Trust Board Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 3 AUGUST 2017 AT 9AM IN ROOMS A & B, EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL

Voting Members present:
Mr K Singh – Chairman
Mr J Adler – Chief Executive
Professor P Baker – Non-Executive Director
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Furlong – Medical Director (up to and including Minute 207/17)
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 M Traynor – Deputy Chairman
Mr P Traynor – Chief Financial Officer

In attendance:
Mr H Ahmed – Service Equality Manager (designate) (for Minute 198/17/3)
Ms K Gillett – Insight Programme Trainee (up to and including Minute 207/17)
Mr D Kerr – Director of Estates and Facilities (for Minute 199/17)
Ms B Kotecha – Assistant Director, Learning and OD (for Minute 198/1/7/3)
Dr C Miller – Registrar, Geriatrics (for Minute 198/17/1)
Mr E Rees – LLR Healthwatch representative (up to and including Minute 207/17)
Ms A Reynolds – Volunteer Services Coordinator (for Minute 198/17/2)
Ms H Stokes – Corporate and Committee Services Manager
Mrs L Tibbert – Director of Workforce and Organisational Development
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communication, Integration and Engagement

ACTION

192/17 APOLOGIES AND WELCOME

There were no apologies for absence.

193/17 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 198/17/6 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.

194/17 MINUTES

__Resolved__ **– that the Minutes of the 6 July 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly.** **CHAIRMAN**

195/17 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 1 (Minute 163/17 of 6 July 2017) – the issue of future Non-Executive Director representation on the EMCRN governance framework/Non-Executive Director shadowing of specific areas/portfolios would be picked up in wider August 2017 Trust Board thinking day discussions; **CHAIRMAN**
(b) action 3a (Minute 165/17 of 6 July 2017) – the Chief Executive confirmed that this action could be closed, as he and Mr B Patel Non-Executive Director had discussed the circumstances of the specific case; **CCSM**
(c) action 8a (Minute 1167/17 of 6 July 2017) – an appropriate lookback at the 2017-18 BAF would be undertaken when setting the Trust's 2018-19 annual priorities, and **CE**

(d) action 14 (Minute 183/17 of 6 July 2017) - the September 2017 Trust Board outpatients performance report would be informed as appropriate by any comments from the August 2017 Trust Board thinking day session with patient and public involvement partners. **DCIE**

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

196/17 CHAIRMAN'S MONTHLY REPORT – AUGUST 2017

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

(a) the continuing disappointing emergency care performance. This was a whole hospital issue, and required a whole hospital response accordingly. In terms of the Trust Board, the Chairman noted the need for Non-Executive Directors to focus on accountability and assurance, while the Executive Directors would focus on holding the Clinical Management Groups to account for performance. The Chairman reiterated his intention to discuss emergency care performance issues in the public session, unless commercially sensitive information was involved;
(b) the Trust's commitment to encouraging diversity at senior levels, and the need to progress further and faster on equality;
(c) planned discussions at the August 2017 Trust Board thinking day re: a performance and accountability framework, linked to the well-led framework for assessing corporate governance within the NHS, and
(d) his intention to ask Trust Board colleagues (at the end of this meeting) whether they considered that UHL's key priorities had been appropriately discussed.

Resolved – that the Chairman's August 2017 report be noted.

197/17 CHIEF EXECUTIVE'S MONTHLY REPORT – AUGUST 2017

The Chief Executive's August 2017 monthly update followed (by exception) the framework of the Trust's strategic objectives. As the attached quality and performance dashboard covered core issues from the monthly quality and performance report, the full version of that report was no longer taken at Trust Board meetings but was accessible on the Trust's external website (also hyperlinked within paper D). The Board Assurance Framework dashboard and the extreme and high risks dashboard were also attached to the Chief Executive's report at appendices 2 and 3 respectively –the full BAF and risk register entries were now detailed in a separate report at Minute 200/17 below.

The Chief Executive reiterated the Chairman's comments regarding the disappointing emergency care performance, noting that this key issue for the Trust was covered in detail at paper J (Minute 198/17/6 below).

