Trust Board Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 6 JULY 2017 AT 10AM IN ROOMS 2 & 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Voting Members present:
Mr K Singh – Chairman
Mr J Adler – Chief Executive
Professor P Baker – Non-Executive Director
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Johnson – Non-Executive Director
Mr T Lynch – Interim Chief Operating Officer
Mr B Patel – Non-Executive Director
Mr M Traynor – Deputy Chairman
Mr P Traynor – Chief Financial Officer

In attendance:
Ms D Bateman – Physician Associate (for Minute 166/17/2)
Dr A Bolger – Consultant, Adult Congenital Heart Disease (for Minute 166/17/1)
Professor S Carr – Director of Medical Education (for Minute 169/17/1)
Mr M Dowd – Physician Associate (for Minute 166/17/2)
Dr C Free – Acting Medical Director
Ms E Meldrum – Acting Deputy Chief Nurse
Dr J Minhas – Chair of the Doctors in Training Committee (for Minute 169/17/2)
Ms A Poole – Senior Project Manager (for Minute 166/17/1)
Professor D Rowbotham – Clinical Director, EMCRN (for Minute 169/17/5)
Mr N Sone – Financial Controller (for Minute 166/17/3)
Ms H Stokes – Corporate and Committee Services Manager
Mrs L Tibbert – Director of Workforce and Organisational Development
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communication, Integration and Engagement

ACTION

160/17 APOLOGIES AND WELCOME

Apologies for absence were received from Mr A Furlong Medical Director, Mr R Moore Non-Executive Director, Mr E Rees LLR Healthwatch representative, and Ms J Smith Chief Nurse. The Trust Chairman welcomed Dr C Free Acting Medical Director, Mr T Lynch Interim Chief Operating Officer, and Ms E Meldrum Acting Deputy Chief Nurse to the meeting.

161/17 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Trust Chairman declared an interest in Lakeside House, which was mentioned in the emergency care performance report at Minute 166/17/4 below. If members wished to discuss ED front door arrangements in any further detail, the Chairman would withdraw from the discussion. In the event, this did not prove necessary.

For completeness, the Interim Chief Operating Officer declared his own Directorship of Camlyn Associates, a company offering recruitment services to the NHS.

162/17 MINUTES

For the benefit of the Chief Executive who had not been present at the June 2017 Trust Board meeting, the Chairman advised that he had asked Trust Board colleagues to focus on the covering reports' key questions when discussing the papers.

Resolved – that the Minutes of the 1 June 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR MAN**

163/17 MATTERS ARISING FROM THE MINUTES

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

(a) action 20 (Minute 91/17 of 1 June 2017) – the issue of future Non-Executive Director representation on the EMCRN governance framework would be picked up in wider Trust Board thinking day discussions on whether Non-Executive Directors should shadow specific areas/portfolios, and **CHAIR MAN**

(b) action 25 (Minute 290/16 of 1 December 2016) – the Chairman noted his wish to continue to press for the development of a single, cross-organisational dashboard for the LLR STP in the context of STP governance arrangements. The Chief Executive agreed to raise this accordingly with the LLR STP Lead. **CE**

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

164/17 CHAIRMAN'S MONTHLY REPORT – JULY 2017

In introducing his monthly report for July 2017 (paper C), the Chairman drew the Trust Board's particular attention to the following issues:-

(a) continuing disappointing emergency care performance, and the impact of this on the Trust as a whole. The Chairman reiterated the need for Trust Board reports on this issue to focus on 3 key questions: (i) "what is the diagnosis of what is happening ?" (ii) "what actions are we taking to address this ?", and (iii) "what timescale are we setting ourselves to monitor the results and take appropriate corrective action (if this is considered necessary) ?";

(b) the resignation from the Trust Board of Dr S Crawshaw Non-Executive Director to pursue further professional opportunities in New Zealand. The Trust Chairman recorded his thanks to Dr Crawshaw for her contribution to the Trust and confirmed that recruitment for a replacement would not take place over the Summer. A copy of the draft job description would be sent to Non-Executive Director colleagues for comment; **CHAIR MAN**

(c) the ongoing recruitment for a substantive Chief Operating Officer, during which time Mr T Lynch would hold the post of Interim Chief Operating Officer;

(d) the reappointment of Col (Ret'd) I Crowe as a Non-Executive Director for a further 4-year period from 1 July 2017;

(e) the deadline for the Trust to respond to the national public consultation on congenital heart disease – the Trust's response was presented for approval in Minute 166/17/1 below, and

(f) the June 2017 Trust Board thinking day's focus on Board effectiveness would continue at the July 2017 Trust Board thinking day.

