

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 7 JUNE 2018 AT 9AM IN ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL**

**Voting Members present:**

Mr K Singh – Trust Chairman (Chair)  
Mr J Adler – Chief Executive  
Ms V Bailey – Non-Executive Director (excluding Minutes 160/18 – 166/18 inclusive)  
Professor P Baker – Non-Executive Director  
Col (Ret'd) I Crowe – Non-Executive Director  
Ms E Doyle – Interim Chief Operating Officer  
Mr A Johnson – Non-Executive Director  
Ms B Kotecha – Acting Joint Director of People and Organisational Development  
Ms E Meldrum – Acting Chief Nurse  
Mr R Moore – Non-Executive Director  
Mr B Patel – Non-Executive Director  
Mr M Traynor – Non-Executive Director  
Mr P Traynor – Chief Financial Officer

**In attendance:**

Mr C Benham – Director of Operational Finance (for Minute 164/18)  
Mr M Caple – Patient Partners Chair (for Minute 154/18)  
Dr J Grant – Consultant in Palliative Medicine (for Minute 151/18/1)  
Mrs H Harrison – Project Manager (for Minute 151/18/2)  
Mrs S Hotson – Director of Clinical Quality (for Minute 151/18/2)  
Mr J Jameson – Acting Medical Director (in the absence of Mr A Furlong, Medical Director)  
Mr K Mayes – PPI and Membership Manager (for Minute 154/18)  
Ms A Morrell – Senior Project Manager (for Minute 164/18)  
Ms C Ribbins – Deputy Chief Nurse (for Minute 151/18/1)  
Ms H Stokes – Corporate and Committee Services Manager  
Mrs N Topham – Reconfiguration Director (for Minute 164/18)  
Mr S Ward – Director of Corporate and Legal Affairs  
Mr M Wightman – Director of Strategy and Communications  
Dr R Wong – Consultant in Care for the Elderly (for Minute 153/18/2)

**ACTION**

**146/18 APOLOGIES AND WELCOME**

Apologies for absence were received from Mr A Furlong, Medical Director. The Chairman welcomed Mr J Jameson, Acting Medical Director to the meeting.

**147/18 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

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

**148/18 MINUTES**

**Resolved** – that the Minutes of the 3 and 25 May 2018 Trust Board meetings be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIRMAN**

**149/18 MATTERS ARISING FROM THE MINUTES**

Paper B detailed the status of previous matters arising and the expected timescales for resolution. In discussion, Mr M Traynor Non-Executive Director noted that a number of actions relating to the accounts had been reported to the 25 May 2018 extraordinary public Trust Board, which would be pursued by the Audit Committee.

**Resolved** – that any actions above be noted and progressed by the identified Lead Officer.

**LEADS**

**150/18 CHIEF EXECUTIVE'S MONTHLY REPORT – JUNE 2018**

## Trust Board Paper A

The Chief Executive's June 2018 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 C).

Taking the report as read, the Chief Executive specifically highlighted the following issues:-

- (a) the June 2018 Executive Quality Board's request for a specific report on access to TIA clinics, having been highlighted as an issue at that meeting;
- (b) a significant improvement in emergency care performance during May 2018, aided by a reduction in the acuity of incoming patients. The Chief Executive voiced his thanks to all staff for their work on improving emergency care performance. Ambulance handover delays had also very significantly reduced. Although welcoming these developments, the Chief Executive emphasised the need to further embed process improvements more consistently, with a specific focus now on overnight ED performance issues;
- (c) the transferral of the UHL SIRO role to the Trust's Chief Information Officer (from the Director of Corporate and Legal Affairs) as of 11 May 2018. The Chief Executive also confirmed that appropriate actions had been taken (as required) ahead of the introduction on 25 May 2018 of the General Data Protection Regulations (GDPR);
- (d) the key work now being undertaken at LLR-system level on frailty, which was covered in the STP update at Minute 153/18 below, and
- (e) his thanks to Ms E Doyle, Interim Chief Operating Officer, as this was her last UHL Trust Board meeting before moving to Kettering General Hospital. Ms R Brown would join UHL as Chief Operating Officer on 25 June 2018.

