

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 7 DECEMBER 2017 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY****Voting Members present:**

Mr K Singh – Chairman (excluding part of Minute 312/17/1)
 Mr R Moore – Non-Executive Director (and Acting Chairman for part of Minute 312/17/1)
 Mr J Adler – Chief Executive
 Professor P Baker – Non-Executive Director
 Col (Ret'd) I Crowe – Non-Executive Director
 Mr A Furlong – Medical Director
 Mr A Johnson – Non-Executive Director
 Mr T Lynch – Interim Chief Operating Officer (excluding Minutes 299/17/3 and 299/17/4)
 Mr B Patel – Non-Executive Director
 Ms J Smith – Chief Nurse
 Mr M Traynor – Deputy Chairman (up to and including Minute 299/17/3)
 Mr P Traynor – Chief Financial Officer

In attendance:

Mr M Caple – Chair, Patient Partners (for Minute 301/17)
 Professor A Doshani – Consultant (for Minute 299/17/1)
 Miss M Durbridge – Director of Safety and Risk (up to and including Minute 299/17/3)
 Mr D Kerr – Director of Estates and Facilities (for Minutes 313/17 and 314/17)
 Ms H Stokes – Corporate and Committee Services Manager
 Mrs L Tibbert – Director of Workforce and Organisational Development
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Communication, Integration and Engagement

ACTION**293/17 APOLOGIES AND WELCOME**

Apologies for absence were received from Mr E Rees, LLR Healthwatch Representative. The Chairman welcomed all staff and public attendees, including colleagues from the Care Quality Commission (CQC).

294/17 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

There were no declarations of interests in the public business.

295/17 MINUTES

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

CHAIRMAN**296/17 MATTERS ARISING FROM THE MINUTES**

Paper B detailed the status of previous matters arising and the expected timescales for resolution. The Chairman requested that Leads provide specific dates for resolving their actions, where not already stated. In respect of aligning the Board Assurance Framework to the IT project risk register (action 7a of 2 November 2017), the Medical Director outlined work to progress this with a view to being in place from February 2018. The Chief Executive confirmed that from January 2018 onwards, his monthly report to the Trust Board would include information on UHL's emergency care performance comparative to other peer Trusts (action 3a of 2 November 2017).

ALL

Resolved – that leads be requested to identify timescales for resolving their actions, for inclusion in the next iteration of the log.

ALL**297/17 CHAIRMAN'S MONTHLY REPORT – DECEMBER 2017**

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

Trust Board Paper A

- (a) the welcomed decision by NHS England to continue commissioning services from the East Midlands Congenital Heart Centre, and his thanks to all external stakeholders for their support;
- (b) the need to encourage and support a culture of innovation and improvement within UHL;
- (c) a number of key, short-term focus areas for the Trust including improving emergency care performance, ensuring robust and resilient winter planning, maintaining the quality and safety of elective and outpatient services notwithstanding emergency pressures, and ensuring the most effective and efficient use of financial and other resources – these were also aligned to national priorities, and
- (d) various recent events attended, including the Annual Conference of NHS Providers, and his input to a conference on Diversity in Senior Leadership. In discussion, the Chief Nurse advised that UHL had joined the RCN programme of ambassadors to coach BME staff re: leadership.

The Chairman also reminded Trust Board members of the forthcoming CQC Well-Led inspection of UHL, scheduled for 10-12 January 2018.

Resolved – that the Chairman’s report for December 2017 be noted.

298/17 CHIEF EXECUTIVE’S MONTHLY REPORT – DECEMBER 2017

The Chief Executive’s December 2017 monthly update followed (by exception) the framework of the Trust’s strategic objectives. As the attached quality and performance dashboard covered core issues from the monthly quality and performance report, the full version of that report was no longer taken at Trust Board meetings but was accessible on the Trust’s external website (also hyperlinked within paper D).

Through the Quality and Outcomes Committee (QOC), the Trust had reviewed the increase in moderate harms – as reported in the summary of the December 2017 QOC that increase was due primarily to changes in the way specific incidents were graded compared to 2016-17 (particularly re: post-partum haemorrhage). In introducing his report, the Chief Executive also drew the Trust Board’s specific attention to:-

- (1) a retained guidewire ‘never event’ in October 2017, which was disappointing. Although involving little or no patient harm, this incident was of concern from a safety culture and adherence to policies/guidelines perspective. Once available, the root cause analysis would be reported through the Executive Quality Board and QOC;
- (2) the new use of a red/green rating in the Board Assurance Framework rather than the previous red/amber/green rating;
- (3) NHS Improvement’s (NHSI) publication of an updated Single Oversight Framework in November 2017 – key points and changes were as detailed in section 5 of paper D, and
- (4) the unannounced CQC service inspections currently underway. The Chief Nurse provided assurance that actions had been taken to resolve any concerns flagged during those visits. High-level feedback from the inspections had also been shared with staff.