Resolved – that the draft job description for the Non-Executive Director vacancy be circulated to all current UHL Non-Executive Directors for comment. **CHAIR MAN**

165/17 CHIEF EXECUTIVE'S MONTHLY REPORT – JULY 2017

The Chief Executive's July 2017 monthly update followed (by exception) the framework of the Trust's strategic objectives. As the attached quality and performance dashboard covered core issues from the monthly quality and performance report, the full version of that report was no longer taken at Trust Board meetings but was accessible on the Trust's external website (also hyperlinked within paper D). The Board Assurance Framework dashboard and the extreme and high risks dashboard were also attached to the Chief Executive's report at appendices 2 and 3 respectively – the full BAF and risk register entries were now detailed in a separate report at Minute 167/17 below.

The Chief Executive reiterated the Chairman's comments above regarding the disappointing emergency care performance – however, the impact on elective care had been less disruptive than previously and UHL had achieved the RTT standard ahead of plan. In good news, the Trust was continuing to achieve the 31 and 62 day wait cancer targets, which was welcomed. The Chief Executive voiced disappointment, however, at the fact that 3 never events had been reported in May 2017 – although there had been no harm to patients the Medical Director and the Chief Nurse were urgently reviewing the circumstances of the never events, which had also been reported to the Quality Assurance Committee. In light of recent tragic events in London, the Chief Executive also outlined the steps being taken by the Trust to ensure appropriate fire safety compliance, as detailed in paper D.

In discussion on the Chief Executive's monthly report for July 2017, the Trust Board noted:-

(a) queries (in light of his own recent experience) from Mr B Patel Non-Executive Director on whether the 4-hour ED wait 'clock' stopped when patients were moved from ED into EDU. The Chief Executive and the Acting Medical Director described the function of the EDU and emphasised that patients should only be moved for a legitimate reason. The Chief Executive confirmed that – on receipt of further detail – he would be happy to discuss the specific circumstances described by Mr Patel outside the meeting, and **CE/ BPNED**

(b) comments from the Trust Chairman welcoming the green indicators in the dashboard appended to paper D. The Chief Executive requested confirmation of whether that dashboard had been appropriately updated to reflect the Trust's 2017-18 annual priorities. **DCLA**

<u>Resolved</u> – that (A) (as detailed in paper D) new public Trust Board reporting requirements re: 62 and 104 day cancer wait breaches be reflected in UHL Trust Board reports from August 2017 onwards; **ICOO**

(B) the circumstances of a specific case raised by Mr B Patel Non-Executive Director re: 4-hour waits and movement from ED to EDU, be discussed outside the meeting, and **CE/ BPNED**

(C) it be checked whether the dashboard appended to the Chief Executive's monthly report had been updated to reflect the Trust's 2017-18 annual priorities. **DCLA**

166/17 KEY ISSUES FOR DECISION/DISCUSSION

166/17/1 <u>East Midlands Congenital Heart Centre (EMCHC) – UHL Response to the NHS England Consultation Document</u>

Paper E updated the Trust Board on the campaign to retain the EMCHC at UHL, and sought formal Trust Board approval for the proposed UHL response to NHS England's public consultation exercise. Ms A Poole Senior Project Manager and Dr A Bolger, Adult Congenital Heart Disease Consultant attended for this item. In presenting the Trust's proposed response, the following points were emphasised:-

(i) UHL's compliance with 13 of the 14 NHS England congenital heart disease review standards. Case numbers remained the only outstanding standard and UHL was confident of meeting the 2021 deadline as per its detailed growth plan submitted to NHS England on 3 May 2017. In addition, letters of activity support from local Trusts were also appended to the Trust's formal consultation response. The Chief Executive reiterated that although UHL understood the standards-based approach, the Trust was concerned by the backdating of standard 2.1 (numbers). He also reiterated that the growth plan met the activity standard;

(ii) a number of process concerns relating to the application of the standards and the public consultation exercise, including inconsistency of approach by NHS England, a lack of crucial information available to the public to inform responses (ie the results of related reviews [including PICU capacity] not yet being available), and the lack of an NHS England transition and implementation plan (noting the intolerable strain the review had already placed on service provision in certain other locations). The LLR Joint Health Oversight and Scrutiny Committee was also considering referring the issue to the Secretary of State for Health and had advised NHS England of this. No response had yet been received from NHS England in respect of UHL's growth plan;

(iii) a meeting held with East Midlands MPs on 4 July 2017 and their resulting intention to write to the Secretary of State for Health to challenge the lack of clarity and preparation for the next steps. It now seemed likely that a decision could be delayed until the New Year, which was extremely disruptive to the service. East Midlands MPs had advised that Trust that the future of EMCHC had been raised many times by constituents during the General Election campaign;

(iv) that UHL's outcomes were at least as good as those of other centres, and

(v) that closure of EMCHC would serve to reduce patient choice very significantly in the East Midlands.