Ms V Bailey Non-Executive Director particularly welcomed the development of 'UHL Voice', the Trust's Black, Asian and Minority Ethnic (BAME) Staff Network, and noted her hope that this would improve BAME workforce indicators. The Chief Executive advised that the first meeting of the Trust's Equality and Diversity Board had taken place on 6 June 2018, with race as its initial (though not sole) priority issue. The Equality and Diversity Board wished to be fairly radical in its outlook, and would report regularly to the People, Process and Performance Committee. The Trust Chairman reiterated his wish for UHL to be an exemplar on equality and diversity, particularly given its workforce and the population it served.

**Resolved – that the June 2018 Chief Executive's monthly report be noted.**

### 151/18 KEY ISSUES FOR DISCUSSION/DECISION

#### 151/18/1 Patient Story and Update on End of Life Care Work

Paper D detailed the positive experience of a patient and their family in terms of end of life care. Throughout his time in hospital, the patient had been involved in – and kept informed of – decision-making about his care, taking account of his wishes in terms of end of life care. In the accompanying video, the patient's daughter emphasised how she and other family members had been supported on the ward, for example being given open visiting and being able to stay with him overnight the night before he died. The patient's daughter also particularly complimented the nursing staff.

Dr J Grant, Consultant in Palliative Care and End of Life Care Clinical Lead, then made a further presentation on end of life care at UHL, noting in particular:-

- (1) the proportion of deaths within Leicestershire which occurred in hospital, and the role of end of life care provision as a core service within acute hospitals more widely. Dr Grant noted the need to provide improved and individually-tailored end of life care to patients, and she emphasised the crucial importance of such conversations with patients at an appropriately-early point;
- (2) UHL's involvement – along with 7 other Trusts – in ELCHIP (the End of Life Care Hospital Improvement Programme) which would run until October 2018. As part of that programme, UHL was undertaking an informatics and case note review (focused on the LRI due to the parameters used and the focus on ED improvements). Dr Grant outlined that a significant majority of the deaths reviewed following emergency admission were in the frail elderly patient cohort, and she commented on the number of times such patients had been moved during a relatively short length of stay. Such patients had often had multiple hospital contacts in the 90 days prior to death, with missed opportunities to discuss their wishes in the event of end of life care and to

involve them in discussions about that care;

- (3) that in addition to those missed opportunities to involve patients in decisions about their care, the case note audit had found that planning for deterioration was not always documented, and that (although on the increase) individualised plans of care for end of life were not put in place consistently. As an example, the presentation set out 2 different end of life care scenarios for the same patient, one of which resulted in a death reflecting the patient's wishes as a result of clear communication, discussion and involvement, and
- (4) the key need for greater education and engagement on end of life care considerations. A draft end of life care strategy was appended to paper D, and end of life care issues were also woven into the Trust's 2018-19 Quality Commitment. A business case was in development for additional palliative care staff, and UHL would also be involved in the national audit on care at the end of life (NACEL). Both Dr Grant and the Deputy Chief Nurse reiterated the need to make end of life care 'everyone's business' and requested Trust Board support for this message.

The Trust Board welcomed this end of life care patient story and presentation, and emphasised that this was a key issue. In discussion, the Trust Board particularly noted:-

- (a) queries raised by Mr B Patel Non-Executive Director re: (i) the implications of the diverse population served by UHL, including (eg) balancing end of life care involvement of large families with the practical running of the ward, and (ii) the role of carers. It was agreed to address these points as part of a follow-up report to the Quality and Outcomes Committee (QOC); ACN
- (b) comments from the Chairman on the need to address privacy and dignity issues (in light of the number of moves found in the case note audit);
- (c) queries on how to ensure appropriate linkages to primary care, given that GPs might have care plans in place for (eg) frail elderly patients;
- (d) comments from Professor P Baker Non-Executive Director on the need for the draft strategy to include even more emphasis on training and education, and to cover medical trainees as early as possible;
- (e) comments from the QOC Non-Executive Director Chair (and end of life care Non-Executive Director lead) on the key role of IT (this point was echoed by the People, Process and Performance Committee Non-Executive Director Chair, who voiced continued concern at the lack of a national IT strategy);
- (f) the interlinked nature of this presentation with several other workstreams, including Learning from Deaths and frailty at the ED front door, both of which featured on this Trust Board agenda. Members noted the need to ensure that all elements were appropriately aligned;
- (g) surprise expressed that end of life care training was not mandatory, and a query on making it so;
- (h) a suggestion from Ms V Bailey Non-Executive Director to review instances where patients at the end of life had been successfully moved back into the community for more appropriate care, to identify how to make this happen more often. She also wondered if some of the figures in the presentation might be shared with clinicians to prompt consideration of end of life care issues, and ACN
- (i) a suggestion from Mr M Traynor Non-Executive Director to review what end of life care lessons might be learned from LOROS. ACN

