

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 2 MAY 2019 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY****Voting Members present:**

Mr K Singh – Trust Chairman
 Mr J Adler – Chief Executive
 Ms V Bailey – Non-Executive Director
 Ms R Brown – Chief Operating Officer
 Col (Ret'd) I Crowe – Non-Executive Director
 Ms C Fox – Chief Nurse
 Mr A Furlong – Medical Director
 Ms K Jenkins – Non-Executive Director
 Mr A Johnson – Non-Executive Director
 Mr B Patel – Non-Executive Director
 Mr M Traynor – Non-Executive Director (excluding part of Minute 96/19/4 and Minutes 99/19 to 108/19)
 Mr P Traynor – Chief Financial Officer

In attendance:

Mr A Carruthers – Acting Chief Information Officer
 Ms C Ellwood – Chief Pharmacist (for Minute 104/19/1)
 Mr D Kerr – Director of Estates and Facilities
 Ms B Kotecha – Deputy Director of Learning and Organisational Development (for Minute 96/19/1)
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Representative (until Minute 99/19)
 Ms T Lakdawala – Discharge Lead (for Minute 96/19/1)
 Ms S Makunde – Deputy Sister/Charge Nurse (for Minute 96/19/1)
 Mr K Mayes – PPI and Membership Manager (for Minute 96/19/4)
 Ms K Rayns – Corporate and Committee Services Officer
 Dr B Simon – Consultant Physician and Geriatrician (for Minute 96/19/1)
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications (for Minute 96/19/4 and from 97/19/3.3 to 108/19)
 Ms H Wyton – Director of People and Organisational Development

ACTION**92/19 APOLOGIES AND WELCOME**

An apology for absence was received from Professor P Baker, Non-Executive Director. The Trust Chairman drew members' attention to today's local elections, noting that the Purdah was still applicable.

93/19 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Chief Financial Officer and Mr A Johnson, Non-Executive Director declared their respective roles as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd.

94/19 MINUTES

Resolved – that the Minutes of the 4 April 2019 Trust Board meeting provided at paper A be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN****95/19 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the outstanding actions from the 4 April 2019 and previous Trust Board meetings. The Director of Corporate and Legal Affairs was requested to liaise with the relevant lead officers to progress any actions which were currently RAG-rated as a '4' (in progress) and provide firm timescales for their expected completion.

DCLA

Resolved – that (A) the Trust Board matters arising log be noted as per paper B, and

(B) the Director of Corporate and Legal Affairs be requested to liaise with the relevant lead officers to progress their actions which were currently RAG-rated as '4' and provide

DCLA

timescales for their expected completion.

96/19 KEY ISSUES FOR DISCUSSION/DECISION

96/19/1 Staff Story – UHL Black Asian and Minority Ethnic (BAME) Voice Network

The Director of People and Organisational Development introduced paper C, briefing the Trust Board on UHL's BAME Voice Network which had been established in May 2018. The report set out the objectives, vision, achievements and future plans for the Network and described the ways in which this group was helping to promote UHL's Equality and Diversity agenda by supporting, promoting, empowering, motivating and engaging BAME staff through an inclusive and open forum for all staff. Members noted that Dr B Simon had been elected as BAME Voice Chair in July 2018 and Ms T Lakdawala was the BAME Voice Deputy Chair.

Dr B Simon, Ms T Lakdawala, Ms S Makunde and Ms B Kotecha attended the meeting to introduce a slide presentation highlighting the key achievements during 2018/19 (including the establishment of the Equality and Diversity Board and the well-attended BAME Conference on 1 March 2019). Ms T Lakdawala provided an overview of the proposed the next steps, advising that further BAME conferences were planned which would include a focus on the other protected equality and diversity characteristics. Negotiations were continuing in relation to the embedding of diverse interview panels. Such arrangements were currently in place for band 8b posts and above, but it was hoped to implement them for band 8a posts.

Ms S Makunde described her own career journey from qualifying as a Student Nurse to becoming a Deputy Ward Sister, noting that she had not experienced any barriers within the recruitment process and that appropriate training opportunities had been provided to develop her leadership skills with a clear focus on achieving the best outcome for patients and delivering the Trust's values by treating people as she would like to be treated herself.

Dr B Simon highlighted areas where further Trust Board support was required in order to maintain the momentum, including the arrangements for embedding equality and diversity throughout the organisation at Corporate and CMG level, seeking to publish the BAME pay gap (if any) within the next year, improving transparency within recruitment processes and internal promotions and provision of time for staff to attend BAME Voice meetings and conferences.

