UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 1 DECEMBER 2016 AT 9AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY

Voting Members present:
Mr K Singh – Chairman
Mr J Adler – Chief Executive
Professor P Baker – Non-Executive Director (from Minute 251/16)
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director
Mr R Mitchell – Chief Operating Officer (up to and including Minute 294/16)
Mr R Moore – Non-Executive Director
Mr B Patel – Non-Executive Director
Ms J Smith – Chief Nurse
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer

In attendance:
Mr M Caple – Patient Partner (for Minute 293/16)
Professor S Carr – Director of Medical Education (for Minute 292/16/1)
Miss M Durbridge – Director of Safety and Risk (up to and including Minute 290/16)
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 298/16)
Mr D Kerr – Director of Estates and Facilities (for Minute 302/16)
Ms E Meldrum – Assistant Chief Nurse (for Minute 292/16/1)
Ms H Stokes – Senior Trust Administrator
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Marketing and Communications

ACTION

283/16 APOLOGIES AND WELCOME

There were no apologies for absence.

284/16 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Chairman declared an interest in the Lakeside House practice which currently provided ED front door arrangements at UHL. He confirmed that he would absent himself from the meeting if members wished to discuss ED front door arrangements in any further detail during the emergency care performance item at Minute 289/16/3 below. In the event, it was not necessary for him to withdraw from the discussion.

285/16 MINUTES

Resolved – that the Minutes of the 3 November 2016 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR MAN**

286/16 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) the Chairman's request for any outstanding updates and specific timescales to be provided to the Senior Trust Administrator ahead of the January 2017 Trust Board, **ALL EDs**

and

(b) action 4a (Minute 252/16/1 of 3 November 2016) – the Quality Assurance Committee Non-Executive Director Chair requested that the mapping of the patient journey cover both inpatient and outpatient aspects. **CN**

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

287/16 CHAIRMAN'S MONTHLY REPORT – DECEMBER 2016

Reporting verbally, the Chairman noted in particular:-

(a) his visit (while on leave) to a leading publicly-funded hospital in Delhi, a briefing note on which would be circulated to Trust Board members for information. He had been particularly impressed by the 'can do' attitude, the level of clinical engagement, and the commitment to raising quality while using fewer resources that he had witnessed, and **CHAIR MAN**

(b) his attendance at the NHS Providers Conference, which had noted the unprecedented demands on NHS Trusts to provide services within challenging financial constraints. The Trust Chairman recognised the constraints in terms of workforce, finances and resources, and emphasised the need for UHL to remain focused on providing the best possible care and to remain open with the public on the challenges being faced.

<u>Resolved</u> – that an information note on the Chairman's visit to a Delhi hospital be circulated for information. **CHAIR MAN**

288/16 CHIEF EXECUTIVE'S MONTHLY REPORT – DECEMBER 2016

The Chief Executive's December 2016 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 C). The new template 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 290/16 below. In introducing his report, the Chief Executive noted:-

(a) the Trust's agreement (with NHS England and NHS Improvement) of what could and could not be delivered within existing resources in terms of 7 Day Services;

(b) the welcome news from the Department of Health that UHL had been awarded £1.44m (via the National Institute for Health Research) for new facilities to support clinical research and trials;

(c) continuing work by UHL's Executive Directors to translate the first 2 years of the LLR Sustainability and Transformation Plan into the contracting process – this was a challenging task given the tight financial envelope, and

(d) a number of workforce announcements made by the Secretary of State for Health at the recent NHS Providers Conference, as now outlined by the Chief Executive.

In discussing the Chief Executive's December 2016 report, the Trust Board:-

(i) noted comments from the Chief Operating Officer that the elective care standards were proving challenging due to emergency pressures. He confirmed

that the opening of ward 7 at the LRI was helping with the medical outliers position, and noted that it was hoped to achieve the elective care standard in November 2016 (against the national trend). Pressures in ICU and HDU continued to impact adversely on performance against the cancer targets, however, and

(ii) noted clarification from the Trust Chairman (for the benefit of public attendees) that the Quality Assurance Committee and the Integrated Finance and Performance and Investment Committee scrutinised quality and performance issues in great detail at their monthly meetings.

Resolved – that the Chief Executive's monthly report for December 2016 be noted.