In considering the Trust's proposed response to the NHS England public consultation, the Trust Board:-

(a) recognised the challenges of recruiting in the context of service uncertainty, noting the need to make NHS England appropriately aware of this. Dr A Bolger, Adult Congenital Heart Disease Consultant reiterated that EMCHC would achieve the 375 cases in 2017-18 even without network expansion, and he outlined (for example) the step change in activity and productivity to be achieved through relocating the service to the LRI site;

(b) noted queries from Non-Executive Directors (including Professor P Baker and Mr A Johnson) on whether externally-validated data (from an appropriate neutral expert) could also be included to reinforce the Trust's already-robust activity statements, and whether an external 'sense-check' (by an appropriately experienced person) of the consultation response could be obtained. The Chief Executive agreed to consider these suggestions accordingly; **CE**

(c) voiced concern at the possible extended timeline for a decision, noting the impact on both patients and staff, and

(d) queried whether the Trust had reviewed other instances of proposed service closures (which did not then happen) to learn appropriate lessons. In response, Ms A Poole Senior Project Manager outlined the input received from 2 charities, one of which had previously been involved in a scenario of the type described.

The Trust Chairman considered that UHL's proposed response to the NHS England public consultation was a thorough and well-researched document. He noted the significant support received from a wide range of stakeholders and he welcomed the initiatives being taken by other partner organisations such as the Joint Health Oversight and Scrutiny Committees. The Trust Chairman also reiterated the Trust's concern at the lengthiness of the review process, given the risks this posed for patients and staff, and he urged that a decision be taken by NHS England as soon as possible. He emphasised the Trust's support for the EMCHC service, and he requested that appropriate communications be issued on behalf of the Trust Board once the Trust's formal consultation response had been lodged with NHS England. **DCIE**

The Trust Board approved the proposed response to the NHS England public consultation document (subject to the considerations in (b) above, and delegated authority to the Chief Executive to amend the response as required and submit it to NHS England by the required deadline of 17 July 2017. It was recognised that any significant change might require approval via an extraordinary Trust Board meeting. **CE**

CE

<u>Resolved</u> – that (A) consideration be given to seeking:-

(1) external validation (by a neutral expert) of the data used by UHL in support of EMCHC, and

(2) an external 'sense-check' (by an appropriately experienced person) of the consultation response;

(B) UHL's proposed response to the NHS England consultation document be approved subject to the considerations in (A) above, and authority be delegated accordingly to the Chief Executive to amend the response as required and submit it to NHS England by the required deadline of 17 July 2017, and **CE**

(C) appropriate communications/press release be issued on behalf of the whole Trust Board, following submission of UHL's response to the consultation exercise. **DCIE**

166/17/2 <u>Staff Story</u>

Paper F from the Director of Workforce and OD advised the Trust Board of the positive experience of 2 Physician Associates from the US who had joined UHL as part of the National Physician Associate Expansion Programme. Following the video clip now played, Ms D Bateman and Mr M Dowd Physician Associates outlined their roles and experiences, noting both the positive way they had been welcomed by colleagues and the positive way in which their role contributed to the patient experience and care (particularly by providing continuity of care). The Acting Medical Director voiced her strong support for the work of the Physician Associates within UHL, noting their crucial role in supporting the medical workload.

In discussion on the staff story, Professor P Baker Non-Executive Director noted the need for

appropriately close and mutually-positive working between roles such as Physician Associates and junior medical staff/medical students, as the relationship had not always been entirely harmonious elsewhere in the country. Although recognising this point, Mr Dowd emphasised his own aim of trying to facilitate the experience/education of junior medical staff and medical students wherever possible, and the Acting Medical Director also commented on the steps taken by UHL to train the 2 groups in partnership.

The Trust Board welcomed the contribution of the Physician Associate role. In light of Ms Bateman's specific previous emergency care experience elsewhere, Non-Executive Directors suggested it might be helpful to seek her view on emergency medicine at UHL. **ICOO**

Resolved – that contact be made outside the meeting with Ms D Bateman Physician Associate, to invite her views on emergency medicine at UHL. **ICOO**

166/17/3 Annual Report and Accounts 2016-17

Paper G comprised the 2016-17 UHL Annual Report and accounts, which the Trust was required to produce and share ahead of its statutory Annual Public Meeting before the end of September. The Chief Financial Officer also tabled a paper on the senior managers' review of the Remuneration Report entries, noting that the Annual Report was required to include a Remuneration Report setting out the remuneration and pension benefits of directors and senior managers (and where relevant, the link between performance and remuneration). To ensure the entries were correct they had been sent to each of the senior managers involved, and a number of changes were therefore now set out in the paper tabled by the Chief Financial Officer (appendix 1 of that tabled paper to be incorporated into the finalised Annual Report 2016-17). In response to a query from the Chief Executive, the Director of Workforce and OD confirmed that no salaries had changed, and that the revisions related only to corrections.