Trust Board members thanked the presentation team for their inspirational leadership and for helping the Trust to understand the issues that were affecting BAME staff and how these could be addressed and improved in the future. The Director of People and Organisational Development provided assurance that the areas identified for further Trust Board support had been built into the Equality and Diversity action plan. She also advised that the CMG performance review meetings included monitoring of (a) CMG-level staff numbers from a BAME background and (b) numbers of BAME staff in a leadership role. In discussion on the presentation, Non-Executive Directors:-

- (a) sought and received further information about the broader arrangements for encouraging younger BAME individuals to come and work in the NHS and the strategic importance of having good role models in order to normalise Equality and Diversity within UHL's culture. In response, Dr B Simon noted that the number of places on the LLR Stepping Up Programme had increased from 4 to 40 in the last year. He provided assurance that opportunities were being progressed in order to showcase appropriate role models and career pathways at UHL;
- (b) highlighted Ms T Lakdawala's impressive work relating to improving the patient discharge process, advising that the Integrated Discharge Team had been presented with an NHS England award for this workstream in March 2019;
- (c) commented upon the challenges for key individuals in maintaining momentum with the BAME Voice network in parallel with their substantive roles, suggesting that additional resources and protected time for delivering the BAME agenda would be crucial to sustain progress going forwards;
- (d) noted the need to focus on retaining BAME staff and promoting them based on merit (avoiding a perception that they might need to leave the organisation to progress further within their chosen careers), and
- (e) considered whether there was anything more the Trust could be doing to reduce unconscious bias within the full range of protected Equality and Diversity characteristics.

The Chief Executive provided an overview of the arrangements for embedding these important issues

into UHL's culture, advising that workforce equality data was seen as a key performance issue and performance was measured through the CMG dashboards and monitored through the Accountability Framework. In relation to the BAME pay gap, he advised that the Trust did not hold accurate data in this respect as not all employees had declared their ethnicity. However, the Director of People and Organisational Development confirmed that there was some scope to provide limited data and this work was being progressed accordingly. Further discussion on this matter would be held at the next meeting of the Equality and Diversity Board.

DPOD

The Chief Executive provided his assurance relating to the Trust Board's continued commitment and support towards improving WRES performance for 2019-20 and beyond (as set out in the NHS Long Term Plan), noting that UHL had prioritised Race Equality initially, but would be moving forwards with addressing Disability Equality as the next phase in order to maintain momentum. He advised that reverse mentoring was a very important part of improving unconscious bias and there were currently twice as many 'mentor' volunteers as there were 'mentee' volunteers. It was agreed that Non-Executive Directors would be invited to join this programme as 'mentees'. The Chief Executive also provided absolute clarity that staff should be provided with appropriate time to attend BAME Voice meetings, events and workshops. He requested that any specific instances where time was not being granted be escalated appropriately (if no local resolution was achieved).

DPOD

DPOD

In summary, the Trust Chairman thanked the team for their presentation, highlighting the importance of UHL's workforce being representative of the community it served, noting that patient-centred high quality care was reliant upon inclusive use of staff skills and knowledge and that all staff members were entitled to appropriate career progression based on merit and experience within a culture of fairness and equality. Going forwards, he noted the need to (a) recognise any negative anecdotes and find innovative ways of changing culture, (b) focus on patient outcomes and delivery of high quality care, and (c) strengthening leadership behaviours to offer appropriate support and encouragement. Whilst the required outcomes were not all expected to be achieved within the short term, he provided assurance that the Trust Board was absolutely committed to delivering the improvements required and aspired to become an exemplary Trust in terms of WRES data. He emphasised the need for UHL to focus on internal promotion and staff retention to reduce the numbers of staff leaving the Trust when they felt they had reached a 'career ceiling' within UHL. Finally, the Director of People and Organisational Development requested Dr B Simon's support in highlighting the opportunities to become Quality Strategy Improvement Agents within the BAME Voice network membership.

BAME
Voice
Chair

Resolved – that (A) the staff story relating to the UHL BAME Voice Network be received and noted,

(B) the Director of People and Organisational Development be requested to:-

- (1) arrange for further discussion to take place relating to the BAME pay gap at the next meeting of the Equality and Diversity Board;**
- (2) invite Non-Executive Directors to participate in the Reverse Mentoring Programme as 'mentees';**
- (3) escalate any instances where appropriate time was not being granted to staff to attend BAME Voice Network events, and**

DPOD

DPOD

DPOD

(C) the BAME Voice Chair be requested to raise awareness of opportunities to become Quality Strategy Improvement Agents amongst BAME Voice Network members.

BAME
Voice
Chair

96/19/2

Chairman's Monthly Report – May 2019

In introducing his monthly report at paper D, the Chairman particularly highlighted (a) the need to improve the arrangements for system working with other local health and social care organisations, to deliver best value for money, with 2019/20 expected to be the last year that each organisation would receive individual financial control totals, (b) opportunities to address workforce shortages through imaginative recruitment and retention strategies and the scope to work with higher and further education institutions to raise the profile of the Trust as an employer of choice, and (c) the need to focus on aligning UHL's Quality Strategy with a common sense of purpose and how to translate this into service provision. A joint Trust Board and CMG discussion on this theme was due to be held on 9 May 2019.

