Chief Executive requested that this quarterly report also be presented to the Executive Workforce Board.

**Resolved – that (A) comments on the format of the quarterly report be provided to the Associate Medical Director, Clinical Education;**

**MD**

**(B) the Interim Director of Financial Strategy be requested to explore opportunities to mainstream the reporting for SIFT and MADEL funding and follow up the issue regarding financial arrangements for the proposed works to the Robert Kilpatrick Building, and**

**IDFS**

**(C) the quarterly medical education report be presented to the quarterly Executive Workforce Board meetings.**

**MD**

**120/14 RISK**

120/14/1 Board Assurance Framework (BAF) Update

The Chief Nurse presented the latest iteration of UHL's BAF (paper EE) and the report was taken as read, noting that all Executive Leads and risk owners would be providing progress reports on any follow-up actions to the Risk and Assurance Manager outside the meeting. In respect of the 3 risks selected for detailed consideration, the Trust Board noted the following information:-

- **risk 1** (failure to achieve financial sustainability) – the Interim Director of Financial Strategy had recently re-cast this section, which had been supported by the Finance and Performance Committee on 26 March 2014. This was now in the process of being populated with the controls and timescales to meet any gaps in assurance;
- **risk 5** (ineffective strategic planning and response to external influences) – the Director of Strategy advised that she had re-written the narrative description of the processes and output measures for monitoring the high level plans. She sought members' views on a proposal to retain the current risk rating (16) and noted the Board's preference to increase the current rating to 25, and
- **risk 7** (failure to maintain productive and effective relationships) – the Director of Marketing and Communications reported on work in progress to address the gap in assurance relating to the statement on "no external and 'dispassionate' professional view of stakeholder/relationship management activity". He proposed that the Board

**DS**

undertake a more informed review of this risk in June 2014. He also provided updated information in respect of the key controls, noting the arrangements for (i) the Board to meet in external venues hosted by stakeholders 3 times per year, (ii) meetings with CCG Lay Members and (iii) Healthwatch’s new monthly briefing report to the Trust Board.

In discussion on the Board Assurance Framework:-

- (a) the Non-Executive Director Audit Committee Chair sought and received clarity in respect of risk 1 (above) that the June 2014 timescale referred to the submission date for plans to achieve financial balance and not the date for achieving a financially balanced position;
- (b) the Non-Executive Director Quality Assurance Committee Chair requested that the current risk rating for risk 3 (inability to recruit, retain, develop and motivate staff) be reviewed in the light of additional bed capacity plans and the Trust’s ability to recruit sufficient staff;
- (c) the Director of Strategy requested that engagement with the Trust’s Commissioners be included within risk 7 (above), and
- (d) the Acting Chairman noted the intention to hold a Trust Board development session on the 2014-15 BAF on 12 June 2014 and discussion took place regarding a previous suggestion that PWC might facilitate this event. In response, the Director of Corporate and Legal Affairs advised that the Director of Safety and Risk and the Risk and Assurance Manager would be liaising with PWC on this point to clarify the Trust’s intentions for the structure of this development session.

**DSR/  
RAM**

**Resolved – that (A) the Board Assurance Framework be noted;**

**(B) the risk score for risk 5 be amended to 25 (5x5);**

**DS**

**(C) a further Trust Board review of risk 7 be undertaken in June 2014 and this risk be updated to include engagement with the Trust’s Commissioners;**

**DMC**

**(D) the score and actions for risk 3 be reviewed, factoring in the impact of additional bed capacity upon staffing levels, and**

**DHR**

**(E) the Director of Safety and Risk and the Risk and Assurance Manager liaise with PWC to confirm the intended structure for the June 2014 Trust Board development session.**

**DSR/  
RAM**

**121/14 REPORTS FROM BOARD COMMITTEES**

121/14/1 Audit Committee

The Minutes of the 15 April 2014 Audit Committee meeting will be submitted to the 28 May 2014 Trust Board meeting. Ms K Jenkins, Non-Executive Director Audit Committee Chair reported verbally on that Committee’s meeting, noting in particular the Committee’s review of the template for the Annual Governance Statement and her request to review a draft version before it was presented to the 27 May 2014 Audit Committee and the External Auditors. She also highlighted the need for the Audit Committee to review a wider range of assurance sources.

