

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 2 APRIL 2015 AT 10AM IN SEMINAR ROOMS 2 AND 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Voting Members Present:

Mr K Singh – Trust Chairman
Mr J Adler – Chief Executive (up to and including Minute 82/15)
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Furlong – Acting Medical Director
Mr R Mitchell – Chief Operating Officer
Mr R Moore – Non-Executive Director
Ms C Ribbins – Acting Chief Nurse
Mr M Traynor – Non-Executive Director
Mr P Traynor – Director of Finance
Ms J Wilson – Non-Executive Director

In attendance:

Mr D Henson – LLR Healthwatch Representative (up to and including Minute 78/15)
Ms H Leatham – Assistant Chief Nurse (for Minute 71/15/1)
Ms J Lemon – Fundraising Manager, Mesothelioma UK (for Minute 71/15/1)
Ms E Moss – Chief Operating Officer, EM Local Clinical Research Network (for Minute 73/15/1)
Dr R Palin – Leicester, Leicestershire and Rutland CCG Representative (up to and including Minute 78/15)
Mrs K Rayns – Acting Senior Trust Administrator
Ms S Savoury – Lung Cancer Clinical Nurse Specialist (for Minute 71/15/1)
Ms K Shields – Director of Strategy
Mr N Sone – Financial Controller (for Minute 71/15/3)
Ms E Stevens – Acting Director of Human Resources
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

65/15 APOLOGIES

An apology for absence was noted from Dr S Dauncey, Non-Executive Director.

66/15 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

There were no declarations of interest.

67/15 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed Mr R Moore, Non-Executive Director and Audit Committee Chair, and Mr A Furlong, Acting Medical Director to the meeting. He commented upon the forthcoming General Election and encouraged Board members to refrain from making any statements which might be perceived as being of a party political nature during the build up to the elections. The Director of Communications and Marketing was requested to circulate a briefing note to all Board members, setting out the guidance relating to purdah.

Resolved – that a briefing note on the rules of purdah be circulated to all Board members.

DMC

68/15 MINUTES

Resolved – that the Minutes of the 5 March 2015 Trust Board (paper A) be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIR

69/15 MATTERS ARISING FROM THE MINUTES

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

Resolved – that the update on outstanding matters arising and the timescales for resolution be noted.

70/15 CHIEF EXECUTIVE'S MONTHLY REPORT – APRIL 2015

The Chief Executive introduced his monthly update report (paper C), noting that substantive reports on emergency care performance and the Trust's month 11 financial position featured later in the agenda. He briefed the Board on the following key issues:-

- (a) activity and capacity planning – a copy of the report recently endorsed by the Better Care Together Programme Board was appended to paper C, setting out a comprehensive set of principles and processes to be applied in future activity and capacity modelling and noting the key issues and constraints (such as double running costs and lack of transitional funding);
- (b) progress with Executive and Associate Director recruitment – following an open and competitive application process, Mr Darryn Kerr had been appointed as the substantive Director of Estates and Facilities (formal start date to be confirmed). The recruitment processes for the posts of Chief Nurse and Director of Workforce and Organisational Development would be concluded by the end of April 2015;
- (c) active participation in the NHS Change Day on 11 March 2015. Since this report had been written, it had been confirmed that Dr Kate Granger would be visiting UHL as part of the tour to launch her "Hello my name is ..." campaign;
- (d) changes in the timetable for submission of the Trust's Annual Operational Plan for 2015-16 as a result of delays with the national tariff for 2015-16 and the ongoing contract negotiations with local commissioners. He confirmed that the contract for specialised commissioning had been agreed;
- (e) a detailed options assessment for the Mutuals in Health Pathfinder project had been undertaken and the key findings had been circulated to Board members for their comments. Proposals for a staged approach in the medium to long-term would be submitted to the 7 May 2015 Trust Board meeting;
- (f) new care models, eg Vanguard sites – a number of interesting partnerships were being explored in response to the 5 Year Forward View. Such developments would be viewed potentially as a delivery vehicle for the Better Care Together Programme, and
- (g) the NHS England national review of maternity care would be taking place over the next few months and was likely to be concluded in the Autumn of 2015.