CN

The Chief Executive also reported in detail on emergency care performance, which at 82.7% for October 2017 remained below the expected 90% level. He continued to chair the daily ‘scrum’ meetings, and paper D outlined a number of material actions progressed over the recent weeks. Key emergency care elements now being focused upon included strengthening the ED floor management function, and addressing the more chronic issue of medical bed availability – it was therefore planned to supplement the daily scrum meetings with a set of more complex management actions (supported by appropriate project management resource).

In discussion on the Chief Executive’s December 2017 report:-

- (a) Mr B Patel Non-Executive Director sought assurance on whether appropriate plans were in place with social and primary care partners for the Christmas long weekend, and whether appropriate lessons had therefore been learned from discharge difficulties in winter 2016. In response, the Chief Executive noted the winter planning report at paper H (Minute 299/17/4 below) and outlined a forthcoming Multi Agency Discharge Event (‘MADE’) involving senior representatives from all relevant agencies. The Interim Chief Operating Officer confirmed that lessons were being learned from the previous winter, with the aim of making sustainable changes;

- (b) members noted (in response to concerns expressed by Mr M Traynor Non-Executive Director) the Chief Executive's view that as a full partner in the LLR STP, UHL was able to have appropriate input to the strategic change elements of the updated NHSI Single Oversight Framework;
- (c) Mr R Moore Non-Executive Director sought assurance that the remaining red/amber indicators on the quality and performance dashboard were also receiving appropriate attention by the Trust, notwithstanding the focus on emergency care. Both the Chief Executive and the Chief Nurse provided assurance of appropriate focus on those indicators, noting as an example that the increased number of red ratings in the safe domain had been flagged to managers. QOC also continued to review safety and quality in detail. The Medical Director reiterated the outcomes of the harms review reported to QOC, and he noted that Committee's decision to repeat that deep dive on a quarterly basis. There had been no significant increase in 'significant harms'. The 'Stop the Line' safety campaign had also now been launched, and the UHL's 2018-19 Quality Commitment would focus on further embedding the 2017-18 quality and safety process changes;
- (d) the Trust Chairman queried whether the reported delays re: cancer referrals from other network hospitals were due to external or internal UHL factors – in response the Chief Executive considered it to be half and half, and he outlined the steps being taken to address the position. A relatively small number of tumour sites were now involved, and as QOC Non-Executive Director Chair Col (Ret'd) I Crowe confirmed that QOC saw an appropriate level of underlying detail on cancer performance. The Medical Director also commented on regional oncology workforce shortages. Mr A Johnson, Non-Executive Director Chair of the People, Process and Performance Committee (PPPC) advised that PPPC also reviewed cancer performance in a joint quality and performance session with QOC members, and
- (e) noted comments from Mr M Traynor, Non-Executive Director Chair of the Finance and Investment Committee (FIC) that cash balance issues remained an appropriate priority for the finance team.

Resolved – that the root cause analysis of the retained guidewire never event be reported to the Executive Quality Board and Quality and Outcomes Committee, once available.

CN

299/17 **KEY ISSUES FOR DECISION/DISCUSSION**

299/17/1 Staff Story – Student Involvement in Care of the Elderly in ED

Professor A Doshani attended to introduce the outcomes of 4 quality improvement projects by medical and nursing students, aimed at improving the care of the older patient through ED (paper E). The projects supported the need for a holistic approach, including psycho-social factors. These were the first such projects including students from both the University of Leicester and De Montfort University, and Professor P Baker Non-Executive Director commented on the Department of Health's interest in making Leicester a pilot for multi-disciplinary working. Professor Doshani also thanked Mr R Stokes, Patient Partner for her input to the projects.

Approximately 1 in 5 of the Trust's patients were in the frail elderly group, and the projects tied in closely with the frailty work led by the Director of Strategy and Communications. Conducted over 10 sessions, the 4 projects had focused on the differing themes outlined below and members of each project group attended to present the findings.

- (1) *implementation of the Clinical Frailty Score (CFS) on NerveCentre to improve the care of older patients* – the students had hosted a 'frailty week' and initiated regular teaching sessions in ED to improve the understanding and use of the Clinical Frailty Score and its implementation on NerveCentre. This intervention resulted in a significant increase in CFS reporting to 82% of applicable patients;
- (2) *improving the older falls patient experience in the Emergency Department* – the students had reintroduced the falls assessment tool in ED, to assess whether its use would make a difference to the time frail elderly patients spent there. The results were that reintroducing the pathway did not make a significant difference to patient journey time, and the students noted the need for further work to understand why ED staff were reluctant to use the falls assessment tool (preferring instead to use the fractured neck of femur falls assessment);

Trust Board Paper A

- (3) *'lost in handover': improving handover from the Acute Frailty Unit (AFU)* – perceptions differed between AFU and base ward staff on how useful the current handover form was, with AFU finding it very useful. As an interim step the students had therefore implemented some simple changes to the format, with a long term aim of making the handover form electronic. This intervention had resulted in more holistic information being included on the handover form, thus improving its usefulness – however, greater staff communication was required at base ward level of the need to use the new format, and
- (4) *'to dip or not to dip': improving management of suspected UTI in patients over 65* – this project aimed to address the over-use of urine dips for patients over 65, noting the implications in terms of potential over-prescribing of antibiotics due to false positive results, increased patient time spent in ED, staff time, and cost. The students had therefore developed a small flashcard for staff, to consider whether a urine dip was necessary, and this intervention had resulted in a reduction in the number of urine dips undertaken and a related review of urine dip use.