Trust Board members agreed to send any further comments on either the Annual Report 2016-17 or the tabled remuneration report entries to the relevant Executive Director lead by 10 July 2017. **ALL**

Resolved – that (A) any further comments on the Annual Report 2016-17 be sent to the Director of Communications, Integration and Engagement/Deputy Director of Communications and Engagement; **ALL**

(B) any comments on the updated Remuneration Report (tabled paper) be sent to the Chief Financial Officer, for inclusion in the finalised Annual Report accordingly, and **ALL**

(C) the Annual Report and Accounts 2016-17 be approved subject to any comments received above. **ALL**

166/17/4 Emergency Care Performance

Further to Minute 140/17/5 of 1 June 2017, paper H updated the Trust Board on recent emergency care performance, which continued to be extremely poor. At 76.3%, May 2017 performance against the 4-hour target was below the trajectory submitted to NHS Improvement as part of the 2017-18 planning submission. Although admissions were relatively static, ED attendances had spiked significantly in recent weeks – however, the Chief Executive advised that attendance numbers did not solely explain the reduced performance. Ambulance handovers had improved, which was welcomed by the Trust Board as a key safety issue. The patient environment within the new Emergency Floor was also recognised as being an improvement, even at very busy times.

The Chief Executive reminded Trust Board members of his ED 'diagnosis' and 'treatment' presentation to the May 2017 IFPIC – the Trust's 'organisation of care' workstream led by the Director of Operational Improvement would be crucial in driving through the necessary changes. The Chief Executive noted an increasing focus on both senior-level medical processing capacity (particularly at night) and on 'downstream issues' – in terms of the latter, he confirmed that the UHL Red2Green initiative had been rolled out at the Glenfield Hospital this week and he commented on the recognised need to invest in that site's diagnostic infrastructure. The Trust's new Interim Chief Operating Officer had also been asked to provide a fresh view on UHL's emergency care performance issues, and he now commented on the need to understand that some actions were longer-term in nature than others. The Interim Chief Operating Officer noted the excellent facility offered by the new Emergency Floor and the positive welcome he had received from staff so far. He also suggested a potential culture of

over-reporting within UHL, as a result of the level of ED scrutiny from regulators.

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

(a) reiterated comments from Col (Ret'd) I Crowe Non-Executive Director on the need to adopt a team approach within ED, and to enthuse staff. This was also being discussed by the ED management group;
(b) a query from Col (Ret'd) I Crowe Non-Executive Director about post-acute step-down capacity, in light of a serious untoward incident relating to flow. In response, the Chief Executive advised that the current provision of medical step down beds in the community was being reviewed by the Director of Communications, Integration and Engagement as Executive Director lead, in light of UHL's view of the need for such facilities across LLR;
(c) a query from Mr M Traynor Non-Executive Director on the scope for further discussion with local authorities. The Chief Executive noted that the availability of social care packages for discharge care had improved significantly;
(d) comments from Mr A Johnson Non-Executive Director on the need to focus on achieving results/ improvements rather than on analysis of the issue. He reiterated that flow and productivity were key issues and he commented that ED processing capacity appeared not to have changed in the new facility. He advocated better benchmarking of UHL's position, adoption of 'modelling to target' and agreeing an overall flow model;
(e) that IFPIC would undertake a quarterly deep-dive into emergency care performance issues, as in May 2017, and
(f) comments from Mr B Patel Non-Executive Director on the need to understand external contributory factors driving ED attendances, including access to/availability of primary care. He considered that a report triangulating the reasons why people attended ED would be helpful. The Chief Executive acknowledged this point, noting similar discussions (re: impact of variable provision) at the A&E Delivery Board. **ICOO**

Trust Board also considered the monthly Emergency Floor project update appended to paper H, noting the agreement to accelerate the relocation of GPAU within phase 2 of the project. The Chief Financial Officer also noted that Internal Audit's review of the Emergency Floor project (including lessons learned) would be discussed at the 6 July 2017 Audit Committee.

<u>Resolved</u> – that a report triangulating the reasons for people attending ED be presented to a future Trust Board. **ICOO**

167/17 RISK MANAGEMENT – INTEGRATED RISK REPORT

Paper I comprised the 2017-18 integrated risk report including the new format Board Assurance Framework (BAF), as at 31 May 2017. Further to discussion at the June 2017 Trust Board, the BAF now showed both a current (in-year) and projected year-end risk score. Paper I also summarised any new organisational risks scoring 15 or above in May 2017 (1, relating to the commissioning/funding of a dedicated ambulance service and the potential impact on paediatric retrieval and repatriation teams. The Clinical Director for Women's and Children's Services had advised that NHS England's non-funding of a dedicated ambulance was not yet impacting on the service).