In discussion on the workforce aspects of the Chairman's report, the Chief Nurse briefed the Trust

Board on the work of Nurse Ambassadors who were undertaking school visits in order to promote interest in nursing and midwifery careers. The Nurse Ambassadors were also linking with the BAME Voice Network to strengthen diversity amongst the nursing and midwifery workforce. Trust Board members also considered the cultural changes that would need to be delivered and how the process of doing things well (repeatedly) could lead to a sustainable change in future culture. This theme was being explored by the Quality Strategy Expert Reference Group. In relation to improving system working, Mr A Johnson, Non-Executive Director commented upon the need for each NHS organisation to become more altruistic in nature to deliver the transformation in services, noting that patients would expect to receive a seamless service from the NHS in future (irrespective of any organisational boundaries). The Trust Chairman supported this view, emphasising the need to change organisational structures and practices in order to deliver better and more integrated healthcare services to the local community.

Resolved – that the Chairman’s May 2019 report be received and noted as paper D.

96/19/3

Chief Executive’s Monthly Report – May 2019

The Chief Executive introduced paper E, providing his May 2019 monthly update which followed (by exception) the framework of the Trust’s strategic objectives. The attached quality and performance dashboard covered the core issues from the monthly quality and performance report. The full version of that report was accessible on the Trust’s external website and featured as a hyperlink within paper E. Taking the report as read, the Chief Executive drew members’ attention to the following issues:-

- (a) good progress with implementation of the Trust’s Quality Strategy – Becoming the Best and the work of the Expert Reference Group. The Executive Team time out held on 30 April 2019, had focused upon a line-by-line review of the 6 quality priorities and 6 supporting priorities for 2019/20 and considered an analysis of the resources required to deliver them in the context of current funding constraints. The Executive Team had also considered the arrangements for promoting the Quality Strategy and determined that the Chief Executive’s monthly briefings would provide the best mechanism for this, with an appropriate toolkit being provided for onward dissemination to staff;
- (b) performance against the 95% 4-hour Emergency Department (ED) target for March 2019 stood at 75.1% for UHL and 82% for Leicester, Leicestershire and Rutland (LLR) as a whole. Urgent and emergency care activity levels continued to be higher than expected with a 16.9% increase between March 2018 and March 2019. The A&E Delivery Board continued to focus on ways to reduce the unsustainable level of demand. Good work was taking place with improving discharge processes and low numbers of delayed discharges and ‘stranded’ patients had been experienced. Following a re-procurement of the Urgent Care Centre (UCC) contracts, all of local UCCs were now operated by DHU. Despite the increased attendances, UHL’s ranking for 4-hour ED performance had ranged between 67 and 71 (out of 137 Trusts) which suggested that the service continued to demonstrate some resilience, and
- (c) sustainable plans in place to deliver the target activity levels for the East Midlands Congenital Heart Centre (EMCHC) in 2019/20 and beyond, and the agreed extension of the deadline to relocate this service from Glenfield Hospital to the Leicester Royal Infirmary by December 2020. Further planning work was taking place to address challenges surrounding intensive care capacity and theatre capacity in the meantime.

In discussion on the Chief Executive’s May 2019 briefing, Board members:-

- (i) sought and received assurance that the underlying trends for Statutory and Mandatory Training compliance (standing at 90% against the 95% target) were improving, noting that training was seen as one of the enablers for the Quality Strategy and a detailed review of this performance had been undertaken by the Executive Performance Board on 23 April 2019;
- (ii) queried whether the increase in emergency attendances had been caused by any particular communications messages or failure within other healthcare systems. The Chief Executive advised that UHL was working closely with partner organisations to identify any influencing factors. However, there was growing evidence to suggest that communicating with patients on the most appropriate place to seek medical attention could sometimes be counter-productive and could actually increase the number of ED attendances;
- (iii) commented on the marked increase in emergency attendances since 2015 (when 400 patients per day would have been a high number) compared to 2019 when the Trust had seen and treated up to 800 patients per day. The fact that UHL was being consistently ranked in the second quartile within the context of high activity levels provided assurance that the service was

- becoming more resilient and sustainable;
- (iv) commended the publication of the UHL Quality Strategy and the total buy-in and commitment being demonstrated by staff (from the bottom up), emphasising the need to maintain momentum and deliver results;
 - (v) commented upon the behaviours of the local community, noting that attendance behaviours could sometimes be influenced by social and economic deprivation and the need to visit the closest healthcare facilities;
 - (vi) commended the UHL teams and individual staff members who had won five awards at the Maternity and Midwifery Festival Awards held in Leicester on 9 April 2019;
 - (vii) provided feedback from a regional meeting of NHS Chairs relating to UHL's relative ED performance amongst peer group Trusts in Nottinghamshire, Derbyshire, Birmingham and Coventry, and the development of new performance indicators which might also include patient length of stay, and
 - (viii) noted the improved flow of information from the Better Care Together Partnership (appendices 2 and 2a provided the March 2019 and April 2019 briefing notes) and the System Leadership Team Minutes (provided at paper R). Col (Ret'd) I Crowe, Non-Executive Director particularly welcomed the clarity surrounding the arrangements for progressing the Digital Strategy within Leicester, Leicestershire and Rutland over the next few years. The Chief Executive advised that a time out was being held on 16 May 2019 to plan the next stages in the development of an Integrated Care System.

