UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 7 SEPTEMBER 2017 AT 9AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY

Voting Members present:
Mr K Singh – Chairman (excluding Minute 234/17/1)
Mr M Traynor – Deputy Chairman (and Acting Chairman for Minute 234/17/1)
Mr J Adler – Chief Executive
Professor P Baker – Non-Executive Director
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director
Mr T Lynch – Interim Chief Operating Officer
Mr R Moore – Non-Executive Director
Mr B Patel – Non-Executive Director
Ms J Smith – Chief Nurse
Mr P Traynor – Chief Financial Officer

In attendance:
Mr C Benham – Director of Operational Finance (for Minute 235/17)
Mr M Caple – Chair, Patient Partners (for Minute 221/17/2)
Miss M Durbridge – Director of Safety and Risk (up to and including Minute 222/17/1)
Mr D Kerr – Director of Estates and Facilities (for Minute 235/17)
Mr T Pearce – Major Projects Finance Lead (for Minute 235/17)
Mr E Rees – LLR Healthwatch representative (up to and including Minute 230/17)
Ms H Stokes – Corporate and Committee Services Manager
Mr D Street – Acting Head of Procurement (for Minute 235/17)
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

215/17 APOLOGIES AND WELCOME

There were no apologies for absence.

216/17 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 221/17/4 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.

217/17 MINUTES

Resolved – that the Minutes of the 3 August 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR MAN**

218/17 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for resolution. It was agreed to progress the site tour referred to in action 21 (Minute 62/17 of 2 March 2017), particularly for Non-Executive Directors. **CCSM**

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

219/17 CHAIRMAN'S MONTHLY REPORT – SEPTEMBER 2017

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

(a) the continuing performance challenges within the Trust's Emergency Department, and the need also to focus on achieving better outcomes in terms of the patient journey through (and beyond) ED;
(b) the reappointment of Mr A Johnson Non-Executive Director for a further 4-year term effective from 1 November 2017, which was welcomed. NHS Improvement would shortly be advertising for the current UHL Non-Executive Director vacancy, and the Chairman noted the wish also to appoint a non-voting Associate Non-Executive Director. The person specification and job description for those roles would be circulated to Trust Board for information, and the Director of Communications, Integration and Engagement agreed to consider how best to publicise them, and **DWOD/ DCIE**
(c) the increasing focus of regulators such as NHS Improvement and the Care Quality Commission on the role and capability of Trust Boards. UHL had recently worked with NHS Providers on Board effectiveness, and the Chairman noted the proposals at Minute 222/17/3 below regarding Trust Board and Board Committee governance.

Resolved – that consideration be given to how best to publicise the Non-Executive Director vacancy and the new Associate Non-Executive Director roles (job description and person specification also to be circulated for information). **DCIE/ DWOD**

220/17 CHIEF EXECUTIVE'S MONTHLY REPORT – SEPTEMBER 2017

The Chief Executive's September 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). Any comments on the revised format and content of paper D would be welcomed. **ALL**

The Chief Executive considered that the 3 main priorities for the Trust at present were emergency care performance, EMCHC, and financial performance, all of which were covered in detail elsewhere on this Trust Board agenda. He advised that the outcome of the Trust's routine quarterly review meeting with NHS Improvement was appended to paper D in the interests of transparency. The Chief Executive also noted that the outcomes from the CQC's unannounced inspection of wards 42 and 43 at the Leicester Royal Infirmary would be monitored internally through UHL's Executive Quality Board and Quality Assurance Committee. There had been no enforcement action arising from that inspection. UHL had also now received the formal information request from the CQC which preceded its "well-led" inspection of the Trust. Although that inspection would be within 12 weeks, neither its exact date nor the specific service focus would be known in advance.

