

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 7 MARCH 2019 AT 9AM IN SEMINAR ROOMS A AND B, 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
 Col (Ret'd) I Crowe – Non-Executive Director
 Ms C Fox – Chief Nurse
 Mr A Furlong – Medical Director
 Ms K Jenkins – Non-Executive Director
 Mr A Johnson – Non-Executive Director
 Mr B Patel – Non-Executive Director
 Mr M Traynor – Non-Executive Director
 Mr P Traynor – Chief Financial Officer

In attendance:

Professor N Brunskill – Director of Research and Innovation (for Minutes 62/19/4 and 63/19/3)
 Professor S Carr – Director of Medical Education (for Minute 63/19/4)
 Mr A Carruthers – Acting Chief Information Officer
 Ms L Davies – Director of Leicester Hospitals Charity (for Minute 70/19/3)
 Mr D Kerr – Director of Estates and Facilities
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Representative (up to and including Minute 63/19)
 Ms H Leatham – Assistant Chief Nurse (for Minute 62/19/1)
 Ms S Leak – Director of Operational Improvement (on behalf of the Chief Operating Officer)
 Mr A Middleton – Property Manager, Estates and Facilities (for Minute 70/19/2)
 Mr R Moody – Macmillan Information and Support Officer (for Minute 62/19/1)
 Ms J Pickard – Macmillan Lead Nurse (for Minute 62/19/1)
 Ms K Rayns – Corporate and Committee Services Officer
 Ms S Skuse – Capsticks (for Minute 70/19/2)
 Mr P Tovey – Patient (for Minute 62/19/1)
 Ms R Vyas – Head of Strategic Development (for Minute 70/19/1)
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications
 Ms H Wyton – Director of People and Organisational Development

ACTION**58/19 APOLOGIES AND WELCOME**

Apologies for absence were received from Professor P Baker, Non-Executive Director and Ms R Brown, Chief Operating Officer. The Chairman welcomed Mr A Carruthers, Acting Chief Information Officer, Mr D Kerr, Director of Estates and Facilities and Ms S Leak, Director of Operational Improvement to the meeting, noting that Mr Carruthers and Mr Kerr now had standing invitations to attend Trust Board meetings and that Ms Leak was deputising for the Chief Operating Officer in her absence from this meeting.

59/19 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Chief Financial Officer and Mr A Johnson, Non-Executive Director declared their respective roles as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd. Ms V Bailey, Non-Executive Director declared her role as a member of the Council of Nottingham University in relation to the Leicestershire Academic Health Partnership agenda item (Minute 62/19/4 below refers).

60/19 MINUTES

Resolved – that the Minutes of the 7 February 2019 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

61/19 MATTERS ARISING FROM THE MINUTES

In discussion on the matters arising log provided at paper B, the Trust Board noted the following

additional information:-

- (a) item 3 (Minute 40/19 of 7 February 2019) – the Trust Chairman re-iterated that it would be helpful to hold discussions with other Boards within the LLR Healthcare System in relation to the development of LLR system-wide long term plans, and
- (b) item 4 (Minute 41/19 (d) of 7 February 2019 refers) – the Trust Chairman and the Director of People and Organisational Development had scheduled a separate conversation/briefing on the issue of the Trust's forecast timescale for meeting the 28% target for BME leadership (at band 8A and above excluding medical Consultants).

The Trust Chairman commented on the number of historical actions outstanding from previous meetings and requested the Director of Corporate and Legal Affairs to review these with a view to closing them down (where appropriate).

DCLA

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

(B the Director of Corporate and Legal Affairs be requested to review the historical actions outstanding from previous meetings with a view to closing them down (where appropriate).

DCLA

62/19 KEY ISSUES FOR DISCUSSION/DECISION

62/19/1 Patient Story – HOPE Programme

The Assistant Chief Nurse introduced paper C, describing the HOPE (Helping Overcome Problems Effectively) Programme which had been developed by Coventry University and Macmillan Cancer Centre in order to support patients who have (or have had) cancer to get on with their lives through a 6-week interactive, group based self-management course. To date, 10 UHL staff had received specialist training to facilitate the HOPE Programme and they were able to deliver this service within their existing job plans. The Macmillan Information and Support Officer currently co-ordinated the training courses. A short video was shown in which three patients who were currently attending the course explained how the Programme had helped them to cope emotionally, psychologically and on a more practical level. Due to technical issues with the presentation equipment, the complete video was not shown.