Resolved – that the Chief Executive's May 2019 update report be received and noted as paper E.

96/19/4 Revised Patient and Public Involvement Strategy

The Director of Strategy and Communications and the PPI and Membership Manager introduced paper F providing the updated Patient and Public Involvement (PPI) Strategy which aimed to align PPI activity more closely to the Trust's Quality Strategy 'Becoming the Best'. The revised Strategy contained a number of key changes in the way that the Trust worked with its Patient Partner group, as part of the shift towards 'Co-Design' in order to put patients at the heart of Quality Improvement. Under the new proposals, Board members particularly noted that Patient Partners (a) would no longer be formally allocated to CMGs, (b) would not be expected to sit on the Trust Board Committees or the CMG Boards, (c) would take up a more active PPI assurance role with a focus on the Quality Strategy priorities, (d) would be subject to a tenure of four years, (e) would be seen as ambassadors for patient and public involvement with a clear role to challenge on wider patient engagement, and (f) undergo a programme of training and development to facilitate at patient engagement events and present patients' views to UHL staff.

In discussion on the report, Board members:-

- (a) considered the differences between 'Co-Design' and 'Co-Production', noting that a 'Co-Production' model was often used for situations with equal power sharing between service users and professionals in the design, delivery and evaluation of services and this might typically be used (for example) for setting up a drop-in centre within a Mental Health Trust. The PPI and Membership Manager considered that 'Co-Design' was a more appropriate model to use for services within an Acute Care Trust;
- (b) sought and received further clarity regarding the links between Patient Partners and engagement with the wider community, noting opportunities to enhance community engagement through more proactive engagement with schools and other community groups. It was suggested that the proposed budget would not be sufficient to cover this type of engagement activity;
- (c) highlighted opportunities to increase the proportion of externally-focused patient engagement through closer working with the Leicester and Leicestershire Healthwatch organisation;
- (d) noted that the proposals to re-shape the Patient Partner function had previously been considered by the Patient Involvement and Patient Experience Assurance Committee (PIPEAC), the Patient Partner Group, two Trust Board thinking day sessions, an Executive Team meeting and a dedicated meeting with the Chief Executive;
- (e) supported the proposal to implement a maximum tenure for Patient Partners, but suggested that a three year tenure with an option to extend for a further period of three years would be more consistent with good practice (and the approach to the appointment of Directors under the Companies Act);
- (f) queried whether it would be possible for the Chairs of Trust Board Committees to invite a Patient Partner to attend meetings (where they felt that such input was adding value to the depth of

- discussions);
- (g) noted the additional training requirements and the need to develop the Trust's infrastructure and resources to support Patient Partners in their new role;
 - (h) commented upon the differing levels of support and engagement that CMGs had offered to Patient Partners in the past and ways in which the Patient Partner role might be further developed to encompass the broader LLR healthcare system, and
 - (i) queried whether the proposed changes were sufficiently far-reaching, and whether it might be necessary in the future to develop different tiers of Patient Partner roles to fulfil certain functions. Examples of good practice were highlighted from the USA, where Patient Partners were sometimes brought as a flexible resource for specific projects of a set duration (eg 20 weeks).

The Chief Executive summarised a number of specific points and broader issues arising from this discussion, noting his view that the Trust should aspire towards 'Co-Production' rather than 'Co-Design'. It was agreed to re-visit the draft PPI Strategy in order to provide additional clarity surrounding the wider PPI structure and to strengthen the section on community engagement. Assurance was provided that PPI was being embedded into day-to-day processes within the Trust. For example, all business cases were required to clearly articulate the arrangements for PPI. In respect of Patient Partners' attendance at Trust Board Committees, the Chief Executive proposed that this could be left to the discretion of the Committee Chairs. The Chief Executive noted the need for further discussion on the linkages between UHL Patient Partners and the wider LLR healthcare system. He supported the proposal to implement a fixed three year tenure for Patient Partners with a possible extension of three years.

