

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 5 OCTOBER 2017 AT 9AM IN ROOMS A & B, EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL

Voting Members present:

Mr K Singh – Chairman (excluding part of Minute 260/17)
Mr M Traynor – Non-Executive Director (Acting Chairman for part of Minute 260/17)
Mr J Adler – Chief Executive
Professor P Baker – Non-Executive Director
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Johnson – Non-Executive Director
Mr T Lynch – Interim Chief Operating Officer
Mr R Moore – Non-Executive Director
Mr B Patel – Non-Executive Director
Ms J Smith – Chief Nurse
Mr P Traynor – Chief Financial Officer

In attendance:

Ms S Baines – Senior Learning and OD Manager (for Minute 249/1)
Mr C Benham – Director of Operational Finance (for Minutes 262/17/1 and 262/17/2)
Professor N Brunskill – Director of Research & Innovation (for Minute 252/17/2)
Professor S Carr – Director of Medical Education (for Minute 252/17/3)
Ms K Fairbrother – Deputy Chief Operating Officer EMCRN (for Minute 252/17/1)
Mr J Jameson – Acting Medical Director
Ms T Jones – Deputy Director of Communications and Engagement
Mr D Kerr – Director of Estates and Facilities (for Minute 262/17/1)
Dr J Minhas – SpR in Geriatrics and General Medicine (for Minute 249/17/1)
Mr E Rees – LLR Healthwatch representative (up to and including Minute 258/17)
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

ACTION

243/17 APOLOGIES AND WELCOME

Apologies for absence were received from Mr A Furlong Medical Director and Mr M Wightman Director of Strategy and Communications. The Chairman welcomed Mr J Jameson Acting Medical Director and Ms T Jones Deputy Director of Communications and Engagement to the meeting, in addition to colleagues from the Care Quality Commission (CQC) who were observing the meeting.

244/17 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Trust Chairman declared a familial employment interest in Lakeside Health, noting that it was part of the Lakeside Plus organisation holding the ED front door contract. If members wished to discuss ED front door arrangements in any further detail, the Chairman would withdraw from the discussion. In the event, this did not prove necessary.

245/17 MINUTES

Resolved – that subject to reference to Lakeside Health rather than Lakeside House in Minute 216/17, the Minutes of the 7 September 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIRMAN

246/17 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for resolution. The Finance and Investment Committee Non-Executive Director Chair suggested progressing the site tour referred to in action 1 (Minute 218/17 of 7 September 2017) as soon as possible, and the Chief Financial Officer noted the need to link appropriately with Estates and Reconfiguration colleagues. With regard to action 4b (Minute 221/17/1 of 7 September 2017, the Director of Corporate and Legal Affairs confirmed that a letter had been sent to the family of the patient involved in the Trust Board patient story.

CCSM

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

**NAMED
LEADS**

247/17 CHAIRMAN’S MONTHLY REPORT – OCTOBER 2017

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

- (a) the continuing performance challenges within the Trust’s Emergency Department, and the priority being given to this issue by the Trust Board;
- (b) his decision to defer further consideration of the Accountable Care System proposals, given the need for a concerted programme of engagement with local groups and communities, and the fact that no formal decisions were required at this stage. In discussion, Mr M Traynor Non-Executive Director noted that he was attending the HFMA Conference in Manchester on 10 October 2017, and would provide feedback from that event to Executive Directors accordingly;
- (c) his recent attendance at a number of recent UHL annual events including the Caring At Its Best Awards evening, the 2017 Annual Public Meeting, and the Leadership Conference, all of which had been very well attended, and
- (d) progress in advertising for the current UHL Non-Executive Director vacancy, noting that a clinical background was sought. The closing date for applications was the beginning of November 2017, and the Chairman commented on his wish to address current gender balance issues. As previously reported, an Associate Non-Executive Director role was also being pursued.

MT NED

Resolved – that Mr M Traynor Non-Executive Director feedback to the Chief Executive and Executive Directors re: his attendance at the HFMA event in Manchester.

MT NED

248/17 CHIEF EXECUTIVE’S MONTHLY REPORT – OCTOBER 2017

The Chief Executive’s October 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).

