UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 2 MARCH 2017 AT 9AM IN ROOMS A & B, EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL

Voting Members present:
Mr M Traynor – Deputy Chairman (Acting Chair up to and including Minute 61/17)
Mr K Singh – Chairman (from Minute 62/17 onwards)
Mr J Adler – Chief Executive
Professor P Baker – Non-Executive Director
Dr S Crawshaw – Non-Executive Director
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
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 M Caple – Chair, Patient Partners (for Minute 68/17)
Dr A Doshani – Associate Medical Director (for Minute 61/17)
Miss M Durbridge – Director of Safety and Risk (for Minute 60/17)
Dr C Free – Deputy Medical Director (observing) (up to and including Minute 74/17)
Ms P Eddy – Matron (for Minute 61/17)
Dr J Greiff – UHL Guardian of Safe Working (for Minute 67/17/2)
Mr D Henson – LLR Healthwatch Representative (up to and including Minute 74/17)
Ms E Meldrum – Assistant Chief Nurse (for Minute 67/17/1)
Ms H Stokes – Senior Trust Administrator
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
8 University of Leicester Medical Students (for Minute 61/17)

ACTION

56/17 APOLOGIES AND WELCOME

No apologies for absence were received.

57/17 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

On his arrival, the Trust Chairman declared an interest in Lakeside House, which was mentioned in the emergency care performance report at Minute 64/17/3 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.

58/17 MINUTES

Resolved – that the Minutes of the 2 February 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIRMAN**

59/17 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 1a (Minute 37/17 of 2 February 2017) – the LLR Healthwatch representative confirmed his intention to pass his now-finalised report on cancer services to the Chief Operating Officer;
(b) action 13 (Minute 46/17 of 2 February 2017) – the Director of Communications, Integration and Engagement would contact the Leicester Mercury Health Correspondent to pursue appropriate coverage of the CQC report references to patient and public engagement; **DCIE**

(c) action 17 (Minute 291/16/1 of 1 December 2016) – the Chief Executive confirmed that no specific response had yet been received on the issue of a single, cross-organisational dashboard for the LLR STP. The Trust Deputy Chairman cautioned against creating an unnecessarily-burdensome administrative process, and
(d) action 23 (Minute 189/16/1 of 1 September 2016) – progress on the reconfiguration SOC would be covered in the STP update report at Minute 66/17 below.

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

60/17 PATIENT STORY – SERIOUS UNTOWARD INCIDENT (SUI)

The Director of Safety and Risk attended to introduce the quarterly serious untoward incident patient story. The patient also attended to present her story, which centred on the Trust's failure to act on and follow up results. As detailed in paper C, this failure had resulted in the progression of a cancerous mass and a subsequent diagnosis of lung cancer. There has also been a further instance of miscommunication about attending a chemotherapy induction tour, which had added to the patient's anxiety. The Director of Safety and Risk reiterated that the purpose of the SUI patient stories was for the Trust Board to hear the human stories behind incidents and complaints and thus more fully understand the impact on the patient.

The patient explained the details of her story, articulating the fear, shock and distress both she and her family had felt at the missed detection and treatment and the subsequent development of lung cancer. She also updated the Trust Board on her current treatment, and she thanked the Nurse Specialist who had recently helped her.

In discussion on the patient story SUI, the Trust Board thanked the patient for attending and sharing her story in person. The Deputy Chairman requested that the Quality Assurance Committee (QAC) receive a report on this patient's pathway, to understand where the errors had taken place and identify the lessons learned. The Chief Executive reiterated the Trust's apologies for missing the initial chest x-ray findings, and for the serious failings indicated by this story. He advised that this was an acting on results failure, and he requested that the QAC report requested by the Deputy Chairman focus on that issue and include a position statement on the Trust's current position in respect of acting on results. Although further work had been done on acting on results (as now outlined by the Medical Director), this was recognised as a challenging issue for the Trust, and the Chief Executive emphasised the need for this patient story SUI to be a catalyst for redoubling efforts to address this. In response to a query from Professor P Baker Non-Executive Director, the Medical Director advised that although the EMRAD system would improve matters in respect of radiology results, wider work was still required on acting on other types on results. **MD**

Resolved – that (A) the patient story SUI be noted, and

(B) a report be presented to a future QAC:- **MD**

(1) mapping out the patient pathway journey, in order to understand where the process shortcomings had happened;
(2) identifying the lessons learned from this patient story, and
(3) accompanied by an update setting out UHL's current position in respect of 'Acting on Results', as the key issue within this patient story.