On behalf of the Trust Board, the Chairman acknowledged the significant contribution that the Patient Partners had made to the work of the Trust over the last two decades, particularly noting the value of their input during the last two CQC inspections. Accepting that some changes to the Patient Partner role were necessary, he commended the links with the Quality Strategy and re-iterated the need to recognise the value of PPI. He also supported the proposal to implement a three year tenure with a possible extension of three years and requested that appropriate arrangements be developed for training, supporting, monitoring and appraising Patient Partners. The Chairman provided his personal view relating to Patient Partners' attendance at Trust Board Committees, suggesting that it might be helpful to have two Patient Partners attending the Quality and Outcomes Committee, but he was less certain about the benefits of them attending Finance and Investment Committee and People, Process and Performance Committee meetings. In relation to Patient Partners' attendance at CMG Board meetings, he noted an opportunity to consider this matter in depth with the CMG leadership teams at the Trust Board thinking day on 9 May 2019.

DSC

The Trust Board approved the draft PPI Strategy in principle, noting that the final version would be presented to the June 2019 Trust Board meeting and that this version would incorporate the key changes considered and agreed at today's meeting. In the meantime, the Chief Executive would be able to start promoting the new PPI Strategy through his monthly Chief Executive Briefings and the PPI and Membership Manager could commence work on the implementation arrangements.

DSC

Resolved – that (A) the draft Patient and Public Involvement Strategy be approved in principle, subject to the final version being presented to the June 2019 Trust Board reflecting the changes agreed at today's Trust Board meeting, and

DSC

(B) further discussion on the arrangements for interaction between the CMGs and Patient Partners be held at the Trust Board thinking day on 9 May 2019.

DSC

96/19/5 Safer Staffing Report – Nurse Acuity Review

The Chief Nurse introduced paper G, providing a composite overview of the two bi-annual reviews of nursing staffing and compliance with National Institute for Clinical Excellence (NICE) and National Quality Board (NQB) standards undertaken in April 2018 and September 2018 (respectively). These reviews had included all adult and children's inpatient areas and aimed to provide assurance around the safe staffing levels required to meet patient care requirements. Trust Board members noted that maternity staffing levels were not included in this report, pending the announcement of new standards for midwife to birth ratios. This aspect would be covered in a subsequent report to the Trust Board.

CN

As described in paper G, one area had been identified as requiring additional investment in nursing establishment to enable safe staffing of the Non-Invasive Ventilation (NIV) service within the RRCV CMG at Glenfield Hospital. A business case had been developed and supported by the Revenue

Investment Committee, but this had not been progressed through the Star Chamber due to other competing financial priorities in 2018/19 and additional temporary resources had been implemented to ensure safe staffing levels in this area. Recurrent funding for the substantive posts was now being progressed for 2019/20.

The Chief Nurse briefed Board members on the NQB and CQC guidance relating to the 'Deployment of Nursing Associates in Secondary Care' and the completion of a Quality Impact Assessment which had confirmed that all plans were in place for deployment and monitoring of the first registered Nursing Associates at UHL. Assurance was provided that the recently qualified Nursing Associates had completed a foundation degree level training course. They would not be replacing the role of Registered Nurses, but they would complement the nursing workforce as part of the 'Team around the Patient' in a sustainable model going forwards. In respect of recruitment and retention, the Trust had recently joined the fourth phase of NHS Improvement's 'Retention Direct Support Programme' which provided a series of master classes, resources and sharing of best practice alongside dedicated support from NHS Improvement to enhance the Trust's arrangements for supporting and retaining the existing nursing workforce.

In discussion on paper G, the Trust Board:-

- (a) welcomed the outcome of the nurse staffing reviews and commented upon the challenges associated with achieving a more sustainable nursing workforce model which might need to move away from simplistic nurse to bed ratios and move towards a more tailored approach for each ward;
- (b) considered the ways in which the Trust Board could triangulate the outcome of the nurse staffing reviews with alternative forms of assurance (such as patient outcomes, walkabouts, staff survey data, complaints and friends and family feedback), noting the importance of maintaining a broader perspective of safe staffing through the Quality and Outcomes Committee (QOC). In response, the Chief Nurse drew members' attention to the monthly reporting mechanism to the Executive Quality Board and QOC which triangulated information relating to quality of care, safe staffing and any wards triggering a level 3, 2 or 1 concern in the judgement of the Chief Nurse and the Corporate Nursing team;
- (c) noted that the staffing establishment data did not necessarily equate to staff effectiveness and that UHL (as a teaching hospital) would need to remain at the forefront of changes in nursing establishment as part of the bigger picture. In response, the Chief Nurse advised that variations between shifts and between wards were monitored and that any changes in complaints trends were correlated with this data;
- (d) highlighted links between the nurse staffing reviews and the Quality Strategy, noting that good leadership and high quality staff appraisals were a contributory factor to strengthening staff morale and improving patient experiences on a ward;
- (e) considered the growing trend in nurse staffing agencies and the number of nurses they were holding on their books. In response the Director of People and Organisational Development reminded Board members that UHL had been successful in reducing agency expenditure and had not exceeded the cap imposed by NHS Improvement which effectively mandated a 30% reduction on 2015/16 expenditure, and
- (f) noted the focus on retaining nursing staff and supporting them through their first year of employment, querying whether there were equivalent staff development opportunities for healthcare support staff (eg therapists and ward clerks). The Director of People and Organisational Development advised that opportunities for developing other staff groups were being explored through an addendum to UHL's People Strategy.