In reviewing the Chief Executive's September 2017 report, the Trust Board:-

(a) discussed the various indicators on the quality and performance dashboard at appendix 1, particularly noting the good performance on ambulance handovers. Fractured neck of femur performance continued to improve, as did progress on the 62-day wait cancer target. At 91.8%, 18-week referral to treatment performance was very slightly below the 92% target. The Quality Assurance Committee continued to review the red indicator on harms, and
(b) noted the Chairman's suggestion that Non-Executive Directors should visit the Ophthalmology Department to view the significant positive progress made in that very high-activity area. He particularly commented on the impressive leadership, culture and patient outcomes in Ophthalmology. **NEDs**

Resolved – that (A) any comments on the revised format and content of paper D be passed to the Chief Executive, and **ALL**

(B) Non-Executive Directors consider visiting the Ophthalmology Department to witness the positive developments made in that area. **NEDs**

221/17 KEY ISSUES FOR DECISION/DISCUSSION

221/17/1 Patient Safety Story – Regulation 28 Report from HM Coroner

Paper E and the accompanying presentation from the Director of Safety and Risk detailed the Trust's receipt of a Regulation 28 (Preventing Future Deaths) Report from the Coroner in June 2017. The report related to the case of Mr M Halfpenny who had been referred to UHL for Aortic Abdominal

Aneurysm (AAA) screening by his GP. As detailed in the presentation, the screening request had been sent to the wrong area within UHL (radiology rather than vascular) and had been rejected and returned to the GP as AAA screening was not offered by that service. Mr Halfpenny had been admitted to ED 9 months later, diagnosed with a ruptured AAA and subsequently died. The presentation also detailed the very significant impact of Mr Halfpenny's death on his family, who were understandably further distressed by the fact that his death could have been avoided. Mr Halfpenny's family welcomed this public Trust Board discussion but had not wished to attend in person.

The Coroner had issued 3 Regulation 28 letters to the different healthcare organisations involved in Mr Halfpenny's care, and the Director of Safety and Risk outlined the steps taken by UHL to address the Trust's identified shortcomings (rejection of imaging being a key theme). These steps included establishing an 'Imaging investigation rejection working group' and improvements to communication. UHL also offered teaching sessions to LLR GPs re: AAA screening. Although not as a direct result of this case, a Screening Committee had also been established within UHL. The Trust had also offered early AAA screening to Mr Halfpenny's family.

The Chairman and Non-Executive Directors particularly thanked Mr Halfpenny's family for sharing their story with the Trust Board. They also noted the key need for UHL to review avoidable deaths and errors and identify how to avoid a recurrence. The Chairman requested that the Director of Safety and Risk write to Mr Halfpenny's family accordingly, on behalf of the Trust Board. **MD (DSR)**

Mr B Patel, Non-Executive Director queried how confident GPs were in the AAA screening process. In response, the Medical Director advised that AAA screening had actually been run in the patient's GP practice – he noted however that a further issue was that the Trust's rejection of the initial AAA screening referral had been by a non-clinical member of staff; a decision which had gone on to have a very significant impact on that patient's care. The Medical Director confirmed that AAA screening referrals were now being included on the (primary care) PRISM system, and he noted the intention for that system to include all GP screening referrals – the AAA pathway was the final testing stage of that comprehensive migration. Noting the context of a very significant increase in inappropriate diagnostic testing referrals, the Trust also aimed to provide GPs with guidance on why requests had been rejected, and it was confirmed that the Imaging investigation rejection working group included a GP member. The Director of Communications, Integration and Engagement emphasised the crucial need for LLR-wide PRISM roll-out, and advised that he was reporting on this issue to UHL's September 2017 Executive Strategy Board. In response to a query from the Chief Financial Officer, the Medical Director considered that PRISM roll-out would be significant in reducing risk going forward, rather than continued reliance on human systems. The Trust Board requested that the Quality Assurance Committee review progress in rolling out PRISM. **MD**

In further discussion, the Trust Board noted comments from:-

(a) Col (Ret'd) I Crowe, QAC Non-Executive Director Chair, on the need to review the governance arrangements for the various patient safety initiatives undertaken in the Trust, to ensure appropriate outcome improvements. He also noted the urgent need for investment in UHL's clinical IT systems, a view echoed by Professor P Baker Non-Executive Director. The Chief Executive noted that NHS Improvement was currently reviewing the position re: UHL's post-EPR bid; **MD**

(b) Professor P Baker Non-Executive Director on the need to recognise the failure in the referral process, and

(c) Mr R Moore, Audit Committee Non-Executive Director Chair, on whether UHL had sufficient 'process expertise' to review process failure issues such as this one. In response to a further query on this point from Mr A Johnson Non-Executive Director, the Medical Director confirmed that the strengthened Trust guideline on rejecting imaging referrals was now available, as outlined in paper E (through the Trust's response to the Coroner's Regulation 28 letter). The Medical Director also confirmed that the only delay on the Trust's remedial actions related to the inclusion of the AAA pathway on PRISM, due for finalisation in the coming week.