The Trust Board welcomed the presentation and the positive changes evidenced. As one of a number of Non-Executive Directors who had previously seen a longer version, Mr B Patel commented on the willingness of the students to challenge existing practices and make quality improvements. Col (Ret'd) I Crowe Non-Executive Director welcomed the multidisciplinary involvement of both nursing and medical students (noting plans to expand this to other disciplines in 2018), and voiced his hopes that the students would stay at UHL once they graduated. Mr A Johnson Non-Executive Director also suggested that the students revisit their projects in 3-6 months' time, to gauge their sustainability. Mr M Traynor Non-Executive Director suggested looking to the retail sector to learn appropriate transferable lessons re: the customer journey, and he considered that Mr A Johnson Non-Executive Director might be a useful contact point for this. In further discussion, the Chief Executive welcomed the increased use of the Clinical Frailty Score in ED, and although acknowledging that not all frail patients were elderly (and vice versa), he queried whether increased geriatricians' time was needed in ED. The Director of Strategy and Communications considered that front door frailty scoring was key, but he also noted the need for appropriate clinical awareness of the relative therapeutic benefits (for the patient) of the various possible interventions. He would report to the Trust Board re: ongoing frailty work in the next few months.

MD/CN

DSC

Resolved – that (A) the students involved consider revisiting their quality improvement projects after 3-6 months, to assess their sustainability, and

MD/CN

(B) the Trust Board be kept appropriately updated re: ongoing frailty work.

DSC

299/17/2

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

Paper F set out the detail of NHS England's welcomed decision to continue commissioning UHL to provide Level 1 CHD services, conditional on achieving full compliance with the standards (in line with UHL's own plans) and demonstrating convincing progress. 70% of the national consultation's 7673 responses had been from the Midlands and East region, clearly demonstrating the strength of public opinion in support of EMCHC retaining Level 1 commissioning. The Trust welcomed this end to the long period of uncertainty, and was meeting today with regional specialised commissioners. Professor P Baker Non-Executive Director emphasised the need to maintain momentum on achieving the growth plan, and the Chief Executive noted the Trust's focus on staff recruitment across all relevant specialties.

In response to a query from the Chief Financial Officer, the Chief Executive advised that the EMCHC project board was reviewing the level of Executive Director input needed in the future – such input was however likely to remain in place for the immediate future. Col (Ret'd) I Crowe Non-Executive Director noted the need to recognise the individual significant work within the service, and he also suggested reviewing training so that nursing staff could undertake paediatric and adult work.

The Chief Executive considered that NHS England and the Trust had reached a genuine, mutually-workable solution, and the Trust Board reiterated its thanks to stakeholders for their support. It was agreed that EMCHC would now move to 6-monthly Trust Board updates (from being a standing item).

DSC

Resolved – that Trust Board updates on the EMCHC move to 6-monthly.

DSC

In line with national Learning from Deaths requirements, paper G comprised the (first) quarterly publication of mortality data including the number of deaths reviewed and/or investigated, and the number of those found to be more than likely due to problems in care. In addition to this national requirement, a locally-commissioned LLR health-economy-wide audit had started looking at the care provided to patients who died either in LPT or UHL or within 30 days of discharge from UHL. Updates on that LLR audit would be included in future quarterly Learning from Deaths reports.

These quarterly figures had also been discussed at the November 2017 QOC, and a summary of UHL's mortality rates (both risk adjusted and crude) was set out in appendix 1 of paper G. UHL's SHMI (Summary Hospital-level Mortality Indicator) for April 2016 – March 2017 was 101, and its HSMR (Hospital Standardised Mortality Rate) for the same period was 102 – these were both therefore within the expected range, with further improvements expected at the next reporting period. The Medical Director noted the Trust's wish to be as transparent as possible in reporting mortality, but also to provide appropriate context to accompany the data. Appendix 1 of paper G included information on how the diagnosis groups contributed to the Trust's SHMI (darker the box, greater the contribution).