The report also noted the intention to report some risks on a quarterly basis through specific Executive Board meetings, although the Trust Board would continue to receive a monthly update as now. In discussion, the Trust Chairman advised that – through an appropriate Trust Board thinking day – the Trust Board would revisit the BAF when looking ahead at UHL's priorities for 2018-19. **MD** **MD/CE**

<u>Resolved</u> – that (A) the proposed pilot to report HR/IMT/research & education BAF risks on a quarterly basis through the appropriate Executive Board be approved, noting that the Trust Board itself would continue to receive the standing monthly updates, and **MD**

(B) an appropriate review of the BAF entries be undertaken when discussing the Trust's 2018-19 annual priorities. **MD/CE**

168/17 LLR STP, AND UHL RECONFIGURATION PROGRAMME UPDATE

Additional paper 1 updated the Trust Board on the LLR Sustainability and Transformation Partnership (STP) and on UHL's own reconfiguration programme. The capital requirements for UHL's

reconfiguration programme had risen due to bed number changes, and the timescales for capital decisions were set out in the report. Summer consultation on the STP seemed increasingly unlikely, and it was noted that a 'stocktake' of the LLR STP involving all partner organisations was being held on 18 July 2017. The Trust Chairman requested that all Trust Board members advise of their availability for this event – in response to a query, it was not thought that any formal sign-off would be involved at this event. **ALL**

Resolved – that all Trust Board members advise the Chief Executive's office of their availability to attend the 18 July 2017 LLR STP 'stocktake' event. **ALL**

169/17 EDUCATION, TRAINING AND STAFFING

169/17/1 Multi-Professional Education and Training 2017-18 Quarter 1 Update

Paper J comprised the first quarterly 2017-18 update on multi-professional education and training. In introducing the medical elements of the report, the Director of Medical Education particularly noted the development of joint UHL-University of Leicester (UoL) proposals for a Leicester Healthcare Education Academy, a report on which was being presented to the UoL leadership team in the week beginning 10 July 2017. Paper J outlined the aims of such an Academy, including:- enhancing the attractiveness of medical training in Leicester and supporting graduate retention, increasing educational opportunities for medical and healthcare students, supporting a positive learning culture, and income generation opportunities.

In discussion, Col (Ret'd) I Crowe Non-Executive Director voiced his support for the proposed Leicester Healthcare Education Academy, commenting on the need to address existing recruitment and retention rates. He emphasised the need however for a multi-disciplinary training strategy rather than developing initiatives in isolation – in response, the Director of Workforce and OD advised that work had begin to scope such a strategy. Professor P Baker Non-Executive Director (and Dean of the University of Leicester Medical School) queried when the Academy business case would be available, noting the need also for appropriate revenue resourcing of the project before it could be approved. The Trust Board proposed that a short, high-level concept business case be developed for the Leicester Healthcare Education Academy, robustly setting out the case for investment, quantifying the opportunity cost of not establishing such an Academy, and outlining the leadership and support resource requirements. Mr M Traynor Non-Executive Director also suggested that the University of Leicester might wish to contact the Leicester and Leicestershire Enterprise Partnership to bid for capital funding for the Academy project. **MD/CN/ DWOD** **PBNED**

The Acting Deputy Chief Nurse then introduced the non-medical elements of paper J, drawing the Trust Board's particular attention to:-

(a) the continued successful progression of the Nursing Associate pilot across Leicestershire. 49 trainees were currently in post, and paper J noted the need for more GP practices to be willing to accommodate non-medical learners;

(b) UHL's work in leading on numeracy and literacy for band 1-4 healthcare assistants across LLR, and

(c) delays in receiving confirmation of the workforce development funding available for the Learning Beyond Registration (LBR) contract. The HEE team for the East Midlands had now taken the decision to fund LBR modules starting in quarter 1 of 2017-18, providing that they met the criteria set out in paper J. News was still awaited however on the allocation for the remainder of the year, and the Acting Deputy Chief Nurse noted the potential impact on recruitment and retention.

Resolved – that (A) in-principle support be given to the establishment of a Leicester Healthcare Education Academy with the University of Leicester; **ALL**

(B) a short, high-level business case be developed accordingly, setting out the case for investment, quantifying the opportunity cost of not establishing such an Academy, and outlining the leadership and support resource requirements, and **MD/CN/ DWOD**

(C) the University of Leicester be invited to consider contacting the Leicester and Leicestershire Enterprise Partnership to bid for capital funding for the Leicester Healthcare Education Academy project. **PBNED**

169/17/2 Presentation on the Work of the Doctors in Training Committee (DiTC)

Dr J Minhas, Chair of the UHL Doctors in Training Committee (DiTC) attended to present the work of that Committee to the Trust Board. As outlined in paper K, the DiTC was a unique cross-specialty junior doctor Committee which had been formed at UHL in 2013, supported by the Department of Medical Education within the Corporate Medical Directorate. Currently representing 2/3 of specialties, the DiTC gave junior doctors the opportunity to take ownership of Trust-level problems and work constructively towards solutions. An article on the DiTC as a mechanism for change written by the DiTC Chair and published in the British Journal of Hospital Medicine (April 2017) was appended to paper K for information.