ALL

In introducing his October 2017 monthly report, the Chief Executive clarified that the MRSA case referred to in paragraph 2.5 should be classed as ‘avoidable’ (rather than ‘unavoidable’ as currently stated), which was disappointing. He also advised caution in respect of the statutory and mandatory training compliance figures within the dashboard, due to challenges in transitioning to the new HELM system – an update on work to resolve this had been provided to the October 2017 Executive Quality Board meeting. The Chief Executive also noted in particular:-

(1) October 2017 Executive Quality Board discussions re: fire safety, noting the use of a “positive assurance” approach to risk assessments to ensure that action plans were appropriately progressed. The Trust was aiming for a 100% return rate by November 2017, and the Chief Executive complimented the Estates team on the works carried out in response to the risk assessments to date, and

(2) that as the People Process and Performance Committee (PPPC) would now be reviewing emergency care performance in detail on a monthly basis, there was no separate report on the Trust Board agenda. However, in response to a national letter from the Care Quality Commission UHL had undertaken a self-assessment of the safety and quality of its emergency care, and this was attached as an addendum to paper D. That self-assessment highlighted two particular areas already known to require further work: specialty referrals, and escalation, and the addendum to paper D outlined the measures in place accordingly. It was also proposed that a quarterly report on ED safety and quality be provided to the Quality Outcomes Committee – in discussion, it was agreed that during winter this should instead be a monthly report.

MD/CN

In further discussion on the Trust’s self-assessment of emergency care safety and quality, the Trust Board noted:-

- (a) (in response to a query from Mr M Traynor Non-Executive Director) the processes in place to monitor ambulance handover performance, including a daily report from East Midlands Ambulance Service (EMAS). The Chief Executive welcomed recent complimentary

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comments from EMAS to the Health Oversight and Scrutiny Committee about the improvements to ambulance handovers at UHL;

- (b) comments from Col (Ret'd) I Crowe Non-Executive Director on the need to drive team working and collective rota'ing, to help improve escalation processes. Although this was being discussed through one of the new daily 'scrum' meetings, the Chief Executive noted that escalation in this context also related to actions by the rest of the hospital and he outlined the Trust's plans to quicken the ED review and bed-finding processes in line with recommendations from Luton and Dunstable NHS FT;
- (c) a query from Mr B Patel Non-Executive Director as to whether primary care partners had also received the national CQC letter, and the actions being taken in primary care to reduce ED attendances. He also queried whether community discharge packages were available in a timely manner. In response, the Chief Executive confirmed that the LLR A&E Delivery Board had reviewed appropriate system-wide aspects, and he advised that – despite some recognised hotspots – the LLR delayed transfers of care rate compared well to the national position. He also noted that there had been a recent plateau-ing of ED attendances. In response to a related query from Mr R Moore Non-Executive Director, the Chief Executive considered that the 111 clinical navigation system was working well in LLR, although further work was still needed on the urgent care offering outside ED. Mr A Johnson Non-Executive Director advised that he had recently raised concerns re: out of hours and frail elderly care issues with Eastern Leicestershire and Rutland CCG, and
- (d) agreement from the Chief Executive that UHL seek a view from the CQC on the Trust's self-assessment – this would be obtained through the Chief Nurse's regular monthly meetings with local CQC colleagues.

CN

In respect of other issues within the Chief Executive's October 2017 report, the Chairman sought Trust Board views on the key risk themes identified on the BAF (workforce; IT systems; finance; demand and capacity imbalance). Non-Executive Directors agreed with these 4 broad themes, although suggesting a need to be more specific re: workforce, given its wide scope.

Resolved – that (A) a regular report be presented to the Quality and Outcomes Committee on ED quality and safety (monthly through winter and then quarterly thereafter), and

MD/CN

(B) a view be sought from the CQC on the Trust's self-assessment re: ED safety and the identified focus areas.

CN

249/17 KEY ISSUES FOR DECISION/DISCUSSION

249/17/1 Staff Story

Paper E and accompanying video presentation outlined the UHL experience of Dr J Minhas, SpR in Geriatrics and General Medicine and former Acting Chair of the Doctors in Training Committee. Dr Minhas and Ms S Baines Senior Learning and OD Manager were both in attendance for this item. This positive staff story outlined how – despite his busy clinical commitments – Dr Minhas had felt enabled to develop a strong research interest alongside experience in leadership, management and clinical education. Dr Minhas had been drawn to Leicester for a number of reasons, including the availability of a highly-regarded Academic Educator role at UHL.