The Chief Executive particularly welcomed NHS England's 19 July 2017 announcement re: almost £40m capital funding for the LLR Better Care Together partnership, £30m of which would be received for UHL projects as detailed in paper D. This was a very welcome vote of confidence in the plans for the future development of Leicester's hospitals, and fully funded the next schemes in those plans. UHL had also bid for a total of £397.5m funding as part of the Government's larger NHS capital funding programme – if successful (and subject to public consultation), that further bid plus UHL's own capital funds would allow the Trust to carry out its whole reconfiguration programme. However, the Chief Executive considered that there was scope for improved UHL access to national IT funding, and he agreed to contact NHS Improvement accordingly and also to consider any other appropriate lobbying actions. Non-Executive Directors agreed that IT investment must be viewed as a priority by UHL, from both a safety and productivity perspective. **CE**

In response to a query from the Chairman, the Chief Executive noted mixed progress on the quality and performance dashboard appended to paper D, particularly noting a number of red indicators appearing in the 'safe' domain. Nurse staffing levels were currently of concern, and although no correlation had been established between staffing levels and those red indicators, the issue remained under close scrutiny by the Chief Nurse and the Medical Director. The Medical Director also commented on the fact almost half of the risks on the Integrated Risk Register related in some way to staffing. In discussion, Mr A Johnson Non-Executive Director queried what contingency plans were in place if staffing levels were found to be adversely impacting on safety, and it was noted that this would be discussed further in the August 2017 Trust Board thinking day 'people strategy' session. **DWOD/ CN/MD**

The Medical Director advised that day-to-day staffing decisions were managed through the 'gold command' structure, and he confirmed the continuing priority given to safe staffing levels. The Trust's Quality Assurance Committee also reviewed data on this issue, and the Chief Nurse outlined her work on the 'tomorrow's ward' team approach which looked holistically at the complement of roles required for a ward to function. This approach was also scheduled for discussion at the August 2017 Trust Board thinking day.

In further discussion on the Chief Executive's August 2017 report, the Trust Board noted a query from Professor P Baker Non-Executive Director regarding the potential stand-alone birthing centre at the Leicester General Hospital site (dependent on the outcome of public consultation) – in response, the Chief Executive advised that this was not a new element of the public consultation plans.

Resolved – that (A) contact be made with NHS Improvement to discuss UHL options re: IT investment, and consideration be given to the merits of other appropriate lobbying, and **CE**

(B) appropriate staffing levels (and recruitment/different ways of working measures to address any significant shortfalls) be considered as part of the People Strategy at the August 2017 Trust Board thinking day. **DWOD/ CN/MD**

198/17 KEY ISSUES FOR DECISION/DISCUSSION

198/17/1 Patient Story – Delirium

The video clip and accompanying report at paper E covered the topic of delirium, and – through the "Think Delirium" education campaign – encouraged staff to consider whether delirium could be responsible for patients' behaviour. Delirium was a common but very significant event for patients. Dr C Miller, Registrar in Geriatric Medicine, attended for this item and outlined the work he had undertaken during his 12-month Emergency Department (ED) Fellowship about delirium. He advised the Trust Board that delirium increased both morbidity and mortality and worsened the longer it lasted. Delirium could also be extremely distressing and frightening for both the patient involved and their relatives. In listening to the work undertaken by Dr Miller, the Trust Board particularly noted:-

(a) his introduction of a 30-second front door screening tool for use in ED, to enhance staff understanding and recognition of delirium. This involved a single question asking if the patient was more withdrawn than usual and (if so) signposting staff to 'think delirium';
(b) the invaluable role of the Meaningful Activities Coordinators within UHL – originally funded from Charitable Funds on a fixed term basis, Non-Executive Directors were pleased to hear that this role was now funded substantively by the Trust;
(c) "John's campaign", which aimed to provide open access to carers of delirium patients to be with them on the ward;
(d) a query from Mr B Patel Non-Executive Director as to the level of active engagement with carers and relatives, and the information available to them about delirium. In response, Dr Miller noted that although patient information leaflets were available, the campaign also aimed to raise wider staff understanding and recognition of delirium; he noted his own attendance at many clinical meetings to this end;
(e) (in response to a query) that the front door frailty score did not include delirium, as delirium could affect anyone not only the frail elderly. Dr Miller noted that ITU screening for delirium was considerably more advanced than elsewhere in the Trust. The Medical Director advised that the revised red flag sepsis tool did not refer to the 'think delirium' tool – in response to a further question from the Director of Communications, Integration and Engagement he outlined ongoing work through Nerve Centre to try and use one dataset to identify key triggers for various conditions. Dr Miller commented that the delirium screening tool could be undertaken by non-medical staff and noted his wish to introduce it as part of the routine patient observations recorded on Nerve Centre;
(f) (in response to a query from the Chief Executive) the key need for staff to recognise delirium and manage affected patients in the best and most appropriate way. The Trust Board was advised that non-pharmacological, non-medical interventions worked best, and
(g) consent received from the patient in the video to use it as a training and education tool. There had also been international interest in using the video.