The Medical Director also outlined the Medical Examiner process in place within UHL, with 97% of deaths screened in quarters 1 and 2 of 2017-18 (including community and ED). Specifically trained for the role, Medical Examiners also contacted the families. Where the Medical Examiner identified the potential for learning or where the bereaved raised a concern about clinical care, the death was referred for a full Structured Judgement Review (SJR) using the national mortality review template. To date, 249 deaths had been referred for an SJR. Paper G advised that 1 patient death had occurred where problems in care were thought more likely than not to have contributed to the death – this had also been investigated as a Patient Safety Incident and subsequently confirmed as a Serious Incident with 'Major Harm' as the outcome. The investigation had identified multiple learning points which would be appropriately monitored through the Trust's Adverse Events Committee. Although welcoming the learning provided by the Medical Examiner process, the Medical Director noted the resource-intensive nature of that approach, and the Trust Chairman requested that this issue of resourcing be discussed at QOC following appropriate Executive Board review (resourcing also having been highlighted as a concern in the 21 December 2017 QOC meeting summary).

MD

In discussion on paper G, the Trust Board noted:-

- (a) comments in the report that communication was a key factor in most of the concerns raised by the bereaved – this linked to End of Life Care work and the need for honest, open discussions in the last few days of a patient's life;
- (b) a challenge from Professor P Baker Non-Executive Director that UHL should be aspiring to a SHMI of 75, rather than aiming for the average (100). The Medical Director clarified that his comments had aimed at providing assurance that UHL was not an outlier in terms of mortality, and he also noted that the 'average' itself could change from year to year;
- (c) a query from Professor P Baker Non-Executive Director as to why external Consultants were being used for the LLR-wide audit, given the availability of Leicester-based academics;
- (d) comments from the Medical Director on the benefits of an electronic patient record in reducing coding errors (thereby contributing to an accurate SHMI);
- (e) comments from the Trust Chairman on the need for an appropriate engagement strategy, thus providing assurance to the families of deceased patients that learning from deaths is a priority for the Trust;
- (f) that the Learning from Deaths requirements had come into force in April 2017, with public reporting of mortality required by 31 December 2017 – Non-Executive Directors welcomed the arrangements put in place for this by the Trust;
- (g) the assurance taken by Col (Ret'd) I Crowe QOC Non-Executive Director Chair, from the triangulation of data (eg SJR, Serious Incident process, LLR-wide clinical audit);
- (h) (in response to a query from the Director of Strategy and Communications) that the LLR-wide clinical audit might potentially review wider 'system' issues such as non-admitted End of Life Care patient deaths at home. The Director of Strategy and Communications suggested identifying potential future focus areas such as the need for patients to be in the most appropriate place at the end of life – although agreeing, the Medical Director reiterated resourcing challenges and commented that national reporting on that element was still work in progress;
- (i) that the 'effectiveness' element of UHL's 2018-19 Quality Commitment would look at embedding the mortality-related process improvements made to date, including across patient experience

MD

- and patient safety. Specific metrics were still in development, and
- (j) the Medical Director's thanks to Mrs R Broughton Head of Outcomes and Effectiveness, for her work on the report.

Resolved – that (A) a report on Learning from Deaths resourcing requirements be considered by EQB and QOC, and

MD

(B) an appropriate engagement strategy be developed to provide assurance to the families of deceased patients that learning from deaths was a priority for the Trust.

MD

299/17/4

UHL Winter Plan

Paper H comprised the UHL winter plan 2017-18, outlining how the Trust would respond to increased surges and/or service demands during that time. A full LLR system plan had been developed and focused on winter resilience planning across the wider health economy. Presenting the report in the Interim Chief Operating Officer's absence, the Chief Executive advised that there was significant overlap with the emergency care improvement planning work, and he confirmed that no further bed capacity increases were anticipated beyond the 14 additional Glenfield Hospital respiratory beds already opened in line with plan. Appendix 5 of the report comprised the Trust's self-assessment against the NHSI winter readiness checklist, and was complemented by the LLR system-wide work overseen by NHS England (NHSE). UHL would review the checklist as appropriate to see if stronger measures were required, although staff availability was the key limiting factor. Despite the thorough planning, winter challenges might still be experienced. NHSI and NHSE were now prioritising allocation of the winter monies announced in the recent Budget, adopting a targeted rather than a pro rata approach.