289/16 KEY ISSUES FOR DECISION/DISCUSSION

289/16/1 Patient Story – Serious Untoward Incident

As detailed in paper D (and accompanying video presentation) from the Medical Director, this patient story focused on a negative experience of a patient pursuing a complaint and claim following basal cell carcinoma surgery. The principal underlying issue was that no detailed information had been provided to the patient before her surgery, and the complaint also demonstrated the need to put the patient first. The video clip also highlighted the patient's dissatisfaction at the qualified nature of some of the apologies provided to her by the Trust, and at the fact that the complaint response had not addressed all of her issues. The patient had found the complaint and claim process to be very difficult, and the fact that the care involved dated back to 2009 illustrated the longterm impact that such issues could have on patients and their families. The Chief Nurse also commented that this story showed how much any lack of staff empathy impacted on patients.

The Director of Safety and Risk advised that the video had been produced by the NHS Litigation Authority (NHSLA), reflecting a more proactive approach by that organisation in developing learning tools to help NHS Trusts. The video (which did not name UHL as the Trust involved) had been launched at an NHSLA event on 30 November 2016. The Director of Safety and Risk advised that the patient was pleased with the changes made by the Trust since her original complaint, including the work of the Independent Complaints Review Panel and improvements to the quality of apologies.

In discussion on this safety incident patient story, the Trust Board:-

(a) noted comments from the Chief Nurse on the powerful message within the video, which showed staff the need to act in a caring and compassionate manner and not view patients in throughput terms. The Chairman also noted the importance of being receptive to patients' needs;
(b) noted the Medical Director's acknowledgement that there was still scope for further improvement and learning from this patient experience, although significant improvements had been made since that time. The Medical Director also emphasised the importance of saying sorry to patients and not being defensive, and he agreed to circulate the NHSLA 'saying sorry' leaflet for information; **MD**
(c) noted Non-Executive Director suggestions and comments on the benefits of/scope for:-
    - a 'mystery shopper' approach to gain insight into the patient experience;
    - training staff to say sorry;
    - exploring how to provide appropriate and adequate support to any patients wishing to access the complaints and claims processes, recognising that some patients might need more support in doing so than others;
(d) queried the impact of the NHSLA's more proactive approach – in response, the Director of Safety and Risk outlined a number of initiatives including UHL's involvement in the 'Sign up to Safety' campaign, and a successful UHL bid for safety

monies which included receiving NHSLA support to help the Trust produce (and launch once finalised) a safety video re: reducing birth injuries, and **MD/ DSR**

(e) requested that appropriate thought be given to how best to share the video more widely with UHL clinical staff, and to addressing the points in (c) above.

Resolved – that (A) the NHSLA 'Saying Sorry' leaflet be circulated to Trust Board members for information, and **MD**

(B) opportunities be reviewed for sharing the video more widely within the Trust, and for responding to Non-Executive Director comments re:- **MD/ DSR**

- **the potential use of a 'mystery shopper' approach to gain insight in to the patient experience;**
- **the need to train staff in saying sorry, and**
- **the need to provide appropriate and adequate support to any patients wishing to access the Trust's complaints and claims processes.**

289/16/2 East Midlands Congenital Heart Centre (EMCHC) Update

Further to Minute 252/16/2 of 3 November 2016, paper E updated members on the congenital heart disease (CHD) review, the key actions for immediate attention, and associated risks. The Director of Marketing and Communications advised that public consultation had now been delayed until after Christmas, and he noted the continuing good support UHL was receiving from its stakeholders. Feedback from a recent meeting between East Midlands MPs and NHS England appeared to indicate however that NHS England was still not assured of the co-location plans, nor of the Trust's position on patient choice. UHL intended to write further on these issues to NHS England.

In discussion, the Healthwatch representative voiced concern that NHS England would not be swayed by public consultation, given its responses to date. In response to Non-Executive Director queries, the Director of Marketing and Communications advised that no further information had been received on the format of or arrangements for public consultation. The wording of the actual question being asked would be crucial, eg whether national agreement was being sought to the proposals as a whole. The Director of Marketing and Communications also outlined UHL's continued work (led by clinicians) to strengthen relations with other local NHS Trusts and clarify the implications for wider tertiary services.

Resolved – that the monthly progress update on EMCHC be noted.

289/16/3 Emergency Care Performance

The Trust Chairman reiterated his declaration of interest in relation to Lakeside House and confirmed that he would absent himself from the meeting if this issue was discussed in detail (this did not prove necessary).