Following the video, Mr P Tovey, one of UHL's cancer patients and a participant of the HOPE Programme, provided an overview of his cancer diagnosis and subsequent treatment which had included several surgeries and a 6 week course of radiotherapy. One of his operations had been cancelled in January 2018, but this had been rescheduled and carried out one week later. He expanded upon the camaraderie that had existed between his fellow 'Cancer Comrades' on the HOPE Programme and the significant value of meeting like-minded people who were dealing with similar issues to himself.

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

- (a) expressed their gratitude to Mr Tovey and the other patients who had participated in the video, commenting on the powerful learning opportunities that such stories provided within the organisation;
- (b) noted the benefits of increasing the Board's understanding of the issues faced by patients who were living with cancer post-surgery and how helpful it was for them to have someone supporting them at their appointments to listen and note down any key information;
- (c) apologised for cancelling Mr Tovey's cancer operation in January 2018, recognising the impact that such cancellations could have on the individuals concerned;
- (d) noted that 10 further members of UHL staff were due to be trained to facilitate the HOPE Programme and that plans were in place to roll-out the Programme within the wider healthcare community;
- (e) received assurance that the HOPE Programme was being offered to all UHL cancer patients as they came towards the end of their treatment journey;
- (f) suggested that a similar type of programme could be implemented to support UHL staff with cancer or who had suffered with cancer, helping them to stay at work whenever they were able;
- (g) observed that one of the key priorities for the healthcare system was to promote earlier diagnosis of cancer and that UHL was working with colleagues in the community to support this workstream;
- (h) sought and received agreement from Mr Tovey to re-use his eloquent phrase 'Cancer Comrades';
- (i) queried what sort of improvements the team would be able to deliver if additional funding was

made available for the HOPE Programme, noting in response that additional facilitators would be trained and that any additional monies would be used to back-fill their posts whilst they were delivering the Programme;

- (j) noted that the 2016 National Cancer Survey had been repeated in 2017 and that these results had been released in late 2018. However, this survey was only carried out amongst day case and inpatients and the results would not capture the impact of the HOPE Programme upon patients who were usually being seen on an outpatient basis by the time that they participated in the HOPE Programme;
- (k) highlighted the role of Ms V Bailey, Non-Executive Director as the Trust's nominated Non-Executive Director Champion for Quality and Cancer Care, and
- (l) provided a short overview of the existing workstreams that were being implemented to re-design UHL's cancer pathways and services (including a re-design of the lung cancer service).

On behalf of the Trust Board, the Chairman thanked all of the patients and staff who had contributed to this valuable patient story.

Resolved – that the patient story on the HOPE Programme be received and noted.

62/19/2 Chairman's Monthly Report – March 2019

In introducing his monthly report at paper D, the Chairman particularly highlighted the new structure of the Trust Board agenda, noting that the agenda topics were now grouped under headings to determine whether they were being presented for exploration, for navigation or for noting. This was intended to assist the Board with determining which areas should have more focus and priority. A similar approach had also been adopted for the Board Committees and the Executive Boards. Following an interesting presentation by McKinsey Consultants at the February 2019 Trust Board thinking day, a thinking day session on the NHS Digital Strategy had been arranged for 14 March 2019.

The first meeting of the UHL Black, Asian and Minority Ethnic (BAME) staff network had been well attended recently and the Chairman recognised the significant contributions that the Chief Executive and Mr B Patel, Non-Executive Director were making through their respective roles within the Equality and Diversity Group. Discussion took place regarding the feedback from this event and the need to ensure that the existing BAME action plan would address all of the issues raised. It was noted that some members of staff had taken annual leave to attend this event, as they didn't feel confident to request appropriate time off from their line managers. Similarly, there was some evidence that staff were being told to take annual leave in order to attend one of the Chief Executive's breakfast staff forums, which was not aligned with the Trust's values and culture. The Chief Executive advised that the first meeting of the UHL Differently Able Voice staff network had been held on 5 March 2019 and that this network would also be overseen by the Equality and Diversity Group.