<u>Resolved</u> – that (A) the governance arrangements for the various patient safety initiatives undertaken in the Trust be reviewed, to ensure appropriate outcome improvements; **MD**

(B) the Quality Assurance Committee review progress in rolling out PRISM, and **MD**

(C) the Director of Safety and Risk be requested to write to the family of the patient featured in **MD**

the patient safety story. **(DSR)**

221/17/2 Patient and Public Involvement – Quarterly Update on Implementation of the UHL PPI Strategy

Paper F advised the Trust Board of progress in implementing the UHL PPI Strategy since the previous June 2017 update. Key events since then included the 10 August 2017 Trust Board thinking day with local patient voice groups (outcomes from which were set out in the report), and a programme of quarterly "Community Conversations" begun in July 2017 – this programme aimed to make Trust Board members more visible in local communities, to listen to a diverse range of views on UHL services, and to publicise the work of the Trust. 36 members of the public had attended the first Community Conversation in North West Leicestershire.

As Chair of the Patient Partners, Mr M Caple introduced his summary report appended to paper F. The number of Patient Partners had now risen to 22, which was welcomed, but Mr Caple commented that their involvement within CMGs was still variable. Key issues continuing to affect patients included cancelled operations; ED performance; IT, and clinic waiting times. Mr Caple's report also noted his chairing of the Joint Patient Reference Group, which comprised representatives from various patient groups. In discussion on paper F, the Trust Board noted:-

(a) (in response to a query from Col [Ret'd] I Crowe Non-Executive Director) that Mr Caple had already met with the new patient information clinical librarian;
(b) a query from Mr B Patel Non-Executive Director on how quickly the Trust was interacting with Patient Partners to learn lessons on (eg) serious incidents;
(c) Mr Caple's view (in response to a query from Mr A Johnson Non-Executive Director) that there were additional outcomes from the August 2017 Trust Board thinking day which could be added to those already in the report – he was meeting with the UHL PPI and Membership Manager accordingly, and
(d) comments from the Chairman on the recognised need to change organisational culture, improve links with patient groups, and ensure that the patient was at the heart of the Trust's activities.

Resolved – that the quarterly update on PPI be noted.

221/17/3 East Midlands Congenital Heart Centre (EMCHC) – UHL Response to the NHS England Consultation Document

Paper G updated the Trust Board on the campaign to retain the EMCHC at UHL. At a meeting on 5 September 2017 NHS England had outlined its wish to reach a decision by the end of September 2017, although this timescale was not guaranteed. NHS England had also confirmed its view that UHL's co-location plan was appropriately robust, and that case numbers therefore remained the only outstanding issue. NHS England had therefore requested additional supporting evidence from UHL to validate the Trust's growth plan (including comments from partner organisations), and UHL was working to provide as much of this as possible by 14 September 2017. There had been no detailed discussion of the public consultation responses at the meeting on 5 September 2017. In further discussion, the Chairman noted continuing support from local MPs, including a visit to the EMCHC on 31 August 2017 by Neil O'Brien MP.

Resolved – that the position be noted.

221/17/4 Emergency Care/Organisation of Care Update – Reducing Waiting Times for Emergency Patients

Further to Minute 198/17/6 of 3 August 2017 paper H provided an overview of performance against the 4-hour standard – at 83.2% in August 2017 this was an improvement from July 2017 although still below the NHS Improvement trajectory. The previously-reported 2-week 'September surge' had now begun, involving both practical operational measures and an underlying cultural shift in terms of (eg) enhanced specialty interaction. The surge already indicated that the next area for crucial attention was the ED interface with Medicine (including the working of the Medical Assessment Units), and the organisation of care programme had therefore been updated to include an additional workstream on the next stages, to avoid creating bottlenecks further downstream. UHL was also buddying up with Luton and Dunstable NHS Foundation Trust who consistently achieved the emergency care 4-hour standard. Following comments from the Chairman, the Chief Executive agreed that future reports on this issue would cross-reference the emergency care action plan entries to the 7 'root cause' bulletpoints listed in paper H. The Chairman also noted the need for the Trust to focus on solving the **ICOO**

challenge, rather than diagnosing it.