Further to Minute 252/16/3 of 3 November 2016, paper F updated the Trust Board on recent emergency care and Clinical Decisions Unit performance. To provide additional assurance to the Trust Board, the expanded report included the latest iteration of the LLR recovery action plan at appendix 1 and advised the Trust Board of progress on the 7 key actions within that plan.

Paper F confirmed that the Trust remained under acute operational pressure due to increasing emergency demand, with October 2016 4-hour performance at 78.3% and November 2016 performance of 74.4% up to 16 November 2016. For the 2016-17 year to date, an average of 652 patients had been seen every day in ED, with a new 24-hour high of 776 patients on 15 November 2016. However, despite these operational pressures, the Chief Operating Officer considered that a plan was now in place which could improve the

situation, helped by the GP assessment unit changes now in place. The opening of Ward 7 at the LRI and Ward 23a at the Glenfield Hospital was also expected to play a key role in increasing capacity. The Chief Operating Officer also described the new 'red to green' initiative which would be implemented (in the first instance) across medical base wards at the LRI from 12 December 2016. Red to green was a key organisational priority for UHL, and a detailed briefing session would be held on this initiative following today's Trust Board meeting. The Chief Operating Officer also commented on the continued need to support ED staff, and he noted the additional medical and operational management input currently in place. It was also vital that demand management discussions continued with healthcare partners, to reduce currently-unmanageable activity levels.

In discussion on the emergency care performance update, the Trust Board:-

(a) noted that the December 2016 Trust Board thinking day would also discuss emergency care issues, recognising that this remained a key priority for UHL;
(b) noted the unique opportunity presented by the opening of the new Emergency Floor, to effect cultural and practical change. The Chief Executive echoed the Chief Operating Officer's view that there were plans in place to address the current emergency care challenges, with red to green being a key part of those solutions. The Chief Executive also commented on the productive discussions with partners re: combating unnecessary delays in the wider LLR system, noting the pressures on social care resourcing;
(c) requested further assurance on the plans in place to manage the move to the new Emergency Floor (see also Minute 290/16 below noting the agreement to provide a monthly Trust Board update on this issue), and also suggested that an appropriate programme of visits (by partner organisations) to the new Emergency Floor facility be developed; **COO** **COO**
(d) welcomed the sense of positivity and momentum for change provided by this update, and noted the need for staff to feel empowered to deliver change and improve the patient experience;
(e) noted the need to maintain an appropriate focus on delivering the amber and red elements of the LLR emergency care recovery action plan (noting assurance from the Chief Operating Officer that the RAP was monitored fortnightly), and **COO**
(f) agreed to keep the Healthwatch representative informed of the outcome of the red to green initiative (as per his request made now). **COO**

Resolved – that (A) further assurance be provided on the plans in place to manage the move to the new Emergency Floor (see Minute 290/16 below for the decision to provide a monthly update to the Trust Board); **COO**

(B) an appropriate programme of visits (by partner organisations) to the new Emergency Floor facility be developed; **COO**

(C) an update on the outcome of the red to green initiative be provided to the Healthwatch representative, and **COO**

(D) an appropriate focus be maintained on delivering the amber and red elements of the LLR emergency care recovery action plan. **COO**

289/16/4 Equality and Diversity Action Plan Update

Paper G updated the Trust Board on progress against the 5 themes of UHL's equality action plan, as last reviewed in August 2016. The report also summarised progress on the Equality Delivery System action plan (incorporating the Workforce Race Equality Standards [WRES]) and noted that the January 2017 Trust Board thinking day would include a session on the equality programme with external input from the National Equality Lead.

The Director of Workforce and OD advised that good progress had been made in some workforce areas, including recruitment and talent development. A reverse mentoring programme would begin in January 2017, with feedback provided accordingly to the Trust Board during 2017. The Director of Workforce and OD also noted the April 2017 requirement to implement workforce disability equality standards (similar to the WRES). In discussion on paper G the Trust Board noted in particular:- **DWOD**

(a) the Trust's intention to sign the British Sign Language Charter at the January 2017 Trust Board thinking day (sign up as agreed at the August 2016 Trust Board – Minute 166/16/2 refers);
(b) progress on Non-Executive Director and Associate Non-Executive Director recruitment, and
(c) ongoing work to address GMC feedback re: medical student equality behavioural issues, as now raised by Col (Ret'd) I Crowe Non-Executive Director (Minute 292/16/1 below also refers).