61/17 QEYE PROJECT

Dr A Doshani, Associate Medical Director attended to present the outcomes of a quality improvement project in ophthalmology by 17 University of Leicester medical students (the 'QEye project'). Representatives of that student group also attended for this item, as did Ms P Eddy, Ophthalmology Matron. As outlined in paper D, this was a unique programme run with the University of Leicester Medical School which gave medical students the opportunity to learn about quality improvement methodology and implement change in practice, and illustrated UHL's commitment to empowering junior medical staff and students to think about quality improvement and take action. The projects had also been accepted as posters for the April 2017 International Forum on Quality and Safety.

Based in the ophthalmology outpatient clinic at the LRI, the 9-week QEye project had therefore focused on one of UHL's busiest services (seeing over 2000 patients per week and recognised to be

prone to overcrowding), and had involved 4 key workstreams:-

(i) improving patient flow within LRI ophthalmology outpatients – eg advising patients not to arrive more than 15 minutes before their appointment (to reduce congestion in the waiting area), and focusing on the visual acuity service as the area of longest waits;
(ii) improving the communication received by patients before visiting ophthalmology outpatients – eg department-specific maps, a new version of the letter sent to patients, development of a 'frequently asked questions' leaflet, a new appointment card for the rapid access eye clinic;
(iii) improving signage in the clinic area – eg developing 2 simple signs which were easier to read for patients with eye problems and which clearly differentiated between the eye clinic reception and eye casualty. The artwork within the department had also been reviewed, with the results now being incorporated into a wider hospital project, and
(iv) acting on results – eg suggested improvements to the design of the outcomes form and links to 'virtual clinics' for reviewing the results and deciding on the most appropriate course of action, and development of patient reminder cards indicating which tests were needed before their next appointment.

In briefing the Trust Board on the individual workstreams, the medical students advised that they had sought input from the VISTA charity and also taken patient feedback into account when designing new signage and communications. The Ophthalmology Matron welcomed the QEye outputs, and outlined how the project results were being taken forward within the service. Options for a potential single test centre were also being explored, to reduce waiting times and avoid patients needing to move between the Balmoral and Windsor Buildings.

On behalf of the Trust Board, the Deputy Chairman thanked the medical students for their work on the QEye project, and noted the major contribution students could make to the work of the Trust.

Resolved – that (A) the presentation on the QEye ophthalmology project be noted, and

(B) the Trust's thanks to the medical students involved be noted. **ALL**

62/17 CHAIRMAN'S MONTHLY REPORT – MARCH 2017

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

(a) a forthcoming talk on 'frugal innovation' by Dr B Bhargava, a Director of the AIIMS hospital in New Delhi;
(b) the continuing need for appropriate engagement with local authority, health and social care partners, and
(c) his view that it would be beneficial for the Trust Board to undertake a conducted tour of UHL's estate, to understand the impact of the reconfiguration programme in practical detail. **DEF**

Resolved – that consideration be given to the Trust Board undertaking a conducted tour of the Trust's estate. **DEF**

63/17 CHIEF EXECUTIVE'S MONTHLY REPORT – MARCH 2017

The Chief Executive's March 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 F). 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 65/17 below. In introducing his report, the Chief Executive noted:-

(a) a slight easing of the emergency care position, and a welcomed improvement in respect of ambulance handover times. Performance against the 4-hour ED waiting target had improved, albeit at the recognised expense of elective activity;
(b) that the Trust's month 10 financial position was broadly in line with its reforecast position – this would be covered in further detail at Minute 69/17/3 below, and

(c) a letter to all Sustainability and Transformation Plan (STP) Leads from the Chief Executive of NHS Improvement following the 31 January 2017 STP Development Day. The UHL Chief Executive advised that further news was still awaited re: the national capital prioritisation process, and he noted that both UHL and its system partners were now reviewing capacity planning assumptions with a likely view to a smaller reduction in acute capacity than originally envisaged. This would raise potential issues for affordability and capital planning, and would be discussed further at the March 2017 Trust Board thinking day. **CE**

In discussion on the Chief Executive's March 2017 update, the Chief Operating Officer noted that February 2017 had seen elective work taken down for 2 weeks, which would impact on operational performance in those areas. Although it was hoped to regain operational compliance, this would not be achieved in the immediate short term.