In discussion on the winter plan, the Trust Board noted:-

- (a) (in response to a query from the Trust Chairman) that NHSE had asked CCGs for very detailed information on their Christmas provision, including schedules of GP availability and opening times;
- (b) a query from Col (Ret'd) I Crowe Non-Executive Director, on the position of the TASL contract re: non-emergency patient transport. In response, the Chief Executive noted that the contract – which had been commissioned by CCGs in October 2017 – remained a significant focus area given its challenging start. NHSE were now also involved;
- (c) a query from Mr A Johnson Non-Executive Director as to whether the NHSI checklist was being used to actively monitor performance and measure outcomes;
- (d) assurance sought by Mr B Patel Non-Executive Director re: the level of flexibility in the plan in terms of ability to redeploy staff where needed, which he felt had been somewhat ad hoc in winter 2016 and which he hoped would be improved by the e-beds system now in place. In response, the Chief Nurse advised that Christmas rosters were already in place for nursing and midwifery staff and would be rechecked before Christmas, and she confirmed that all areas would have sufficient staffing for the acuity of the patients;
- (e) assurance sought by Mr B Patel Non-Executive Director on whether other partners had capacity to help UHL cope with any unforeseen winter pressures – eg whether there would be appropriate access to community beds. The Chief Executive advised that although LPT faced many of the same constraints as UHL, there was a strong operational relationship between the two organisations. He considered that UHL's winter plan was as flexible as it could be, and he confirmed that LPT would be at the 'MADE' meeting referred to in Minute 298/17 above. He noted, however, recent difficulties in identifying patients suitable to be transferred to community beds – further discussions were planned with LPT on this issue, and
- (f) concerns voiced by the Director of Strategy and Communications on the readiness of actions outside the Trust's control, noting the "TBC" date entries in some parts of the report. The Chief Executive agreed that clear timescales needed to be included, and he provided assurance that the A&E Delivery Board had oversight of the winter plans. He also noted the constraints facing the non-UHL elements of the plan and confirmed that Commissioners had taken decisions on resourcing the actions required.

The Trust Chairman requested that winter planning elements be included in the monthly emergency care updates to the People, Process and Performance Committee.

ICOO

Resolved – that (A) winter planning issues be added in to the emergency care report presented to the monthly People, Process and Performance Committee (PPPC), and

ICOO

(B) the actions within the winter plan be approved and progressed accordingly.

ICOO

300/17 RISK MANAGEMENT AND GOVERNANCE – INTEGRATED RISK REPORT

Paper I comprised the 2017-18 integrated risk report including the new format Board Assurance Framework (BAF), as at 31 October 2017. The report noted that there had been no new organisational risks scoring 15 or above in October 2017. The thematic review of risks scoring 15 or above on the risk register continued to indicate workforce shortages and the imbalance between capacity and demand as the principal causal factors – these were appropriately reflected in the BAF.

The November 2017 Audit Committee had heard that the time available for discussion of the risk register at Executive Boards varied, and Mr R Moore, Audit Committee Non-Executive Director Chair sought assurance that this issue was being addressed. The Medical Director considered that the situation had improved, and he also noted that the performance management meetings with CMGs used the risk register as the basis for the discussions. The Chief Financial Officer added that the BAF was included on every Executive Board agenda, linked to the relevant item. He also noted the Audit Committee's query on whether corporate and clinical areas' risk register contained appropriate risks. The Trust Chairman also commented on the Trust Board's need to know if appropriate actions were being taken to mitigate risks.

Resolved – that the integrated risk report be noted.

301/17 PATIENT AND PUBLIC INVOLVEMENT STRATEGY – QUARTERLY UPDATE

Paper J from the Director of Strategy and Communications provided an overview of patient and public involvement (PPI) activities since September 2017, and was accompanied by 4 appendices including a summary of recent Patient Partner activity. Work was underway to ensure appropriate PPI input to the 2018-19 UHL annual priorities, which would also be discussed further at the December 2017 Trust Board thinking day. The Trust's programme of public "Community Conversations" also continued, most recently at Oakham in November 2017 (appendix 3), with further such events planned during 2018. Paper J also noted a request that the Joint Patient Reference Group be chaired by a UHL Trust Board member, and outlined the Trust's view that this was not appropriate; although a UHL Trust Board member would continue to attend, it was the Trust's view that the Joint Patient Reference Group should be chaired by one of the Group's own members, possibly on a rotational basis, in order to maintain its independence. .

Mr M Caple, Patient Partner Chair, attended to introduce his reports at appendices 1 and 2 of paper J. Mr G Smith and Ms M Gordon were stepping down as Patient Partners, and both Mr Caple and the Trust Chairman thanked them for their valued contributions. Mr Caple outlined the role of the 21 Patient Partners, and noted the top 3 concerns facing them as a group (cancelled operations, clinical staffing levels, information). Although the profile of Patient Partners continued to rise, the level of their involvement was still not consistent across all CMGs. A Patient Partner work programme was in development for 2018-19, and Mr Caple particularly welcomed the input of Mr B Patel Non-Executive Director to the bi-monthly Patient Partner Forum. As per appendix 2 of paper J, key concerns for the Joint Patient Reference Group were the clarity and quality of signage and wayfinding at the LRI, and the appropriate transfer of patients to community step-down facilities.

In discussion, although welcoming the action taken by UHL to date on PPI initiatives, Mr B Patel Non-Executive Director highlighted the need to ensure that the resulting PPI feedback was appropriately converted into action. It was agreed to report on this issue to QOC.

DSC

Resolved – that a report on how to ensure that a process was in place for PPI feedback to be appropriately translated into action, be provided to QOC.