The Chairman announced that NHS Improvement had recently extended the terms of his appointment until 30 September 2020. He sought and received the Board's approval to appoint the following Non-Executive Director Deputy Chairs for the UHL Board Committees listed below:-

- Finance and Investment Committee – Mr A Johnson;
- People, Process and Performance Committee – Mr B Patel;
- Quality and Outcomes Committee – Ms V Bailey;
- Remuneration Committee – Mr M Traynor;
- Audit Committee – Col (Ret'd) I Crowe, and
- Charitable Funds Committee – Mr A Johnson.

Resolved – that the Chairman's March 2019 report be noted and the Non-Executive Director Deputy Chairs for UHL Board Committees be approved (as set out above).

62/19/3 Chief Executive's Monthly Report – March 2019

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

- (a) day-to-day operational performance was proceeding significantly better than the previous winter. Whilst the weather conditions had been kinder this year, ED attendances were 9% higher in January 2019 when compared to January 2018. The Trust was now seeing the benefits of the expanded Clinical Decisions Unit at Glenfield Hospital and had managed to maintain elective and cancer surgery activity in a more robust manner;
- (b) performance against the 4-hour ED target was still not where the Trust would want it to be, but relative improvements were being made. However, a note of caution was expressed surrounding seasonal increases in children's respiratory conditions during March of each year;
- (c) system level developments with a focus on improving end of life care using a task force approach and the methodology already being used for improving frailty care;
- (d) opportunities to increase partnership working within the LLR healthcare system and a suggestion that the Terms of Reference for the System Leadership Team's new Partnership Group should be presented to the Boards of each organisation for formal sign-off; CE
- (e) recent negative media coverage concerning the arrangements for gradually vacating the staff residential properties on the Leicester General Hospital site. Following detailed consideration by the People, Process and Performance Committee, it had been agreed to extend the closure period by a few additional months in order to accommodate staff needs and support them with finding alternative accommodation, and
- (f) the final version of the draft Quality Strategy was provided at appendix 2 for the Board's approval, subject to minor drafting amendments. Following consideration, the timeframe for the Quality Strategy would be from 2019 to 2022.

In discussion on the Chief Executive's March 2019 briefing, the Director of Strategy and Communications briefed Board members on the outputs of the Frailty Taskforce Programme, suggesting that the final report would either be included in the Chief Executive's briefing to the April 2019 Trust Board meeting, or it could be presented to the Trust Board thinking day session in April 2019. Col (Ret'd) I Crowe, Non-Executive Director drew members' attention to a forthcoming LLR Dying Matters Conference for healthcare professionals to be held on Wednesday 15 May 2019 – a copy of the flyer for this event would be circulated to Board members. The Chairman invited Board members to make any further comments on the UHL Quality Strategy prior to its formal approval and the following points were discussed:- CE

- Ms V Bailey, Non-Executive Director sought additional information regarding the factors which had influenced the selection of the chosen improvement methodology (IHI Model for Improvement), noting in response that this had been largely based on evidence of successful interventions at other Trusts and the type of skill sets and expertise already in place at UHL. The Medical Director and the Chief Nurse supported this view, commending the simplicity of the approach and the ability to include process mapping and cultural toolkits;
- Mr A Johnson, Non-Executive Director supported the Quality Strategy as drafted, suggesting that it should be retained as a 'live' document and regularly refreshed to keep it relevant. He commented on the small percentage of the work that had been completed and the scale of the challenges that lay ahead, recognising the importance of established improvement techniques and the need to address any unspoken barriers to change;
- Ms H Kotecha, Leicester and Leicestershire Healthwatch representative, commented upon opportunities to strengthen patient and public involvement (in addition to working with UHL's patient partners) and the Chief Executive noted that this would link in with proposed revisions to the Patient and Public Involvement (PPI) Strategy and he undertook to meet with Ms Kotecha to discuss these arrangements in more depth. The revised PPI Strategy was planned to be presented to the Trust Board in April 2019; CE
- Ms K Jenkins, Non-Executive Director noted opportunities to measure the successful implementation of the Quality Strategy through the Board Assurance Framework (BAF), which was a key tool for consideration at a variety of appropriate meeting forums, and
- Mr B Patel, Non-Executive Director briefed the Board on a forthcoming meeting with UHL's Patient Partners and he highlighted the scope to improve engagement with this group and harness the wide range of experience that they had to offer, noting the range of other functions undertaken by the PPI and Membership Manager and the need to resource this role appropriately to create additional headroom for engagement.