Mr D Henson, LLR Healthwatch representative welcomed the Trust's progress in addressing cancer backlogs, and also requested a meeting with the Medical Director to understand issues relating to (i) fractured neck of femur performance and (ii) changes to UHL's SHMI. The Medical Director provided reassurance that a SHMI of 101 was within the expected mortality range. **MD**

Resolved – that (A) demand and capacity including acute bedbase issues be discussed at the March 2017 Trust Board thinking day; **CE**

(B) the Medical Director contact the LLR Healthwatch representative outside the meeting to discuss (i) mortality and (ii) fractured neck of femur issues, and **MD**

(C) updates on the internal financial turnaround programme be reported to the Executive Performance Board and Integrated Finance Performance and Investment Committee in March 2017 (as noted in paper F). **CFO**

64/17 KEY ISSUES FOR DECISION/DISCUSSION

64/17/1 Refreshed Strategic Objectives/Annual Priorities

Paper G presented the Trust's proposed long-term objectives and 2017-18 annual priorities for approval, noting that these had been developed through discussion at Trust Board thinking days and with the Executive Team. It was proposed to have 1 primary objective of quality, with 4 supporting objectives as outlined in appendix 1 of paper G – this approach emphasised the centrality of the quality commitment. Appendix 2 of the report set out UHL's proposed 26 annual priorities for 2017-18 – this was a reduced number compared to previous years and reflected the Trust's desire to 'focus on what matters most'. The annual priorities were presented in an active 'we will… in order to…' format. Paper G also outlined 4 key actions to be taken by UHL in order to align capacity with expected demand, as part of the new organisation of care element of the quality primary objective.

The Chief Executive advised that this was a demanding but coherent programme for the Trust for 2017-18, and he noted the need to explore how best to organise for delivery, once approved. The ongoing corporate resourcing review would play into these considerations, as would the current refresh of UHL's Board Assurance Framework.

Professor P Baker Non-Executive Director welcomed the 2017-18 priorities, and his view was echoed by other Non-Executive Directors. The Chairman particularly welcomed the 'we will' emphasis, which underlined the Trust's intention to deliver. The Audit Committee Non-Executive Director Chair also asked how far the priorities had been roadtested with staff – in response it was noted that the CMGs would drive delivery, particularly in respect of demand and capacity issues. In response to a query from Dr S Crawshaw Non-Executive Director, it was agreed to ask the Director of Communications, Integration and Engagement to review the messaging for the priorities (noting that their current ordering was not intended to imply any hierarchy of importance) when they were communicated during April 2017 via the Chief Executive's briefings. Non-Executive Directors welcomed the strategic objectives and annual priorities, noting the crucial importance of CMG and staff ownership. **DCIE**

Resolved – that (A) the Trust's strategic objectives and 2017-18 annual priorities be approved as presented in paper G, and

(B) the messaging for UHL's strategic long term objectives and immediate priorities be reviewed and communicated accordingly during April 2017. **DCIE**

64/17/2 East Midlands Congenital Heart Centre (EMCHC) Update

Paper H updated the Trust Board on the new congenital heart disease review process, the key actions for immediate attention and the associated risks. Launched on 9 February 2017 the public consultation would close on 5 June 2017, and the report outlined various local events planned by NHS England including a staff consultation event on 9 March 2017 and a public consultation event later on that same date. The Trust Board noted that places for both events had been very limited, with many stakeholders left feeling excluded.

Feedback from Oversight and Scrutiny Committees across the East Midlands continued to be supportive of the EMCHC, and Northamptonshire OSC had recently agreed to request its cabinet to establish a 'fighting fund'. It was noted that Dr J Fielding had stood down as Clinical Lead for the congenital heart disease review process, with Professor H Grey now leading it for NHS England.

Col (Ret'd) I Crowe Non-Executive Director advised that he had listened to a public webinar discussion on 1 March 2017; key issues raised had included the standards; information security queries about the online consultation form; concerns over the lack of synchronisation between this review and those into ECMO and paediatric intensive care provision, and concerns over the lack of transparency re: risk assessments.

The Director of Communications, Integration and Engagement also reiterated the need to be aware that overwhelming public support had been disregarded in the Safe and Sustainable review.