The final draft strategic objectives and annual priorities for 2015-16 were attached to paper C. The Chief Executive summarised the key changes and sought the Board's formal approval. In response, the Trust Board:-

- (i) confirmed that these were a good reflection of the discussions held at the Trust Board thinking day on 12 February 2015;
- (ii) queried progress with the approvals process to enable the previously identified cost pressures to be taken forwards. The Chief Executive advised that following consideration by the Executive Team, £3.5m had been allocated to enable any cost pressures which were deemed to be "unavoidable". As a consequence, the Trust's CIP target would now be increased by £2m;
- (iii) queried the arrangements for sighting Board members to any areas of delivery exposure, eg patient and public involvement (PPI) in the strategic implications for the Trust. The Chief Executive confirmed that these would be managed within the existing PPI resources, but he agreed to highlight any "hotspots" for the Board's attention;

- (iv) noted the constraints arising from the lack of agreed transitional funding and that this might (in turn) hamper the pace of change;
- (v) considered the impact of a recent change in the timescale for the next CQC inspection which was now likely to take place during quarter 3 (between 1 October and 31 December 2015);
- (vi) agreed that an assessment of any additional resource requirements would be undertaken, submitted to a future meeting of the Integrated Finance, Performance and Investment Committee (IFPIC) and communicated internally;
- (vii) noted the forthcoming work with Board Intelligence to develop the programme of regular Trust Board reporting and rolling programme of “deep dives”;
- (viii) considered the scope to compare and contrast UHL’s strategic objectives and annual priorities with those of its partner organisations (eg LPT and the CCGs), noting feedback provided by the LLR CCG Representative that these were broadly consistent, although the CCG priorities contained a higher emphasis on the “left shift” of services from Acute Trusts into the community setting. The Director of Strategy was requested to arrange for a correlation to be undertaken between the various organisations’ objectives and priorities;
- (ix) suggested that sharing of the strategic objectives and annual priorities be developed as a two-way process and that this might be undertaken at the meeting with the CCG Board members on 9 April 2015, and
- (x) received assurance from the Acting Chief Nurse that UHL already carried out a range of joint working initiatives with LPT and the CCGs in respect of the Quality Schedule and CQUIN workstreams.

Resolved – that (A) the draft strategic objectives and annual priorities for 2015-16 be approved;

(B) an assessment of any additional resource requirements to deliver the Trust’s strategic objectives and annual priorities be presented to a future IFPIC meeting, and

CE

(C) the Director of Strategy be requested to arrange for a compare and contrast correlation to be undertaken between UHL’s strategic objectives and annual priorities and those of LPT and CCGs.

DS

71/15 KEY ISSUES FOR DECISION/DISCUSSION

71/15/1 Patient Story – Patient Experience on Ward 22 at the Leicester Royal Infirmary

The Acting Chief Nurse introduced paper D, providing a summary of the Lung Cancer team’s response to feedback from the national patient experience survey in 2014, recognising that UHL’s performance for providing information about patient support groups was 10% below the national average. Ms H Leatham, Assistant Chief Nurse, Ms S Savoury, Lung Cancer Clinical Nurse Specialist and Ms J Lemon, Fundraising Manager, Mesothelioma UK attended the meeting and showed a short video clip recounting the positive experiences of patients and their families who attended the monthly Luncheon Club social events for Mesothelioma and Lung Cancer patients.

One of the patients featured in the video (Linda) attended the meeting for this item and she detailed ways in which the Luncheon Club had supported, reassured and informed her, enabling her to cope with the impact of her Mesothelioma diagnosis, surgery and after care. Another patient (Patricia) had written a poignant letter which was read out to the Board detailing her experiences before joining the Luncheon Club when she had declined treatment and became quite despondent. Since joining the Luncheon Club, Patricia had been inspired by the progress of other patients and had decided to proceed with her surgery and chemotherapy and she had since returned to work.

Board members noted the particular benefits of meeting other patients in a social setting

and the practical advice and support that was shared by healthcare professionals and other patients. Specialist guest speakers were invited periodically and recent discussion topics had included medication, nutrition, pain management, emotional support and practical advice for improving the quality of life, given the prognosis for many of these patients. In general, patients who attended such support groups tended to feel less isolated, more informed and less fearful of their condition. The group had been running for 12 months now and had approximately 60 members. The Macmillan Charity had provided the initial funding (for the first year) and arrangements were in hand to seek ongoing financial support from the Trust's Charitable Funds.