Following the video presentation, the Chairman requested that the People, Process and Performance Committee consider how best to monitor leadership development/ talent nurturing within UHL. In further discussion on the staff story, the Trust Board:-

PPPC
CHAIR

- (a) noted comments from Professor P Baker Non-Executive Director welcoming UHL's focus on clinical academic pathways. The Chief Nurse noted her wish to explore similar options for nursing and midwifery, and Professor Baker commented that Professor C Whitty NIHR was visiting the University of Leicester later in October 2017 and was a strong advocate of combined clinical and academic opportunities ;
- (b) invited Dr Minhas' views on core general medicine training within the Trust, in light of some negative comments within the GMC trainee survey. Although recognising East Midlands-wide challenges in terms of core medical training, Dr Minhas noted UHL's positive step in introducing a 'clinic week' as part of each 4-week block. The very significant demands on medical and surgical trainees remained challenging however. The Chairman proposed that the issue of how to enhance the attractiveness of UHL's core medical training provision be discussed further at the (December 2017) Trust Board thinking day re: education/training/

MD/
DWOD

- research, and
 (c) noted Dr Minhas' view that the social activities available to UHL staff through the Trust's Health and Wellbeing Strategy were very beneficial;

Resolved – that (A) the People, Process and Performance Committee consider how best to monitor leadership development/ talent nurturing within UHL, and

PPPC
CHAIR

(B) the issue of how to enhance the attractiveness of UHL's core medical training provision be included in the Trust Board thinking day re: education/training/research.

MD/
DWOD

249/17/2 East Midlands Congenital Heart Centre (EMCHC) – UHL Response to the NHS England Consultation Document

Paper F updated the Trust Board on the campaign to retain the EMCHC at UHL, noting NHS England's revised decision date of 30 November 2017. Work continued to increase surgical productivity, including accelerating the move to the LRI site. In terms of the previously-reported supporting information sought by NHS England by 14 September 2017, all core network partners had been able to confirm their agreement with the EMCHC growth plan assumptions despite that short timescale (the very small number of other outstanding responses would now be pursued). Professor P Baker Non-Executive Director voiced concern over the potential service destabilisation effect of the further delay in a decision, and the Chief Executive noted that he had previously written to Sir Simon Stevens on this issue. Although it was perhaps inevitable that staff might consider looking elsewhere, the Chief Executive advised that EMCHC nonetheless remained attractive to new staff, as evidenced by the recent appointment of 2 new Interventional Cardiology Consultants.

Resolved – that the position be noted.

250/17 **RISK MANAGEMENT AND GOVERNANCE**

250/17/1 Integrated Risk Report

Paper G comprised the 2017-18 integrated risk report including the new format Board Assurance Framework (BAF), as at 31 August 2017. The report also summarised any new organisational risks scoring 15 or above in August 2017 (2 new and 1 increased from moderate) – and as in July 2017 a thematic review of risks scoring 15 or above on the risk register indicated workforce capacity and capability as the principal causal factor.

A recent review of practice had identified a number of potential improvements to UHL's internal BAF usage, including (eg) clearer links to the Trust's strategic objectives, clarity on the assurance ratings and simplifying the tracker. A revised version of the BAF was now in development accordingly.

At the Chairman's request, the Interim Chief Operating Officer and the Chief Financial Officer outlined the reasons for the increased risk for priorities 1.4 and 5.6 (respectively: organisation of care [managing demand and capacity] and delivery of the CIP and financial plans for longterm clinical and financial sustainability). The increases broadly reflected known winter pressures and the financial position as at the mid-year point.

The Audit Committee Non-Executive Director Chair outlined that Committee's September 2017 discussion on the BAF, noting concerns that it presented an overly-positive assessment and querying how clearly it articulated the key risks – these views had been fed back to the risk team and Executive Directors.