Resolved – that any further headlines from the 1 March 2017 public webinar (beyond those communicated above) be circulated to Trust Board members for information. **ICNED**

64/17/3 Emergency Care Performance

Further to Minute 39/17/4 of 2 February 2017, paper I updated the Trust Board on recent emergency care performance, noting a slight improvement in January 2017 and benefits observed from the introduction of the 'red2green' initiative. However, the Chief Operating Officer advised that the Trust remained under acute operational pressure which had led to a decision to cancel elective patients from 9-19 February 2017 in order to protect emergency and cancer capacity. This decision had not been taken lightly, and the Chief Operating Officer apologised for the adverse impact on both elective patients and staff.

On average, 650 patients per day were being treated through the Emergency Department, Eye Casualty and Urgent Care Centre at the LRI (with 723 patients having been seen on 27 February 2017). January 2017 performance against the 4-hour target stood at 78.1%, with 2016-17 year to date performance at 78.8%. At 88.9%, performance for the week ending 19 February 2017 had been the best weekly achievement since 27 December 2015.

Paper I updated the Trust Board on a number of issues, including the intended 24/7 opening of the LRI GPAU (GP assessment unit) from 26 April 2017; the continued record attendances at the Glenfield Hospital Clinical Decisions Unit, and significant performance improvements in respect of ambulance handovers. However, the Chief Operating Officer considered that UHL continued to be approximately 100 beds short of required capacity for winter 2017 (based on activity modelling), and he emphasised the urgent need to maximise UHL's bedbase including taking decisive action over the coming months to increase the bedbase on the LRI and Glenfield Hospital sites. The Chief Executive noted that the May 2017 transfer of the additional winter 2016 Glenfield Hospital capacity to vascular use represented a potentially significant risk for the Renal Respiratory and Cardio Vascular (RRCV) Clinical Management Group going into winter 2017.

In discussion on the report, Non-Executive Directors:-

(1) noted the constrained environment of the Glenfield Hospital Clinical Decisions Unit, and suggested that it might be helpful to review the estate – in response, the Chief Operating Officer confirmed that this was already underway by the RRCV Clinical Management Group;
(2) welcomed the recently-improved emergency care performance, driven by the introduction of innovative processes, a willingness on the part of the Trust to take challenging decisions, and increased traction on cultural change. It was crucial to maintain this momentum both ahead of and after the 26 April 2017 transfer to the new Emergency Floor, and

(3) commented on the challenges presented by the growing number of patients with multiple morbidities, a situation which was somewhat at odds with the historic emphasis on specialisation by medical staff. It was agreed to consider this issue (and the need for appropriate structures and care pathways) further at a future Trust Board thinking day, potentially involving a wider LLR discussion. The Director of Communications, Integration and Engagement also outlined work by acute physicians and geriatricians regarding a 'fit for frailty' programme, which was being discussed at the March 2017 Executive Strategy Board and which would be circulated to Trust Board members for information. Dr S Crawshaw Non-Executive Director advised that she would share her NICE involvement on multiple morbidities and polypharmacy with other Trust Board members. The Director of Communications, Integration and Engagement also noted the headline messages from the 2 March 2017 publication of a Kings Fund report on A&E services. **MD/ PBNED** **STA**

Resolved – that (A) the issue of how best to manage multiple morbidities and more complex patients be discussed at a future Trust Board thinking day (potentially with wider LLR attendance), including moving towards a more generalist medical workforce and the need for appropriate care pathways and structures, and **MD/ PBNED**

(B) the UHL 'Fit for Frailty' Executive Strategy Board report be circulated to Trust Board members for information. **STA**

64/17/4 Emergency Floor Update

This monthly update advised the Trust Board of progress on the Emergency Floor project, with 55 days to go until its 26 April 2017 opening. The Chief Operating Officer advised that outflow remained an issue more widely, as AMU would not co-locate for a further 15 months, at which point the full programme benefits would be able to be felt. Although the May 2017 vascular move to the Glenfield Hospital would free up some capacity at the LRI, the Chief Operating Officer noted that as of 26 April 2017 there would be 16 fewer medical beds on that site – further Executive Team consideration was now needed of proposals to potentially take down elective capacity at the LRI for a 16-day period. **COO/ EDs**

In discussion, the Trust Board focused particularly on the impact on the public of the intended closure of the Balmoral Building entrance, and of the need therefore for appropriate signage, communication and explanation of the reasons for the closure. The Chief Operating Officer advised that this issue was discussed fortnightly, and that new letters sent to patients provided a new map of the Windsor Building. Wider communications would also take place nearer the opening date, and UHL volunteers would be on hand on 26 April 2017 to assist with wayfinding. Mr B Patel Non-Executive Director noted the need for such assistance also to be located in other areas such as the Balmoral and Windsor Building lift lobbies. The LLR Healthwatch representative confirmed that Healthwatch was working with the Trust to roadtest the new maps and access routes, and he queried how best to communicate the potential reduction of elective work (see above) given that this new facility was imminently being opened. **DCIE** **DCIE**