Resolved – that (A) an update on the reverse mentoring programme be provided to the Trust Board during 2017, and **DWOD**

(B) the formal UHL signing of the British Sign Language Charter be effected at the 12 January 2017 Trust Board thinking day. **DWOD**

289/16/5 Armed Forces Corporate Covenant – 1-Year Review

Paper H detailed the activities undertaken in the last 12 months since UHL's November 2015 signing of the Armed Forces Corporate Covenant, noting that a reservist recruitment event was also actively being pursued. UHL currently welcomed Armed Forces staff into the ED workforce to allow them to maintain and build on their existing clinical skills, and the Trust worked in partnership with the Career Transition Partnership (the Ministry of Defence's official provider of Armed Forces resettlement), advertising key roles via the CTP jobs portal to attract applications from military staff and their families seeking employment after discharge. UHL's silver award through the MoD employer recognition scheme was due for renewal, with ambitions of possible gold award achievement.

As the Trust's Armed Forces Champion, Col (Ret'd) I Crowe Non-Executive Director noted the Armed Forces focus of some funding recently received from Mesothelioma UK. He also noted the opportunities for interaction presented by the move of the National Defence and Rehabilitation Centre to Stanford Hall. The Trust Board thanked both Col (Ret'd) I Crowe and the Director of Workforce and OD for their work on UHL's initiatives with the Armed Forces.

Resolved – that the update on the Armed Forces Corporate Covenant be noted.

290/16 RISK MANAGEMENT – INTEGRATED RISK REPORT

Paper I comprised the new integrated risk report, presenting the revised 2016-17 Board Assurance Framework (BAF) for endorsement and also summarising any new organisational risks scoring 15 or above (none opened during October 2016). The Trust Board was also invited to consider whether there were any assurance gaps or inadequate controls in the current Board Assurance Framework. The Medical Director confirmed that the Executive team suite of meetings continued to review specific relevant risks, and that the Audit Committee scrutinised the BAF in detail. Risks 18 and 19 (*delay to the approvals for the EPR programme* and *lack of alignment of IM&T priorities to UHL priorities*, respectively) had not yet been updated following the 29 November 2016 Executive IM&T Board, and would also be amended to reflect IM&T discussions planned for the December 2016 Trust Board thinking day.

In discussion on the integrated risk report, the Trust Board:-

(a) noted queries from the Audit Committee Non-Executive Director Chair as to whether the Emergency Floor featured prominently enough in the BAF and whether further assurance was needed by the Trust Board. Although recognising that the scheme was currently covered through the monthly reconfiguration report to Trust Board, it was agreed that an update on the Emergency Floor would be added into the existing monthly Trust Board update on emergency care, noting the key issues of workforce and IM&T considerations (see also Minute 289/16/3 above), and **COO**

(b) noted (in response to a query from the Audit Committee Non-Executive Director Chair) that the Chief Executive would contact the LLR Sustainability and Transformation Plan (STP) Senior Responsible Officer to discuss progress on a single dashboard for the STP. He noted, however, that the key focus currently was on the STP implementation plan and its translation into contracts. The Chairman reiterated the need for a single STP dashboard used by all partner organisations. **CE**

<u>Resolved</u> – that (A) an update on the Emergency Floor be added into the existing monthly Trust Board update on emergency care, and **COO**

(B) the development of a single, cross-organisational dashboard for the LLR STP be discussed with the STP SRO. **CE**

291/16 STRATEGY AND RECONFIGURATION

291/16/1 <u>Sustainability and Transformation Plan (STP), Better Care Together (BCT) and UHL Reconfiguration Programme</u>

This new integrated report at paper J updated members on LLR STP and BCT progress, noting that this set the context for UHL's own reconfiguration programme. The draft LLR Sustainability and Transformation Plan was also appended to paper J, and the Director of Marketing and Communications outlined the recent discussions regarding that draft document, including a special Board meeting of all organisations to sign off the STP on 22 November 2016. On that date, UHL's Trust Board had endorsed the LLR STP's strategic direction and also specifically raised a number of risks as detailed in paper J. The Chief Executive reiterated the very challenging position presented by the demand and capacity imbalance, and noted ongoing system-wide work on that issue.

