

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 9 JANUARY 2020 AT 9AM IN SEMINAR ROOMS 2 AND 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****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
 Mr A Furlong – Medical Director
 Ms L Gale – Head of Financial Planning and Analysis (on behalf of Mr S Lazarus – Interim Chief Financial Officer)
 Ms K Jenkins – Non-Executive Director
 Mr A Johnson – Non-Executive Director
 Ms E Meldrum – Deputy Chief Nurse (on behalf of Ms C Fox – Chief Nurse)
 Mr B Patel – Non-Executive Director
 Mr M Traynor – Non-Executive Director (from part of Minute 5/20/1)

In attendance:

Mr A Carruthers – Acting Chief Information Officer
 Ms E Casteleijn – Deputy Director of Communications and Engagement (for Minute 14/20/2)
 Ms L Davies – Director of Leicester Hospitals Charity (for Minute 16/20)
 Mr V Karavadra – Associate Non-Executive Director
 Dr L Keillor – ED Registrar (for Minute 5/20/1)
 Mr D Kerr – Director of Estates and Facilities
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Representative (up to and including Minute 6/20/3)
 Ms H Leatham – Assistant Chief Nurse (for Minute 5/20/1)
 Dr M McCarthy – Director of Clinical Education (for Minute 6/20/3)
 Mr R Morris – Director of Corporate Affairs, Leicester City CCG (for Minute 14/20/2)
 Ms E Moss – Chief Operating Officer, EMCRN (for Minute 6/20/1)
 Ms K Rayns – Corporate and Committee Services Officer
 Professor D Rowbotham – Clinical Director, EMCRN (for Minute 6/20/1)
 Dr K Russ – Consultant Emergency Medicine (for Minute 5/20/1)
 Mr N Sone – Financial Controller (for Minute 14/20/1)
 Ms S Venables – Communications and Engagement Manager, West Leicester CCG (for Minute 14/20/2)
 Mr M Wightman – Director of Strategy and Communications (from Minute 3/20)
 Ms H Wyton – Director of People and Organisational Development

ACTION**1/20 APOLOGIES AND WELCOME**

Apologies for absence were received from Professor P Baker, Non-Executive Director; Ms C Fox, Chief Nurse; Mr S Lazarus, Interim Chief Financial Officer and Mr S Ward, Director of Corporate and Legal Affairs.

The Trust Chairman welcomed Ms E Meldrum, Deputy Chief Nurse and Ms L Gale, Head of Financial Planning and Analysis to the meeting noting that they were attending on behalf of the Chief Nurse and the Interim Chief Financial Officer (respectively).

2/20 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

Mr A Johnson, Non-Executive Director declared his interest as Non-Executive Chair of Trust Group Holdings Ltd and, with the agreement of the Board, he remained present.

3/20 MINUTES

Resolved – that the Minutes of the 5 December 2019 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

CHAIRMAN**4/20 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the matters arising from the 5 December 2019 Trust Board meeting

and any outstanding matters arising from previous meetings. In respect of item 7 (Minute 236/19/4 of 5 December 2019 refers), the Leicester and Leicestershire Healthwatch Representative requested an update on the plans to establish appropriate links for patient and public engagement within the eHospital programme. In response, the Acting Chief Information Officer advised that the initial meeting with Healthwatch had not yet been convened and it was agreed to re-RAG rate this action as a '4' in the next iteration of the Trust Board matters arising report.

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

(B) the Acting Chief Information Officer be requested to contact the Leicester and Leicestershire Healthwatch Representative to progress the arrangements for patient and public engagement within the eHospital programme.

ACIO

5/20 KEY ISSUES FOR DISCUSSION/DECISION

5/20/1 Patient Story – Open Conversations with Patients and Families

The Deputy Chief Nurse introduced this month's patient story, noting the particularly tragic nature which some members might find upsetting. The Assistant Chief Nurse advised that the majority of feedback from patients' friends and families reflected examples of outstanding care provided at UHL, but it was also considered important to share feedback when the standard of care had fallen below expectations in order to support the learning from such events. This patient story video had already been shared in a variety of forums at UHL as it demonstrated the importance of holding open and honest conversations with patients' relatives about the predicted outcomes for their loved ones at the end of their life.

The short video was played which highlighted the significant impact upon one family where this important information had not been communicated to them in a timely manner and their loved one had sadly passed away in January 2019 in the Emergency Department (ED) without any friends or family being given the opportunity to comfort them in their final hours or say goodbye. This patient had suffered a life-changing stroke in November 2015 and had subsequently spent 6 months in hospital. Upon discharge in May 2016, a robust network of formal carers, friends and family had supported him in living at home and he had appeared to bounce back following several hospital admissions over the years. However, upon this last admission to UHL, the severity of the patient's condition had not been communicated to his friends and family and they did not have an opportunity to visit him in his final hours of life.

Following the video, Dr K Russ, Consultant Emergency Medicine and Dr L Keillor, ED Registrar briefed the Trust Board on the Butterfly Project and the End of Life Improvement Programme which aimed to support staff in recognising clinical frailty in patients in the ED and identifying patients whose recovery was uncertain in order to facilitate respectful and honest conversations with the patient and their relatives about treatment planning. It was noted that 2 palliative care nurses had been appointed to work in the ED and that they had been involved in a proactive training programme as part of the roll-out of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process for clinicians, helping them to recognise the appropriate patients and prompting staff to hold open conversations with relatives. This approach had been embraced by all staff and the friends and family test score for end of life care in the ED had improved with 96% of survey feedback in this area being rated as good or excellent.