Resolved – that (A) potential proposals to reduce elective work temporarily at the LRI be discussed by the Executive Team; **COO**

(B) a robust communication plan (including wayfinding signage) be developed re: the closure of the Balmoral Building entrance, also covering Windsor and Balmoral Building lift lobbies, and **DCIE**

(C) appropriate thought be given to overall messaging re: the new Emergency Floor facility, in the context of the proposed elective work reduction above. **DCIE**

65/17 RISK MANAGEMENT – INTEGRATED RISK REPORT

Paper K 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 (1 new risk was listed for the Clinical Support and Imaging [CSI] Clinical Management Group, relating to the risk of not expediently resolving EMRAD system faults). The risk score of 1 additional CSI CMG risk had also been increased from moderate to high; reflecting a regional issue, this related to Consultant Paediatric Radiologist availability and the Medical Director outlined the mitigating actions in place in respect of out of hours pressures.

Within the report, 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 March 2017 Trust Board thinking day session on the BAF would take the Trust's refreshed strategic objectives and annual 2017-18 priorities into account (Minute 64/17/1 above refers).

In discussion, the Audit Committee Non-Executive Director Chair considered that – with 4 principal risks at the highest rating of 25 – the BAF dashboard presented a high risk picture, and that the Trust Board should discuss the implications of this at the March 2017 thinking day. The Trust Chairman added the need also to consider the appropriate future-proofing of the risk assessments, and noted potential implications for service investment. In further discussion, the Chief Operating Officer advised that the risk rating for BAF principal risk 4 (*failure to deliver the national access standards impacted by operational process and an imbalance in demand and capacity*) had been raised to 25 to reflect the winter 2016 fall in RTT performance, the February 2017 takedown of elective work, and the fact that January 2017 had seen the highest ever GP elective referral levels. Principal risks 3 and 16 (*emergency attendance/admissions increase without a corresponding improvement in process and/or capacity*, and *the demand/capacity gap if unresolved may cause a failure to achieve UHL deficit control total in 2016-17*) both related to the demand and capacity gap, and would be materially impacted by successful actions to address capacity. The Chief Financial Officer noted his view that the BAF dashboard was a true reflection of the current position, and he suggested a need to review the year-end position compared to the beginning of 2016-17, in terms of learning lessons for 2017-18.

MD

Resolved – that the March 2017 Trust Board thinking day discussion on the refreshed 2017-18 Board Assurance Framework also cover:-

(1) the implications of having 4 principal risks rated at the highest risk score;

(2) appropriate future-proofing of risk assessments, and

(3) lessons for 2017-18 in terms of the current risk position compared to the start of 2016-17.

MD

66/17 STRATEGY AND RECONFIGURATION

66/17/1 Sustainability and Transformation Plan and UHL Reconfiguration Programme - Update

Paper L updated the Trust Board on the LLR Sustainability and Transformation Plan (STP)/Better Care Together (BCT) Programme, which set the context for UHL's Reconfiguration Programme. As a decision was still awaited regarding access to national capital, the Trust continued to review and refresh its internal 'development control plan'. UHL was also meeting with Treasury and PFU representatives later in March 2017 to discuss potential PF2 funding options.

Resolved – that the update on the STP and reconfiguration be noted.

67/17 CLINICAL EDUCATION, TRAINING AND WORKFORCE

67/17/1 Multi-Professional Education and Training 2016-17: Quarter 3 Update

Ms E Meldrum Assistant Chief Nurse, attended to introduce the non-medical elements of the 2016-17 quarter 3 update on multi-professional education and training (paper M). She reported particularly on the Nursing Associate pilot programme, the Leicester cohort for which had risen to 50 because of additional Health Education England funding and which now also included children's trainees. Feedback to date was very positive. Paper M also drew the Trust Board's attention to the removal of the NHS bursary for all pre-registration programmes, the local impact of which was as yet uncertain. UHL would monitor the position closely with De Montfort University, and Col (Ret'd) I Crowe Non-Executive Director suggested that it might be helpful to review the drop-out rate. The Assistant Chief Nurse also confirmed that all Trust Board members had been invited to attend the 10 March 2017 formal opening of the UHL Centre for Clinical Practice (formerly the Alfred Hill Building on the Glenfield Hospital site) – the new centre would be opened by the Chief Nursing Officer for England. The Chief Nurse thanked the Assistant Chief Nurse for her significant work on the Nursing Associate pilot.