The Chief Financial Officer commented that the national stratification system for the STPs had not proved as simplistic as initially thought – this was presenting its own challenges in terms of reconfiguration schemes and accessing national capital. As previously reported, UHL's refreshed reconfiguration SOC was due for Trust Board consideration in February 2017, and the Chief Financial Officer also advised that discussion on the principle of PF2 options (and Department of Health/Treasury views) was scheduled for the January 2017 Trust Board thinking day. It was further noted that an update on STP governance would be provided to the Trust Board on either 22 December 2016 or 5 January 2017. **DCLA**

In discussion on paper J, the Trust Board:-

(a) noted a query from the Healthwatch representative as to any potential contingency plan for the Trust's reconfiguration programme (given the continuing lack of clarity re: the availability of national capital) and his request for appropriate public assurance on this issue. The Chief Financial Officer agreed to consider this latter issue outside the meeting, and the Trust Chairman advised that the Trust remained committed to developing appropriate plans; **CFO**

(b) noted the view of the Chief Executive that Midlands and East capital plans were seen not seen as unrealistic, and were being prioritised accordingly. However, he reiterated the impact of the continued uncertainty over capital allocations. It was

noted that EPR options would be discussed further at the December 2016 Trust Board thinking day, and

(c) noted that final feedback on the LLR STP had not yet been received from NHS England and NHS Improvement. The 'next steps' for STP sign-off remained somewhat uncertain, as did the details of any associated capital prioritisation process. LLR was keen to be able to go out to public consultation as soon as possible, however, so central feedback was actively being sought.

Resolved – that (A) consideration be given to the most appropriate way to provide further public assurance on reconfiguration contingency plans, given the constraints on capital availability, and **CFO**

(B) further proposals for STP governance arrangements be presented to the Trust Board in either December 2016 or January 2017. **DCLA**

292/16 EDUCATION AND TRAINING

292/16/1 Multi-Professional Education 2016-17 Quarter 2 Update including the Medical Education Quality Improvement Plan

Paper K comprised the latest 2016-17 quarterly update on multi-professional education, to which the improving medical education quality plan was appended. Any Trust Board comments on that plan were welcomed, and the Director of Medical Education noted further work being undertaken on the plan's RAG ratings and action dates. As the Non-Executive Director lead for education, Col (Ret'd) I Crowe noted his hopes that the medical education quality improvement plan would be a priority at both Trust and CMG level.

In introducing paper K, the Director of Medical Education and the Assistant Chief Nurse drew particular attention to:-

(1) the initial feedback from the 25 October 2016 GMC visit to UHL, which was set out in appendix 2 of paper K. The visit was thought to been positive overall, and the visiting team had highlighted 7 areas which were considered to be working well and had commended the Trust on its commitment to education. However, certain areas had been identified for improvement, including IT systems, a lack of structure in the delivery of undergraduate education, and the understanding of equality and diversity issues. Col (Ret'd) I Crowe Non-Executive Director considered that the GMC's visit had been well supported by the Trust, and he suggested that the Trust Board should express its thanks to those staff involved in the organisational arrangements. The Medical Director also noted the need to reflect GMC feedback on potential patient safety aspects of UHL's IT systems at the December 2016 Trust Board thinking day; **MD** **MD/CIO**

(2) the good feedback received to date on the new medical school curriculum introduced in September 2016;

(3) progress on a multi-professional education facilities strategy, which was now included in UHL's reconfiguration strategy (the Director of Workforce and OD was the SRO for that element);

(4) the 30 Nursing Associate trainees starting in January 2017. Their role, accountability and scope were detailed in paper K, and the Assistant Chief Nurse confirmed that the Nursing Associate role would now be professionally regulated by the Nursing and Midwifery Council (which was welcomed). Although initially funded by a Department of Health grant, the longer-term funding of Nursing Associates was not yet clear, with money needed for both academic training and infrastructural requirements;

(5) progress on nurse and HCA recruitment, including overseas recruitment of

registered nurses (eg 112 from the Philippines had been offered UHL roles) and the very successful format of a new approach to HCA recruitment, and

(6) the new non-medical education and training facility at the Glenfield Hospital, on the site of the former Alfred Hill centre. This was a very significant improvement in the provision of non-medical education and training, and paper K noted the very high standard of the facility. Although the facility was already in use, an appropriately high-profile formal opening ceremony was also being arranged, and the Chief Nurse noted the unique in-house training opportunities offered by the facility. In discussion, the Trust Chairman noted the key need to invest in staff education and training despite operational pressures, and queried the future scope for UHL to consider becoming a training provider. The Chief Executive also commented on the need for the name of the new educational facility at the Glenfield Hospital to reflect that it was available for all staff. The Chief Nurse noted these points, and clarified that the facility was also an LLR facility.