In further discussion, the Trust Board noted:-

(a) concerns voiced by Mr A Johnson Non-Executive Director that the majority of the risk scores were in the mid-range. He queried whether this reflected the severity of certain risks, particularly re: priorities 1.4 and 5.6 as discussed above;

(b) concerns voiced by Mr A Johnson Non-Executive Director regarding new organisational risk 2673 (national genetics reconfiguration), particularly the potential risk to Pathology. The Chief Financial Officer agreed to seek a view from Dr A McGregor on this issue and advise Mr A Johnson Non-Executive Director accordingly. It was also agreed to report further on this risk to a future QOC;

CFO

MD

Trust Board Paper A

(c) concerns voiced by Col (Ret'd) I Crowe Non-Executive Director regarding new organisational risk 3079 (insufficient Medical Examiner capacity) – in response, the Acting Medical Director advised that UHL was in fact ahead of the national position;

(d) the Chairman's comments on the need for the risk themes to be reflected in Committee reports (and in the Committee Chairs' reports to the Trust Board), to provide appropriate assurance to the Trust Board, and

(e) a request from Mr R Moore, Non-Executive Director that amber BAF items be appropriately reflected in the Trust Board agenda.

DCLA

Resolved – that (A) a view on organisational risk 2673 (re: national genetics reconfiguration, including any potential impact on pathology) be sought from Dr A McGregor, Clinical Director Empath, and communicated to Mr A Johnson Non-Executive Director accordingly.

CFO

(B) organisational risk 2673 be considered further by QOC, and

MD

(C) consideration be given to how best to reflect amber BAF items when setting the Trust Board agenda.

DCLA

250/17/2

UHL Governance Framework

Further to Minute 222/17/3 of 7 September 2017, paper H comprised an updated UHL governance framework reflecting the recent changes to strengthen the Trust Board's focus on workforce issues, ensuring accountability, and achieving good clinical outcomes. Following discussion, the governance framework was approved subject to the following amendments:-

DCLA

- (1) additional assurance sources being included in table 2;
- (2) appropriate reference to the finance performance management and accountability framework as approved at the October 2017 EQB;
- (3) clarification of the fact that the lead Executive Director for the monthly performance management meetings with CMGs would vary depending on the issue being covered;
- (4) reflection of the new strategy/reconfiguration responsibilities of the Chief Financial Officer and the Director of Strategy and Communications, and
- (5) updating the Committee structure at appendix 3 to indicate the EPB reporting line to the People, Process and Performance Committee.

Mr B Patel Non-Executive Director noted a need to update staff on the new Committee and Executive portfolio arrangements. Raising the profile of the Non-Executive Directors would also be reviewed.

DSC

Resolved – that (A) the revised UHL governance framework be approved subject to the amendments at (1) – (5) above, and

DCLA

(B) consideration be given to how best to update staff on the new management/committee structure and raise the profile of Non-Executive Directors.

DSC

251/17

LLR STP AND UHL RECONFIGURATION PROGRAMME UPDATE

Paper I updated the Trust Board on the LLR Sustainability and Transformation Partnership (STP) and on UHL's own reconfiguration programme, noting the extended 2022-23 timeline for the latter (as reported in September 2017). Following the £30.8m national capital allocation, significant work was now underway on UHL's reconfiguration programme including the development of the Outline Business Case for those works, which would be submitted to the Finance and Investment Committee en route to the Trust Board. The Trust hoped to hear the outcome of its £397.5m national capital bid in Autumn 2017 – if successful, there would likely be a need to strengthen the Trust's reconfiguration resource (both the corporate team and CMG resources). The Chief Financial Officer also advised the Trust Board that phase 2 of the Emergency Floor capital scheme continued to be on plan and on budget, noting the acceleration of the GPAU build element as previously reported. In response to a query from the Audit Committee Non-Executive Director Chair, the Chief Financial Officer confirmed that the reconfiguration programme risk register had been updated following the Internal Audit report on the Emergency Floor phase 1 – he also noted that many of the actions from that report had already been actioned.

CFO

Trust Board Paper A

In respect of the LLR STP, the report noted the need for work to engage staff, stakeholders and Local Authority partners on the Accountable Care System proposals. Mr B Patel Non-Executive Director reiterated the extent to which the local community felt disenfranchised on this issue and he queried what measures were being put in place to address this. The Trust Board agreed a need for real engagement on this issue, and agreed to seek a view on the next steps from the Senior Responsible Officer accordingly.

CE

Resolved – that (A) Mr T Sanders, Senior Responsible Officer for the LLR STP be asked to clarify the ‘next steps’ re: the Accountable Care System proposals, and

CE

(B) the OBC for the £30.8m capital reconfiguration project be submitted to the FIC (en route to Trust Board for approval).