In discussion, the Trust Chairman noted his wish to invite the DiTC Chair to attend the Autumn 2017 Trust Board thinking day on education/research/training, and advised that he was happy to attend DiTC meetings when available. He noted that Col (Ret'd) I Crowe Non-Executive Director had undertaken to attend DiTC meetings on a regular basis. In response to a query from Col (Ret'd) I Crowe Non-Executive Director, the DiTC Chair outlined the governance processes in place for that Committee. The Acting Medical Director confirmed that she and the Medical Director hugely valued the input of the DiTC, and its support in implementing requirements such as the new junior doctors' contract. The DiTC was also valuable in identifying junior doctor issues requiring Medical Director input. The DiTC Chair also noted the Committee's role in countering the (widely-held) medical student myth that Leicester was driven by service provision to the detriment of education and training. The Chief Executive noted his wish to attend a future DiTC meeting to discuss issues re: continuity and junior doctors' relationships with Consultants, which had emerged from a thematic review of the Red2Green initiative. **MD CHAIR MAN/ ICNED** **CE**

Mr A Johnson Non-Executive Director welcomed the DiTC initiative, which he felt represented a 'quality circle' of quality improvements being enacted by people empowered to take them forward.

Resolved – that (A) the Chair of the DiTC be invited to attend the Autumn 2017 Trust Board thinking day on education/research/training; **MD**

(B) Col (Ret'd) I Crowe attend the DiTC (in addition to the Trust Chairman when available), and **ICNED/ CHAIR MAN**

(C) the Chief Executive attend a future DiTC meeting to discuss the thematic review from the R2G initiative (themes re: continuity and junior doctors' relationships with Consultants). **CE**

169/17/3 Responsible Officer (RO) Revalidation and Appraisal Annual Report 2016-17

The Responsible Officer's annual report at paper L advised the Trust Board on how UHL had fulfilled its statutory duties in 2016-17 as the Designated Body for medical practitioners employed by the Trust. The report was introduced by the Acting Medical Director as UHL's Responsible Officer and followed a prescribed NHS England format. As detailed in the report, the Trust Board was invited to approve the Statement of Compliance accordingly, for signature by the Chief Executive/Chairman. **CHAIR MAN/CE**

Paper L also highlighted how UHL was addressing the January 2017 recommendations from the Pearson Review ("Taking Revalidation Forward"). UHL's Responsible Officer acknowledged the need for further work within UHL to 'make it easier for doctors to pull together and reflect upon supporting information for their appraisal', which remained a challenge in terms of the systems being used.

In response to a question from Col (Ret'd) I Crowe Non-Executive Director, the Responsible Officer advised that all UHL Consultants had submitted their jobplans for 2017-18, with 91% approved. Robust measures were in place to chase any outstanding approvals. The Responsible Officer clarified however, that this was a separate issue to appraisal. In response to a further query from the Director of Communications, Integration and Engagement on how the increasing UHL Consultant numbers and related costs were tracked, although acknowledging this issue the Responsible Officer advised that due to a number of factors the 'rise' was not necessarily as it might first appear. The Director of Workforce and OD confirmed that Consultant appointments were being reviewed as part of the Trust's ongoing paybill review, and the Trust Chairman requested that medical Consultant aspects also be included in the August 2017 Trust Board thinking day session on workforce. **DWOD/ MD**

Resolved – that (A) the RO annual report 2016-17 and Statement of Compliance be approved accordingly, for signature by the Chief Executive/Chairman, and **CHAIR MAN/CE**

(B) Medical Consultant issues (including numbers) be discussed as part of the August 2017 Trust Board thinking day workforce session. **DWOD/ MD**

169/17/4 Research and Innovation 2017-18 Quarter 1 Update

The Deputy Medical Director introduced the 2017-18 quarter 1 update on research and innovation issues, as detailed in paper M. UHL continued to perform well in delivering high quality research (as judged by NIHR and LCRN data), but recruitment to studies had fallen. Although this was felt to be partly a reflection of previous over-performance an action plan was nonetheless appended to the report. In addition to describing the new projects underway and those in development, paper M also highlighted the UHL research and innovation team's further development of the EDGE database as a business intelligence tool, with UHL now being the national leader in the use of that system. In discussion on the report, Professor P Baker Non-Executive Director commented generally on the need to ensure that appropriate Intellectual Property considerations were taken in to account and secured in respect of innovative developments and projects.