Detailed discussion took place regarding stepdown beds, with Non-Executive Directors noting that bed capacity issues were impacting on outlying and slowing down the Red2Green initiative. The Director of Communications, Integration and Engagement confirmed that LLR-wide agreement had now been reached on the need for stepdown facilities, which would be discussed further at the September 2017 Executive Strategy Board en route to the A&E Delivery Board – location could be a potential rate-limiting step however, and the Chief Executive requested that the Director of Communications, Integration and Engagement attend that A&E Delivery Board for the discussion. Although it was recognised that the A&E Delivery Board was not the only decision-making body involved, stepdown facilities were seen as a key part of the capacity bridge. Although Trust Board views varied on where such a facility should be located, Professor P Baker Non-Executive Director suggested reviewing appropriate lessons from other Trusts who had successfully operated stepdown facilities. **DCIE** **ICOO**

In response to a query form the Chief Financial Officer, the Interim Chief Operating Officer considered that the September surge would yield considerable learning. The Chief Executive added that benefits were being seen from the surge actions, although other steps were also required to maximise results. A major review of the surge outcomes would take place following the 2-week period (although ongoing assessments were also underway).

Mr A Johnson Non-Executive Director queried what lessons were being learned from surge days where UHL had achieved 90% against the 4 hour standard, voicing concern about the speed of responsiveness and the pace of change. In response, the Interim Chief Operating Officer outlined various actions taken by the Trust including investment in the known gap in senior-decision making capacity after 6pm. He reiterated, however, that a whole hospital approach was needed (as per the action plan). The Chairman requested that the weekly updates on emergency care (circulated to Trust Board members) include key learning points re: process and people. In further discussion, the Director of Communications, Integration and Engagement outlined the positive impact of locating Geriatricians at the ED front door to reduce unnecessary admissions. **ICOO**

<u>Resolved</u> – that (A) the action plan entries be cross-referenced to the 7 'root cause' bulletpoints in future iterations of the Trust Board monthly organisation of care/emergency care performance report; **ICOO**

(B) key learning points re: process and people be included in the weekly updates on emergency care performance; **ICOO**

(C) the Director of Communications, Integration and Engagement attend the A&E Delivery Board discussion on stepdown facilities (following the September 2017 ESB), and **DCIE**

(D) appropriate lessons be learned from Trusts who had successfully operated stepdown facilities elsewhere. **ICOO**

221/17/5 <u>Safer Staffing – Nursing and Midwifery Establishment Review</u>

Paper I provided assurance to the Trust Board on the comprehensive biannual nursing and midwifery establishment review, and on UHL's compliance with NICE safe staffing standards and National Quality Board standards. The Chief Nurse advised that the Trust's funded establishment was safe and appropriate.

In addition to this biannual exercise, the Executive Quality Board and the Quality Assurance Committee both received monthly reports on nursing workforce metrics including actual v planned staffing levels. As detailed in paper I, the latest biannual review had found that the majority of UHL wards had an establishment reflecting the needs of their patients – where adjustments were required these were set out in the paper and had been made. The review had highlighted the need to improve the recording of acuity and to ensure that all ward activity was collected. In discussion, Non-Executive Directors also noted the importance of the 'Tomorrow's Ward' initiative in terms of looking at the whole team around the patient.

<u>Resolved</u> – that the biannual nursing and midwifery establishment review be noted.

222/17 RISK MANAGEMENT AND GOVERNANCE

222/17/1 Integrated Risk Report

Paper J comprised the 2017-18 integrated risk report including the new format Board Assurance Framework (BAF), as at 31 July 2017. The report also summarised any new organisational risks scoring 15 or above in July 2017 (3 new and 1 increased from moderate) – a thematic review of risks scoring 15 or above on the risk register indicated workforce capacity and capability as the principal causal factor.