In discussion on the patient story, Trust Board members:-

- (a) apologised to the patient's relative and thanked her and the clinical staff for attending the Trust Board meeting to bring these issues to the Board's attention;
- (b) queried whether any advanced care plan had been developed prior to the patient's admission, noting in response that no-one was aware of such a plan and that the patient had had some difficulty with speaking following his original stroke;
- (c) sought additional information regarding any specialist counselling techniques required to hold difficult conversations with patients and their relatives about end of life care, noting in response that such skills should be held by all doctors and nurses and that face-to-face conversations were preferable (where circumstances allowed this) and that additional support was also available from the Chaplaincy Team;
- (d) commented upon the differences in approach in respect of (i) the initial notification to relatives

- alerting them to the fact that the patient was deteriorating and (ii) the more complex planning arrangements for treating patients at the end of their lives;
- (e) noted that the video had been shared widely with ED staff, Matrons, Quality and Safety Boards, PIPEAC, Bereavement Nurses and that one of the patient feedback survey questions had been amended to include a question about whether the doctors and nurses had given friends and family all of the information they needed about their relative, thus enabling the Trust to measure performance in this area;
 - (f) commented upon the advantages of alerting relatives promptly about a deterioration in a patient's condition in order to facilitate early and informed discussions about end of life care and treatment;
 - (g) noted the importance attributed to the manner of a patient's death and commented upon the variety of ways in which relatives from different communities dealt with bereavement, and
 - (h) noted that the organisational learning from each Trust Board patient story was being collated and compiled into a 6-monthly report to the Quality and Outcomes Committee (QOC), to include a summary of progress against the recommendations arising from each story.

CN/MD

Resolved – that (A) the patient story relating to open conversations with patients and families be received and noted, and

(B) a summary of the organisational learning and recommendations arising from the Trust Board patient stories be presented to QOC on a 6-monthly basis.

CN/MD

5/20/2

Chairman's Monthly Report – January 2020

In introducing his monthly report at paper D, the Chairman wished everyone a happy and healthy New Year and reflected upon potential opportunities for 2020, including those arising from the publication of the national NHS Long Term Plan. He highlighted a number of factors for the Trust Board to focus on during 2020 which affected the safety and quality of experience for UHL's patients. These included the skills and profile of UHL's existing and future workforce, a financial strategy which aimed to deliver a sustainable position within the next 5 years, development of the estate (making best use of the welcome £450m capital allocation), the arrangements for improving environmental sustainability and opportunities to harness increased IT capacity to enhance clinical decision making.

The Chairman drew members' attention to the fact that 2020 was the designated year of the Nurse and the Midwife. He thanked Mr B Patel, Non-Executive Director for accompanying him on visits to all the wards on UHL's 3 sites on Christmas Eve, New Year's Eve and New Year's Day, noting the insightful conversations that had been held with a wide range of dedicated staff. He also invited any suggestions from Trust Board members in respect of potential themes for Trust Board thinking day discussions during 2020. Finally, the Chairman congratulated both Ms V Bailey on her reappointment as a UHL Non-Executive Director and the Chief Nurse on the award of her OBE for her services to nursing in the New Year Honours List. Col (Ret'd) I Crowe, Non Executive Director echoed the Chairman's congratulations to the Chief Nurse on the award of her OBE, noting that this reflected the high regard in which nursing staff were held.

Resolved – that (A) the Chairman's January 2020 report be received and noted as paper D, and

(B) Trust Board members be invited to send their suggestions for future Trust Board thinking day topics to the Chairman or the Director of Corporate and Legal Affairs (outside the meeting).

All TB members

5/20/3

Chief Executive's Monthly Report – January 2020

The Chief Executive's January 2020 monthly update at paper E followed (by exception) the framework of the Trust's strategic objectives. The quality and performance dashboard was provided at appendix 1, appendix 2 detailed the 7 new risks rated as 15 or above which had been entered onto the organisational risk register during the reporting period, appendices 3 and 4 provided the November 2019 and December 2019 editions of the Better Care Together (BCT) Partnership Bulletin, and appendix 5 provided a copy of the briefing prepared by NHS Providers on the Queen's Speech in December 2019. In presenting the report, the Chief Executive drew members' attention to the following key issues:-