Resolved – that (A) the Safer Staffing Report be received and noted as paper G, and

(B) the Chief Nurse be requested to present a report on UHL's Maternity Staffing levels to a future Trust Board meeting (when the new standards for midwife to birth ratios had been announced).

CN

97/19 ITEMS FOR ASSURANCE

97/19/1 Integrated Risk and Assurance Report

Paper H comprised the March 2019 integrated risk and assurance report including the final position with the 2018/19 Board Assurance Framework (BAF), as at 31 March 2019. As detailed in paper H, there had been no new principal risks entered and no changes to the risk ratings for the principal risks

during this reporting period. The four highest-rated principal risks related to workforce (PR2), delivery of the financial control total (PR3), emergency care pathway (PR4), and estate infrastructure (PR6) – all of these were currently rated at 20. Two new organisational risks scoring 15 or above had been entered onto the risk register during March 2019 and these related to (a) staffing levels to care for Non-Invasive Ventilation patients in the RRCV CMG and (b) recruitment to two dedicated Critical Care Occupational Therapy posts in the CSI CMG.

The proposed Principal Risks for the 2019/20 BAF were detailed in paper H and the first draft of the 2019/20 BAF would be presented to the Trust Board on 6 June 2019 (once they had been presented to the relevant Executive Boards during May 2019). The Medical Director confirmed that as requested at the April 2019 Trust Board thinking day, the new principal risk relating to reconfiguration had been split out into two separate risks (to focus respectively on clinical services and estate infrastructure). The Non-Executive Director Audit Committee Chair noted that she had not been able to attend the April 2019 Trust Board thinking day and she undertook to meet with the Risk and Assurance Manager to familiarise herself with the new BAF before the June 2019 Trust Board meeting.

Ms V Bailey, Non-Executive Director commented upon the helpful nature of the schematic diagram provided in section 3.3 summarising the thematic analysis of the organisational risk register. However, she observed that 22% of the 253 risk entries relating to 'processes' seemed higher than expected. In response, the Medical Director advised that some of the risks could have been classified in several different ways. He offered to provide the underlying detail (if required), but it was agreed that the Trust Board would review the position again in June 2019.

Resolved – that (A) the integrated risk and assurance report for March 2019 be received and noted as paper H, and

(B) it be noted that the Audit Committee Chair is to meet with the Risk and Assurance Manager to familiarise herself with the 2019/20 BAF ahead of the June 2019 Trust Board meeting. AC Chair

97/19/2 NHS Provider Licence Self-Assessment

The Director of Corporate and Legal Affairs introduced paper I, briefing the Trust Board on the annual requirement for all NHS Trusts to undertake a self-assessment of compliance with NHS Provider Licence Conditions G6 and FT4 (respectively) as set out in NHS Improvement's Single Oversight Framework. The relevant Conditions were reproduced within paper I and copies of the Trust's proposed declarations were appended to the report for endorsement by the Trust Board. The Trust Board endorsed the two declarations as presented in paper I and authorised the Trust Chairman and the Chief Executive to sign them and arrange for them to be published on the Trust's external website before the end of May 2019.

Chairman
/CE

Resolved – that the NHS Provider Licence Self-Assessment Declarations be endorsed for signature by the Trust Chairman and the Chief Executive and publication on the external website by the end of May 2019.

Chairman
/CE

97/19/3 Reports from Board Committees

97/19/3.1 Quality and Outcomes Committee (QOC)

The QOC Chair introduced paper J, summarising the key issues discussed at the 25 April 2019 QOC, advising that there were no items for Trust Board approval. He particularly highlighted the challenges within the Neurology Service arising from a combination of rising demand and workforce pressures, noting opportunities to improve patient information in relation to cancellations of appointments. The Medical Director confirmed that paper J provided a good summary of the discussion held at the QOC meeting on the Neurology Service, confirming that the support and advice provided by Professor P Baker, Non-Executive Director at that meeting had been helpful. The Committee had taken some assurance from the CMG's action plan that the issues were being treated seriously and that the position would continue to be monitored closely through the Performance Review Meetings. Trust Board members also noted improvements in UHL's profile of organ donation within the 2018/19 financial year, and the hope that UHL would soon be able to re-achieve accreditation as a level 1 Trust following the increase in transplants being undertaken at UHL.

Resolved – that the summary of issues discussed at the 25 April 2019 QOC be noted as per

paper J (no recommended items) – Minutes to be submitted to the 6 June 2019 Trust Board.