In terms of the BAF itself, the score for risk 1.2.3 re: Acting on Results had been reduced as greater assurance was now available (report on Acting on Results to be presented to the October 2017 Executive Quality Board and Quality Assurance Committee meetings). As requested at the August 2017 Trust Board (Minute 200/17 refers), a review of the ED risk had taken place resulting in the risk score rising to 20. In response to a query from the Audit Committee Non-Executive Director Chair, the Medical Director noted the aim for the integrated risk report to be used as a live document – he also noted its active use in performance management meetings with CMGs and its more detailed review (than previously) at Executive team meetings. **MD**

Resolved – that a report on Acting on Results be presented to the October 2017 EQB and QAC meetings. **MD**

222/17/2 Annual Business Continuity/Operational Resilience Return to NHS England – EPRR Core Standards and Annual Report 2017

Paper K summarised UHL's self-assessment of its current 90% compliance with the national Emergency Preparedness, Resilience and Response (EPRR) core standards, and set out any required remedial actions. The Interim Chief Operating Officer advised that the Trust was now also focusing on how to recover from major incidents, in addition to how to respond to them while underway. As the Non-Executive Director with an interest in this area, Col (Ret'd) I Crowe voiced his assurance in the Trust's plans. He suggested, however, repeating the major incident planning exercise following the completion of the Emergency Floor phase 2. He also noted that the Trust's experienced former Emergency Planning Officer had just changed roles. **ICOO**

In response to Non-Executive Director queries, the Interim Chief Operating Officer considered that UHL was relatively well-prepared for a Manchester-type incident – the Medical Director clarified that (unless their injuries were immediately life-threatening) patients would be treated by the major trauma centre within the local trauma network rather than at UHL. The Interim Chief Operating Officer also confirmed that major incident planning was undertaken on an LLR-wide basis and beyond, depending on the nature of the incident.

Resolved – that (A) the EPRR core standards annual report 2017 be approved for submission to NHS England, and **ICOO**

(B) the major incident planning exercise be repeated following the completion of the Emergency Floor phase 2. **ICOO**

222/17/3 Trust Board and Board Committee Governance

Following discussions on Board effectiveness at the June and July 2017 Trust Board thinking days, paper L proposed strengthened governance arrangements relating to the Trust Board and Board Committees. Broadly, these included changes to the Chairing and membership of Board Committees, creation of an additional Board Committee focusing on people and performance, and improved discipline in the production of Board and Board Committee papers (quality, focus and timeliness). Actions were also underway at Executive-level to strengthen accountability and performance management arrangements as detailed in section 3 of paper L. Following adoption of the proposals, the Director of Corporate and Legal Affairs would update the Trust's Governance Framework for approval at the October 2017 Trust Board. **DCLA**

The Trust Board supported the revised Board Committee structure and membership as set out in paper L, noting that 'process' would also formally be added to the remit (and title) of the People and Performance Committee. The new Finance and Investment Committee would therefore be chaired by Mr M Traynor Non-Executive Director, the new Quality and Outcomes Committee would be chaired by Col (Ret'd) I Crowe Non-Executive Director, and the People, Process and Performance **DCLA**

Committee would be chaired by Mr A Johnson Non-Executive Director. Chairmanship of the Charitable Funds Committee would move to Mr B Patel Non-Executive Director and all other Board Committee chairing arrangements would remain unchanged.

Detailed discussion took place on the proposed voting/non-voting membership of the Board Committees, and it was agreed that Executive Directors who were voting members of the Trust Board would also be voting members of the Board Committees on which they sat (other than for any required exceptions), with the proviso that Non-Executive Directors should comprise the voting majority. The specific Patient Partner representatives would be confirmed outside the meeting, and the additional Non-Executive Director would be included once appointed. **DCLA/ DCIE**

In discussion, the LLR Healthwatch representative commented that he would not wish to see the level of transparency at the Trust Board reduced, in terms of the items coming through to that meeting. Although acknowledging Non-Executive Director comments on the need for appropriately succinct Trust Board papers, the Chief Executive noted that some issues would still require consideration of all supporting paperwork (eg approval of Full Business Cases). The Chief Executive also emphasised the need, however, for all reports to have an executive summary which captured the salient points and could be used as a freestanding report. **ALL**

<u>Resolved</u> – that (A) the proposed changes to the chairmanship and membership of Board Committees to be approved as per paper L, subject to:-