**DCLA**

**Resolved – that (A) the 15 April 2014 Audit Committee Minutes be presented to the 29 May 2014 Trust Board meeting, and**

**(B) a copy of the draft Annual Governance Statement be provided to the Audit Committee Chair for review, prior to submission to External Auditors and the Audit Committee.**

**DCLA**

121/14/2 Finance and Performance Committee

**Resolved** – that the 26 March 2014 Finance and Performance Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively.

122/14 **TRUST BOARD BULLETIN**

**Resolved** – that the contents of the April 2014 Trust Board Bulletin be noted as follows:-

- (1) 2014-15 Annual Update of Trust Board Declarations of Interests;
- (2) Quarter 4 Sealings report, and
- (3) Updated TDA Accountability Framework.

ALL

123/14 **CORPORATE TRUSTEE BUSINESS**123/14/1 Charitable Funds Committee

Paper HH provided the Minutes of the 14 April 2014 Charitable Funds Committee meeting. Noting that parts of the meeting had been inquorate, the Trust Board endorsed Minutes 12/14 to 15/14 inclusive (as Corporate Trustee) and approved the applications detailed in Minute 16/14 due to their value being over the Committee's delegated authorisation limit of £25,000.

The Acting Chairman advised that he had attended the above meeting and he highlighted the need for a future Trust Board discussion on the strategies for charitable funding expenditure and investment of funds. Some high level discussion took place regarding the quantum of funds currently held and the level of return on investments. Assurance was provided that the Charity's Fund Managers reported regularly to the Charitable Funds Committee on the Charity's risk/reward strategy and that the next such presentation was due to feature on the 9 June 2014 meeting agenda.

CHAIR/  
DCLA

**Resolved** – that (A) the 14 April 2014 Charitable Funds Committee Minutes be received, and the recommendations and decisions therein be endorsed and noted respectively;

(B) specific Trust Board approval (as Corporate Trustee) be granted for application numbers 4949, 4952, 4892 and 4893 (as detailed within Minute 16/14), and

IDFS

(C) consideration be given to scheduling a future Trust Board discussion on the Leicester Hospital Charity's strategies for Charitable Funds Committee expenditure and investment.

CHAIR/  
DCLA124/14 **QUESTIONS AND COMMENTS FROM THE PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

The following comments and questions were received regarding items of business on the Trust Board meeting agenda:-

(1) an expression of support for the Renal Transplantation team from a member of the public who was also pleased to understand that arrangements were now being made to re-start UHL's transplantation service in the near future;

(2) a comment that some of the acronyms used within reports and during the meeting had made proceedings (in some areas) difficult to follow for members of the public, and

(3) a query regarding the additional bed capacity approved under Minute 117/14/3 above

and whether there were any Children’s services beds included in the total number. In response, the Chief Operating Officer advised that UHL’s bed base for Children’s services was currently considered to be sufficient, although the Chief Executive and Chief Nurse noted some scope to improve the effective use of paediatric beds and recruit to any vacant posts.

**Resolved – that the questions above and any related actions be noted and progressed by the responsible Executive Director.**

**125/14 ANY OTHER BUSINESS**

125/14/3 Potential Venue for a Temporary Chapel/Multi-faith Centre

The CCG representative commented briefly upon the potential suitability of the C J Bond room at the LRI as a potential facility for an interim Chapel or a multi-faith centre.

**Resolved – that the position be noted.**

125/14/5 Use of Acronyms

Colonel (Retired) I Crowe, Non-Executive Director highlighted the availability of a dedicated electronic NHS acronym buster and advised that he would be happy to provide the details of this upon request.

**Resolved – that the position be noted.**

**126/14 DATE OF NEXT MEETING**

**Resolved – that the next Trust Board meeting be held on Thursday 29 May 2014 in the Seminar Rooms, Clinical Education Centre, Glenfield Hospital.**

The meeting closed at 3.58pm

Kate Rayns  
Trust Administrator

**Cumulative Record of Members’ Attendance (2014-15 to date):**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Kilner (Acting Chair)	1	1	100	R Mitchell	1	1	100
J Adler	1	1	100	R Overfield	1	1	100
T Bentley*	1	1	100	P Panchal	1	1	100
K Bradley*	1	1	100	K Shields*	1	1	100
I Crowe	1	1	100	S Ward*	1	1	100
S Dauncey	1	1	100	M Wightman*	1	1	100
K Harris	1	1	100	J Wilson	1	1	100
P Hollinshead*	1	1	100	D Wynford-Thomas	1	0	0
K Jenkins	1	1	100				

\* non-voting members