**Resolved – that (A) the end of life care patient story and accompanying presentation be noted;**

**(B) a follow-up report re: end of life care be provided to a future QOC, taking appropriate account of the privacy and dignity impact of moving patients and also covering the points raised by Mr B Patel Non-Executive Director in bulletpoint (a) above;** ACN

**(C) the scope to learn end of life care good practice lessons from LOROS be reviewed, and** ACN

**(D) instances where patients at the end of life had been successfully moved back into the community for more appropriate care be reviewed, to identify how to make this happen more often.** ACN

151/18/2

Quality Account 2017-18 (and Statement of Directors' Responsibilities in respect of the Quality Account)

The Trust Board was invited to approve the 2017-18 Quality Account and Statement of Directors' Responsibilities in respect of the Quality Account at paper E. The 24 May 2018 QOC had reviewed

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the report at paper E and was recommending it for Trust Board approval, and the 25 May 2018 Audit Committee had also reviewed the document. The Quality Account now included stakeholder comments, and the QOC Non-Executive Director Chair considered the report to be a true and accurate reflection of the quality of healthcare service delivered by the Trust, recognising that there was scope for further improvement on some issues (eg level of the harm reductions). With regard to performance re: harms, the Director of Clinical Quality outlined the impact of the introduction of a new category of post-partum haemorrhage incidents, as requested by the Care Quality Commission.

**Resolved – that the UHL 2017-18 Quality Account (and the signature of the Statement of Directors' Responsibilities) be approved, for publication on the NHS Choices website as required.**

ACN

### 151/18/3 NHS Resolution Maternity Self Assessment (CNST Incentive Scheme)

Paper F sought Trust Board approval for UHL's self-assessments against the 10 actions in the NHS Resolution Clinical Negligence Scheme for Trusts incentive scheme (maternity services). The incentive scheme aimed to assess compliance against the 10 actions and award a reduction in premiums if Trusts could prove compliance. The Acting Chief Nurse advised that UHL was compliant on 9 of the 10 actions (2 of which would be compliant in June 2018: patient feedback mechanisms, and identification of a Board maternity champion). The remaining 1 action related to the requirement for '90% compliance with multidisciplinary attendance at skills drills training', and noted the specific training and capacity constraints in respect of maternity care assistants and Anaesthetists. A trajectory was in place to achieve compliance by May 2019 (appendix B of paper F).

A robust confirm and challenge session on the proposed return would be held with the Head of Midwifery ahead of the final 29 June 2018 submission date, with a full report to the July 2018 QOC re: that submission. The Acting Chief Nurse considered that references to removing students needed to be challenged.

ACN

In discussion, the Trust Board noted:-

- (a) a query from the FIC Non-Executive Director Chair on the level of investment required to achieve the CNST premium reduction. Confirmation of that was awaited from the Women's and Children's CMG, and the Acting Chief Nurse anticipated a need for additional midwifery trainers and backfill Anaesthetic training cover;
- (b) (in response to a query from the Audit Committee Non-Executive Director Chair) that the Trust would not be financially penalised in 2018-19;
- (c) Professor P Baker Non-Executive Director's particular support for the standard on including the whole team in training, and his view that the requirements as a whole would serve to raise standards generally;
- (d) QOC's support for the self-assessment, as reviewed at the 24 May 2018 QOC, and
- (e) the need to explicitly identify Ms V Bailey Non-Executive Director as the Board maternity champion in the return.