- (1) UHL's Quality Strategy: Becoming the Best – a new set of actions had been identified to maintain momentum with driving the success of the Quality Strategy and these were set out in a table within section 3.2 of the report. Noting that this was probably one of the most comprehensive and systematic communications exercises that UHL had undertaken, the Chief Executive emphasised the need for consistent cascade of information to staff advising that attendance at his monthly CEO briefing sessions had improved significantly since attendance at these sessions had been made mandatory;
- (2) the summary of changes to the Board Assurance Framework (BAF) provided in section 6.3 of the report and the accompanying narrative which explained the rationale for any significant changes. In discussion on this section of the report, the Non-Executive Director Audit Committee Chair commented that the data was not really telling the Trust anything and it would be necessary to develop an understanding of the Trust's risk appetite alongside the target risk ratings. The Chief Executive undertook to check with the Director of Corporate and Legal Affairs when the next Trust Board thinking day discussion was scheduled to consider the BAF. The Non-Executive Director Audit Committee Chair also sought and received a briefing on the process that had been undertaken for escalating the 7 new risks rated 15 and above via the Executive Boards (as referenced in appendix 2 of paper E). In addition, the Medical Director advised that an Integrated Risk Report was presented to the Executive Performance Board (EPB) on a monthly basis. The Non-Executive Director Audit Committee Chair advised of her understanding that this EPB review had not taken place in August 2019 and the Chief Operating Officer undertook to seek an update from the Director of Safety and Risk on this point;
- (3) recent receipt of the draft CQC inspection report which would now be checked for factual accuracy and returned to the CQC alongside UHL's comments on the draft report and some additional supporting information/evidence;
- (4) the arrangements for addressing the continuing shortfall in medical bed capacity within the short, medium and longer term and the extent to which this might affect elective activity levels and involve staff working on other sites. A maximum focus would be required on workforce planning, effective use of bed capacity, patient flows and streamlined emergency care. A meeting was due to be held with Executive Directors on 10 January 2020 to develop key proposals for sustainable service delivery going forwards, and
- (5) Urgent and Emergency Care services continued to be pressurised, but the ambulance escalation unit was demonstrating a significant benefit in terms of releasing ambulances more quickly. The scope for further improvements in ambulance handovers was being explored in terms of adjusting the patient eligibility criteria to improve utilisation of this area. Ward 22 on the LRI site had been opened as an additional capacity ward (in a phased way), staffed by UHL staff transferred from the elective orthopaedic ward on the LGH site which had been closed temporarily. The affected staff had been well-supported by the CMG and Corporate teams and they had responded well to the challenges associated with this temporary move. A particular focus was being maintained to prevent any 52 week waits arising for elective procedures. The hours of the GP Ambulatory Care Unit on the emergency floor had been extended and the Acute Medical Unit on ward 7 had been expanded.

CEO

COO

In further discussion on the Chief Executive's monthly update:-

- (a) the Chief Operating Officer briefed the Trust Board on patient acuity levels which were particularly high currently with a noticeable increase in respiratory conditions including (but not limited to) Pneumonia, advising that additional safety rounds were being undertaken. A small number of restrictions were in place to manage incidences of Norovirus, but robust Infection Prevention practices had been used to good effect;
- (b) the Director of Strategy and Communications highlighted his update on the targeted work that was taking place at a System level to reducing avoidable or unnecessary ED attendances – as set out in item 5a of the matters arising log provided at paper B;
- (c) the Chief Operating Officer noted the importance of recognising and valuing staff, many of whom were working under difficult conditions. A specific piece of work was taking place between the Human Resources and Operations teams to support staff health and wellbeing and visible Executive Director support was helpful in this respect;
- (d) the Chief Executive briefed the Trust Board on the System-wide review of the urgent and emergency care offering in Leicester, Leicestershire and Rutland, recognising that this had developed incrementally over the years into the current complex structure which was over-

- subscribed and contained areas of overlap. As a starting point, it had been agreed that this review would commence with a blank page to focus upon how services would be designed in a coherent way to ensure the optimal configuration. In particular discussion on this point, the Leicester and Leicestershire Healthwatch Representative requested information on who was leading this review and how Healthwatch could seek to engage in the process at an early stage. The Chief Executive advised that the planning was still at a very early stage, but he agreed to liaise with System-level colleagues to explore the arrangements for embedding Healthwatch engagement in the services redesign; **CEO**
- (e) Mr A Johnson, Non-Executive Director Chair of the People, Process and Performance Committee (PPPC) queried whether the actions that would be required to improve ED 4-hour performance by phased increments (eg 10% improvement, etc) were being modelled in this specific way. He suggested that the Trust should also articulate the requirements to consistently achieve the ED 4-hour target. Discussion took place about whether the Chief Operating Officer should be asked to present the outputs of this analysis work to the PPPC or a Trust Board thinking day session and the Trust Chairman undertook to discuss this with the Director of Corporate and Legal Affairs and the PPPC Chair (outside the meeting); **COO**
 - (f) Col (Ret'd) I Crowe, Non-Executive Director Quality and Outcomes Committee (QOC) Chair confirmed the intention to continue to monitor progress of the action plan to improve UHL's performance against the cancer metrics through the joint meeting which was held in between the PPPC and QOC meetings on the last Thursday of each month; **PPPC & QOC Chairs**
 - (g) the Chief Executive commented upon one element of the cancer services redesign workstream which aimed to remove any unnecessary outpatient appointments prior to the diagnostics phase of the cancer patient pathway, and
 - (h) the Non-Executive Director Audit Committee Chair commented upon the importance of supporting clinical and operational staff and ensuring that they were provided with the tools and support to carry out their work effectively. She queried the reporting arrangements for the consolidated themes arising from the Trust Board leadership walkabouts, noting in response that these were presented to QOC on a regular basis. The Chief Executive agreed to consider expanding this arrangement to ensure that all Trust Board members were sighted to this report. **CEO**

Resolved – that (A) the Chief Executive's monthly briefing report be received and noted as paper E;

(B) the Chief Executive be requested to check with the Director of Corporate and Legal Affairs when the next Trust Board thinking day discussion on the BAF was scheduled for; **CEO**

(C) the Chief Operating Officer be requested to seek assurance from the Director of Safety and Risk regarding the alternative arrangements for reviewing the Integrated Risk Report when it was deferred from the August 2019 Executive Performance Board; **COO**

(D) the Chief Executive be requested to liaise with System colleagues to explore the arrangements for embedding Healthwatch engagement within the System-wide review/redesign of LLR urgent and emergency care service provision; **CEO**