In terms of the medical elements of the report, the Medical Director advised that the key areas of concern from the quarterly review of trainee satisfaction had already been broadly known to the Trust. Paper M set out a number of actions to address concerns re: General Internal Medicine, recognising the need to improve both undergraduate and postgraduate education in that area. The Trust Board was also advised of continued progress in respect of Physician Associate students.

In discussion on paper M the Trust Board:-

(a) noted plans to discuss the following issues at a future Trust Board thinking day:- (i) proposals for the potential creation of a health care academy in Leicester and (ii) recent feedback from medical students; **PBNED/ MD**
(b) welcomed the development of the Centre for Clinical Practice training facility;
(c) noted that Col (Ret'd) I Crowe Non-Executive Director would contact the Director of Medical Education to ask her to include information on medical student recruitment initiatives in the next quarterly update; **ICNED**
(d) noted a query from the Director of Communications, Integration and Engagement in respect of the low number of GP practices taking on trainee Nursing Associates. The Assistant Chief Nurse advised that this issue had been flagged and was being explored further, and
(e) noted comments from Mr M Traynor Non-Executive Director on the need to emphasise UHL's role as a teaching hospital, and to incentivise students to work for the Trust post-training.

<u>Resolved</u> – that (A) feedback from the medical student session be discussed at a future Trust Board thinking day; **PBNED/ MD**

(B) proposals to create a healthcare academy in Leicester be discussed at a future Trust Board thinking day, and **PDNED/ MD**

(C) contact be made with Professor S Carr, Director of Medical Education, about including the issue of medical student recruitment in the next quarterly update. **ICNED**

67/17/2 <u>Junior Doctors' Contract and Guardian of Safe Working</u>

Dr J Greiff, Consultant Anaesthetist and UHL Guardian of Safe Working attended for this item, which updated the Trust Board on the implementation of the 2016 junior doctors' contract in line with national requirements and timescales. In addition to a consolidated annual report from the Guardian of Safe Working, the Trust Board would receive quarterly updates on the management of exception reporting and rota gaps, and UHL's procedure for exception reporting was appended to paper N. To date at UHL 57 exceptions had been recorded by F1 doctors (none "significant"), which was thought to be fewer than at another local similarly-sized Trust. All exceptions had been handled appropriately, with no financial penalties imposed to date. UHL had also appointed 2 champions of flexible working (Professor S Carr, Director of Medical Education and Dr D Lakhani, Deputy Director of Medical Education). **DWOD**

In discussion on the report, the Trust Board:-

(a) noted comments from the Guardian of Safe Working that the number of exceptions reported would potentially rise once more senior trainees were covered by the new contract (as both the number of F1 trainees was relatively small, and their risk of working over the contract hours was lower than for more senior trainees)
(b) queried how the fines mechanism worked – in response the Guardian of Safe Working confirmed that expenditure of any monies must be related to junior doctor education and training, and
(c) noted comments from Dr C Free Deputy Medical Director thanking the Medical HR team for their work on the junior doctors' contract implementation and welcoming the relatively low number of exceptions reported to date.

<u>Resolved</u> – that quarterly updates on the junior doctors' contract 2016 be submitted to the Trust Board as required, in addition to an annual report from the Guardian of Safe Working. **DWOD**

68/17 PATIENT AND PUBLIC INVOLVEMENT (PPI) – UHL PPI AND ENGAGEMENT STRATEGY 2016-17: QUARTER 3 UPDATE

Paper O updated the Trust Board on the second year implementation plan for UHL's Patient and Public Involvement and Engagement Strategy, and provided an overview of specific PPI activity since December 2016. The report from the Director of Communications, Integration and Engagement was accompanied by a summary of Patient Partner activity (information provided by Mr M Caple, Patient Partner Chair) at appendix 1 and an overview of 2016-17 UHL public and community engagement events at appendix 2.