The Non-Executive Director Chairs of the Quality Assurance and Integrated Finance, Performance and Investment Committees commented on their recent attendance at a 3rd year medical student session – it was planned to present the specific project (the Q-Eye initiative) to a future Trust Board meeting. **MD**

<u>Resolved</u> – that (A) the Trust Board's thanks to all those involved in the GMC's October 2016 visit to UHL be communicated to appropriate staff; **MD**

(B) GMC visit feedback re: UHL IT systems be raised appropriately in the IM&T update at the December 2016 Trust Board thinking day, and **MD/CIO**

(C) the Q-Eye medical students initiative be presented to the Trust Board in early 2017. **MD**

292/16/3 <u>Royal College of Surgeons Invited Review of Oral and Maxillo-Facial Surgery (OMFS) Services</u>

The Medical Director tabled a paper detailing the preliminary findings of a UHL-commissioned external review (by the Royal College of Surgeons [RCS]) of the Trust's Oral and Maxillo-Facial Surgery (OMFS) service. Following the review, the Trust had taken the decision to suspend all respective cancer surgery of the oral cavity and oropharynx with immediate effect, pending a further in-depth clinical records review by the Royal College of Surgeons. This in-depth review of 60 cases was hoped to take place over the coming weeks. The RCS had no concerns with regard to the rest of the OMFS service, which was therefore continuing.

Staff and all patients affected by the immediate suspension had been contacted by the Trust, and UHL was working with NHS England and neighbouring Trusts to offer patients surgery in other units. Initial work had indicated that approximately 40 patients per year underwent this type of surgery. The Medical Director considered that this element of UHL's service was likely to be paused until at least February 2017, dependent on the outcome of the further RCS in-depth review. In discussion, the Chairman requested that the resulting action plan be reviewed by the Quality Assurance Committee once available, with the Trust Board kept appropriately informed. **MD**

<u>Resolved</u> – that the action plan resulting from the planned further RCS review be reviewed by QAC once available, and the Trust Board kept informed as appropriate. **MD**

293/16 PATIENT AND PUBLIC INVOLVEMENT (PPI) AND ENGAGEMENT

293/16/1 UHL PPI Strategy 2016-17 – Quarter 2 Update

Paper L advised the Trust Board of quarter 3 progress on the Trust's PPI Strategy implementation plan, including an update on outcomes from the August 2016 Trust Board thinking day re: patient and public involvement and engagement. Mr M Caple, Chair of the Patient Partners attended for this item. Paper L noted continuing progress in recruiting Patient Partners, and advised that a recent campaign had increased the number of 'ePartners' to 234. An action arising from the August 2016 Trust Board thinking day event had led to the creation of a joint patient group (hosted by UHL and involving the various different PPI organisations from that thinking day) which had now met for the first time. The Healthwatch representative noted the desire to have a more coordinated process for feeding in PPI views to UHL and outlined the steps taken to this effect.

The Patient Partner Chair noted the need to maintain momentum on the August 2016 Trust Board thinking day PPI issues (as outlined in appendices 1 and 2 of paper L), without creating unnecessary bureaucracy. He also noted his view that UHL had become more transparent and open with the Patient Partners, and involved them in a greater range of activities. In discussion on the report, the Trust Board:-

(a) noted the need to integrate the patients' perspective into Trust planning as a matter of course. Mr B Patel Non-Executive Director reiterated that effective patient and public involvement/engagement made good business sense. He also emphasised the need to understand where/how individual groups wished to access the PPI process, eg whether this was at an overarching strategic or more specific interest level;
(b) noted the need for adequate and appropriate resourcing of patient and public involvement. Mr B Patel Non-Executive Director also noted the impact on equality and diversity objectives, and suggested that UHL could go further on these agendas;
(c) suggested a need to access the knowledge and views of UHL's volunteers, as an additional source of input; **DMC**
(d) suggested that a 'mystery shopper' approach to the patient experience would also potentially be helpful. In response to further comments, the Medical Director advised that UHL already obtained anonymised patient data through the outpatients survey. It was recognised that appropriate resulting use of feedback data was the key issue, rather than the gathering of the data alone, and
(e) noted that an update on the PPI issues outlined in paper L would be provided to the December 2016 QAC. **DMC/ MC,PP**