(E) the Chief Operating Officer be requested to arrange for the modelling of the actions and expected outcomes that would be required to transform UHL's 4-hour ED performance and present the outputs to either the PPPC or a Trust Board thinking day in January 2020 (as deemed appropriate following discussion between the Chairman and the PPPC Chair); **COO**

(F) continued progress of the actions to improve UHL's cancer performance metrics be monitored through the joint PPPC/QOC meetings, and **PPPC/ QOC Chairs**

(G) the Chief Executive be requested to consider the arrangements to ensure that all Trust Board members were sighted to the consolidated themes arising from Trust Board leadership walkabouts. **CEO**

5/20/4 NHS Midlands Pledge to Reducing Plastic Waste

The Director of Estates and Facilities introduced paper F inviting the Trust Board to sign up to the NHS Midlands pledge to Reducing Plastic Waste (as detailed in the attached appendix). In presenting the report, the Director of Estates and Facilities highlighted the catastrophic effect of avoidable plastics waste upon the environment and advised that he had no concerns regarding the

practicalities of meeting the requirements of the pledge. In addition, the Trust had been working with the Procurement Team to identify reductions across a range of plastic waste beyond the scope of the current pledge. He recommended that the Trust Board signed up to the pledge, noting that he would be the Senior Responsible Officer. He advised that NHS Midlands was also seeking an NHS Chair or Chief Executive sponsor to champion the Sustainability agenda. The Trust Chairman noted the level of engagement and commitment that would be required to lead this work and he agreed to discuss this opportunity with colleagues from LLR healthcare organisations. The Chief Executive also noted the need for UHL to consider how to position the Sustainability agenda within UHL's Strategic Priorities when these were next refreshed and the Trust Chairman suggested that this topic might be considered at a future Trust Board thinking day.

Resolved – that (A) the recommendation for UHL to sign up to the NHS Midlands pledge to reducing plastic waste be approved, noting that the Senior Responsible Officer would be the Director of Estates and Facilities;

DEF

(B) the Trust Chairman be requested to discuss with his peers at other LLR healthcare organisations whether they would be interested in becoming the Midlands Chair/Chief Executive Sponsor to assist NHS Midlands in championing the Sustainability agenda;

CHAIR
MAN

(C) the Chief Executive be requested to consider the arrangements for positioning the Sustainability agenda within UHL's Strategic Priorities when these were next refreshed, and

CEO

(D) consideration be given to holding a future Trust Board thinking day discussion on the Sustainability agenda.

CHAIR
MAN/
DCLA

6/20 ITEMS FOR ASSURANCE

6/20/1 East Midlands Clinical Research Network (EMCRN)

Professor D Rowbotham, EMCRN Clinical Director, and Ms E Moss, EMCRN Chief Operating Officer attended the meeting to present paper G, providing the quarterly update on performance, major achievements, challenges and actions for the period 7 September 2019 to 25 November 2019. As agreed by the Executive Performance Board (EPB) on 24 September 2019, the EMCRN quarterly update reports were now being presented directly to the UHL Trust Board, without prior discussion at an Executive Board meeting unless there were any issues which required specific Executive level consideration.

Overall the report presented a mixed picture of performance across the High Level Objectives (HLOs) with strong performance in the areas of HLO2B (non-commercial study recruitment to time and target) and HLO8 (patient research experience survey responses) where the EMCRN was the top regional Network for these objectives. The primary concerns related to performance for HLO1B (commercial study recruitment) and HLO6B (Trusts recruiting to commercial studies) and the primary focus was on HLO2A (commercial study recruitment to time and target) which was likely to have an impact on the Network's future budget. EMCRN accounts payable performance had improved significantly and the target to pay 90% of invoices (by value) within 30 days had been met for the 2019/20 year to date. This risk continued to be monitored via the EMCRN risk register until such time that assurance could be obtained that the improved arrangements were embedded and sustainable.

In further discussion on the report, the following comments and queries were raised:-

- (a) the Medical Director briefed the Trust Board on the potential benefits if a recent application for Leicester to become a recruitment centre for commercial research studies was successful;
- (b) Ms V Bailey, Non-Executive Director noted that it would be helpful for the Trust Board to hold a broader discussion on the EMCRN and opportunities to improve staff recruitment and retention;
- (c) the Trust Chairman advised that he had committed to holding a Trust Board thinking day discussion on the future strategy and vision for Clinical Research Networks, Research and Innovation and Multi-Professional Education and Training, and
- (d) the Chief Executive made reference to the arrangements for supporting better delivery of commercial studies in Oncology (paragraph iii on page 2 refers), and he queried whether the planned expansion of the HOPE unit on the LRI site would help to support this ambition. Confirming that this was the case, the EMCRN Clinical Director undertook to liaise with Professor A Thomas to review the timescale of this expansion and the associated impact upon

CHAIR
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DCLACD,
EMCRN

the forecasting of commercial study activity in Oncology.

Resolved – that (A) the EMCRN update report for the period 7 September 2019 to 25 November 2019 be received and noted as paper G;

(B) the Trust Chairman and the Director of Corporate and Legal Affairs be requested to consider scheduling a Trust Board thinking day discussion on the strategy and vision relating to Clinical Research Networks, Research and Innovation and Multi-Professional Education and Training over the next 5 years, and

**CHAIR
MAN/
DCLA**

(C) the EMCRN Clinical Director be requested to liaise with Professor A Thomas regarding the timescale for the proposed HOPE unit expansion and the positive impact that this would be likely to have on the forecasting of commercial sturdy activity in the area of Oncology.