The Trust Chairman welcomed this story and the ensuing discussion. He confirmed that the cover sheet for all future patient stories would ask the following 3 questions:- (i) why has this patient story been selected for Trust Board ?; (ii) what are the key themes in the patient story and how applicable

are they across the Trust ?, and (iii) what are the key learning points to improve the quality of the patient care/experience, and how will they be measured and monitored in future ?.

<u>Resolved</u> – that the 'Think Delirium' patient story be noted.

198/17/2 <u>Volunteer Services Annual Report 2016-17</u>

Ms A Reynolds, Volunteer Services Coordinator attended to introduce the 2016-17 UHL Volunteer Services annual report (paper F), which was in the format of a desk notepad. In introducing the report, the Chief Nurse noted the crucial role played by UHL's volunteers (currently approximately 700) and she confirmed that the impact on patients was considered at every stage of recruiting, training, placing and developing those volunteers. In terms of recognising the contribution of those volunteers, the Chief Nurse noted UHL's annual 'thank you' event and also the 'Volunteer of the Year Award' presented at the annual UHL Caring at its Best event. The Trust was also keen to renew its quality mark achievement in 2017 (originally achieved 4 years previously). In discussion on the volunteer services annual report (the format of which was welcomed), the Trust Board noted:-

(a) a query from the Chief Financial Officer on how UHL's volunteers had responded to the recent changes to the LRI site access routes (due to the new Emergency Floor opening). In response, the Volunteer Services Coordinator acknowledged that there had been some challenges arising from those changes (with some areas not longer accessible to buggies etc), and she noted some volunteer feedback that it may have been beneficial to consult with volunteers in advance about the patient impact;
(b) the intention of the Volunteer Services Coordinator to contact Dr C Miller, Registrar in Geriatric Medicine, to discuss any potential role for volunteers in spotting delirium; **CN/ VSC**
(c) that the potential use of younger volunteers (below the current minimum age limit of 17 years) was being explored;
(d) the competition for volunteers, and the need therefore to make the UHL volunteer experience rewarding for those volunteers as well as beneficial for patients and visitors. The Trust aimed to attract as diverse a volunteer base as possible, and to make reasonable adjustments where required, and
(e) the role of volunteers as a bridge between the Trust and the community, and the crucial need therefore for UHL to show how it valued its volunteers.

<u>Resolved</u> – that (A) the 2016-17 Volunteer Services Annual Report be noted, and

(B) the Volunteer Services Coordinator be asked to contact Dr C Miller, Registrar in Geriatric Medicine, to discuss how volunteers might play a role in spotting delirium. **CN**

198/17/3 <u>Equality and Diversity Update/National WRES Data Submission 2017</u>

Paper G detailed progress in implementing the Trust's equality and diversity action plan (biannual update) and also set out UHL's current position against the Workforce Race Equality Standard (WRES). Subject to a data correction for indicator 3 to correctly show a red downward trend, the Trust Board was asked to approve the UHL WRES data for national submission in appendix 1 of paper G. The Director of Workforce and OD also introduced Mr H Ahmed, Service Equality Manager (designate) who would join UHL on 4 September 2017. In terms of paper G, although some progress had been made on increasing BME leadership, the Director of Workforce and OD acknowledged the need for faster and further progress. As described in paper G, targeted interventions would be piloted in the Renal Respiratory and Cardio Vascular CMG before March 2018, to assess their positive impact on levels of BME leadership representation in that area. **DWOD**

In discussion on the report, the Trust Board:-

(a) noted the progress made on the Accessible Information Standard (AIS) – this remained a high priority action for UHL, involving both cultural behaviour changes and the use of appropriate enabling IT;
(b) acknowledged the need for further progress on the WRES indicators, with work needed on areas relating to recruitment (BME shortlist to appointment rates); tracking of internal promotion opportunities, and addressing any gaps in UHL's monitoring data. Although NHS England was working with some NHS Boards on WRES requirements, it was not yet known if UHL would be involved;
(c) noted comments from Mr B Patel Non-Executive Director voicing his disappointment at

Leicester's position, given the diversity of its population. He urged the Trust to consider more radical and creative ways of reaching out to UHL's communities, and to be proactive in communicating (to the young in particular) the benefits of working for the Trust. He suggested that UHL should be an exemplar for the rest of England in this regard. Professor P Baker Non-Executive Director outlined the progress made by the University of Leicester re: gender equality, and the Director of Workforce and OD agreed to contact him to discuss the scope for transferable lessons (eg to race equality); **DWOD** **DWOD**

(d) acknowledged that BME staff were significantly under-represented at UHL leadership levels;
(e) noted that the August 2017 Trust Board thinking day session on the workforce strategy already included diversity aspects, and
(f) agreed to bring forward the Trust Board thinking day on equality and diversity issues (currently scheduled for January 2018), and to use that session to consider:- **DWOD**
- whether UHL's diversity and equality goals were clear enough, and to clarify what was being measured against;
- more granular-level data and actions (eg cut by CMG and staff group), and
- the key priorities for the Trust, including equity of progression opportunities for UHL staff.