In discussion on the patient story, Board members:-

- (a) queried how widespread such services were within the Trust, noting in response that the Lung Cancer Team was a pioneer of such services at UHL, but there was a significant opportunity to roll out this type of patient support model to other tumour sites for cancer and other long term patient conditions;
- (b) noted that the consistency of the group and the clinical specialists had contributed significantly to its success;
- (c) sought and received additional information regarding the publication of patient support group information on UHL's external website (which also contained a link to the Mesothelioma UK website), Trust magazines and primary care literature;
- (d) commended the collaborative approach, noting the benefits for improving health outcomes and reducing the demands on health systems, and suggesting that patients should be allowed to help shape their services as part of the wider arrangements for rolling out this initiative to other services;
- (e) commented upon opportunities for UHL to improve the strategic approach to dispersal of charitable funds, and
- (f) considered opportunities to work collaboratively with Healthwatch in the development of new support groups for particular cohorts of patients.

In summary, the Trust Chairman confirmed the Board's support for patient support groups of this nature and invited the Lung Cancer Nurse Specialist and the Acting Chief Nurse to present their closing comments. In response they reiterated their passionate belief that the Luncheon Club provided measurable benefits to Mesothelioma and Lung Cancer patients and demonstrated that the Trust was delivering "Caring at its Best". They invited Board members to access one of their meetings to witness the impact for themselves.

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

71/15/2 Draft Financial Plan 2015-16

Further to consideration at the 26 March 2015 Integrated Finance, Performance and Investment Committee (Minute 25/15 refers), paper E provided an update on the development of the Trust's Financial Plan for 2015-16, including the current position on contractual negotiations with the 3 LLR CCGs, budget setting at CMG and Directorate levels, the draft capital plan, cash management arrangements and CIP progress.

The Director of Finance sought the Board's approval of the draft plan, advising that the final iteration would be presented to the Trust Board on 7 May 2015. He confirmed that the final plan would incorporate the additional cost pressures supported by the Executive Team and the impact upon the Trust's 2015-16 CIP target.

Ms J Wilson, Non-Executive Director and IFPIC Chair confirmed that the draft financial plan had been reviewed in detail by that Committee on 26 March 2015 and that the Committee had supported the approach to the contract for patient activity, subject to appropriate terms and conditions being agreed by all parties.

- Resolved – that (A) the draft 2015-16 financial plan be approved, subject to finalisation of CMG and Directorate level budgets and agreement of the contract plans with Commissioners,** DF
- (B) the borrowing requirement of £130m to support the 2015-16 capital plan and the planned £36.1m deficit be noted, and** DF
- (C) the final 2015-16 financial plan be presented to the Trust Board on 7 May 2015.** DF

71/15/3 Working Capital Strategy 2015-16

Further to consideration at the 26 March 2015 Integrated Finance, Performance and Investment Committee (Minute 26/15 refers), the Director of Finance presented paper F, setting out the approach to managing the Trust's working capital to fulfil its financial obligations and deliver the agreed objectives and advising that a working capital report would be presented to future IFPIC meetings on a quarterly basis.

The Financial Controller attended the meeting for this item, providing a summary of the circumstances leading up to the submission of a DoH loan application for £21.9m Revolving Working Capital Facility on 30 March 2015 using the Emergency Powers provided to the Chief Executive and the Chairman, in consultation with at least 2 Non-Executive Directors, under the Trust's Standing Orders (as outlined in paper F).

Non-Executive Director members welcomed the additional focus on the Trust's cash management arrangements and thanked the Director of Finance for scheduling a financial awareness session for Board members on 30 April 2015 (immediately following the IFPIC and QAC meetings). The Director of Finance advised Trust Board members not to underestimate the level of financial support that the Trust would need over the next 3 to 4 years to support its financial recovery and investment strategy. He stressed the importance of a strong focus on cash management arrangements going forwards and highlighted his desire to embed a common understanding of the issues faced by the Trust. He invited all Board members to attend the training session on 30 April 2015.