**CD,
EMCRN**

6/20/2

Research and Innovation Quarterly Update

On behalf of the Director of Research and Innovation, the Medical Director presented paper H, providing the research and innovation activity report for January 2020 and noting sustained performance in respect of initiating new clinical trials and delivering them to time and target. He particularly drew members' attention to the following significant developments (as outlined in section 3 of the report):-

- (a) an application to become a NIHR Leicestershire Academic Health Science Centre (LeAHSC) – the outcome of which would be known in February 2020;
- (b) an application to host a NIHR Leicestershire Patient Recruitment Centre (LePRC) in the Diabetes Centre at Leicester General Hospital – the outcome of which would be known in January 2020, and
- (c) the award of approximately £6m of Cancer Research UK funding to a University of Leicester team led by Professor A Thomas to fund a large trial aimed at preventing colonic carcinoma.

The Medical Director also highlighted the success of 2 Listening into Action event held in June and July 2019 in respect of the optimum structure of a modern research delivery workforce. The events were well attended and the feedback had been used to inform the recommended action plan which was approved by the Executive Strategy Board in October 2019. Trust Board members discussed funding constraints and the annual review of the criteria for research based programmed activities (PAs) within clinical job plans to ensure that these were used to the best effect. A wider Trust Board thinking day discussion on the impact of operational pressures and workforce gaps upon the Research and Innovation agenda would be welcomed, noting that in some cases the Trust was having to cancel non-essential activity to support operational delivery. The Trust Chairman confirmed his intention to schedule a Trust Board thinking day session on the current position in Research and Innovation and the strategy and vision for the next 5 year period. This discussion would also focus on what UHL and other Trusts were doing well, what outcomes could be measured and the impact upon utilisation of trainees in the workforce.

Resolved – that (A) the quarterly update on Research and Innovation be received and noted as paper H, and

(B) the Trust Chairman and the Director of Corporate and Legal Affairs be requested to schedule a Trust Board thinking day discussion (as referenced in Minute 6/20/1 (B) above).

**CHAIR
MAN/
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6/20/3

Multi-Professional Education and Training Quarterly Update

Mr M McCarthy, Director of Clinical Education, attended for the quarterly multi-professional education update (presented with the Deputy Chief Nurse, as per paper I). In terms of clinical/ medical education, he drew the Trust Board's particular attention to:-

- (a) the outcomes of the 2019 GMC National Trainee Survey undertaken in May 2019 and the summary of outcomes from the local survey completed in October 2019 – he noted that there were less 'red flags' overall, but some of the persistent issues in Cardiology had built up to a point where one third of Registrars had not been able to work for various reasons. This had led to significant rota gaps and urgent mitigating actions had been put in place to provide agency locum cover and to appoint additional Acute Physicians to cover the Clinical Decisions Unit (CDU) at Glenfield Hospital. Other issues had also been addressed (eg reporting times for MRI

- scans) and the Director of Clinical Education was content that good progress was being made;
- (b) within the Obstetrics and Gynaecology (O&G) service, some trainees had raised a number of concerns in respect of workload, supervision and a suggestion of a 'bullying' culture. The Trust was treating these concerns seriously and meetings were planned with trainees and Trust grade doctors to explore the issues thoroughly;
 - (c) on a more positive note, the Director of Clinical Education advised that the majority of trainees were happy with their training, although it was noted that the response rate for the local survey had been 23%, due to some technical issues with submitting returns, and
 - (d) the education and training facilities on the LRI site, which required significant improvement with a particular focus on expanding the simulation facilities and addressing an infection prevention issue within the existing toilet accommodation. It was hoped that the recent capital allocation for the Reconfiguration Programme would provide an opportunity to upgrade the education facilities.

In discussion on this section of the report, the Medical Director provided a detailed briefing on the actions in place to address the issues within Cardiology, noting that the gaps in the acute rota had already been filled and that interviews had been held to appoint to a second Registrar rota in CDU with 8 appointments being made. Funding had also been agreed to increase the hours of Acute Physician presence on the CDU. The Quality and Outcomes Committee (QOC) had been fully informed on this issue and an additional update report was planned to be submitted to the next Executive Quality Board and QOC meetings to provide additional assurance. A robust process had been put in place to respond to the concerns raised relating to a culture of 'bullying' within the O&G service. In respect of the education and training facilities, this issue had been discussed as part of the December 2019 Trust Board thinking day discussion on the Reconfiguration Programme to ensure that the plans were consistent with the plans for the Post Graduate Centre with appropriate simulation facilities for multidisciplinary teams.

With regard to the nursing education elements of the report, the Deputy Chief Nurse highlighted in particular:-

- (1) formal approval of the Nursing Associate Programme by the Nursing and Midwifery Council in September 2019, meaning that the Leicestershire School of Nursing Associates could continue to train up to 150 apprentice trainee Nursing Associates per year for any health and social care provider;
- (2) a joint bid between LLR councils to Health Education England (HEE) to support social care staff with accessing Nursing Associate training with effect from March 2020;
- (3) collaborative working with the University of Leicester Medical School to train first year medical students as Health Care Assistants (HCAs). This pilot scheme aimed to enhance students' skills in caring, compassion and communication and had already seen 27 medical students complete the National Care Certificate for support workers. Subject to the necessary employment checks, these students were now eligible to join UHL's staff bank as HCAs;
- (4) new national funding for continuous professional development for nurses, midwives and AHPs – a significant development for 2020 as this was the designated Year of the Nurse and Midwife, and
- (5) an increase in the number of student nursing and midwifery trainees at DeMontfort University and the University of Leicester and an additional NHS Improvement investment of £50,000 to support the provision of suitable work placements.