<u>Resolved</u> – that (A) UHL's national WRES data submission for 2017 be approved subject to correction of indicator 3 data to reflect a red (rather than green) trend arrow; **DWOD**

(B) appropriately creative and innovative means of promoting diversity and equality in recruitment be explored when engaging with the local community; **DWOD**

(C) contact be made with the University of Leicester to discuss any transferable lessons from that organisation's approach to gender equality, and **DWOD**

(D) the date of the Trust Board thinking day on equality and diversity be brought forward from January 2018, and include the issues set out in (f) above. **DWOD**

198/17/4 <u>Time to Change – Mental Health Pledge</u>

Paper H sought Trust Board support for the national "Time to Change" mental health pledge and associated action plan (for launch at the 25 September 2017 UHL leadership conference). This was supported accordingly and Trust Board members agreed to be photographed at the September 2017 Trust Board making their personal pledges. **DWOD**

<u>Resolved</u> – that Trust Board members be photographed at the September 2017 Trust Board making their personal pledges in respect of the "Time to Change" mental health pledge, as now supported. **DWOD**

198/17/5 <u>East Midlands Congenital Heart Centre (EMCHC) – UHL Response to the NHS England Consultation Document</u>

Paper I updated the Trust Board on the campaign to retain the EMCHC at UHL. No formal communication had yet been received from NHS England regarding the timescale for a decision, and the Chief Executive advised that he had recently written to the Chief Executive of NHS England (cc'd to NHS Improvement) noting the risk posed to the service by the lack of a decision date. That letter would be circulated to Trust Board members for information. Trust Board members voiced their concern at this lack of certainty from NHS England. In further discussion, the Trust Board also welcomed the strong support for EMCHC from local MPs. **CE**

<u>Resolved</u> – that the Chief Executive's 28 July 2017 letter to NHS England re: EMCHC be circulated to Trust Board members for information. **CE**

198/17/6 <u>Emergency Care/Organisation of Care Update</u>

Further to Minute 166/17/4 of 6 July 2017 and following an extraordinary private Trust Board on 25 July 2017, members received a new format, comprehensive 'organisation of care' report on emergency care performance (paper J). Emergency care performance remained unacceptably poor, standing at 80% in July 2017 against the NHS Improvement trajectory of 85%. Paper H reminded Trust Board of the diagnosis of the problem, the approach to date, and the proposed approach over the next 10 weeks as per the targeted high impact action plan appended to the report. Progress against those actions would be discussed weekly at each Executive Team meeting (cc Non-Executive

Directors), and the Trust was aiming to achieve 90% against the target on a sustainable basis by the end of September 2017. Although some elements of the action plan had already begin, a formal push ('September surge') would begin on 1 September 2017 across the whole organisation, focusing on (i) optimising ED working and consistency of process [particularly between 8pm and 8am] and (ii) adopting a whole hospital approach, in terms of both culture and process aspects.

At the request of the Chairman, the Interim Chief Operating Officer outlined the changes which had already taken place, including the rollout of the Red2Green approach into ED (which had seen a positive impact on the number of patients discharged before midday), and an exercise to change front door streaming.