ACN

**Resolved – that (A) subject to identifying Ms V Bailey by name as the Non-Executive Director maternity Champion, the completed self-assessment template report be approved for submission to NHS Resolution by 29 June 2018, and**

ACN

**(B) a report be provided the July 2018 QOC regarding that 29 June 2018 submission.**

ACN

### 152/18 **RISK MANAGEMENT AND GOVERNANCE**

#### 152/18/1 Integrated Risk and Assurance Report

Paper G comprised the new format 2018-19 integrated risk and assurance report including the Board Assurance Framework (BAF), as at 30 April 2018. There were 191 risks recorded on UHL's organisational risk register, and paper G advised that 2 new organisational risks scoring 15 or above had been entered onto the risk register in April 2018. A thematic analysis of the organisational risk register showed the key risk causation themes as being staffing shortages, and the imbalance between capacity and demand. Managing financial pressures was also recognised on the risk register as a key enabler.

As previously reported, the new format BAF was split into 7 principal risks – for April 2018 the 3

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highest rated principal risks on the BAF related to financial sustainability, emergency care pathways, and staffing levels, each carrying a risk rating of 20. Each Audit Committee meeting would scrutinise the BAF as a whole (although this had not been possible at its May 2018 meeting due to discussions on the annual accounts), and its individual elements were also reviewed at the relevant Executive Board. Paper G also proposed a future 2018-19 Trust Board thinking day session on risk appetite/tolerance.

MD/  
DCLA

Although welcoming the less unwieldy format in paper G, the Audit Committee Non-Executive Director Chair queried whether it was feasible to try and distil the Quality Account issues into a single principal risk. Given the similar discussions at the June 2018 Executive Quality Board, the Chief Executive therefore now asked that the planned Trust Board thinking day session above also look at how best to ensure that the BAF entries were directly linked to relevant actions.

MD/  
DCLA

In further discussion, the Trust Chairman suggested inviting Patient Partners and CMG representatives to the July 2018 Trust Board thinking day session on the Francis Report 5 years on.

DCLA

**Resolved** – that (A) the proposed holding of a Trust Board thinking day in Q2 of 2018-19 on risk appetite and tolerance be approved, with that discussion also to cover how to ensure that the BAF entries were directly linked to relevant actions and outcomes, and

MD/  
DCLA

(B) consideration be given to inviting Patient Partners and CMG representatives to the July 2018 Trust Board thinking day re: Francis Report 5 years on.

DCLA

### 152/18/2 Progress Update on the Development of the Facilities Management LLP (FM LLP)

In a verbal update, the Chief Financial Officer advised that the 31 May 2018 project board had discussed the timetable for the October 2018 go-live – that project plan would be presented to the July 2018 public Trust Board. Good progress was being made, and the Chief Financial Officer confirmed that the Director of Estates and Facilities was closely involved in the project.

CFO

**Resolved** – that a detailed project plan and timetable for the FM LLP be presented to the July 2018 Trust Board.

CFO

### 153/18 **LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION**

#### 153/18/1 LLR STP and UHL Reconfiguration – Monthly Update

Paper H updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme. Further to Minute 123/18 of 3 May 2018, the Director of Strategy and Communications confirmed that the LLR System Leadership Team (SLT) had supported the proposed frailty programme and had identified UHL's Chief Executive and Head of Strategic Development as leads for that work. That frailty taskforce would shape the agenda for the other STP clinical workstreams and STP redesign projects. The Chief Executive advised that he was no longer chairing the A&E Delivery Board, to enable him to lead on the frailty programme. He also commented on the unified nature of the SLT in supporting that workstream.

With regard to UHL's reconfiguration programme, the July 2018 Trust Board would consider the Full Business Case for the ICU reconfiguration scheme. UHL remained confident that a robust pre-consultation business case (PCBC) could be delivered (thus enabling access to national capital), and paper H detailed the 16 July 2018 submission date for UHL's revised capital bid template for the next wave of funding. Col (Ret'd) I Crowe, Non-Executive Director welcomed the progress on the Emergency Floor phase 2 project which was on track to deliver excellent facilities under budget and on time – there were lessons to learn, however, and he supported the fact that UHL's Internal Auditors would be reviewing phase 2 as part of their 2018-19 work programme.