As discussed at the 23 February 2017 QAC meeting, it was proposed that future quarterly reports from the Patient Partner Chair would be provided direct to the Trust Board (rather than going via QAC first), with feedback from the various PPI groups to be appended accordingly. Any specific issues would continue to be progressed through QAC however. UHL continued to recruit additional Patient Partners (now at 24), and the Patient Partner Chair commented on the scope to use such a group for community outreach work and as a sounding board for Trust initiatives. The QAC Non-Executive Director Chair noted that QAC had also asked the Director of Communications, Integration and Engagement to review the Patient Partners' terms of reference, and had discussed Patient Partner access to (eg) online UHL training packages. **DCIE**

Mr B Patel Non-Executive Director noted the need for UHL to be prepared to listen to Patient Partners and take their views into account, and he queried whether the CMGs were the most appropriate forum for this in every case. He also raised the issue of potential input to the UHL Carers' Charter which he considered needed reviewing. The Trust Board was advised that Mr B Patel Non-Executive Director had also volunteered to attend all of the Patient Partners meetings. In discussion, Professor P Baker Non-Executive Director noted that the University of Leicester Centre for Medicine would be happy to host appropriate PPI meetings. **DCIE**

__Resolved__ – that (A) (appended to the quarterly PPI updates) future quarterly reports from the Patient Partner Chair be provided direct to the Trust Board, with feedback from the various PPI groups to be appended accordingly, and **DCIE**

(B) consideration be given to the most appropriate mechanism/route for Patient Partner input (currently actioned through CMGs). **DCIE**

69/17 QUALITY AND PERFORMANCE

69/17/1 __Quality Assurance Committee (QAC)__

Paper P summarised the issues discussed at the 23 February 2017 QAC, noting 3 recommendations for Trust Board approval as follows:- (1) that a quarterly Patient Partner update be appended to future quarterly PPI updates to the Trust Board, rather than being presented to QAC (Minute 68/17 above refers); (2) that the Medical Examiner process be extended to Leicester General Hospital and Glenfield Hospital sites, and (3) that the Bereavement Support Service be continued, noting that this constituted a 2017-18 cost pressure. The Medical Director noted his view that (2) and (3) were 'must dos' from the perspective of the CQC and national requirements. **DCIE** **MD** **CN**

__Resolved__ – that the summary of issues discussed at the 23 February 2017 QAC be noted as per paper P, and any recommended items be endorsed accordingly (Minutes to be submitted to the 6 April 2017 Trust Board) and taken forward by the relevant lead officer. **DCIE/ MD/CN**

69/17/2 __Integrated Finance, Performance and Investment Committee (IFPIC)__

__Resolved__ – that the summary of issues discussed at the 23 February 2017 IFPIC be noted as per paper Q (Minutes to be submitted to the 6 April 2017 Trust Board), and any recommended items endorsed accordingly. **IFPIC CHAIR**

69/17/3 __2016-17 Financial Performance – January 2017__

Paper R presented the Trust's month 10 financial position, which had also been discussed in detail at the 23 February 2017 Integrated Finance Performance and Investment Committee meeting (paper Q also refers). The Trust's financial performance in January 2017 was in line with its revised year-end forecast. Excluding Sustainability and Transformation Funding (STF) the Trust's year to date deficit was £35.5m (£8.2m adverse to plan), and paper R also noted the significant impact of the non-recognition of STF (£8.1m) as a result of financial performance at quarter 3 being adverse to plan and non-delivery of the quarter 2 cancer target.

The Chief Financial Officer emphasised that UHL continued to focus on minimising the deficit as far as possible – a list of internal financial turnaround actions was now in place and would be likely to apply for at least 6 months into 2017-18. NHS Improvement would undertake an intensive 2-day deep dive into UHL's financial position later in March 2017, and the Trust Board noted that PwC had now concluded its review of UHL's cash processes.

In discussion, the Audit Committee Non-Executive Director Chair sought further clarity on the cash level likely to be able to be drawn down by the Trust in 2017-18, and the extent to which it would cover the actual projected deficit. The Chief Financial Officer advised that the 2-day NHSI review referred to above would include a validation of UHL's financial plan for 2017-18, and he reminded the Trust Board that UHL had not signed up to its 2017-18 control total. The Audit Committee Non-Executive Director Chair commented on the general need for Trusts to become better at managing their cashflow, given that cash shortages were unlikely to change.

<u>Resolved</u> – that the month 10 financial position and 2016-17 year-end forecast be noted.

70/17 REPORTS FROM BOARD COMMITTEES

70/17/1 <u>Quality Assurance Committee (QAC)</u>

<u>Resolved</u> – that the Minutes of the 26 January 2017 QAC be received and noted, and any recommendations endorsed accordingly (noting that the recommended item had been approved at the 2 February 2017 Trust Board).