CFO

252/17 RESEARCH, EDUCATION AND TRAINING

252/17/1 East Midlands Clinical Research Network (EMCRN) 2017-18 Quarter 2 Update

Ms K Fairbrother, Deputy Chief Operating Officer EMCRN, attended to present the 2017-18 quarter 2 update on EMCRN performance to the UHL Trust Board as network host (paper J). The report – which had also been considered by the September 2017 Executive Performance Board – showed a very positive start to 2017-18, including significantly improved performance on recruitment rates (currently at 103% of the year-to-date target). EMCRN was also in first position amongst the 15 national networks based on weighted patient recruitment activity and the EMCRN Deputy Chief Operating Officer noted the links between that indicator and future funding.

Noting the network hosting renewal date and the need to understand the pros and cons of hosting, the Chairman requested that the next quarterly EMCRN update also include the following information:-

MD

- (1) the advantages to UHL of hosting the EMCRN;
- (2) EMCRN costs/financial impact on UHL (including whether UHL was a net beneficiary);
- (3) comparative regional performance statistics, and
- (4) an impact analysis of the research projects supported by EMCRN.

In response to further questions from the Chairman, the EMCRN Deputy Chief Operating Officer:-

- (a) clarified that 80% of the EMCRN £20m budget was split between the partner organisations, with 20% held centrally. Of that centrally-held amount, approximately 15% was for administration costs including the host fee, and
- (b) noted that staffing considerations would likely be the most pressing risk facing EMCRN.

The Chairman also requested that EMCRN issues be discussed at the December 2017 Trust Board thinking day on education/research/training.

MD

Resolved – that (A) the next quarterly EMCRN update to the Trust Board also cover the points at (1) – (4) above, and

MD

(B) EMCRN issues be included in the December 2017 Trust Board thinking day on education/research/training.

MD

252/17/2 Research and Innovation 2017-18 Quarter 2 Update

Professor N Brunskill Director of Research & Innovation attended to present the 2017-18 quarter 2 update on UHL research and innovation activity. Paper K advised that the Trust continued to perform well in delivering high quality research as judged by the National Institute for Health Research (NIHR). UHL remained the highest East Midlands Trust performer in terms of local recruitment, and an update on the action plan would be appended to the next quarterly report. Paper K also highlighted a number of very positive current and planned LRI research and innovation developments, including the June 2017 opening of the new Children’s Research Space and the Research Space Pharma Launch planned for November 2017. The 100,000 Genomes Project was also still being delivered to target, although no results had yet been returned from Genomics England due to the very large quantity of data involved. This was a national issue, and the Chairman requested that it be included in the December 2017 Trust Board thinking day on education/research/

MD

MD

Trust Board Paper A

Training.

In response to a query from Mr M Traynor Non-Executive Director, it was advised that a Glenfield Hospital location for the Hope Unit had still not been identified, dependent as it was on reconfiguration plans. The Chief Financial Officer agreed to seek an update on this issue from the Director of Estates and Facilities, and the Chief Executive noted that an immediate priority now was to secure space at the LRI.

CFO

Resolved – that (A) the study recruitment action plan (and resulting progress) be appended to the next quarterly update;

MD

(B) progress on obtaining the results of the 100,000 Genomes project from Genomics England be discussed at the education/research/training Trust Board thinking day, and

MD

(C) an update on identifying space at the Glenfield Hospital for the Hope Unit be sought from the Director of Estates and Facilities.

CFO

252/17/3

Multi-professional Education and Training 2017-18 Quarter 2 Update

Professor S Carr Director of Medical Education attended to present the 2017-18 quarter 2 update on multi-professional education and training (paper L). The report set out key results from the recent GMC post- and undergraduate medical student surveys (full results available on request), noting further work to do despite improvements from the previous year. Col (Ret'd) I Crowe Non-Executive Director noted his concern at some of the poor results, however, and Professor P Baker Non-Executive Director noted his view that the small level of improvement was not statistically relevant.

ALL

The Director of Medical Education also highlighted the crucial need to progress the education facilities strategy – this was echoed by Professor P Baker Non-Executive Director, who noted its recent discussion by the UHL-UoL Strategic Partnership Committee. The Trust Board agreed to write formally to the Director of Medical Education, reiterating its wish to see progress on this issue.