In response to a Non-Executive Director query, the Chief Executive advised that discussion continued re: the STP concept between the CCGs and Local Authorities.

**Resolved** – that the position be noted.

#### 153/18/2 Emergency Floor Phase 2 – Models of Care

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Dr R Wong, Consultant in Care for the Elderly, attended to present the Emergency Floor phase 2 models of care; although the new facilities would deliver significant patient care benefits, new ways of working were crucial to that improvement. Frail elderly patients accounted for approximately 75% of ED attendances and 80% of admissions from ED, and key elements of the new models of care included:-

- (i) an increased focus on 'frailty at the front door', with a dedicated multi-disciplinary Consultant Geriatrician-led team to provide in-reach to ED 7 days a week 8am-6pm;
- (ii) increased use of the emergency frailty unit (EFU);
- (iii) acute medicine in-reach into ED 9am – 5pm, concentrating on identifying patients for immediate discharge, transfer to GPAU or transfer to SSU;
- (iv) earlier senior input, aiming for all senior reviews to be completed by 11am-11.30am and within 14 hours – this would also benefit increased patient discharges and/or transfers, and
- (v) direct admission to SSU/wards for appropriate patients, thus reducing multiple handovers and decreasing demand for AMU beds.

Dr Wong recognised that the new models of care were dependent on a whole LLR system approach in terms of both inflow and outflow, and he also acknowledged the need to address both clinical and process variations internally, including tightening up SOPs to reduce process variation. The Chief Executive also clarified that the AFU would open slightly later (on 13 June 2018) than the rest of the Emergency Floor phase 2. The opening had gone extremely smoothly, and the Chief Executive recognised the very significant input by the Emergency and Specialist Medicine CMG to that.

In discussion on the Emergency Floor phase 2 models of care, Non-Executive Directors queried why a 24/7 service was not being considered for either the frailty at the front door or the acute medicine in-reach teams. Dr Wong clarified that acute medical in-reach out of hours was provided through the on-call duty, and he noted the resource constraints in terms of a 24/7 frailty in-reach multidisciplinary team. Although also noting further comments by the QOC Non-Executive Director Chair re: overnight ED performance challenges, the Chief Executive reiterated that staffing and financial constraints precluded expanding the model further, given the very significant investment already made in ED. The Acting Medical Director considered that greater benefit came from the additional weekend cover now in place, compared to the level of investment required for a 24/7 frailty in-reach team – in further discussion, the PPPC Non-Executive Director Chair requested information re: any cost-benefit analysis done on that 24/7 cover.

ICOO

The QOC Non-Executive Director Chair also sought assurance that the EF project team was appropriately sighted to the need for further work regarding the appearance/external signage/privacy and dignity aspects of the GPAU entrance.

CFO

Although welcoming the emphasis on increased senior input, Professor P Baker Non-Executive Director queried whether it might have any longer-term impact on middle-grade roles and responsibilities – eg a potential risk of de-skilling that group. Both the Acting Medical Director and Dr Wong suggested that increased Consultant involvement could offer greater training opportunities for middle grades. The Chairman emphasised that this was a key issue for the Trust, and requested that it be discussed further at a future Trust Board thinking day.

CHAIR  
MAN/MD/  
PBNE

**Resolved – that (A) the EF phase 2 project team review the need for further work regarding the appearance/external signage/privacy and dignity aspects of the GPAU entrance;**

ICOO

**(B) Non-Executive Directors be briefed on any cost-benefit assessment undertaken re: 24/7 frailty at the front door in-reach cover, and**

CFO

**(C) a future Trust Board thinking day consider the impact on middle grade roles and responsibilities of increased senior input.**

CHAIR  
MAN/MD/  
PBNE

### 154/18 PATIENT AND PUBLIC INVOLVEMENT (PPI) STRATEGY – 2017-18 QUARTER 4 UPDATE

Paper J updated the Trust Board on PPI activity since the previous quarterly update in March 2018, particularly noting the 4th "Community Conversations" event exploring the hospital experience of BME women, and success in recruiting to 5 Patient Partner vacancies (June 2018 start date). In the context of GDPR, the report also summarised the reasons and lawful basis on which UHL would continue to collect and process public membership data.