In a wider discussion about the Multi-Professional Education and Training update, the following comments and queries were raised:-

- (i) Ms K Jenkins, Non-Executive Director and Audit Committee Chair thanked the authors for this report, noting the key importance of these issues in terms of valuing UHL's staff, ensuring that they had the right tools, education and training to undertake their roles and that the provision of training facilities was appropriate and future-proofed going forwards. She raised a question about the timeliness of the feedback from the May 2019 GMC survey and sought additional information about how this was triangulated with the Freedom to Speak Up process and line managers' feedback in order to influence trainees' judgement about whether they would recommend the Trust as a place to work. In response, the Director of Clinical Education highlighted the range of feedback that was gathered from junior doctors in the form of Listening into Action, Hotspots, Junior Doctors' Gripes, Guardian of Safe Working exception reports and feedback from the education leads embedded within each Clinical Management Group (CMG). Ms Jenkins confirmed that she was comfortable with the effectiveness of the process for

managing such feedback but she challenged whether this was undertaken on a timely basis. The Director of Clinical Education, the Chief Operating Officer and the Medical Director responded to provide assurance that timely reviews of any emerging issues took place through the CMG Performance Review Meetings, adding that the operational pressures within the urgent and emergency care services and delays in appointing clinical members of staff due to visa issues had all contributed to a negative impact on staff morale;

- (ii) Ms Jenkins raised another question about why the UHL survey results for the question “would you recommend your current post to a colleague?” had dipped between October 2018 and October 2019. In response, the Director of Clinical Education advised that a large proportion of Cardiology and O&G trainees had completed the local survey in October 2019 and this was thought to have adversely affected the figures. Many of these staff felt that their workload was causing a problem; they felt stressed and sickness absence rates had increased;
- (iii) the Medical Director provided assurance that the local survey data was improving more generally, despite these ‘pockets’ of concerns;
- (iv) Col (Ret’d) I Crowe, Non-Executive Director and QOC Chair commented that he was pleased to see that the ‘thorny’ issues that had existed in Cardiology for some time were now being resolved. He drew members’ attention to the macro-simulation facilities that existed in the Robert Kilpatrick Clinical Sciences building on the LRI site and he offered to share his experiences of macro-simulation from his previous roles with colleagues (outside the meeting);
- (v) Col Crowe noted that feedback from trainees was seen as a key indicator in service levels and that any negative feedback on social media might impact upon future recruitment campaigns. Finally he commended the developments in nursing education, noting that this service was moving from strength to strength, and
- (vi) Mr B Patel, Non-Executive Director and Charitable Funds Committee Chair, shared members’ concerns about the Cardiology service, querying how the situation had been allowed to develop to this stage and whether the resolutions were sufficiently robust to resolve the issues or whether they would act as a temporary ‘sticking plaster’. He also noted a lack of available assurance in respect of the leadership response to O&G issues. In response to these questions, the Medical Director noted that the Trust had recognised the emerging issues and had committed funding to invest in additional resources. However, the recruitment process had taken longer than would have been ideal. He briefed Board members on the current situation in Cardiology, and the discussions that had been held with Health Education England (HEE) on the actions to address these issues. He also highlighted recent educational trends in respect of specialist training for doctors and the need to provide more generalist training going forwards to manage patients with complex multiple conditions alongside acute frailty. For example, he noted that all future Cardiology trainees would receive ‘dual training’ to ensure that they were equipped to manage more complex patients.

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In view of time constraints, the Trust Chairman drew this discussion to a close, noting that it would be more appropriate to discuss such matters at a future Trust Board thinking day, advising that he would be meeting with the Director of Corporate and Legal Affairs in the next week to schedule the topics for the 2020 Trust Board thinking days. Finally, the Chief Executive clarified two additional points, (a) noting that there remained an unfunded cost pressure within Cardiology for the additional Acute Physician posts and (b) confirming that the cost of enhancing the education and training facilities would be contained within the original capital allocation for the Reconfiguration Programme.

Resolved – that (A) the Multi-Professional Education and Training quarterly update report be received and noted as paper I, and

(B) the Trust Chairman and the Director of Corporate and Legal Affairs be requested to schedule a Trust Board thinking day discussion (as referenced in Minute 6/20/1 above).

CHAIR
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DCLA

6/20/4 Reports from Board Committees

6/20/4.1 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair introduced paper J, summarising the issues discussed at the 19 December 2019 QOC, noting that there were no formal recommendations for the Trust Board’s approval. He particularly highlighted the discussion on the Leadership Walkabouts (as contained in the Director of Safety and Risk’s report) and he reminded Board members of the importance of returning the feedback forms as soon as possible following each walkabout.

Resolved – that the summary of issues discussed at the 19 December 2019 QOC be received noted as per paper J – Minutes to be submitted to the 6 February 2020 Trust Board.