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

(a) comments from Mr M Traynor Non-Executive Director welcoming both the changes introduced so far and the different ways of working set out in the action plan. He requested that the ED workforce strand of that action plan be amended to pursue action B5 as a priority and to formalise action C5; **ICOO**
(b) (in response to a query from Mr R Moore Non-Executive Director) a good level of acceptance by ED staff of both the diagnosis and the action plan. The Chief Executive considered that the issue of inconsistency was now recognised more openly, as was the related need to match evening resources accordingly;
(c) (in response to a query from Col (Ret'd) I Crowe Non-Executive Director) an outline of the 'September surge', and the clear message to CMGs that the new whole hospital approach involved using existing resources better and having clearer escalation processes in place. Safety huddles would also be introduced for all relevant specialty Consultants;
(d) comments from the LLR Healthwatch representative voicing assurance over UHL's robust action planning and continued Trust Board focus, and querying the position in the rest of the LLR healthcare economy. In response, the Chief Executive (who chaired the A&E Delivery Board) confirmed that work also continued on system aspects across LLR (eg, 111, EMAS aspects, discharge) – however, it was recognised that the most significant wins were likely to be in improving UHL's internal ED processes and performance. The UHL action plan in paper J should be seen as part of the wider LLR action plan. The Chief Executive considered that the wider system issues requiring the most attention related to the urgent care offering outside UHL – eg the need for walk-in centre provision to be more consistent and not result in an increase of patients to ED;
(e) a request from Mr A Johnson Non-Executive Director for the next iteration of the report to include tangible, measurable achievement metrics – this would be done through an organisation of care dashboard, and **ICOO**
(f) the need for the action plan to be both resilient and sustainable, and to enable the Trust to achieve key outcomes including the March 2018 95% compliance requirement. The Trust Chairman recognised the significant task facing Executive Directors, in addition to their other UHL challenges.

<u>Resolved</u> – that (A) the ED workforce strand of the action plan be amended to pursue action B5 as a priority and to formalise action C5, and **ICOO**

(B) an organisation of care programme dashboard be included in the next iteration of this report to the Trust Board (setting out tangible, measurable achievement metrics). **ICOO**

199/17 ESTATES AND FACILITIES ISSUES

199/17/1 <u>Premises Assurance Model Annual Report 2016-17</u>

Paper K provided an annual review of the Trust's position following completion of the Department of Health 'Premises Assurance Model' (PAM). The PAM data provided UHL with a range of nationally-recognised performance metrics across Estates and Facilities functions, and covered the period 1 April 2016 – 31 March 2017 (year 1 of a 2-year assessment period). In discussion, Col (Ret'd) I Crowe Non-Executive Director suggested that the model was more robust in capturing hard FM than soft FM performance – the Director of Estates and Facilities agreed with this comment, which he felt was a national reflection. Soft FM performance was, however, covered in the Trust's quality and performance report and featured heavily in the PLACE review.

Although welcoming the report as a useful tool, Non-Executive Directors suggested that it might be

helpful to add contextual explanation to some of the graphs (eg to outline what was meant by requiring a 'minimal improvement' and what the Trust's current provision was for the various indicators). The Chief Executive clarified that PAM was an assurance tool to indicate whether systems were in place, rather than a measure of whether those systems were good/poor. The Director of Estates and Facilities advised that UHL performance had improved across all 6 PLACE metrics, with a significant improvement in cleaning. He also confirmed that UHL had no 'under-utilised space' so was fully compliant on both that indicator and on the requirement for less than 35% of space to be non-clinical (23% in UHL). **DEF**

Resolved – that (A) the 2016-17 Premises Assurance Model Annual Report be noted, and **DEF**

(B) consideration be given to the scope to include additional context in future reports as discussed above. **DEF**

199/17/2 Sustainable Development Management Plan 2017

Paper L presented the UHL Sustainable Development Management Plan (SDMP) for Trust Board approval, and followed a national format for such reports. A foreword from the Chairman had also been drafted for subsequent inclusion in the Plan.

The Director of Estates and Facilities advised that UHL was making good progress on various carbon reduction and environmental initiatives (resulting in a nearly £100k carbon tax reduction from the previous year), and was also working with Supply Chain on production and transport issues (eg location of warehouses, length of travel etc). In response to a query from the Chief Financial Officer, the Director of Estates and Facilities confirmed that the biggest gain in terms of reducing the carbon footprint of UHL's estate would come from reconfiguration.

In discussion, the Director of Communications, Integration and Engagement suggested that the Plan should also cover wider sustainability issues such as supporting local businesses and sustainable local procurement to reduce food miles – he agreed to provide further details on this to the Director of Estates and Facilities. Although these comments would then be incorporated into the next iteration of the Plan (rather than into the version currently presented), the Chairman requested that Executive Directors begin to progress this approach in the intervening period. **DCIE**

Due to the need to include the foreword, authority was delegated to the Trust Chairman to approve the 2017 Sustainable Development Management Plan outside the meeting. **CHAIRMAN**

Resolved – that (A) authority be delegated to the Trust Chairman to approve the 2017 Sustainable Development Management Plan outside the meeting, following the inclusion of a foreword in his name, and **CHAIRMAN**