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Mr M Caple, Patient Partner Chair, outlined recent activity by Patient Partners and by the Joint Patient Reference Group (appendices 1 and 2 respectively of paper J). In respect of Patient Partners (whose role was currently being reviewed by the Trust's PPI and Membership Team), their key concerns were cancelled operations, staffing vacancies, future planning and communications to patients, Never Event numbers, and patient information leaflets. Mr Caple also commented on the forthcoming annual Trust Board thinking day with PPI partner groups (August 2018) and on the Patient Partners' good impressions of both the new ED and the step-down facility. The Joint Patient Reference Group – currently also chaired by Mr Caple – was particularly concerned by signage arrangements at the LRI, and by the information in patient letters about the location of UHL wards/ departments. The JPRG remained concerned that no single team had overall responsibility for signage, wayfinding, letters and maps.

In discussion, the Trust Chairman encouraged as many Trust Board colleagues as possible to attend the Community Conversation events, and he also commented on the need for consistent and meaningful involvement of Patient Partners by CMGs. Mr B Patel Non-Executive Director also emphasised the benefits of Executive Director level dialogue with the Patient Partners, and noted the need to demonstrate that the issues raised at the PPI Trust Board thinking day were subsequently taken forward. He also commented on the need to review the working of the Joint Patient Reference Group as the PPI partner group landscape changed.

DSC

**Resolved – that consideration be given to the most appropriate way to review the working of the Joint Patient Reference Group, in light of changes to partner organisations.**

DSC

### 155/18 QUALITY, PERFORMANCE AND FINANCE

#### 155/18/1 Learning from Deaths – 2017-18 Quarters 1-4

Paper K introduced by the Acting Medical Director:-

- (1) provided data on UHL's 2017-18 mortality rates – analysis using the HED clinical benchmarking tool indicated that UHL's January 2017 – December 2017 SHMI and (unpublished) HSMR stood at 94 and 96 respectively. All outlier alerts had now been addressed;
- (2) detailed how UHL had implemented the 'Learning from Deaths' requirements – including Medical Examiner screening of more than 3000 adult deaths. Although noting capacity constraints, the report set out the number of deaths subsequently referred for a structured judgement review (SJR), and advised that no new cases of 'death classification 1' (where problems in care had more likely than not contributed to the death) had been identified since the last quarterly report in March 2018. The timing of discussion and decision-making around DNACPR and patients approaching the end of life continued to be the main theme emerging from the learning from deaths process. The report also outlined how UHL was engaging with bereaved families and carers, and
- (3) outlined progress on the LLR Clinical Quality Audit, the draft report on which had been shared with the LLR Learning Lessons to Improve Care clinical taskforce.

The report had been considered in detail at the May 2018 QOC, and was also presented here for transparency. In discussion, Professor P Baker Non-Executive Director considered that UHL's broadly improving SHMI trend was the key indicator rather than specific numbers, and he queried how clearly the report showed that trend. Although recognising the nationally-prescribed template, he queried how far some of the data as shown was meaningful/useful, and suggested that there might be a way of both making the report more navigable and providing more assurance to the Trust Board. It was agreed that he would discuss this with the Acting Medical Director outside the meeting, with a view to then advising of any preliminary proposals. The Director of Corporate and Legal Affairs suggested it would be helpful to review how other Trusts presented mortality data.

PBNE/  
AMD

**Resolved – that Professor P Baker Non-Executive Director contact the Acting Medical Director to discuss potential options for presenting the report's data in a more easily-navigable and meaningful way – preliminary suggestions to be brought back for discussion accordingly.**

PBNE/  
AMD

#### 155/18/2 EMCHC – 6-month Update

Further to Minute 299/17/2 of 7 December 2017, paper L updated the Trust Board on the progress

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made over the last 6 months on meeting national standards in respect of congenital heart disease (CHD). As per paper L, the East Midlands Congenital Heart Centre (EMCHC) had delivered the surgical activity levels required in 2017-18, and the Chief Executive welcomed this significant achievement. UHL remained committed to achieving full compliance with the CHD standards – key issues going forward now related to infrastructure requirements (staff, facilities) and demand; network development was a crucial part of that second element and it was noted that Ms A Poole had been seconded to the role of Network Manager until December 2018.