- **(1) inclusion as appropriate of Executive Director voting Trust Board members as voting members on their respective Board Committees (noting the agreement that the majority of voting members on those Committees should be Non-Executive Directors);** **DCLA**
- **(2) inclusion of 'process' in the remit of the new Board Committee (titled therefore: People, Process and Performance Committee);** **DCLA**
- **(3) clarification of when the Chairman was attending purely in an *ex officio* capacity;** **DCLA**
- **(4) identification of individual Patient Partner members, and** **DCLA/ DCIE**
- **(5) appropriate inclusion of the additional Non-Executive Director once appointed;** **DCLA**

(B) updated terms of reference and annual workplans for the Finance and Investment Committee (FIC), Quality and Outcomes Committee (QOC), and People, Process and Performance Committee (PPPC) be submitted to the September 2017 round of those meetings; **DCLA**

(C) a revised governance framework report be provided to the October 2017 Trust Board, and **DCLA**

(D) all Trust Board papers be accompanied by an executive summary report capable of being a stand-alone document. **ALL**

223/17 LLR STP AND UHL RECONFIGURATION

223/17/1 <u>LLR Sustainable Transformation Partnership (STP) and UHL Reconfiguration Programme Update</u>

Paper M updated the Trust Board on the LLR Sustainability and Transformation Partnership (STP) and on UHL's own reconfiguration programme. The Director of Communications, Integration and Engagement noted that public consultation was now provisionally scheduled for April 2018 – although this timescale could not be guaranteed, the Director of Communications, Integration and Engagement reiterated UHL's continued wish for public consultation to take place. In discussion, the Chief Financial Officer advised that the UHL reconfiguration element of the LLR STP was financially balanced. The LLR Healthwatch representative voiced concern over the lack of clarity on the STP consultation, and urged the System Leadership Team to look at appropriate pre-consultation engagement, noting his view that the Accountable Care System proposal in paper N below had not been widely communicated. Mr B Patel Non-Executive Director suggested that UHL should encourage an equal level of transparency amongst all STP partners.

In respect of UHL's own reconfiguration programme, the Chief Financial Officer outlined work to update the reconfiguration plan and reflect a likely 2023 completion date rather than the 2021 end date of the LLR STP. The report also contained an update on phase 2 of the Emergency Floor.

<u>Resolved</u> – that the monthly update on the LLR STP and UHL reconfiguration programme be

noted.

223/17/2 Moving Towards an Accountable Care System in LLR

The Trust Chairman proposed that consideration of this item (paper N) be deferred until the October 2017 Trust Board, following further internal discussion at the September 2017 Trust Board thinking day. He noted that the circulation of the paper – which was being publicly discussed by all LLR STP partner Boards – had prompted concerns from a number of patient and public involvement groups over a perceived lack of engagement and communication. Although noting that the paper reflected the national direction of travel, the Chief Executive agreed that consideration should be deferred as proposed. The Director of Communications, Integration and Engagement and the Medical Director noted that the patient and clinical benefits of such a system should be the driving factor. **CE/ DCIE**

It was noted that a number of members of the public/patient groups had attended for this item.

Resolved – that consideration of the report on moving towards an accountable care system in LLR be deferred until the October 2017 Trust Board, following further discussion at the September 2017 Trust Board thinking day. **CE/ DCIE**

224/17 QUALITY AND PERFORMANCE

224/17/1 Quality Assurance Committee (QAC)

Paper O summarised the issues discussed at the 31 August 2017 QAC, noting discussion on the quarterly mortality report and on plans to discuss recent NHS Improvement guidance on "Learning from Deaths" at the September 2017 Trust Board thinking day. The Medical Director confirmed that the Trust was required to have a Learning from Deaths Policy in place by the end of September 2017, and he advised that a quarterly report on mortality would be presented to the public Trust Board via the QOC summary. **MD**

Resolved – that (A) the summary of issues discussed at the 31 August 2017 QAC be noted as per paper O, and any recommended items be endorsed accordingly (Minutes to be submitted to the 5 October 2017 Trust Board) and taken forward by the relevant lead officer, and **MD**

(B) a quarterly report on mortality be reported to the public Trust Board via the new Quality and Outcomes Committee (QOC) summary. **MD**

224/17/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Paper P summarised the issues discussed at the 31 August 2017 IFPIC, noting that there were no recommended items for the public Trust Board. Detailed discussion had taken place on the Trust's finances.