DSC

302/17 LLR STP AND UHL RECONFIGURATION

302/17/1 LLR Sustainable Transformation Partnership (STP) and UHL Reconfiguration Programme Update

Trust Board Paper A

Paper K updated the Trust Board on the LLR Sustainability and Transformation Partnership (STP) and on UHL's own reconfiguration programme. Business cases for the £30.8m reconfiguration monies were being developed, and a decision on the Trust's £397.5m reconfiguration bid was expected early in the New Year. Detailed discussions continued internally re: service reconfiguration, with close clinical input. In terms of the November 2017 opening of the GPAU, appropriate lessons had been learned from the Emergency Floor Phase 1 project. The Chief Financial Officer also noted the close relationship between UHL's reconfiguration bids and the wider LLR estates strategy work. Mr R Moore Audit Committee Non-Executive Director Chair sought assurance that the UHL reconfiguration project team was appropriately resourced, and he also reiterated his wish to see a joint dashboard for the LLR-wide programme. In response to the first point, the Chief Financial Officer advised that he was comfortable with internal resourcing levels at the present time, pending a decision on the £397.5m bid – however, once approved the team would need augmenting; the Medical Director also advised a need to increase the level of clinical input at that time. In respect of the second point, the Chief Executive advised that he would raise the issue of the dashboard again with Mr T Sanders, Senior Responsible Officer for the LLR STP. Col (Ret'd) I Crowe Non-Executive Director noted the need for clear, appropriate communication on the various UHL reconfiguration developments, aimed at primary care clinicians.

CE

Work continued on a refreshed LLR STP narrative, for discussion by partner Boards in January 2018. Consultation was earmarked for April 2018 for 12 weeks. The Trust Chairman noted the crucial issue of appropriate engagement with the community, and clarity for the public on why changes were being proposed. Mr A Johnson Non-Executive Director requested that the issue of UHL's under-utilised estate be included in the LLR estates strategy element of the refreshed LLR STP narrative.

CE

DSC/
DEF

Resolved – that (A) the refreshed LLR STP narrative be presented to the January 2018 Trust Board;

CE

(B) the issue of UHL's under-utilised estate be included in the LLR estates strategy element of the refreshed LLR STP narrative, and

DSC/
DEF

(C) the issue of a cross-organisational STP dashboard be raised again with Mr T Sanders, LLR STP Senior Responsible Officer.

CE

303/17 QUALITY AND PERFORMANCE

303/17/1 Quality and Outcomes Committee (QOC)

Paper L summarised the issues discussed at the 30 November 2017 QOC, highlighting (i) the ongoing development of the ED quality and safety dashboard [next iteration to the January 2018 QOC]; (ii) the outcomes of the deep dive into the increase in moderate harms – as discussed in Minute 298/17 above, this was primarily due to changes in the grading of specific types of incidents, and (iii) the need for the Learning from Deaths work to be appropriately resourced, as per Minute 299/17/3 above.

Resolved – that the summary of issues discussed at the 30 November 2017 QOC be noted as per paper L (no recommended items) – Minutes to be submitted to the 4 January 2018 Trust Board.

303/17/2 People Process and Performance Committee (PPPC)

Paper M summarised the issues discussed at the 30 November 2017 PPPC, including emergency care performance, a deep dive on mental health and sickness absence issues, and improvements to the HELM training system. Mr A Johnson, PPPC Non-Executive Director Chair, advised that due to time constraints, key issues from the month 7 quality and performance report would be discussed in detail at the December 2017 PPPC. The Trust Chairman queried the reported statutory and mandatory training compliance figure, and the Director of Workforce and OD advised that updated information would be included in the next quality and performance dashboard (appended to the Chief Executive's monthly Trust Board report). An action plan to improve training compliance was scheduled for the January 2018 Executive Workforce Board and PPPC meetings, including the issue of staff groups without access to online training (this was particularly an issue for estates and facilities staff, and the Chief Executive agreed to discuss the position further with the Director of Estates and Facilities). Further discussion on training was also scheduled for the December 2017 Executive

DWOD

CE

Trust Board Paper A

Performance Board. The Chief Executive reported staff concerns that training compliance was still showing as red on HELM if it had been undertaken before the formal expiry date, and the Director of Workforce and OD agreed to pursue this.

DWOD

Resolved – that (A) that the summary of issues discussed at the 30 November 2017 PPPC be noted as per paper M (no recommended items) – Minutes to be submitted to the 4 January 2018 Trust Board;

(B) updated data on statutory and mandatory training compliance be included in the next quality and performance dashboard (Chief Executive's monthly report);

DWOD

(C) issues of training compliance still showing as red on HELM if undertaken before the formal expiry date, be explored further by the Director of Workforce and OD, and

CE

(D) estates staff training compliance levels and issues be discussed with the Director of Estates and Facilities.

DWOD

303/17/3

Finance and Investment Committee (FIC) and 2017-18 Financial Performance (October 2017)

Paper N summarised the issues discussed at the 30 November 2017 FIC, noting that there were no recommended items for the public Trust Board. Detailed discussion had taken place on the Trust's financial position including performance against the 2017-18 cost improvement programme, which was covered further in paper N1 below. Other issues discussed by FIC included the interim arrangements for Pathology transformation, the quarterly contract performance (which had confirmed that all contract disputes had now been resolved, with the exception of sepsis coding which was a national issue), proposed reconfiguration programme consultation arrangements, and 2018-19 financial planning.