**Resolved – that the 6-month update on EMCHC be noted.**

### 155/18/3 Quality and Outcomes Committee (QOC)

Paper M summarised the issues discussed at the 24 May 2018 QOC, noting that the recommended items on the Quality Account 2017-18 and the NHS Resolution Maternity self-assessments were covered at Minutes 151/18/2 and 151/18/3 above. The third item flagged by QOC related to the Learning from Deaths update, covered in Minute 155/18/1 above.

**Resolved – that the summary of issues discussed at the 24 May 2018 QOC be noted as per paper M (2 recommended items as per Minutes 151/18/2 and 151/18/3 above) – Minutes to be submitted to the 5 July 2018 Trust Board.**

### 155/18/4 People Process and Performance Committee (PPPC)

Paper N summarised the issues considered at the 24 May 2018 PPPC, particularly noting UHL's improved ED performance, and the Committee's discussions on 2018-19 IT priorities. With regard to the latter, PPPC had voiced concern over the scale and pace of UHL's capital IT programme; it was recognised, however, that the investment needed was beyond Trust resources, and the PPPC Chair noted his view that UHL's non-delivery of financial targets was adversely affecting its ability to attract funding. Non-Executive Directors reiterated their previously-expressed concerns over IT issues, and noted the need for remedial actions to take place. In discussion on this issue, the Chief Executive agreed to consider how best to press (and progress) UHL's case for central IT investment, recognising the need for further action on this issue. The Chairman queried whether a Trust Board thinking day might be useful to look at how best to brief the Trust Board on external IT developments and implications.

CE

**Resolved – that (A) that the summary of issues discussed at the 24 May 2018 PPPC be noted as per paper N (no recommended items) – Minutes to be submitted to the 5 July 2018 Trust Board, and**

**(B) consideration be given (by the Chief Executive and Executive colleagues) as to how best to press (and progress) UHL's case for central IT investment.**

CE

### 155/18/5 Finance and Investment Committee (FIC) and 2018-19 Financial Performance (April 2018)

Paper O summarised the issues discussed at the 24 May 2018 FIC, including the Trust's financial position and progress on the 2017-18 Cost Improvement Programme (see paper O1 below). The FIC Non-Executive Director Chair noted a very constructive discussion on the 2018-19 performance improvement programme (PIP – formerly the cost improvement programme CIP), including a suggestion that this be shown on a 12-month rolling basis. He also particularly commented on the Lean apprenticeship programme and his support for further engagement work with the University of Leicester Lean lead (Ms Z Radnor), and noted his attendance at the recent UHL Way "Pass it On" event showing the organisational appetite for bottom-up generated change.

Paper O1 presented the Trust's 2018-19 month 1 financial position, which had been discussed in detail at the May 2018 Finance and Investment Committee meeting. UHL had achieved a year to date deficit of £9.8m, which was in line with plan – the Chief Financial Officer advised that there was a deliberate weighting of a significant part of the overall 2018-19 deficit in month 1; reasons for this included the reduced number of working days in April 2018 due to Easter, and reflection of the likely (albeit less than ideal) month 1 'lull' in the performance improvement programme. The 2018-19 landsale was conservatively included in month 12.

The performance improvement programme remained a risk for 2018-19; of the £51m total £6m was still unidentified at this point. A detailed PIP plan had been provided to the May 2018 FIC. In



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response to a query from Professor P Baker Non-Executive Director, the Chief Financial Officer confirmed that all of the remaining identified £45m PIP was for 2018-19 delivery.

**Resolved** – that (A) the summary of issues discussed at the 24 May 2018 FIC be noted as per paper O (no recommendations) – Minutes to be submitted to the 5 July 2018 Trust Board, and

(B) the month 1 financial position be noted.