CCSO

97/19/3.2 People Process and Performance Committee (PPPC)

The People, Process and Performance Committee Chair introduced paper K summarising the issues discussed at the 25 April 2019 PPPC and seeking Trust Board approval for the Equality and Diversity Annual Workforce Monitoring Report 2017/18 (as appended to paper K). He also highlighted improvements in cancer performance noting that 3 of the 9 standards had been achieved during February 2019 (as discussed during the joint section of the meeting with QOC members present). A copy of the detailed report and action plan relating to Cancer Performance Recovery was appended to paper K for members' information.

Resolved – that (A) the summary of issues discussed at the 25 April 2019 PPPC be noted as per paper K, and the recommended item be approved (Equality and Diversity Annual Workforce Monitoring Report 2017/18) – Minutes to be submitted to the 6 June 2019 Trust Board.

97/19/3.3 Finance and Investment Committee (FIC) and 2018-19 Financial Performance (January 2019)

Paper L provided a detailed summary of the issues discussed at the 25 April 2019 FIC, noting that there were no recommended items for Trust Board approval. The FIC Chair briefed Board members on delivery of the forecast £51.8m deficit outturn for 2018/19 and the welcome (but unexpected) additional allocation of £7.7m Provider Sustainability Funding (PSF) which would further improve the Trust's 2018/19 financial outturn.

Paper L1 presented the Trust's 2018/19 year-end financial position, which had been discussed in detail at the 25 April 2019 Finance and Investment Committee meeting. Subject to audit, UHL had achieved a year to date deficit of £51.8m, excluding Provider Sustainability Funding (PSF), which was £30.6m adverse to plan driven by the cessation of the FM LLP and the crystallisation of the unmitigated Financial Recovery Board risk, together with financial deterioration with the CMGs. Including PSF, the Trust had achieved a year to date deficit of £48.5m representing a £50.3m adverse to plan position due to non-recognition of PSF as a result of the impact of FM LLP from quarter 2. Following the audit process, the 2018/19 accounts were due to be presented for approval to the Audit Committee and Trust Board meetings to be held on Friday 24 May 2019.

The Chief Financial Officer reflected on the Trust's consistent financial performance in quarters 3 and 4 of 2018/19 (following the quarter 2 re-forecast), noting that the Cost Improvement Programme savings had been delivered in full, and agency expenditure had remained below the required cap. The recent news about receipt of an additional £7.7m of PSF had been very welcome as it would improve the bottom line for 2018/19 and increase cash flow to suppliers. In parallel, the Trust was focusing on maintaining financial performance during month 1 of the 2019/20 financial year and adapting to changes in the tariff and financial rules between Commissioners and Providers.

During discussion on financial performance, members commented upon the realistic nature of the 2019/20 financial control total which would absolutely have to be delivered, as there was no contingency funding to support Trusts who failed to deliver their control totals. The Chief Executive undertook to use his monthly staff briefings to emphasise to CMGs and Corporate Directorates the importance of adhering to their respective control totals during 2019/20.

CE

Resolved – that (A) the summary of issues and month 12 financial performance report discussed at the 25 April 2019 FIC be noted as papers L and L1 (no recommended items) – Minutes to be submitted to the 6 June 2019 Trust Board, and

(B) the Chief Executive be requested to emphasise the importance of CMGs and Corporate Directorates adhering to their financial control totals during 2019/20 through his monthly staff briefings.

CE

97/19/4 Corporate Trustee Business97/19/4.1 Charitable Funds Committee (CFC)

Resolved – that the Minutes arising from the 4 April 2019 CFC meeting be noted as per paper M, and the recommended items be approved (Wellbeing at Work Annual Plan and budget

CFO

2019/20, Leicester Hospitals Charity Annual Plan 2019/20, and items for approval)**98/19 ITEMS FOR NOTING**98/19/1 LLR System Operational Plan 2019/20

The LLR System Operational Plan 2019/20 was received and noted for information. The Chief Executive highlighted the unmitigated underlying financial risks within the 2019/20 System Operational Plan and discussion took place regarding broader changes expected in the System-wide approach to CIP/QIPP. The Chief Financial Officer briefed the Trust Board on the arrangements for NHS England and NHS Improvement to hold LLR healthcare partners jointly to account and increase the level of transparency surrounding financial control totals.

Resolved – that the LLR System Operational Plan for 2019/20 be received and noted as paper N.

98/19/2 Brexit – UHL No Deal EU Exit Preparations

Resolved – that the update on preparations for a potential no deal EU exit be received and noted as paper O.

98/19/3 Declarations of Interest 2018/19

Resolved – that the Trust Board declarations of interest for 2018/19 be received and noted as paper P.

98/19/4 Updated Quarterly Sealings Report for Quarter 4 2018/19

Resolved – that the updated summary of quarter 4 sealings be received and noted as paper Q.

98/19/5 LLR System Leadership Team Minutes

Resolved – that the Minutes of the System Leadership Team meeting held on 21 February 2019 be received and noted as paper R.