6/20/4.2 People Process and Performance Committee (PPPC)

The PPPC Non-Executive Director Chair introduced paper K, summarising the issues discussed at the 19 December 2019 PPPC, and seeking Trust Board approval for the recommended item – Junior Doctors Guardian of Safe Working quarterly update for 1 September 2019 to 29 November 2019. A copy of this report was appended to the PPPC summary for ease of reference. In addition, the PPPC Non-Executive Director Chair highlighted the discussion held at PPPC in respect of Becoming the Best, ED performance, bed capacity, ICU workforce planning, security management and the joint discussion with QOC members present on cancer performance.

The Director of People and Organisational Development commented upon the Staff Health and Wellbeing Programme, confirming that a report would be presented to a future PPPC meeting in respect of the increase in referrals to the AMICA service in connection with stress and anxiety.

Resolved – that (A) the summary of issues discussed at the 19 December 2019 PPPC be noted as per paper K – Minutes to be submitted to the 6 February 2020 Trust Board, and

(B) the Junior Doctors Guardian of Safe Working quarterly update report be approved (as presented in the appendix to paper K).

DPOD

6/20/4.3 Finance and Investment Committee (FIC) and 2019/20 Financial Performance (November 2019)

The FIC Non-Executive Director Chair introduced paper L1, summarising the issues discussed at the 19 December 2019 FIC, highlighting the Procurement and Supplies Strategy for 2019 to 2022 which was endorsed and recommended for Trust Board approval.

ICFO

On behalf of the Interim Chief Financial Officer, the Head of Financial Planning and Analysis introduced paper L2, setting out the Trust's 2019/20 month 8 financial performance, which had been discussed in detail at the 19 December 2019 FIC. Financial performance for month 8 (November 2019) was in line with plan, with UHL having achieved a year to date deficit of £33.2m excluding central Provider Sustainability Funding, Financial Recovery Funding and Marginal Rate Emergency Tariff (£11.4m deficit including PSF/FRF/MRET, which was also in line with plan). She highlighted the continued challenges in respect of the emergency care pathway, over-performance in emergency medicine, under-performance in some CMGs which was being off-set by accelerated use of reserves and some slippage of planned investments. All CMGs and the Estates and Facilities Directorate now had re-set control totals. In discussion on the month 8 financial performance report:-

- (a) the FIC Non-Executive Director Chair highlighted that financial performance was expected to be particularly challenging in the final quarter of 2019/20, but this issue was due to be considered at an Extraordinary Private Trust Board meeting on 13 January 2020 to sign-off the Quarter 3 Forecast Outturn submission to NHSE/I;
- (b) the Non-Executive Director Audit Committee Chair sought and received additional information about the accelerated use of central reserves, noting that this had stood at £1.4m in month 7 and it had reduced to £1.2m in month 8. She queried the plans to recover this amount, noting in response that this would be considered in detail at the Extraordinary Private Trust Board meeting on 13 January 2020, and
- (c) the Non-Executive Director Audit Committee Chair raised a further query about the omission of the risks relating to External Audit adjustments within the key risks section of the financial performance report. Noting that this was intended to be covered in the report to the Extraordinary Private Trust Board meeting on 13 January 2020, she requested that a summary of this risk be included in future iterations of the financial performance report going forwards.

ICFO

Resolved – that (A) the summary of issues discussed at the 19 December 2019 FIC be noted as per paper L1 – Minutes to be submitted to the 6 February 2020 Trust Board;

(B) the Procurement and Supplies Strategy for 2019 to 2022 be approved;

ICFO

(C) the 2019/20 month 8 financial performance be noted as per paper L2; and

(D) the Interim Chief Financial Officer be requested to arrange for the key risk relating to External Audit adjustments to be reinstated within future iterations of the financial performance report. ICFO

7/20 CORPORATE TRUSTEE BUSINESS

7/20/1 Charitable Funds Committee (CFC)

The Non-Executive Director CFC Chair introduced paper M, providing the Minutes of the CFC meeting held on 5 December 2019, and seeking the Trust Board's approval for Application 7410 (as recommended within Minute 55/19), noting that the value of this application exceeded the £50,0000 delegated approvals limit for the CFC. The Trust Board (acting as Corporate Trustee) approved this application. Minute 55/19 also detailed Application 7414 which had been rejected by the Committee on the basis that it was not compatible with the objects of the Charity. Mr M Traynor, Non-Executive Director and FIC Chair advised of his understanding that the Trust had sought legal advice in respect of this application. He requested that a copy of this advice be provided to him outside the meeting, together with a note of how much this advice had cost.

DLHC/
DSC

DLHC/
DCLA

Resolved – that (A) the Minutes of the CFC meeting held on 5 December 2019 be received and noted as paper M;

(B) Application 7410 be approved by the Trust Board (as Corporate Trustee), and

DLHC/
DSC

(C) the Director of Leicester Hospitals Charity or the Director of Corporate and Legal Affairs be requested to provide Mr M Traynor, Non-Executive Director with a copy of any legal advice obtained in relation to Application 7414 (outside the meeting) together with a note of the legal costs.

DLHC/
DCLA

8/20 ITEMS FOR NOTING

8/20/1 Declarations of Interest

Resolved – that the Declarations of Interest made by Mr S Lazarus, Interim Chief Financial Officer be received and noted as paper N1.

8/20/2 LLR System Leadership Team Minutes

Resolved – that the Minutes of the System Leadership Team meeting held on 21 November 2019 be noted as paper N2

8/20/3 Reports from Board Committees

8/20/3.1 Quality and Outcomes Committee (QOC)

Resolved – that the 28 November 2019 QOC Minutes be noted as per paper O1 (noting that the recommended item relating to the Learning from Deaths Quarterly report was approved by the Trust Board on 5 December 2019).