### 156/18 REPORTS FROM BOARD COMMITTEES

#### 156/18/1 Quality and Outcomes Committee (QOC)

**Resolved** – that the Minutes of the 26 April 2018 QOC be received and noted as per paper P1 (no recommended items).

#### 156/18/2 People Process and Performance Committee (PPPC)

**Resolved** – that the Minutes of the 26 April 2018 PPPC be received and noted as per paper P2 (no recommended items).

#### 156/18/3 Finance and Investment Committee (FIC)

**Resolved** – that the Minutes of the 26 April 2018 FIC be received and noted as per paper P3 (recommended item previously actioned).

### 157/18 TRUST BOARD BULLETIN – JUNE 2018

**Resolved** – the following papers be noted as circulated with the June 2018 Trust Board Bulletin:-

(1) public minutes of the 19 April 2018 System Leadership Team meeting.

### 158/18 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 whether the Trust's Chaplaincy service should perhaps be provided on a voluntary basis rather than as a paid role. The Chairman recognised the continued need to evaluate the impact of the services provided by the Trust, and he commented on the forward-looking nature of UHL's Chaplaincy service eg through its inclusion of a secular chaplain. The Acting Chief Nurse advised that providing spiritual care for patients was a very significant part of the Chaplaincy service's role, and she noted the impact felt by both patients and their families. It was noted that UHL's Chaplaincy service was now united with that of Leicestershire Partnership Trust. The Chairman agreed to provide a copy of the Chaplaincy Annual Report to the questioner, for information, and
- (2) a comment (supported by the Trust Board) on the need for UHL to offer support to those of its staff who might also be carers. It was noted that the UHL Health and Wellbeing Team was running "Carers' Month" in June 2018.

**CHAIR  
MAN**

**Resolved** – that the comments/queries above be noted, and any actions be taken forward by the identified Lead Officer.

**LEADS**

### 159/18 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 160/18 to 168/18), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

### 160/18 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director, Mr M Traynor Non-Executive Director, and Mr P Traynor Chief Financial Officer declared their interests in Minute 164/18 below. It was agreed that they would not

be required to absent themselves from the discussion on that item.

**161/18 CONFIDENTIAL MINUTES**

**Resolved** – that the confidential Minutes of the 3 May 2018 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR  
MAN**

**162/18 CONFIDENTIAL MATTERS ARISING REPORT**

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

**163/18 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 would be prejudicial to the effective conduct of public affairs.

**164/18 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.

**165/18 REPORTS FROM BOARD COMMITTEES**

**165/18/1 Quality and Outcomes Committee (QOC)**

**Resolved** – that the 24 May 2018 QOC confidential summary be noted as per paper V1 (formal Minutes to be submitted to the 5 July 2018 Trust Board).

**165/18/2 People Process and Performance Committee (PPPC)**

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

**165/18/3 Finance and Investment Committee (FIC)**

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

**165/18/4 Remuneration Committee**

**Resolved** – that the 3 May 2018 Remuneration Committee confidential Minutes be noted as per paper V6 and any recommendations endorsed accordingly.

**166/18 CONFIDENTIAL TRUST BOARD BULLETIN**

**Resolved** – that any papers circulated for the June 2018 confidential Trust Board Bulletin be received and noted.

**167/18 ANY OTHER BUSINESS**

There were no items of any other business.

**168/18 DATE OF NEXT TRUST BOARD MEETING**

**Resolved** – that (1) the next scheduled Trust Board meeting be held on Thursday 5 July 2018 from 9am in the Morley Lounge, Devonshire Place, 78 London Road, Leicester LE2 0RA, and

(2) the Trust's Annual Public Meeting take place from 1.30pm – 2.30pm on Thursday 5 July 2018 also to be held at Devonshire Place, 78 London Road, Leicester LE2 0RA.

## Trust Board Paper A

### Cumulative Record of Attendance (2018-19 to date):

#### Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	4	2	50				
J Adler	4	4	100	E Meldrum	3	3	100
V Bailey	4	3	75	R Moore	4	4	100
P Baker	4	3	75	B Patel	4	4	100
I Crowe	4	4	100	J Smith	1	1	100
E Doyle	4	4	100	M Traynor	4	4	100
A Furlong	4	2	50	P Traynor	4	4	100
A Johnson	4	4	100				

#### Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
B Kotecha/J Tyler-Fantom	3	3	100	S Ward	4	4	100
L Tibbert	1	1	100	M Wightman	4	4	100