(B) the Director of Communications, Integration and Engagement be requested to send his wider sustainability comments on the plan to the Director of Estates and Facilities for inclusion in the next formal iteration of the SDMP, noting the need for this approach to be progressed by the Executive Team in the intervening period. **DCIE**

199/17/3 Fire Annual Report 2016-17

Paper M set out the Trust's Annual Fire Report for 2016-17, advising of the current level of fire safety provision across UHL and appending the annual fire statement. In response to a query from the Chairman, the Director of Estates and Facilities advised that 100% of UHL's estate now held a current, suitable and sufficient Fire Risk Assessment (an update of 5% from the time of writing the report). Positive confirmation of action plan follow-ups would also be sought through the Executive Team meetings from September 2017 onwards. The Director of Estates and Facilities also noted the significant achievement of 98% of staff having undergone fire training. **DEF**

The covering report to paper M outlined the work undertaken by UHL in conjunction with Leicestershire Fire and Rescue Service since the Grenfell Tower fire. UHL had no buildings over 8 storeys and was classed as low risk. Mr A Johnson Non-Executive Director queried whether an external assessment should be undertaken as a means of providing assurance, rather than the internal assessment 'reassurance' offered in paper M. Following discussion, the Chairman considered that the Director of Estates and Facilities' comments (re: the low risk position of the Trust and an external assessment undertaken only 2 years previously) provided some mitigating

assurance. The Director of Estates and Facilities agreed however that it would still be useful to explore other assurance options such as shared peer reviews with other Trusts. **DEF**

<u>Resolved</u> – that (A) the 2016-17 Annual Fire Report be noted;

(B) confirmation be provided to Executive Team meetings from September 2017 onwards that fire risk assessment action plans were being appropriately followed through, and **DEF**

(C) shared peer review options with other NHS Trusts be explored, as a means of obtaining external assurance re: the Trust's fire safety plans. **DEF**

200/17 RISK MANAGEMENT – INTEGRATED RISK REPORT

Paper N comprised the 2017-18 integrated risk report including the new format Board Assurance Framework (BAF), as at 30 June 2017. Paper N also summarised any new organisational risks scoring 15 or above in June 2017 (6), and Col (Ret'd) I Crowe Non-Executive Director queried whether these were reflective of any wider issues – in response, the Medical Director advised that investment for training had recently been provided to the Renal Respiratory and Cardio Vascular CMG, and he commented that the underlying fragility of FY and middle grade medical staffing was the key issue.

In discussion, the Audit Committee Non-Executive Director Chair noted the need to review the risk rating for the emergency performance BAF risk, to reflect more accurately the current challenges. It was agreed to check whether that review was currently underway. The Audit Committee Non-Executive Director Chair also queried whether the BAF as set out accurately triangulated to the Medical Director's earlier comments that almost 50% of the Trust's key risks related in some way to staffing. He also queried why the BAF risk rating for risk 2.1 (development of a sustainable workforce plan) was currently green. **ICOO**

<u>Resolved</u> – that confirmation be sought from the Director of Operational Improvement that the emergency performance BAF risk rating was being amended to reflect the current challenges. **ICOO**

201/17 LLR STP, AND UHL RECONFIGURATION PROGRAMME UPDATE

Paper O updated the Trust Board on the LLR Sustainability and Transformation Partnership (STP) and on UHL's own reconfiguration programme. Work was underway to review the LLR STP reflecting capital allocations and bed movements, and the Director of Communications, Integration and Engagement noted that public consultation – provisionally scheduled for February 2018 – was likely to cover (i) acute reconfiguration including maternity, and (ii) community hospital provision. LLR Finance Directors were also refreshing the financial STP assumptions, and the Chief Financial Officer noted that the 5-year Long-Term Financial Model was scheduled for discussion at the August 2017 IFPIC. The Director of Communications, Integration and Engagement confirmed that Accountable Care System discussions were also beginning, and the Chief Financial Officer noted the need for such discussions to be held before the start of acute contract negotiations. **CE /DCIE**

In response to comments from Mr R Moore Audit Committee Non-Executive Director Chair, the Chief Executive agreed to make the LLR STP Senior Responsible Officer aware of the Trust Board's continuing wish for a cross-organisational dashboard (focused on outcomes). **CE**

In respect of UHL's own reconfiguration programme, the Chief Financial Officer welcomed the recent national capital STP allocation as outlined in Minute 197/17 above, and noted the need for UHL to enhance its internal reconfiguration team as appropriate. Further detail was now awaited from NHS Improvement on the process for receiving the funding, and the Chief Financial Officer noted the need to ensure that there was no adverse impact on UHL's cash position.