Resolved – that the summary of issues discussed at the 31 August 2017 IFPIC be noted as per paper P (Minutes to be submitted to the 5 October 2017 Trust Board), and any recommended items endorsed accordingly and taken forward by the relevant lead officer.

224/17/3 2017-18 Financial Performance – July 2017

Paper Q presented the Trust's month 4 financial position, which had been discussed in detail at the August 2017 Integrated Finance Performance and Investment Committee meeting (paper P also refers).

In terms of headline financial performance, as of month 4 UHL had achieved a year to date deficit of £20.9m which was in line with plan. However, the report reiterated 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. The Trust's 2017-18 CIP programme had increased to £44.2m due to the supplementary £3.5m CIP (capacity and demand requirements) and realignment (to CIP) of financial improvement and technical schemes. Of that £44.2m, £4.1m was as yet unidentified including the whole of the £3.5m supplementary CIP – therefore presenting a risk to the programme and to overall delivery of the financial plan.

The Chief Financial Officer confirmed that the September 2017 Finance and Investment Committee

(FIC) would receive additional data on income, information on how the Trust would reach its year-end forecast, and clarity on the basis of that forecast (period involved). At the request of Mr A Johnson Non-Executive Director, it was agreed that future Trust Board financial performance reports would include runrate data and a comparison to the previous year. **CFO** **CFO**

Resolved – that (A) the September 2017 FIC receive additional data on income, information on how the Trust would reach its year-end forecast, and clarity on the basis of that forecast (period involved), and **CFO**

(B) future Trust Board financial performance reports include runrate data and a comparison to the previous year. **CFO**

225/17 REPORTS FROM BOARD COMMITTEES

225/17/1 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 27 July 2017 QAC be received (paper), noting that any recommendations had been approved at the 3 August 2017 Trust Board (nursing and midwifery staffing report).

225/17/2 Integrated Finance Performance and Investment Committee (IFPIC)

Resolved – that the Minutes of the 27 July 2017 IFPIC be received and noted (paper R2 – no recommendations).

226/17 CORPORATE TRUSTEE BUSINESS

226/17/1 Charitable Funds Committee

Resolved – that the Minutes of the 3 August 2017 Charitable Funds Committee be received and any recommendations endorsed by the Trust Board as Corporate Trustee (CFC Minute 30/17 re: Emergency Floor spend). **CFO**

227/17 TRUST BOARD BULLETIN – SEPTEMBER 2017

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

(1) Guardian of Safe Working quarterly report (detailed discussion on this item potentially to take place at the People Process and Performance Committee in future), and
(2) Minutes of the 20 July 2017 LLR System Leadership Team.

228/17 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following questions/comments were raised in relation to the items discussed:-

(1) a query on the scope to make UHL Board Committee papers public – in response, the Chairman considered that the changes to the Board Committee membership in Minute 222/17/3 above would lead to more transparent discussion of Committee items at the Trust Board, given that not all Non-Executive Directors would now be on all Board Committees. Changes were also being planned to the Board Committee summaries to provide more information. The Chairman also noted recourse to the Freedom of Information Act 2000;
(2) a query as to whether any information was publicly available re: the System Leadership Team Project Management Office (PMO). In response, the Chief Financial Officer advised that the SLT PMO structure had now been agreed, providing strengthened analytical support at a reduced cost;
(3) a request that when considering the Accountable Care System (ACS) report at the September 2017 Trust Board thinking day, the Trust Board take appropriate account of guidance on good patient and public involvement – it was agreed to seek copies of the documents referred to from the questioner, and **DCLA**
(4) significant concerns over the lack of public and patient group engagement in the development of the ACS proposals, voiced by a number of attendees. The Trust Chairman agreed to feed these concerns through to the System Leadership Team. Those voicing concerns emphasised the **CHAIR MAN**

need for public involvement to be meaningful, inclusive, and informed. Although recognising the concerns, the Chief Executive reiterated that all partner organisations were considering the ACS proposals in public, not only UHL. The Chairman also reiterated the Trust's intention to discuss this publicly in October 2017, following appropriate internal discussion in September 2017. Attendees also voiced concern over a lack of engagement about the capital costs of (non-UHL) reconfiguration plans within the STP.