In further discussion, members noted the need for the narrative on cash management to be very clear ahead of the planned Board to Board meeting with the TDA on 16 April 2015, including a thorough assessment of the value of any borrowing on the balance sheet and the associated risks. The Director of Communications and Marketing advised that the Trust's Strategic Direction was currently being re-drafted and that this document (once finalised) would provide the narrative going forwards. In addition, the Director of Strategy noted the need to make the Board informed of additional activity and workstreams being undertaken within existing resources (and thus avoiding additional costs).

- Resolved – that (A) the Working Capital Strategy for 2015-16 be approved, and** DF
- (B) the following approvals by IFPIC (under Emergency Powers) on 26 March 2015 be ratified:-** DF
- **the terms of the interim revolving working capital support facility be approved;**
 - **the Director of Finance be nominated to execute the agreement;**
 - **the Director of Finance be nominated to manage the agreement, and**
 - **compliance with additional terms and conditions be confirmed.**

71/15/4 Emergency Floor Full Business Case

Further to Minute 6/15/2 of 8 January 2015, paper G summarised the key recommendations arising from the Gateway Review 3, and the NTDA's review of the outline business case, and sought Trust Board approval of the final full business case for onward submission to the NTDA National Capital Group on 22 April 2015. The Chief Executive introduced this item,

Trust Board Paper A

commenting upon the early adoption of the new Board Intelligence approach to Trust Board reporting, which now aimed to identify the key questions and conclusions at the very beginning of the report, rather than the traditional introductory approach. In discussion on the business case, the Trust Board:-

- (a) noted that the full business case had already been endorsed by the Trust's Integrated Finance, Performance and Investment Committee on 26 March 2015 (Minute 24/15 refers), and that appropriate responses to all of the Committee's queries and comments had now been incorporated into paper G;
- (b) welcomed the inclusion of a letter of support prepared by the Managing Director of the Leicester City CCG and written on behalf of the three LLR CCGs (appendix 1 refers);
- (c) commented upon the impact of changing the funding assumptions from Public Dividend Capital (PDC) to Interest Bearing Debt (IBD). As set out in section 5.9 of the business case, the additional annual revenue costs of the IBD loan facility would be in the region of £250,000;
- (d) received additional assurance regarding the rationale for non-compliance with the DoH Health Building Notes in respect of some room sizes;
- (e) commended the significant contributions by Ms N Topham, Project Director, Site Reconfiguration in respect of the business case development and the patient, public and stakeholder engagement workstreams, noting the organisation learning that had been achieved from this process and that a lessons learned report would be presented to a future meeting of the Integrated Finance, Performance and Investment Committee; **DS**
- (f) commented upon the potential clinical and efficiency benefits of UHL operating the urgent care stream of the emergency floor and the scope to commence discussions with Commissioners in this respect (subject to formal procurement processes being followed);
- (g) considered recent recommendations arising from the LLR Emergency Care report prepared by Dr Ian Sturgess and feedback from LLR Healthwatch which suggested that an urgent care service led and managed by UHL would deliver additional benefits to patient care and organisational effectiveness;
- (h) sought and received additional assurance from the Director of Finance regarding the affordability of the scheme using the IBD loan facility, noting that whilst this would remain affordable, PDC would still be the Trust's preferred financing option;
- (i) highlighted the support provided by the Bishop of Leicester, local County Councillors, the Deputy Mayor of Leicester and UHL's Chaplaincy team in respect of the challenging patient and public involvement and engagement activity leading to planning permission being granted to demolish UHL's existing chapel. The Trust Chairman expressed a desire to formally acknowledge this support and requested the Director of Marketing and Communications to prepare appropriate correspondence for his signature, and **DMC**
- (j) suggested that early consideration be given to inviting appropriate individuals to officiate over the topping out, laying of first stone and formal opening ceremonies. **DMC**

Resolved – that (A) the Trust Board endorse the final full business case for the Emergency Floor (as set out in paper G) for onward submission to the NTDA National Capital Group on 22 April 2015; **DF**

(B) a summary of the lessons learned in respect of the business case development process be presented to a future meeting of the Trust's Integrated Finance, Performance and Investment Committee; **DS**

(C) the Director of Marketing and Communications be requested to:-

- **formally acknowledge the support provided in respect of planning consent for the emergency floor, and** **DMC**
- **give early consideration to inviting appropriate individuals to help the Trust to celebrate key milestones within the project timeline.** **DMC**

The Chief Operating Officer introduced paper H, updating the Trust Board on recent emergency care performance and progress against the agreed LLR action plan. He noted that despite a 10% increase in admissions, 9 out of 10 patients had still been seen within the 4 hour target during 2014-15 and 87% of the ED patients surveyed by Healthwatch in early January 2015 would recommend UHL as a place to receive treatment. In December 2014, 6 collective key actions had been agreed across LLR to support improvements in emergency care performance. Progress against the discharge-related action had been achieved, but the remaining 5 actions required some additional focus.