70/17/2 <u>Integrated Finance Performance and Investment Committee (IFPIC)</u>

<u>Resolved</u> – that the Minutes of the 26 January 2017 IFPIC be received and noted, and any recommendations endorsed accordingly.

71/17 TRUST BOARD BULLETIN – MARCH 2017

<u>Resolved</u> – it be noted that the following paper had been circulated for the March 2017 Trust Board Bulletin:-
(1) list of Trust sealings for quarters 2 and 3 of 2016-17.

72/17 CORPORATE TRUSTEE BUSINESS

72/17/1 <u>Charitable Funds Committee</u>

Paper V comprised the Minutes of the 2 February 2017 Charitable Funds Committee. The Charitable Funds Committee's Non-Executive Director Chair noted that delegated authority had in fact been given to the Deputy Chairman and the Chief Financial Officer as Corporate Trustee at the 2 February 2017 Trust Board, for the Emergency Floor project recommended item. In respect of Minute 5/17 of paper V, it was noted that Mr B Patel Non-Executive Director was convening a working group to progress international volunteering issues further – any compliance aspects were being explored by the Director of Corporate and Legal Affairs.

<u>Resolved</u> – that the Minutes of the 2 February 2017 Charitable Funds Committee be received and noted, and any recommendations endorsed by the Trust Board as Corporate Trustee.

73/17 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following questions/comments were posed by the press or public present at the Trust Board meeting regarding the business transacted:-

(a) a query on the differences between a Serious Untoward Incident (SUI/SI) and a never event. The Medical Director clarified this for the requester, noting that a never event related to a specific nationally-defined group of events, whereas a SUI/SI involved significant patient harm or death. The Chairman suggested that it might be helpful to include an explanation of the terminology in future SUI patient story reports. **MD**

<u>Resolved</u> – that the query above and any associated actions, be noted and progressed by the identified lead officer(s). **Named Lead(s)**

74/17 EXCLUSION OF THE PRESS AND PUBLIC

<u>Resolved</u> – 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 75/17 to 81/17)having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

75/17 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

76/17 CONFIDENTIAL MINUTES

<u>Resolved</u> – that the confidential Minutes of the 2 February 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIRMAN**

77/17 CONFIDENTIAL MATTERS ARISING REPORT

<u>Resolved</u> – 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.

78/17 REPORTS FROM BOARD COMMITTEES

78/17/1 <u>Quality Assurance Committee (QAC)</u>

<u>Resolved</u> – that the summary of confidential issues discussed at the 23 February 2017 QAC and the confidential Minutes of the 26 January 2017 QAC be received and noted, and any recommendations endorsed accordingly.

78/17/2 <u>Integrated Finance Performance and Investment Committee (IFPIC)</u>

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

79/17 CORPORATE TRUSTEE BUSINESS

79/17/1 <u>Charitable Funds Committee</u>

<u>Resolved</u> – that the confidential Minutes of the 2 February 2017 Charitable Funds Committee be received and noted, and any recommendations endorsed accordingly by the Trust Board as Corporate Trustee.

80/17 ANY OTHER BUSINESS

80/17/1 <u>Report from the Medical Director</u>

<u>Resolved</u> – 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.

80/17/2 <u>Report from the Chief Executive</u>

<u>Resolved</u> – 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.

80/17/3 <u>Report from the Chief Financial Officer</u>

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

81/17 DATE OF NEXT TRUST BOARD MEETING

<u>Resolved</u> – that the next Trust Board meeting be held on Thursday 6 April 2017 from 9am in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.

<u>The meeting closed at 1pm</u>

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	18	16	89	A Johnson	18	18	100
J Adler	18	18	100	R Mitchell	18	14	78
P Baker	15	13	87	R Moore	18	17	94
S Crawshaw	4	4	100	B Patel	14	12	86
I Crowe	18	17	94	J Smith	18	17	94
S Dauncey	4	3	75	M Traynor	18	18	100
A Furlong	18	15	83	P Traynor	18	18	100
A Goodall	3	2	67				

Non-Voting Members:

Name	**Possible**	**Actual**	**% attendance**	**Name**	**Possible**	**Actual**	**% attendance**
D Henson	13	13	100	L Tibbert	18	17	94
N Sanganee	5	2	40	S Ward	18	17	94
				M Wightman	18	15	83