**CHAIR
MAN**

In respect of non-medical education and training, the Chief Nurse welcomed the formal validation of the Leicestershire Nursing Associate programme as a Foundation Degree in Science. The programme was developed and delivered by UHL in partnership with De Montfort University, and constituted a unique, practice-led programme delivering an autonomous practitioner.

In discussion on the report's itemised issues seeking Trust Board support, the Chairman highlighted the need to improve accountability for medical education funding at CMG level. Although supportive, the Chief Executive and the Chief Financial Officer noted the need to progress this in an appropriately-phased way so as to avoid any destabilisation of budgets. In further discussion, it was also agreed to invite the Director of Medical Education to attend the December 2017 Trust Board thinking day on education/research/training.

MD/CFO

MD

Resolved – that (A) any Trust Board member desiring to see the full GMC trainee or National Student Survey results contact Professor S Carr Director of Medical Education;

ALL

(B) a letter of support be sent to the Director of Medical Education, formally noting the Trust Board's wish to see progress on the multi-professional education facilities strategy;

**CHAIR
MAN**

(C) the improvement of accountability for medical education funding at CMG level be supported, noting the need for an appropriately-paced approach, and

MD/CFO

(D) the Director of Medical Education be invited to attend the Trust Board thinking day on education/research/training.

MD

253/17

QUALITY AND PERFORMANCE

253/17/1

Quality and Outcomes Committee (QOC)

Paper M summarised the issues discussed at the inaugural 28 September 2017 QOC, particularly noting the following items recommended for Trust Board approval:- (i) aseptic unit capacity plan and External Audit results; (ii) QOC terms of reference [attached for approval]; (iii) approval of the new Network Referral Policies (62-day breach thematic findings and 104-day cancer patient harm

MD/CN

Trust Board Paper A

reviews); and (iv) approval of a new model of supervision for midwives (Professional Midwifery Advocates). In addition, the QOC Non-Executive Director Chair advised that QOC would be asking the November 2017 People, Process and Performance Committee to review EMRAD performance, noting the impact on quality, operational performance, and (potentially) financial elements. The Chief Executive advised that the Trust had issued a global communication to all UHL staff on 4 October 2017 in light of EMRAD issues, and he confirmed the action being taken by GE to address the challenges.

CE
(CIO)

The QOC Non-Executive Director Chair also voiced disappointment at the initial report into a Never Event – in discussion the Chief Executive noted that the introduction of the ‘Stop the Line’ campaign within UHL to address such issues would be a headline in his October 2017 staff briefings..

Resolved – that (A) the summary of issues discussed at the 28 September 2017 QOC be noted as per paper M, and any recommended items be endorsed accordingly at items (i) – (iv) above (Minutes to be submitted to the 2 November 2017 Trust Board) and taken forward by the relevant lead officer, and

MD/CN

(B) an update on EMRAD be provided to the November 2017 People, Process and Performance Committee (PPPC).

CE

253/17/2 People Process and Performance Committee (PPPC)

Paper N summarised the issues discussed at the inaugural 28 September 2017 PPPC. The Committee’s terms of reference and membership were attached to the report for Trust Board approval – these were endorsed subject to the addition of the Chief Information Officer as a member of the PPPC and reflection of the wish for IM&T issues to be discussed regularly at that Committee. The PPPC Non-Executive Director Chair noted that he was keen to take a ‘trend review’ approach to the monthly quality and performance report, and to focus on performance which was below the required level. Monthly deep dives would also be carried out on individual workforce and OD issues. The PPPC Non-Executive Director Chair confirmed that a detailed discussion on emergency care performance had taken place at the September 2017 PPPC.

CCSM

Resolved – that (A) the PPPC terms of reference be approved as appended to paper N, subject to the addition of the Chief Information Officer as a standing attendee, and reflection of the fact that IM&T would be a regular issue considered by the Committee, and

CCSM

(B) subject to (A) above, the summary of issues discussed at the 28 September 2017 PPPC be noted as per paper N (Minutes to be submitted to the 2 November 2017 Trust Board) and taken forward by the relevant lead officer.

CCSM

253/17/3 Finance and Investment Committee (FIC), and 2017-18 Financial Performance (August 2017)

Paper O summarised the issues discussed at the inaugural 28 September 2017 FIC. The Committee’s terms of reference and membership were appended to the report for Trust Board approval and were endorsed as presented. The FIC Non-Executive Director Chair confirmed that detailed discussion had taken place on the Trust’s month 5 financial performance (which would be covered in paper O1 below by the Chief Financial Officer), and he noted the LLR imbalance between providers and commissioners.