The Director of Communications and Marketing briefed Board members on progress of the “choose better” campaign (as launched on 1 April 2015) and he highlighted opportunities to strengthen the links between the UHL and CCG communications teams. He also highlighted the importance of robust communications between UHL and GPs and care homes regarding the arrangements for their risk stratified patients.

Dr R Palin, CCG representative provided assurance that the CCGs were fully committed to improving emergency care performance through the work of the Urgent Care Board, development of care plans and re-commissioning of the Urgent Care Centre service, despite national increases in demand and a diminishing GP workforce.

The Chief Executive commended the significant progress made in respect of the internal UHL components of the action plan and the arrangements for improving discharge processes. However, he highlighted the need to re-focus on the inflow side of the health economy plan to address rising admissions, noting the sensitive nature of emergency care performance in response to small changes in activity trends.

The Trust Board supported the proposal to raise this issue for discussion at the 9 April 2015 meeting with the 3 LLR CCGs. It was also agreed that the Trust Board would undertake a deep dive into the health economy issues affecting attendance and admissions, to identify any areas where the actions being taken did not appear to be making much impact. It was also suggested that a fundamental collective re-think of admissions avoidance workstreams might be required as part of the BCT strategy.

Finally, the Chief Operating Officer commented on a number of similar conversations held over the last 5 months, suggesting that more discussions of the same nature were not likely to achieve the required results. He recommended that opportunities to strengthen UHL’s front door triage arrangements be explored as a key area for future focus.

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

(B) further discussion on the health economy actions being undertaken to address inflow be scheduled with the CCGs at the 9 April 2015 meeting, and

CE

(C) a deep dive into the health economy actions affecting attendances and admissions be undertaken at a future Trust Board meeting.

COO

72/15 WORKFORCE

72/15/1 Organisational Development Strategy – Quarterly Update

The Acting Director of Human Resources introduced paper I highlighting progress with implementation of UHL’s Organisational Development Plan. She particularly drew members’ attention to sections 3.3 (detailing the success of the Trust’s Salary Maxing schemes and Total Reward Statements) and 5.1 (surrounding the development of new roles to deliver new models of care, eg assistant and advanced practitioners). In discussion on the report, Board members:-

- (a) queried whether there was any available evidence to demonstrate that Salary Maxing schemes helped to support staff retention. In response, it was noted that UHL's staff turnover stood at approximately 10% which was on a par with other Trusts. Changes to the NHS pension rules, might mean that staff would be more cautious about accessing such benefits in future;
- (b) highlighted statistics relating to staff suffering from stress and received assurance that UHL was rolling out a programme of emotional resilience training for staff affected by such issues;
- (c) considered the arrangements for building UHL's brand as an employer and the scope to develop a joint branding approach with LPT, possibly rotating staff between the 2 Trusts and exploring the scope to make joint appointments;
- (d) highlighted opportunities to promote Leicester as a place to live and to include such information within UHL's recruitment packs, and
- (e) noted that the next Caring at its Best Awards ceremony would be held on 24 September 2015 and that all Board members were invited to attend this event.

Resolved – that the quarterly update on the Organisational Development Strategy be received and noted.

72/15/2 National Staff Survey Results 2014

The Acting Director of Human Resources presented paper J providing highlights of the 2014 National Staff Survey results. The detailed appendices set out the impact of the 2013 action plan upon the 2014 results, a summary of the key findings, a comparison of the overall staff engagement scores for other Acute Trusts in 2013 and 2014, the results of local questions and the pulse check surveys.