Mr A Johnson Non-Executive Director sought (and received) assurance that receipt of the national funding would have no adverse impact on the longer-term elements of UHL's reconfiguration programme. The Medical Director confirmed that although optimal service configuration would not be in place until the programme in its entirety was completed, the service was (and would remain) safe in the interim. Mr A Johnson Non-Executive Director also queried whether post-reconfiguration operating costs would increase, and whether any such increased costs had been factored in by NHS Improvement. Mr R Moore Audit Committee Non-Executive Director Chair also queried the contingency plan in the event that further funding was not subsequently received to complete the

longer-term reconfiguration programme – in response, the Medical Director noted that phasing of the schemes was key, and the Chief Financial Officer noted his view that the programme would still be delivered albeit to a longer timescale.

<u>Resolved</u> – that (A) it be ensured that the discussions re: Accountable Care Systems took place before the start of acute contract negotiations, and **DCIE/ CE**

(B) contact be made with the LLR STP SRO to reiterate the Trust Board's desire to see a cross-organisational STP dashboard developed. **CE**

202/17 QUALITY AND PERFORMANCE

202/17/1 <u>Quality Assurance Committee (QAC)</u>

Paper P summarised the issues discussed at the 27 July 2017 QAC, noting that nursing staff challenges were specifically highlighted for the Trust Board's attention.

<u>Resolved</u> – that the summary of issues discussed at the 27 July 2017 QAC be noted as per paper P, and any recommended items be endorsed accordingly (Minutes to be submitted to the 7 September 2017 Trust Board) and taken forward by the relevant lead officer.

202/17/2 <u>Integrated Finance, Performance and Investment Committee (IFPIC)</u>

Paper Q summarised the issues discussed at the 27 July 2017 IFPIC, noting that there were no recommended items for the public Trust Board.

<u>Resolved</u> – that the summary of issues discussed at the 27 July 2017 IFPIC be noted as per paper Q (Minutes to be submitted to the 7 September 2017 Trust Board), and any recommended items endorsed accordingly and taken forward by the relevant lead officer.

202/17/3 <u>2017-18 Financial Performance – June 2017</u>

Paper R presented the Trust's month 3 financial position, which had been discussed in detail at the July 2017 Integrated Finance Performance and Investment Committee meeting (paper Q also refers). In terms of headline financial performance, as of month 3 UHL had achieved a year to date deficit of £17.6m 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. CIP delivery was currently £1.1m ahead of plan (£7.4m delivery), and £1.6m of the total £33m 2017-18 CIP remained to be identified (a comparative improvement on the month 3 position for 2016-17). Agency use remained below trajectory, which was welcomed, and the report also outlined continuing improvements to the Trust's performance against the Better Payments Practice Code. However, the Chief Financial Officer noted the continuing need to reduce expenditure (particularly re: pay), and outlined recent discussions with Corporate Directorates and CMGs on increasing the 2017-18 CIP by a further £3.5m to fund capacity and demand requirements.

In discussion on the June 2017 financial performance report, the Trust Board noted:-

(a) (in response to a query from the Chairman) the Chief Financial Officer's view that CMGs clearly understood the nature and scale of the financial challenge facing the Trust. Both IFPIC and the Trust Board had discussed how to change the historic culture of overspending within some UHL areas, including the use of a more formal performance accountability framework;
(b) that the process of identifying the supplementary 2017-18 CIP would also indicate how robust the baseline CIP plans were, particularly those relating to paybill management. The 2017-18 CIP plans in their entirety would be reviewed in August 2017;
(c) the Chief Financial Officer's view that it was appropriate for the Trust Board to focus on understanding why individual services could not operate within the national tariff, and
(d) comments from Mr A Johnson Non-Executive Director on the wider scale of the underlying deficit, the totality of the risks to the 2017-18 financial plan, and the need for CMGs to focus on addressing the areas of greatest variance. He had requested a comparison of the forecasting for 2016-17 and 2017-18, and the Chief Financial Officer agreed to bring both that quarter 1 comparison and information on the financial position of Trust services to a future Trust Board thinking day (potentially with Clinical Directors present). **CFO**

Resolved – that a comparison of the quarter 1 financial forecast and performance (2016-17 v 2017-18), and information on the financial position of Trust services be brought to a future Trust Board thinking day. **CFO**

203/17 REPORTS FROM BOARD COMMITTEES

203/17/1 Audit Committee

In respect of the 6 July 2017 Audit Committee, Mr M Traynor Non-Executive Director and Acting Chair for that meeting particularly noted discussion on (i) the TrAction report of outstanding actions from Internal Audit reports – the Audit Committee had agreed that the Lead Directors for longstanding overdue actions should be invited to future meetings to explain the position, and (ii) the report from the Local Security Management Specialist, including a request to explore funding for the replacement of some of the older elements of UHL's CCTV system, and the July 2017 cessation of NHS Protect as a special NHS Authority.