Resolved – that (A) consideration be given to how best to tap into the knowledge and views of UHL's volunteers, and **DMC**

(B) a progress report on the patient and public engagement issues raised within paper L be provided to the December 2016 QAC by the Patient Partner lead. **DMC/ MCPP**

294/16 QUALITY AND PERFORMANCE

294/16/1 Quality Assurance Committee (QAC)

Paper M summarised the issues discussed at QAC's 24 November 2016 meeting, and sought Trust Board approval for the recommendation to consider the effects on flow and communications of the March 2017 closure of the Balmoral Building entrance (linked to the Emergency Floor work). In response to a query from the Chief Executive, the Chief Financial Officer confirmed that this was being considered by the appropriate working group, and the Chief Operating Officer noted the need for appropriate communication with patients. The Director of Marketing and Communications also confirmed that access-related work was underway led by Facilities, with an update to be provided to the Reconfiguration Board accordingly. The Trust Chairman requested that appropriate assurance also be provided to **DMC/**

QAC. **COO**

Paper M also specifically noted a presentation on patient safety and quality improvement, and invited any Trust Board feedback on this issue to the Director of Safety and Risk. **ALL**

Resolved – that (A) the summary of issues discussed at the 24 November 2016 QAC be noted (Minutes to be submitted to the 5 January 2017 Trust Board) and any actions progressed as appropriate;

(B) any further Executive or Non-Executive Director comments on the safety improvement presentation made to the November 2016 QAC be sent to the Director of Safety and Risk, and **ALL**

(C) assurance be provided to QAC re: the project plan in place re: LRI access during the planned March 2017 closure of the Balmoral Building entrance. **DMC/ COO**

294/16/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Resolved – that the summary of issues discussed at the 24 November 2016 IFPIC be noted as per paper N (Minutes to be submitted to the 5 January 2017 Trust Board).

294/16/3 2016-17 Financial Performance – October 2016

Paper O presented the Trust's month 7 financial position (as discussed in detail at the November 2016 IFPIC). The Trust's deficit position for the year to date (£9.9m) reflected underlying pressures and the Chief Financial Officer advised that an action plan was in place to address the runrate and achieve the year-end control total. The Trust continued to forecast delivery of the planned £8.3m deficit. The Chief Financial Officer advised that UHL had submitted a Sustainability and Transformation Fund (STF) appeal to NHS England and NHS Improvement, the outcome of which would be known before Christmas 2016. The financial plan was assuming full receipt of STF monies.

The Chief Financial Officer advised that agency spend was currently £1.6m adverse to plan and reiterated his previous comments that UHL was unlikely to achieve the 2016-17 cap. He also noted the continuing focus on cash by the Integrated Finance Performance and Investment Committee (IFPIC), and outlined the Trust's access to temporary borrowing in November and December 2016. A review was also underway by PwC to support the identification of appropriate solutions. Although it was now thought unlikely that any additional national capital would be forthcoming in 2016-17, the Chief Financial Officer advised that some external funding (national cancer monies) had been agreed for a linear accelerator, which was welcomed.

The Trust was now also focusing on 2017-18 financial plans, with a draft iteration considered by the November 2016 IFPIC. A central response to UHL proposals regarding its 2017-18 control total was awaited. The Chief Financial Officer noted the growing importance attached to delivery of financial targets. In discussion, the Trust Board noted the competing operational and financial pressures on NHS Trusts, and the importance of transparency on the actions taken.

Resolved – that the October 2016 financial position be noted.

295/16 REPORTS FROM BOARD COMMITTEES

295/16/1 Audit Committee

The Audit Committee Non-Executive Director Chair highlighted that Committee's November 2016 discussions on the Board Assurance Framework, as detailed in Minute 87/16/1 of

paper P, which had (1) mooted the need for an additional risk on the scale of the change facing UHL and (2) queried whether sufficient Executive airtime was available for the BAF. In response, the Chief Executive noted that the current review of UHL annual organisational priorities would also be an opportunity to reflect on the appropriateness of the BAF risks overall – this would be progressed through a Trust Board thinking day early in 2017. **MD**

The Audit Committee Non-Executive Director Chair also advised that Internal Audit comments on the need to raise the profile of UHL's clinical audit function were being pursued accordingly by the Medical Director, Chief Nurse and Director of Corporate and Legal Affairs.