Discussion took place regarding a small deterioration in the Trust's staff engagement score which now stood at 3.64 (compared to 3.68 in 2013) and the broad framework for actions planned to improve the score in future years. A detailed action plan would be developed through focus groups with the CMGs and Directorates and this was expected to be available by the end of June 2015. However, it was noted that a more immediate focus would be applied towards removing some of the everyday frustrations reported by staff.

The Trust Chairman queried whether there was much variance in the staff survey scores between the CMGs and noted in response that CMG level staff survey data would be reviewed by the Integrated Finance, Performance and Investment Committee during the rolling programme of CMG presentations.

The Chief Executive voiced his disappointment in the overall results, which he had expected to improve, given the work that the Trust had completed in respect of Listening into Action (LiA). However, he noted that some significant improvements had been demonstrated in the particular areas where LiA workstreams had been active (eg recruitment processes) and he highlighted an opportunity to increase the pace of other LiA workstreams accordingly.

The Director of Communications and Marketing drew members' attention to the survey questions which focused on (a) whether staff would recommend the Trust as a place to work or be treated and (B) how staff rated communications between senior management and staff. Ms J Wilson, Non-Executive Director highlighted the Trust's performance in respect of the Well Led Dashboard provided on page 5 of the Quality and Performance report (paper O refers), noting that the target and the red RAG rating thresholds were yet to be confirmed.

Resolved – that (A) the key messages arising from the analysis of the 2014 National Staff Survey results be received and noted, and

(B) a detailed action plan be presented to the 2 July Trust Board meeting for approval. ADHR

73/15 RESEARCH AND INNOVATION

73/15/1 Clinical Research Network (CRN): East Midlands – Bi-Yearly Update and Annual Plan Submission for 2015-16

Paper K provided an update on progress with the NIHR CRN: East Midlands, and sought Trust Board approval of the Network's Annual Business Plan for 2015-16. The Acting Medical Director introduced this item and Ms E Moss, Chief Operating Officer, CRN: East Midlands attended the meeting to support the discussion.

The business plan had already been endorsed by the CRN Host Executive Group (chaired by Dr K Harris, the Trust's previous Medical Director) and submitted to the NIHR on 1 April 2015 to comply with their deadline. However the NIHR had recognised that the business plan had not yet been approved formally by the UHL Trust Board (as host Trust) and it was confirmed that any changes arising from today's discussion would be incorporated accordingly. The Board noted that Mr A Furlong, Acting Medical Director would be assuming the role of Executive Director for the CRN until a substantive appointment was made to the post of UHL Medical Director.

Discussion took place regarding the Network's achievements, challenges, opportunities and any additional support that the UHL Trust Board might be able to provide in respect of generating additional local research and improving recruitment rates to studies to meet national targets. The Acting Medical Director confirmed that clear plans were in place to address consistent Network performance and that a process had been agreed to ensure that the financial rewards were fair and equitable. Finally, discussion took place regarding opportunities to reschedule an opening ceremony which had been deferred due to the aesthetics of the local environment at the time.

Resolved – that (A) the progress update on NIHR CRN: East Midlands be received and noted, and

(B) the NIHR CRN: East Midlands Annual Plan for 2015/16 be approved.

AMD

73/15/2 Quarterly Update on Research and Innovation at UHL

The Acting Medical Director introduced paper L, providing the quarterly update on research and innovation issues for discussion and assurance. He noted a slight dip in performance at the beginning of the year, but provided assurance that the Trust was currently meeting its performance targets and that financial performance would improve once the process for fair share payment allocations was finalised and implemented. The Board received brief updates on the following key projects and particular discussion took place regarding items (3), (4), (5) and (6):-

- (1) Precision Medicine Catapult;
- (2) Breathanomics Pathology Node;
- (3) Adult and Children's Clinical Research Facility – the Chief Executive expressed disappointment with progress and he queried whether there was any scope to apply for charitable funding to help bridge the gap;
- (4) HOPE Unit at Glenfield Hospital – funding had been identified to refurbish an appropriate clinical area, but a suitable space was yet to be identified, pending the provision of detailed site reconfiguration plans;
- (5) Life Study – the costs for refurbishment of the building to be used as the Life Study centre appeared to have escalated and a further analysis was taking place to verify this, and
- (6) 100,000 Genome Project – an update on this project was due to be received at the Executive Strategy Board meeting on 14 April 2015.