Resolved – that the actions above be noted and taken forward by the relevant Lead Officer. **DCLA/ CHAIR MAN**

229/17 REVIEW OF WHETHER ALL APPROPRIATE PRIORITIES HAD BEEN COVERED AT THIS MEETING

As at the August 2017 Trust Board, the Chairman sought views from colleagues on whether all appropriate UHL priority issues had been covered at this Trust Board meeting. No omissions were identified.

Resolved – that the position be noted.

230/17 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 231/17 to 242/17), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

231/17 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Trust Chairman declared his interest in Minute 234/17/1 below and advised that he would withdraw from the meeting for that item – nor had he received a copy of the report. In his absence, the meeting would be chaired by Mr M Traynor Deputy Trust Chair. Mr P Traynor Chief Financial Officer and Mr A Johnson Non-Executive Director declared an interest in Minute 235/17/1 below – it was agreed that this was a non-pecuniary interest and did not require them to absent themselves from the discussion on that item.

232/17 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 3 August 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR MAN**

233/17 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.

234/17 REPORTS FROM THE CHIEF EXECUTIVE

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, and on the grounds of commercial interests.

235/17 REPORTS FROM THE CHIEF FINANCIAL OFFICER

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

236/17 JOINT REPORT FROM THE DIRECTOR OF WORKFORCE AND OD AND THE CHIEF FINANCIAL OFFICER

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.

237/17 REPORT FROM THE MEDICAL DIRECTOR – APPOINTMENT OF A RESPONSIBLE OFFICER FOR UHL

Paper Y invited Trust Board approval for the proposed appointment of Mr J Jameson Deputy Medical Director as the Trust's Responsible Officer with effect from 25 September 2017. Mr Jameson had undertaken the appropriate Responsible Officer and Case Manager training. If endorsed by the Trust Board, the appointment would require approval from NHS England and the GMC.

The Trust Board approved the proposed appointment, and noted its thanks to the previous incumbent (Dr C Free, Deputy Medical Director).

Resolved – that the proposed appointment of Mr J Jameson Deputy Medical Director as the Trust's Responsible Officer be endorsed for approval by NHS England and the GMC. **MD**

238/17 REPORTS FROM BOARD COMMITTEES

238/17/1 Quality Assurance Committee (QAC)

Resolved – it be noted that no confidential summary had been required from the 31 August 2017 QAC.

238/17/2 Integrated Finance Performance and Investment Committee (IFPIC)

Resolved – that (A) the confidential Minutes of the 27 July 2017 IFPIC be received and noted (noting that any recommendations had been endorsed at the 3 August 2017 Trust Board) (paper Z2) and

(B) the confidential summary of issues discussed at the 31 August 2017 IFPIC be noted (formal Minutes to be submitted to the 5 October 2017 Trust Board) (paper Z3).

239/17 CORPORATE TRUSTEE BUSINESS

239/17/1 Charitable Funds Committee

Resolved – that the confidential Minutes of the 3 August 2017 Charitable Funds Committee be received and any recommendations approved by the Trust Board as Corporate Trustee (paper AA).

240/17 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that the report circulated with the confidential September 2017 Trust Board Bulletin be received and noted.

241/17 ANY OTHER BUSINESS

241/17/1 Report from the Chief Financial Officer

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.

241/17/2 Query from 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.

242/17 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 5 October 2017 from 9am in Rooms A& B, Education Centre, Leicester General Hospital.

The meeting closed at 2.15pm

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	7	7	100	T Lynch	4	4	100
J Adler	7	6	86	R Mitchell	3	2	67
P Baker	7	7	100	R Moore	7	5	71
S Crawshaw	3	1	33	B Patel	7	7	100
I Crowe	7	7	100	J Smith	7	5	71
A Furlong	7	6	86	M Traynor	7	7	100
A Johnson	7	6	86	P Traynor	7	6	86

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
L Tibbert	7	7	100	E Rees	5	3	
S Ward	7	7	100				
M Wightman	7	7	100				