Resolved – that the 2017-18 quarter 1 update on research and innovation be noted.

169/17/5 East Midlands Clinical Research Network (EMCRN) 2017-18 Quarter 1 Update

Professor D Rowbotham, EMCRN Clinical Director attended to introduce the 2017-18 quarter 1 EMCRN update and to seek Trust Board approval (as the EMCRN host) for the 2016-17 EMCRN annual delivery report. As detailed in paper N, EMCRN had performed well in 2016-17 achieving all but 2 metrics (1 of which had been dropped for 2017-18). Risks in 2017-18 included uncertainty around the future budget model, budget management (there being little room for flexibility and no contingency), the continued fall in study recruitment in the primary care setting, and uncertainty around the potential renewal of the Host contract.

With regard to recruitment, the EMCRN Clinical Director noted the need to emulate the recruitment increase achieved by Nottingham, who had almost doubled their recruitment numbers. The Director of Communications, Integration and Engagement noted that it would be helpful to have sight of Nottingham's plan to achieve that. Clarity was still awaited from the Department of Health on the process for identifying a host (post-2018-19), given that EMCRN was currently in year 4 of the 5-year contract. The Trust Chairman noted UHL's continued keen interest in being associated with the EMCRN, and requested that EMCRN issues be included in the Autumn 2017 Trust Board thinking day on research/education/training. Given the potential impact on any hosting bid, the Chief Executive advised that he would meet with the Medical Director, the Director of Research & Innovation and the EMCRN Clinical Director to discuss the fall in recruitment performance. The Director of Research & Innovation would also be able to represent the University of Leicester at that meeting. **MD/CD EMCRN** **MD** **CE/MD**

Resolved – that (A) an EMCRN representative be invited to attend the Autumn 2017 Trust Board thinking day on education/research/training; **MD**

(B) the Chief Executive meet with the UHL Medical Director, Director of Research & Innovation and the EMCRN Clinical Director to discuss the fall in recruitment performance; **CE/MD**

(C) Nottingham University Hospitals NHS Trust's research study recruitment plan be circulated for information, and **MD**

(D) the EMCRN 2016-17 annual delivery plan be approved by UHL as the EMCRN host organisation. **MD**

170/17 QUALITY AND PERFORMANCE

170/17/1 Quality Assurance Committee (QAC)

Paper O summarised the issues discussed at the 29 June 2017 QAC. There were no items recommended for Trust Board approval from that meeting, nor any for specific highlighting.

Resolved – that the summary of issues discussed at the 29 June 2017 QAC be noted as per paper N, and any recommended items be endorsed accordingly (Minutes to be submitted to the 3 August 2017 Trust Board) and taken forward by the relevant lead officer.

170/17/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Paper P summarised the issues discussed at the 29 June 2017 IFPIC, noting a recommended item on the risks and implications of the reduced UHL capital programme 2017-18. This item was approved as presented. **CFO**

Resolved – that the summary of issues discussed at the 29 June 2017 IFPIC be noted as per paper P (Minutes to be submitted to the 3 August 2017 Trust Board), and any recommended items endorsed accordingly and taken forward by the relevant lead officer. **CFO**

170/17/3 2017-18 Financial Performance – May 2017

Paper Q presented the Trust's month 2 financial position, which had been discussed in detail at the 29 June 2017 Integrated Finance Performance and Investment Committee meeting (paper P also refers). As agreed at the June 2017 Trust Board, in addition to summarising the month's financial performance the report's covering sheet had been expanded and now also referred to key issues including the forecast I&E position, performance against the agency spend cap, performance against UHL's cost improvement programme (CIP), UHL's management of unfunded cost pressures in 2017-18, and the risk mitigation strategies in place for 2017-18.

In terms of headline financial performance, as of month 2 UHL had achieved a year to date deficit of £13.6m which was in line with plan. However, the report drew the Trust Board's attention to the fact that there was significant risk associated with quarters 2-4, particularly in terms of CIP delivery due to the increasing savings profile through the year. CIP delivery was currently slightly ahead of plan (£3.6m delivery against £3.3m planned) driven by over-delivery on income schemes by 2 Clinical Management Groups (Emergency and Specialist Medicine, and Cancer Haematology Urology Gastroenterology and General Surgery).

The Chief Financial Officer would be undertaking a quarter 1 review of forecast/performance. Demand and capacity remained the key cost pressure, and the Director of Operational Improvement was leading work on a business case accordingly (for review by the Star Chamber chaired by the Chief Executive). In response to a query from the Trust Chairman, the Chief Financial Officer considered that CMGs and staff generally were aware that requests for additional funding would necessarily require reduced spending in other areas. Although agreeing that this message was clear, the Acting Medical Director commented on the need to avoid stifling innovation.