Resolved – that the Minutes of the 6 July 2017 Audit Committee be received and noted (paper S1), and any recommendations be endorsed accordingly and taken forward by the relevant Lead Officer.

203/17/2 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 29 June 2017 QAC be received (paper S2 – no recommendations).

203/17/3 Integrated Finance Performance and Investment Committee (IFPIC)

Resolved – that the Minutes of the 29 June 2017 IFPIC be received and noted (paper S3), noting that any recommendations had been approved at the 6 July 2017 Trust Board (2017-18 capital programme).

204/17 TRUST BOARD BULLETIN – AUGUST 2017

Resolved – the following papers be noted as circulated with the August 2017 Trust Board Bulletin:-
(1) Minutes of the LLR System Leadership Team meeting held on 22 June 2017.

205/17 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 request for the Trust to consider how best to communicate its planned actions to improve ED performance to the public and the media. The requester suggested that at the very least, regular updates should feature on UHL's external website. In further discussion, the Trust Chairman noted his view that UHL's wider communications strategy should also focus on how the Trust was addressing its key challenges (including emergency care performance); **DCIE**
(2) the need to take patient and public perceptions and needs into account when reviewing IM&T plans, and
(3) support for the comparative financial forecasting report requested in Minute 202/17/3 above.

Resolved – that the actions above be noted and taken forward by the relevant Lead Officer. **DCIE**

206/17 REVIEW OF WHETHER ALL APPROPRIATE PRIORITIES HAD BEEN COVERED AT THIS MEETING

As noted in Minute 196/17 above, the Chairman sought views from colleagues on whether all appropriate UHL priority issues had been covered at this Trust Board meeting. The Chief Financial Officer identified a future addition as phase 2 of the Emergency Floor, and he agreed to consider how best to keep the Trust Board sighted to this issue (including how phase 2 development would contribute to the working of existing phase 1). Professor P Baker Non-Executive Director commented on the need for an appropriate focus on IT issues. **CFO**

<u>Resolved</u> – that consideration be given to how best to keep the Trust Board appropriately sighted to phase 2 of the Emergency Floor project. **CFO**

207/17 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 208/17 to 214/17), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

208/17 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director declared his interest in Minute 211/17 below – it was agreed that this was a non-prejudicial interest and that it was not necessary for him to absent himself from the meeting for that item.

209/17 CONFIDENTIAL MINUTES

<u>Resolved</u> – that the confidential Minutes of the 6 July 2017 Trust Board meeting be confirmed as a correct record (subject to the removal of the appendix which was not yet finalised) and signed by the Trust Chairman accordingly. **CHAIRMAN**

210/17 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.

211/17 REPORT FROM THE CHIEF FINANCIAL OFFICER

<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.

212/17 REPORTS FROM BOARD COMMITTEES

212/17/1 <u>Audit Committee</u>

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

212/17/2 <u>Integrated Finance Performance and Investment Committee (IFPIC)</u>

<u>Resolved</u> – that (A) the confidential Minutes of the 29 June 2017 IFPIC be received and noted, and any recommendations be endorsed accordingly (paper X2) and

(B) the confidential summary of issues discussed at the 27 July 2017 IFPIC be noted (formal Minutes to be submitted to the 7 September 2017 Trust Board) (paper X3).

213/17 ANY OTHER BUSINESS

213/17/1 <u>Query from Mr A Johnson Non-Executive 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.

213/17/2 <u>Query from Professor P Baker Non-Executive 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.

214/17 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 7 September 2017 from 9am in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary.

The meeting closed at 1.37pm

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	6	6	100	T Lynch	3	3	100
J Adler	6	5	83	R Mitchell	3	2	67
P Baker	6	6	100	R Moore	6	4	67
S Crawshaw	3	1	33	B Patel	6	6	100
I Crowe	6	6	100	J Smith	6	4	67
A Furlong	6	5	83	M Traynor	6	6	100
A Johnson	6	5	83	P Traynor	6	5	83

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
L Tibbert	6	6	100	E Rees	4	2	50
S Ward	6	6	100				
M Wightman	6	6	100				