8/20/3.2 People, Process and Performance Committee (PPPC)

Resolved – that the 28 November 2019 PPPC Minutes be noted as per paper O2 (noting that the recommended items relating to Freedom to Speak Up quarterly report and the Performance Management and Accountability Framework were approved by the Trust Board on 5 December 2019).

8/20/3.3 Finance and Investment Committee (FIC)

Resolved – that the 28 November 2019 FIC Minutes be noted as per paper O3 (no recommended items).

9/20 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

A UHL patient raised a concern regarding his own experiences of UHL's communications with patients in respect of their MRI scan results and the length of time that patients were expected to wait before they received their results, noting that at the time of his scan the waiting time had stood at 7 weeks. He requested that the Trust explored this issue from a patient's perspective to consider any improvements that could be implemented. In response, the Chief Operating Officer briefed the Trust Board on the arrangements for monitoring the timescales for reporting on MRI scans via the CMG Performance Review Meetings (PRMs), noting that the times for this service had since reduced to 4 weeks. She also provided assurance that any patients referred under the 2 week wait pathway were given appropriate priority in terms of reporting their results. In conclusion, the Chief Operating Officer undertook to contact the patient outside the meeting to seek additional feedback about his experiences. She also agreed to continue monitoring the reporting timescales for MRI scans via the CMG PRM process.

COO

COO

Resolved – that (A) the comments raised by a UHL patient regarding the timescale for reporting MRI scan results be noted, and

(B) the Chief Operating Officer be requested to contact the patient (outside the meeting) to seek additional feedback about his experiences and continue to monitor the reporting timescales for MRI scans via the CMG PRM process.

COO

10/20 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 11/20 to 18/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

11/20 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

12/20 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 5 December 2019 Trust Board meeting (paper P) be confirmed as a correct record and signed by the Chairman accordingly.

CHAIR
MAN

13/20 CONFIDENTIAL MATTERS ARISING REPORT

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

14/20 KEY ISSUES FOR DISCUSSION/DECISION

14/20/1 Confidential Report from the Head of Financial Planning and Analysis and the Director of Estates and Facilities

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

14/20/2 Confidential Report from the Director of Strategy and Communications

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

14/20/3 Confidential Report from the Chief Executive

Resolved – that this Minute be classed as confidential and taken in private accordingly, on

the grounds that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

15/20 ITEMS FOR ASSURANCE

15/20/1 Reports from Board Committees

15/20/1.1 Quality and Outcomes Committee (QOC)

Resolved – that the summary of confidential issues considered at the 19 December 2019 QOC be received and noted as paper T1.

15/20/1.2 People, Process and Performance Committee (PPPC)

Resolved – that summary of confidential issues considered at the 19 December 2019 PPPC be received and noted as paper T2.

15/20/1.3 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 could be prejudicial to the effective conduct of public affairs.

15/20/1.4 Remuneration Committee

Resolved – that the confidential Minutes of the 12 December 2019 Remuneration Committee be presented to the Trust Board on 6 February 2020.

16/20 CORPORATE TRUSTEES BUSINESS

16/20/1 Charitable Funds Committee

Resolved – that the confidential Minutes of the 5 December 2019 Charitable Funds Committee be received and noted as paper U1 and the recommended items be approved (as Corporate Trustee).

16/20/2 Confidential Report by the Director of Strategy and Communications

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

17/20 ITEMS FOR NOTING

17/20/1 LLR System Review Meeting

Resolved – that the confidential briefing on the LLR System Review meeting held on 28 November 2019 be received and noted as paper V.

17/20/2 Reports from Board Committees

17/20/2.1 Quality and Outcomes Committee (QOC)

Resolved – that the confidential 28 November 2019 QOC Minutes be noted as per paper W1 (no recommended items).

17/20/2.2 People, Process and Performance Committee (PPPC)

Resolved – that the confidential 28 November 2019 PPPC Minutes be noted as per paper W2 (no recommended items).

17/20/2.3 Finance and Investment Committee (FIC)

Resolved – that the confidential 28 November 2019 FIC Minutes be noted as per paper W3 (no recommended items).

18/20 ANY OTHER BUSINESS

18/20/1 Confidential Verbal Report by the Director of Estates and Facilities

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

18/20/2 Confidential Verbal Report by the Chief Executive and the Chief Operating Officer

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

18/20/3 Confidential Verbal Report by the Director of Strategy and Communications

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

18/20/4 Confidential Verbal Report by the Chief Operating Officer

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

18/20/5 Confidential Verbal Report by the Trust Chairman

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

19/20 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 6 February 2020 from 9am in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 1.58pm

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	13	13	100	A Furlong	13	11	85
J Adler	13	11	85	K Jenkins	13	11	85
C Benham (from 1.11.19 to 12.12.19)	2	0	0	A Johnson	13	12	92
V Bailey	13	11	85	S Lazarus (from 12.12.19)	1	0	0
P Baker	13	7	54	B Patel	13	13	100
R Brown	13	11	85	M Traynor	13	11	85
I Crowe	13	11	85	P Traynor (until 31.10.19)	10	9	90
C Fox	13	10	77				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	13	11	85	V Karavadra (from 5.9.19)	6	6	100
D Kerr	13	12	92	S Ward	13	12	92
H Kotecha	11	9	82	M Wightman	13	11	85
				H Wyton	13	10	77