Resolved – that the 2017-18 month 2 financial position be noted.

171/17 REPORTS FROM BOARD COMMITTEES

171/17/1 Audit Committee

Resolved – that the Minutes of the 26 May 2017 Audit Committee be received (paper R), noting that the recommendations had been approved at the 1 June 2017 Trust Board.

171/17/2 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 25 May 2017 QAC be received (paper S), noting that the recommendations had been approved at the 1 June 2017 Trust Board.

171/17/3 Integrated Finance Performance and Investment Committee (IFPIC)

Resolved – that the Minutes of the 25 May 2017 IFPIC be received and noted (paper T – no recommendations).

172/17 CORPORATE TRUSTEE BUSINESS

172/17/1 Charitable Funds Committee

Resolved – that the Minutes of the 1 June 2017 Charitable Funds Committee be received and noted (paper U), and any recommendations endorsed accordingly by the Trust Board as Corporate Trustee.

173/17 TRUST BOARD BULLETIN – JULY 2017

Resolved – the following papers be noted as circulated with the July 2017 Trust Board Bulletin:-

(1) quarterly report on Trust sealings, and
(2) Minutes of the LLR System Leadership Team meeting held on 18 May 2017.

174/17 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

There were no questions raised by attendees at the public session of the Trust Board.

Resolved – that the position be noted.

175/17 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 176/17 to 184/17), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

176/17 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director and the Chief Financial Officer declared their interest in Minutes 179/17 and 180/17 below – it was agreed that these were non-prejudicial interests and that it was not necessary for them to absent themselves from the meeting for those items.

177/17 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 1 June 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR MAN**

178/17 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 would be prejudicial to the effective conduct of public affairs.

179/17 VERBAL REPORT FROM THE CHIEF FINANCIAL OFFICER AND MR A JOHNSON NON-EXECUTIVE DIRECTOR

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

180/17 REPORTS FROM THE CHIEF FINANCIAL OFFICER AND MR A JOHNSON NON-EXECUTIVE DIRECTOR

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

181/17 REPORTS FROM BOARD COMMITTEES

181/17/1 Audit Committee

Resolved – that the confidential Minutes of the 26 May 2017 Audit Committee be received and noted, and any recommendations be endorsed accordingly (paper Z).

181/17/2 Quality Assurance Committee (QAC)

Resolved – that the confidential Minutes of the 25 May 2017 QAC be received and noted, and any recommendations be endorsed accordingly (paper AA)

181/17/3 Integrated Finance Performance and Investment Committee (IFPIC)

Resolved – that (A) the confidential Minutes of the 25 May 2017 IFPIC be received and noted, and any recommendations be endorsed accordingly (paper BB) and

(B) the confidential summary of issues discussed at the 29 June 2017 IFPIC be noted (formal Minutes to be submitted to the 3 August 2017 Trust Board) (paper BB1).

182/17 CORPORATE TRUSTEE BUSINESS

182/17/1 Charitable Funds Committee

Resolved – that the confidential Minutes of the 1 June 2017 Charitable Funds Committee be received and noted, and any recommendations be endorsed by the Trust Board as Corporate Trustee (paper CC).

183/17 ANY OTHER BUSINESS

183/17/1 Outpatients Performance

Mr B Patel Non-Executive Director requested that a report reviewing outpatients performance be provided to a future Trust Board. **DCIE**

Resolved – that a report on outpatients performance be presented to a future Trust Board. **DCIE**

183/17/2 Interim Chief Operating Officer

At the request of Mr A Johnson Non-Executive Director, it was agreed to circulate the Interim Chief Operating Officer's CV to Trust Board members for information. **DWOD**

Resolved – that CV details for the Interim Chief Operating Officer be circulated to Trust Board members for information. **DWOD**

183/17/3 Report from the Acting Deputy Chief Nurse

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

183/17/4 Dr C Free – Acting Medical Director

The Chairman congratulated Dr C Free on her appointment as Medical Director for George Eliot NHS Trust, and thanked her for her contribution to UHL.

Resolved – that the position be noted.

184/17 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 3 August 2017 from 9am in Rooms A & B, Education Centre, Leicester General Hospital.

The meeting closed at 1pm

Helen Stokes – **Corporate and Committee Services Manager**

Cumulative Record of Attendance (2017-18 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	4	4	100	R Mitchell	3	2	67
J Adler	4	3	75	R Moore	4	2	50
P Baker	4	4	100	B Patel	4	4	100
S Crawshaw	3	1	33	J Smith	4	3	75
I Crowe	4	4	100	M Traynor	4	4	100
A Furlong	4	3	75	P Traynor	4	4	100
A Johnson	4	3	75				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
L Tibbert	4	4	100	E Rees	3	1	33
S Ward	4	4	100				
M Wightman	4	4	100				