Paper N1 presented the Trust's month 7 financial position, which had been discussed in detail at the November 2017 Integrated Finance Performance and Investment Committee meeting as mentioned above. The Chief Financial Officer advised that a forecast outturn paper was also discussed by FIC.

In terms of headline financial performance, as of month 7 UHL had achieved a year to date deficit of £24.7m which was in line with plan. However, the report reiterated that there was significant risk associated with the remaining months of 2017-18, particularly in terms of CIP delivery and Finance and Technical actions. CIP delivery was slightly off-plan for the first time in 2017-18 (£0.6m adverse to plan), but the Chief Financial Officer noted his view that the overall £44.2m target would be delivered. The month 7 unmitigated forecast indicated a risk of £18.7m to the Trust's planned income and expenditure deficit of £26.7m – mitigating actions were in place to deliver the plan and CMG financial management had been strengthened. Further improvements were required on cash, and FIC would be kept informed of progress on the issue of a central cash injection.

Performance management of CMGs continued to be a holistic exercise involving the Chief Financial Officer, Interim Chief Operating Officer, Medical Director and Chief Nurse, and it was recognised that CMGs needed to deliver their targets in a way that maintained appropriate safety and quality. The Trust Chairman sought reassurance from the Chief Nurse and the Medical Director that safety and quality considerations were appropriately reflected in the CIP programme – in response the Chief Nurse noted her significant assurance, given that she and the Medical Director jointly reviewed all CIP schemes via the quality impact assessment process. Schemes were challenged where required, and a clear audit trail was maintained. It was confirmed that some CIP schemes had been stopped because of the impact on quality and safety. The Chief Nurse also reiterated the benefits of the integrated performance management approach in place at UHL, which avoided conflicting messages and priorities. Although robust arrangements were in place, the Medical Director recognised that the position was nonetheless challenging, particularly in the winter period.

In further discussion on the month 7 financial position, Mr B Patel Non-Executive Director commented on the lack of positives in the report – he considered that the Trust was adverse to plan by almost 20% due to the previously-reported accelerated use of reserves and he queried how the Trust would realistically get back on plan. He therefore strongly sought assurance on the likelihood of achieving the financial plan by year-end. In response, the Chief Executive commented that the CMGs had a good record of achieving their revised control totals and he considered that it was better to have a realistic target than retain one which was unlikely to be delivered. He acknowledged, however that the Emergency and Specialist Medicine CMG was struggling, affected as it was by corporate

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measures in relation to ED. The Chief Executive further advised that the Trust was reviewing what could be stopped (in the short-term) if absolutely necessary. The Medical Director advised that the related BAF risk (scored at 20) was rated as 'on-track' for both in-month and year-end, and he requested that Non-Executive Directors review the mitigating actions listed in the BAF entry and advise of any further assurance needed. Mr A Johnson Non-Executive Director considered that CMGs were too slow in preparing for quarter 3, and he urged a change in culture to view quarter 1 as an intensive preparatory phase rather than relaxing the momentum from the previous year.

NEDs

The Trust Chairman undertook to consider the most appropriate forum to discuss 2018-19 control total delivery and financial performance, noting the suggestion by Professor P Baker Non-Executive Director that this was an issue for the Trust Board rather than for a Trust Board thinking day. Mr A Johnson Non-Executive Director confirmed that FIC did significantly challenge the Chief Financial Officer on both the monthly financial position and the likelihood of year-end delivery. The Chief Financial Officer also confirmed that he would report accordingly if a position of likely year-end non-delivery was reached.

CHAIR
MAN

Resolved – that (A) the summary of issues discussed at the 30 November 2017 FIC be noted as per paper N (no recommended items) – Minutes to be submitted to the 4 January 2018 Trust Board;

(B) Non-Executive Directors review the mitigating actions listed for BAF risk 11 (financial plan) and advise the Chief Financial Officer of any further assurance required, and

NEDs

(C) the Trust Chairman consider the most appropriate forum to discuss 2018-19 control total delivery and financial performance further.

CHAIR
MAN

304/17 REPORTS FROM BOARD COMMITTEES

304/17/1 Audit Committee

Mr R Moore, Audit Committee Non-Executive Director Chair particularly noted the following issues from the 17 November 2017 Audit Committee minutes at paper O:-

- (a) Internal Audit's review of UHL's Cost Improvement Programme (medium risk) – it was noted that all actions were being appropriately pursued, and
- (b) the list of outstanding actions from Internal and/or External Audit reports – the Trust Board endorsed the proposed approach that the Lead Directors and Lead Officers for actions which were both more than 90 calendar days overdue and also rated as medium risk or above be automatically invited to attend the Audit Committee to explain the delay.