The FIC Non-Executive Director Chair also drew the Trust Board’s attention to a potential opportunity for UHL to be named on the relevant OJEU notice for a regional Public Private Partnership – this would not commit the Trust but would enable it to apply if it so wished. The September 2017 FIC had also discussed the 2017-18 cost improvement programme, the strategic infrastructure review, an East Midlands Pathology network, the strategic use of the Managed Equipment Service model, the quarterly update on the IBM contract, and had decided to ask the UHL Director of CIP and Efficiency to provide an update on Lean expertise to the October 2017 PPPC.

In discussion, Professor P Baker noted that the national expert on Lean in the NHS was based in Leicester. In respect of a proposal to hold a Trust Board thinking day in London with IBM, given current organisational pressures the Chairman and Executive Directors noted their preference instead to incorporate a discussion on IT issues and opportunities into a Leicester-based Trust Board thinking day.

CE

Trust Board Paper A

The Chief Financial Officer then presented the Trust's financial position as at August 2017, as detailed in paper O1. The year-to-date deficit of £23m was in line with plan, following the acceleration of the use of approximately £1.5m reserves. However, as previously reported the report reiterated that there was significant risk associated with quarters 2-4 of 2017-18 particularly in terms of CIP delivery due to the increasing savings profile through the year. To date, £13.1m of the total 2017-18 £44.2m CIP had been identified, which was in line with plan. The Chief Financial Officer noted that the profile of CIP delivery was in the process of being redrafted, to provide greater clarity in future reports.

The Chairman noted that the report clearly highlighted the very significant risks in the second half of 2017-18, and he sought assurance that CMGs understood the holistic position facing the Trust (this assurance was now provided by the Chief Financial Officer, who described the regular meetings held with CMGs). The Chairman also queried the scope to over-deliver on the agency spend target – in response the Director of Workforce and OD considered that this would be challenging.

In response to a query from Mr B Patel Non-Executive Director regarding the earlier-than-planned use of reserves, the Chief Financial Officer noted his confidence that the Trust would still deliver its year-end target.

Resolved – that (A) that the summary of issues discussed at the 28 September 2017 FIC be noted as per paper O (Minutes to be submitted to the 2 November 2017 Trust Board), and any recommended items endorsed accordingly and taken forward by the relevant lead officer;

CFO

(B) consideration be given to holding a Trust Board thinking day on IT issues and opportunities, and

(C) the financial position as at 31 August 2017 be noted as per paper O1.

254/17 REPORTS FROM BOARD COMMITTEES

254/17/1 Audit Committee

The Audit Committee Non-Executive Director Chair presented the Minutes of that Committee's 7 September 2017 meeting at paper P1, noting particular discussion on:-

- (i) Internal Audit's review of Consultant jobplanning. Internal Audit were now redrafting some of the actions in light of challenge from the Medical Director, and
- (ii) the requirements of the new Overseas visitor Hospital Charging Regulations – a further update on which was scheduled for the November 2017 Audit Committee.

Resolved – that the Minutes of the 7 September 2017 Audit Committee be received (paper P1).

254/17/2 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the (final) 31 August 2017 QAC be received (paper P2), noting that any recommendations had been approved at the 7 September 2017 Trust Board (mortality quarterly report).

225/17/2 Integrated Finance Performance and Investment Committee (IFPIC)

Resolved – that the Minutes of the (final) 31 August 2017 IFPIC be received and noted (paper P3 – no recommendations).

255/17 TRUST BOARD BULLETIN – OCTOBER 2017

Resolved – the following papers be noted as circulated with the October 2017 Trust Board Bulletin:-

- (1) Trust sealings quarterly report, noting that there had been no sealings for the period 1 June 2017 – 30 September 2017;
- (2) Minutes of the 17 August 2017 LLR System Leadership Team, and
- (3) 2018 Trust Board meeting dates – these were approved subject to the April 2018 meeting being held on 12 April 2018 (rather than 5 April 2018) to avoid the Easter period.