Resolved – that (A) the Minutes of the 3 November 2016 Audit Committee be received and noted, and any recommendations endorsed accordingly, and

(B) the revision of UHL's Board Assurance Framework be discussed at a Trust Board thinking day in early 2017, taking appropriate account of the reworking of UHL's organisational priorities. **MD**

295/16/2 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 27 October 2016 QAC be received and noted, and any recommendations endorsed accordingly.

295/16/3 Integrated Finance Performance and Investment Committee (IFPIC)

Resolved – that the Minutes of the 27 October 2016 IFPIC be received and noted, and any recommendations endorsed accordingly.

296/16 TRUST BOARD BULLETIN – DECEMBER 2016

Resolved – it be noted that no papers had been circulated for the December 2016 Trust Board Bulletin.

297/16 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following queries/comments were raised in response to the business transacted above:-

(a) a Patient Partner comment on the potential need to review the information given to patients, as evidenced in the patient story at Minute 289/16/1 above. The Patient Partner suggested a need to strengthen UHL's Patient Information Group accordingly, and also queried whether the current PILS function provided the same service to patients as the former PALS function;

(b) a Patient Partner request to avoid 'silo' thinking within the PPI Strategy and widen consideration to non-UHL PPI groups. The Director of Marketing and Communications agreed to review this accordingly, and **DMC**

(c) a query as to whether the disabled parking access road would remain open when the Balmoral Building entrance was closed in March 2017. The Chief Executive advised that this and other issues would form part of the working group's considerations, and noted his view that the aim was not to reduce the overall disabled parking provision. The requester also commented on the need for clear signage to aid patients and relatives.

Resolved – that the queries above and any associated actions, be noted and progressed by the identified lead officer(s). **NAMED LEADS**

298/16 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 299/16 – 306/16), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

299/16 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

There were no declarations of interests in the items of confidential business.

300/16 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 3 November 2016 Trust Board be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR MAN**

301/16 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.

302/16 JOINT REPORT FROM THE DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT AND THE DIRECTOR OF ESTATES AND FACILITIES

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

303/16 REPORTS FROM BOARD COMMITTEES

303/16/1 Audit Committee

Resolved – that the confidential Minutes of the 3 November 2016 Audit Committee be received and noted, and any recommendations endorsed accordingly.

303/16/2 Quality Assurance Committee (QAC)

Resolved – that the confidential Minutes of the 27 October 2016 QAC and the confidential summary of the 24 November 2016 QAC be received and noted, and any recommendations endorsed accordingly.

303/16/3 Integrated Finance Performance and Investment Committee (IFPIC)

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

304/16 CORPORATE TRUSTEE BUSINESS

304/16 Report from the Director of Corporate and Legal Affairs

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

305/16 ANY OTHER BUSINESS

There were no items of Any Other Business.

306/16 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meetings be held as follows:-

(A) an extraordinary Trust Board meeting on Thursday 22 December 2016 from 8am in the Board Room, Victoria Building, Leicester Royal Infirmary (this was subsequently confirmed as a private meeting), and

(B) Thursday 5 January 2017 from 9am in rooms A & B, Education Centre, Leicester General Hospital.***

***** post meeting note – the start time and venue details for the 5 January 2017 Trust Board were subsequently altered to 10am and the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary *****

The meeting closed at 1pm

Helen Stokes – **Senior Trust Administrator**

Cumulative Record of Attendance (2016-17 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	13	11	85	A Johnson	13	13	100
J Adler	13	13	100	R Mitchell	13	10	77
P Baker	10	8	80	R Moore	13	12	92
I Crowe	13	12	92	B Patel	9	7	78
S Dauncey	4	3	75	J Smith	13	12	92
A Furlong	13	10	77	M Traynor	13	12	92
A Goodall	3	2	67	P Traynor	13	13	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Henson	9	9	100	L Tibbert	13	12	92
				S Ward	13	12	92
N Sanganee	6	3	50	M Wightman	13	10	77