Resolved – that the quarterly update on research and innovation issues at UHL be received and noted.

74/15 QUALITY AND PERFORMANCE

74/15/1 Quality Assurance Committee (QAC)

On behalf of the QAC Chair, Ms J Wilson, Non-Executive Director introduced a summary of the key issues considered at the 26 March 2015 QAC meeting (paper M refers) and confirmed that the Minutes of that meeting would be presented to the 7 May 2015 Trust Board meeting. She particularly drew members' attention to the following issues:-

- (i) the 2015-16 Quality Commitment (as approved by the Committee) – it was agreed that copies of this would be circulated to Trust Board members outside the meeting for information, and
- (ii) applications made to the CQC to include 2 additional premises on UHL's registration:-
 - National Centre for Sports and Exercise Medicine, and
 - Syston Health Centre for surgical procedures as part of the Alliance contract.

Resolved – that (A) copies of the 2015-16 Quality Commitment be circulated to Trust Board members, and

ASTA

(B) the changes to the CQC registration detailed in item (ii) above be noted.

74/15/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Ms J Wilson, Non-Executive Director and IFPIC Chair presented paper N, providing a summary of the issues discussed at the 26 March 2015 IFPIC meeting. She particularly noted that substantive reports featured on today's Trust Board agenda for each of the 3 recommendations arising from this meeting. The Minutes of the 26 March 2015 IFPIC meeting would be presented to the 7 May 2015 Trust Board meeting.

Resolved – that the summary of key issues considered at the 26 March 2015 IFPIC meeting be received and noted.

74/15/3 Quality and Performance Report – Month 11 (February 2015)

Paper O provided an overview of the Trust's quality and operational performance and detailed performance against key UHL and TDA metrics. Escalation reports were appended to the report detailing any areas of underperformance. The Chief Executive confirmed that a review of the key issues contained within his highlight report had been undertaken during the 26 March 2015 QAC and IFPIC meetings. The following Executive Directors commented upon their respective sections of the report:-

- (a) the Acting Medical Director noted that a recent improvement in fractured neck of femur performance was considered to be the result of a natural fluctuation in activity. He advised that the Musculoskeletal and Specialist Surgery CMG had submitted a revenue scheme to support further improvements in performance and this had been identified as a level 1 priority for the Trust and had been supported accordingly;
- (b) the Acting Chief Nurse advised that updates on infection prevention performance and pressure ulcer damage featured in the Chief Executive's highlight report. She highlighted recent improvements in the Friends and Family Test scores for Maternity Services, noting the impact of strong leadership within this service, and
- (c) the Acting Director of Human Resources commended the Trust's achievement of the new 95% target for compliance with statutory and mandatory training during March 2015.

Resolved – that the month 11 Quality and Performance report (paper O) and the subsequent discussion be received and noted.

74/15/4 2014-15 Financial Position – Month 11 (February 2015)

The Director of Finance presented paper P, updating the Board on performance against the Trust’s key financial duties and providing further commentary on the month 11 financial performance by CMG and Corporate Directorates, and the associated risks and assumptions. He provided assurance that the planned £40.7m deficit for 2014-15 would be delivered and that performance against the 3 financial duties set out in section 2.1 of paper P was forecast to be compliant.

Members noted the Director of Finance’s continued concerns regarding pay expenditure trends moving into the 2015-16 financial year and received an update on progress of the cross-cutting CIP theme relating to workforce. Despite some in-year slippage against the Trust’s 2014-15 Capital Programme, assurance had been provided to the Integrated Finance, Performance and Investment Committee that the overall plan would be delivered.

Resolved – that the month 11 financial performance report (paper P) and the subsequent discussion be received and noted.

75/15 GOVERNANCE

75/15/1 Board Assurance Framework (BAF)

The Acting Medical Director introduced paper Q detailing UHL’s Board Assurance Framework as at 28 February 2015 and advising that no new extreme or high risks had been opened during February 2015. Under paragraph 2.2, of paper Q the Trust Board was invited to undertake a detailed review of the 3 risks linked to the strategic objective “*an effective, joined-up emergency care system*”, incorporating principal risks 2, 3 and 4. However, the Trust Chairman suggested that this review be deferred until after the forthcoming Board to Board meeting with the TDA, once the 2015-16 BAF became available.