98/19/6 Reports from Board Committees98/19/6.1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 28 March 2019 QOC be received and noted as per paper S1 (the recommended items having been approved at the 4 April 2019 Trust Board).

98/19/6.2 People, Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 28 March 2019 PPPC be received and noted as per paper S2 (the recommended item having been approved at the 4 April 2019 Trust Board).

98/19/6.3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 28 March 2019 FIC be received and noted as per paper S3 (no recommended items).

99/19 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following questions/comments were raised in respect of the business transacted at the meeting:-

- (1) some comments about the future arrangements for PPI engagement at UHL, expressing relief that the patient voice would still be heard, the hope that appropriate funding and resources would be made available to support the proposals and highlighting opportunities for closer working with other Patient Participation Groups (including the use of newsletters). The Leicester and Leicestershire Healthwatch Representative advised that she was also a member of the Leicester City Patient Participation Group, and

- (2) a query about UHL's role within Leicester, Leicestershire and Rutland health and social care and whether it would be feasible for UHL to use the 'Better Care Together' logo on its Trust Board papers. The Trust Chairman advised that it was important to be consistent with practice at the Boards of the other organisations and he requested the Director of Corporate and Legal Affairs to explore this suggestion further and report to the June 2019 Trust Board.

DCLA

Resolved – that any actions arising from the comments/queries above be progressed by the relevant named lead.

LEADS

100/19 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 101/19 to 108/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

101/19 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Chief Financial Officer and Mr A Johnson, Non-Executive Director declared their respective roles as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd.

102/19 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 4 April 2019 be confirmed as a correct record and signed by the Chairman accordingly.

CHAIR
MAN

103/19 CONFIDENTIAL MATTERS ARISING REPORT

Resolved – that the confidential matters arising report be received and noted as paper U.

104/19 KEY ISSUES FOR DISCUSSION/DECISION

104/19/1 Reports from the Medical Director and the Non-Executive Director Chair of Trust Group Holdings Ltd

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

105/19 ITEMS FOR ASSURANCE

105/19/1 Reports from Board Committees

105/19/1.1 People, Process and Performance Committee (PPPC)

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.

105/19/1.2 Finance and Investment Committee (FIC)

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.

105/19/2 Corporate Trustee Business

105/19/2.1 Charitable Funds Committee (CFC)

Resolved – that the confidential Minutes of the CFC meeting held on 4 April 2019 be received and noted as paper X.

106/19 ITEMS FOR NOTING

106/19/1 LLR System Leadership Team (SLT) Minutes

Resolved – that the confidential Minutes of the SLT meeting held on 21 February 2019 be received and noted as paper Y.

106/19/2 Reports from Board Committees

106/19/2.1 People, Process and Performance Committee (PPPC)

Resolved – that the confidential 28 March 2019 PPPC Minutes be noted as paper Z1 (noting that any recommendations were approved through the meeting summary presented to the 4 April 2019 Trust Board).

106/19/2.2 Finance and Investment Committee (FIC)

Resolved – that the confidential 28 March 2019 FIC Minutes be noted as paper Z2 (noting that any recommendations were approved through the meeting summary presented to the 4 April 2019 Trust Board).

107/19 ANY OTHER BUSINESS

107/19/1 Verbal Report by Mr B Patel, Non-Executive Director

Mr B Patel, Non-Executive Director reported verbally to advise that he had hosted a visit to UHL by the Permanent Secretary Ministry of Health for Uganda during the last week of April 2019, noting that she had been particularly interested in visiting the Diabetes Service, the East Midlands Congenital Heart Centre at Glenfield Hospital, and the new Emergency Department at the LRI. They had also visited the Operational Room at the LRI and received a NerveCentre demonstration. The Permanent Secretary Ministry of Health had been very impressed by the staff at UHL and the dedication and commitment they had demonstrated towards high quality patient care. Mr Patel recorded his appreciation to the Chief Operating Officer and Ms J Dixon, Head of Patient Flow for their support with accommodating this visit at such short notice.

Resolved – that the information be noted.

107/19/2 Confidential Verbal Report by the Director of People and Organisational Development

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.

108/19 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 6 June 2019 from 9am in Seminar Rooms A and B, Education Centre, Leicester General Hospital.

The meeting closed at 1.22pm

Kate Rayns, **Corporate and Committee Services Officer**

Cumulative Record of Attendance (2019/20 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	2	2	100	A Furlong	2	2	100
J Adler	2	1	50	K Jenkins	2	2	100
V Bailey	2	2	100	A Johnson	2	2	100
P Baker	2	1	50	B Patel	2	2	100
R Brown	2	2	100	M Traynor	2	2	100
I Crowe	2	2	100	P Traynor	2	2	100
C Fox	2	2	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	2	2	100	S Ward	2	2	100
D Kerr	2	2	100	M Wightman	2	2	100

H Kotecha	2	2	100	H Wyton	2	2	100
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