CCSM

256/17 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) comments welcoming the extended information from Committee Chairs and requesting as much transparency as possible. The questioner also considered that the public were very concerned about ED performance. The Chairman recognised that the Trust was a publicly accountable body, and noted the need to strike an appropriate balance between level of information and the need to manage the Trust Board agenda. He also commented that the issue of whether the Trust Board received a report on ED performance would be kept under regular review;
- (2) a query as to whether the Trust would consider a press release after each Trust Board, given that there was now no press presence at the meetings. The Deputy Director of Communications and Engagement confirmed that the Leicester Mercury received all public Trust Board papers and was in regular contact with UHL about key items. The Chairman advised that he also sent a global email to all staff following each Trust Board meeting, highlighting the discussions;
- (3) comments on the key constraints of UHL's IT systems, felt by staff at all levels;
- (4) a query as to what measures were in place to stop top earners leaving with an NHS Pension and then returning to either private sector or NHS employment. The Director of Workforce and OD outlined the increasingly tight national rules in place regarding 'retire and return' practices. However, it was recognised that some staff groups were in very short supply and so were actively encouraged to return following retirement.

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

257/17 REVIEW OF WHETHER ALL APPROPRIATE PRIORITIES HAD BEEN COVERED AT THIS MEETING

As at the previous Trust Board, 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.

258/17 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 259/17 to 267/17), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

259/17 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Chairman declared an interest in part of Minute 260/17 below, and noted that he would withdraw from the meeting during that specific element of the discussion (in his absence the meeting would be chaired by Mr M Traynor, Deputy Trust Chairman). The Chairman confirmed that his copy of the confidential Trust Board Minutes had purposely omitted the element in question.

260/17 CONFIDENTIAL MINUTES

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

261/17 CONFIDENTIAL MATTERS ARISING REPORT

Resolved – that the confidential Trust Board matters arising log be noted at paper S.

262/17 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.

263/17 JOINT REPORT FROM THE DIRECTOR OF WORKFORCE AND OD AND THE CHIEF FINANCIAL OFFICER

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.

264/17 REPORTS FROM BOARD COMMITTEES

264/17/1 Audit Committee

Resolved – that the confidential Minutes of the 7 September 2017 Audit Committee be received and any recommendations endorsed (paper V).

238/17/2 Finance and Investment Committee (FIC)

Resolved – that (A) the confidential Minutes of the 31 August 2017 IFPIC be received and noted (noting that any recommendations had been endorsed at the 7 September 2017 Trust Board) (paper V1) and

(B) the confidential summary of issues discussed at the 28 September 2017 FIC be noted (formal Minutes to be submitted to the 2 November 2017 Trust Board) (paper V2).

238/17/3 Remuneration Committee

Resolved – that the 14 September 2017 Remuneration Committee Minutes be received and any recommendations endorsed (paper V3)

265/17 CONFIDENTIAL TRUST BOARD BULLETIN

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

266/17 ANY OTHER BUSINESS

266/17/1 Nursing and Midwifery Staffing – Media Coverage

The Chief Nurse noted some recent national media misinterpretation of a UHL staff email regarding the nursing and midwifery workforce. There was no intention to try and reduce the registered nursing workforce, but appropriate contingencies had to be explored given the increasing shortages of that staff group. The Trust was in the process of rebalancing the coverage to date.

Resolved – that the position be noted.

267/17 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 2 November 2017 from 9am in Rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 1pm

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 | 8 | 8 | 100 | T Lynch | 5 | 5 | 100 |
| J Adler | 8 | 7 | 88 | R Mitchell | 3 | 2 | 67 |
| P Baker | 8 | 8 | 100 | R Moore | 8 | 8 | 88 |
| S Crawshaw | 3 | 1 | 33 | B Patel | 8 | 8 | 100 |
| I Crowe | 8 | 8 | 100 | J Smith | 8 | 6 | 75 |
| A Furlong | 8 | 7 | 88 | M Traynor | 8 | 8 | 100 |
| A Johnson | 8 | 7 | 88 | P Traynor | 8 | 7 | 88 |

Trust Board Paper A

Non-Voting Members:

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|------------|----------|--------|--------------|--------|----------|--------|--------------|
| L Tibbert | 8 | 8 | 100 | E Rees | 6 | 4 | 67 |
| S Ward | 8 | 8 | 100 | | | | |
| M Wightman | 8 | 7 | 88 | | | | |