Non-Executive Director members expressed concern that the timescale for submission of the 2015-16 BAF was likely to slip from May 2015 to June 2015 and they queried whether there would be any scope to submit an early draft to the 7 May 2015 Trust Board meeting. The Chief Executive supported this approach, noting that the new BAF would link directly with the Trust’s Annual Priorities.

Resolved – that (A) the February 2015 Board Assurance Framework (BAF) be received and noted as presented in paper Q and

(B) the first draft of the 2015-16 BAF be presented to the Trust Board on 7 May 2015 for approval.

AMD

76/15 REPORTS FROM BOARD COMMITTEES

76/15/1 Audit Committee

On behalf of the Interim Audit Committee Chair, Mr R Moore, Non-Executive Director and substantive Audit Committee Chair, introduced the Minutes of the 5 March 2015 Audit Committee meeting (paper R refers), particularly highlighting the useful presentation from the Musculoskeletal and Specialist Surgery CMG, the review of off payroll engagements and the arrangements for circulating a draft version of the Annual Governance Statement to Audit Committee members for comments prior to submission to the 27 May 2015 Audit

Committee for formal approval and recommendation to the Trust Board.

Resolved – that the Minutes of the Audit Committee meeting held on 5 March 2015 be received and noted.

76/15/2 Quality Assurance Committee (QAC)

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

76/15/3 Integrated Finance, Performance and Investment Committee (IFPIC)

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

77/15 **TRUST BOARD BULLETIN – APRIL 2015**

Resolved – that the Trust Board Bulletin containing the annual updated Trust Board declarations of interest be noted.

78/15 **QUESTIONS AND COMMENTS FROM MEMBERS OF STAFF AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

The following comments and suggestions were received from a member of staff:-

- (1) a comment regarding opportunities to strengthen the Trust's workforce by improving the recruitment advertisements to focus more on the positive aspects of working for UHL and living and working in Leicester and the surrounding areas. The Trust Chairman agreed that there were ways in which the Trust could sell itself better as an employer;
- (2) a comment that some good staff were leaving the Trust because of issues with car parking and a suggestion that the position could deteriorate further as part of the reconfiguration of services onto 2 acute sites. The Trust Chairman confirmed that the Board was conscious of the sensitive issues relating to staff car parking and was committed to ensuring a fair and transparent allocation process for staff permits. He highlighted opportunities to improve the way that staff perceptions regarding car parking was managed in the future, and
- (3) an offer of help in supporting the Trust's recruitment process. The Acting Director of Human Resources agreed to follow up this kind offer with the member of staff following the meeting.

ADHR

Resolved – that the questions and related responses, noted above, be recorded in the Minutes.

79/15 **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 80/15 – 88/15), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

80/15 **DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

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

81/15 **CONFIDENTIAL MINUTES**

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

82/15 **CONFIDENTIAL MATTERS ARISING REPORT**

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

83/15 **REPORT FROM THE ACTING DIRECTOR OF HUMAN RESOURCES**

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

84/15 **REPORT FROM THE ACTING MEDICAL DIRECTOR**

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

85/15 **REPORT FROM THE DIRECTOR OF STRATEGY**

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

86/15 **REPORTS FROM BOARD COMMITTEES**

86/15/1 Quality Assurance Committee (QAC)

Resolved – that the summary of the confidential issues discussed at the 26 March 2015 QAC meeting be received and noted.

86/15/2 Integrated Finance, Performance and Investment Committee (IFPIC)

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

86/15/3 Audit Committee

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

87/15 **ANY OTHER BUSINESS**

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

88/15 **DATE OF NEXT MEETING**

Resolved – that the next Trust Board meeting be held on Thursday 7 May 2015 from 9am in Seminar Rooms A and B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 1.40pm

Trust Board Paper A

Kate Rayns
Acting Senior Trust Administrator

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

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	1	1	100	R Moore	1	1	100
J Adler	1	1	100	C Ribbins	1	1	100
I Crowe	1	1	100	M Traynor	1	1	100
S Dauncey	1	0	0	P Traynor	1	1	100
A Furlong	1	1	100	J Wilson	1	1	100
R Mitchell	1	1	100				

Non-Voting Members:

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