DCLA

Resolved – that (A) the 17 November 2017 Audit Committee minutes be received and noted (paper O – no recommendations), and

(B) the proposed approach at (b) above be endorsed.

DCLA

304/17/2 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 26 October 2017 QOC be received and noted (paper O1 – no recommendations).

304/17/3 People Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 26 October 2017 PPPC be received (paper O2), noting that any recommendations had been approved at the 2 November 2017 Trust Board.

304/17/4 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 26 October 2017 FIC be received and noted (paper O3), noting that any recommendations had been approved at the 2 November 2017 Trust Board.

305/17 TRUST BOARD BULLETIN – DECEMBER 2017

Resolved – the following papers be noted as circulated with the December 2017 Trust Board

Bulletin:-

- (1) **Guardian of Safe Working quarterly report – it was agreed that henceforth this should also feature as a substantive item on the PPPC agenda, and** DWOD
(2) **Minutes of the 21 September 2017 and 19 October 2017 LLR System Leadership Team.**

306/17 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

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

- (1) a query as to why the Bereavement Support Nurse did not make contact with the bereaved until 6-8 weeks after the death, and whether this was a statutory timescale. In response, the Medical Director advised that this timescale had been decided based on experience and feedback from families, and he clarified that the Medical Examiner made the first contact and provided information to the family about Bereavement Support Services, who then made contact themselves 6-8 weeks later. In response to a further query, the Medical Director confirmed that the Trust had worked with faith groups to ensure that contact was made at the appropriate time;
- (2) a comment welcoming the existence of a financial delivery plan and noting the need to act as soon as possible;
- (3) a comment welcoming the intention to include comparative ED performance in the Chief Executive's report from January 2018 onwards, and a query on general current trends. In response, the Chief Executive noted that data was published once validated, and he advised that although ED attendances had previously plateau'd they had now started to rise again. With regard to admission trends, he noted the need to take appropriate account of patient acuity as well as actual numbers, and
- (4) thanks expressed by Mr G Smith, Patient Partner, for the help and support offered to him by the Trust. He welcomed the improvements made in PPI and he hoped to see Leicester take a lead on co-production.

Resolved – that the comments/queries above be noted.

307/17 REVIEW OF WHETHER ALL APPROPRIATE PRIORITIES HAD BEEN COVERED AT THIS MEETING

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

Resolved – that the position be noted.

308/17 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 309/17 to 319/17), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

309/17 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Trust Chairman declared his interest in Minute 312/17/1 below and withdrew from the meeting for part of the discussion, at which point the meeting was Chaired by Mr R Moore, Non-Executive Director.

310/17 CONFIDENTIAL MINUTES

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

**CHAIR
MAN**

311/17 CONFIDENTIAL MATTERS ARISING REPORT

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

312/17 REPORT FROM THE CHIEF EXECUTIVE

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

313/17 REPORTS FROM THE CHIEF FINANCIAL OFFICER

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

314/17 REPORT FROM THE DIRECTOR OF ESTATES AND FACILITIES

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

315/17 REPORTS FROM BOARD COMMITTEES

315/17/1 Audit Committee

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.

315/17/2 Quality and Outcomes Committee (QOC)

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of data protection (personal data).

315/17/3 People Process and Performance Committee (PPPC)

Resolved – that (A) the confidential Minutes of the 26 October 2017 PPPC be noted as per paper V2 (any recommendations having been approved at the 2 November 2017 Trust Board), and

(B) the confidential summary of the 30 November 2017 PPPC be noted as per paper V3 (formal Minutes to be submitted to the 4 January 2018 Trust Board).

315/17/4 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.

316/17 CORPORATE TRUSTEE BUSINESS

316/17/1 Report from the Chief Financial Officer

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

317/17 CONFIDENTIAL TRUST BOARD BULLETIN

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

318/17 ANY OTHER BUSINESS

318/17/1 Armed Forces Network

Col. (Ret'd) I Crowe noted his attendance at a recent Armed Forces Network event, and proposed that UHL should join that Network. This was approved accordingly.

IC
NED

Resolved – that approval be given to UHL joining the Armed Forces Network, noting that Col (Ret'd) I Crowe Non-Executive Director would attend the quarterly meetings.

IC
NED

319/17 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 4 January 2018 from 9am in Rooms 2&3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 2.10pm

Helen Stokes – Corporate and Committee Services Manager

Cumulative Record of Attendance (2017-18 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	10	10	100	T Lynch	7	7	100
J Adler	10	10	100	R Mitchell	3	2	67
P Baker	10	10	100	R Moore	10	9	90
S Crawshaw	3	1	33	B Patel	10	10	100
I Crowe	10	10	100	J Smith	10	8	80
A Furlong	10	9	90	M Traynor	10	10	100
A Johnson	10	9	90	P Traynor	10	9	90

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
L Tibbert	10	10	100	E Rees	8	5	63
S Ward	10	10	100				
M Wightman	10	9	90				