Resolved – that (A) the Chief Executive's March 2019 update report be noted, and the UHL Quality Strategy be endorsed,

(B) the Chief Executive be requested to meet with Ms H Kotecha to consider the arrangements for broader patient engagement within the Quality Strategy; CE

(C) the Chief Executive be requested to arrange for the following actions to be undertaken:-

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| (1) Terms of Reference for the System Leadership Team's new Partnership Group to be presented to the Trust Board of each organisation for formal approval, | CE |
| (2) the final report from the completed Frailty Taskforce Programme either to be included in the Chief Executive's briefing to the April 2019 Trust Board, or to be considered at the Trust Board thinking day in April 2019; | CE |
| (3) the Quality and Performance Dashboard (provided at appendix 1) to be re-visited as part of the UHL Quality Strategy and a refreshed Quality Dashboard be presented to the Trust Board upon completion, and | CE |
| (4) the updated Patient and Public Involvement Strategy to be presented to the April 2019 Trust Board meeting, and | CE |

(D) a copy of the flyer for the forthcoming LLR Dying Matters Conference be circulated to Trust Board members (outside the meeting). **CCSO**

62/19/4 Leicestershire Academic Health Partnership (LAHP)

Further to Minute 332/18/3 of 6 December 2018, Professor N Brunskill, Director of Research and Innovation attended the meeting to present paper F, briefing the Trust Board on the proposed establishment of a more formal strategic partnership to replace the informal arrangements that UHL and the Leicestershire Partnership Trust (LPT) had with the University of Leicester, with the aim of strengthening the academic underpinning of healthcare delivery across Leicester, Leicestershire and Rutland. The detailed financial and governance arrangements were set out in section 3 of paper F and the performance objectives were provided in section 9. Members noted that 6-monthly progress reports would be presented to the Trust Board and that the Minutes of the LAHP Board would be presented to the Executive Strategy Board on a quarterly basis. The draft LAHP Memorandum of Understanding (MoU) was appended to the report for the Trust Board's approval.

DR&I

The Trust Chairman highlighted the enhancements that the partnership would enable in terms of the quality of clinical teaching, managing Regulators' expectations, improved quality of care, efficiency, productivity and better patient outcomes. He invited Board members to comment on the MoU and the project milestones. In response, the Medical Director advised that the University of Leicester was very supportive of the MoU and he confirmed that it had been submitted to the LPT Board at the end of February 2019. Non-Executive Director members recorded their support, commenting upon future aspirations to develop the MoU into a more formal legal agreement and the scope to include primary care colleagues within the next stage of this journey. The Director of Strategy and Communications confirmed that the academic and research agenda was an underpinning element of the UHL Quality Strategy.

Subject to any amendments that might be requested by the other parties, the LAHP Memorandum of Understanding was endorsed for signature by the Chief Executive on behalf of the Trust. Mr M Traynor, Non-Executive Director proposed that an appropriate signing ceremony be held to raise awareness of the LAHP and the Medical Director undertook to make the necessary arrangements.

MD

Resolved – that (A) subject to any changes being requested by the University of Leicester, or LPT, the LAHP MoU be endorsed for signature by the Chief Executive on behalf of the Trust Board, **MD**

(B) the Director of Research and Innovation be requested to arrange for 6-monthly progress reports on the LAHP to be presented to the Trust Board and the Minutes of the LAHP meetings to be submitted to the Executive Strategy Board on a quarterly basis, and **DR&I**

(C) the Medical Director be requested to arrange for a formal signing ceremony to be held to raise awareness of the LAHP. **MD**

62/19/5 UHL Reconfiguration Programme Update

Paper G briefed the Trust Board on progress with delivering UHL's Reconfiguration Programme in the context of the STP capital bid for £367m, advising that there was not sufficient national funding available to support this bid at the current time. The bid continued to make good progress and it was hoped that it would be in a good position to secure further funding when new money became

available later in 2019 or early in 2020. Further work was taking place to consider the impact of this decision upon the capital bid in terms of affordability, inflation, clinical sustainability and patient safety and the additional costs of maintaining the LGH site services in the longer term. The Audit Committee had recently received a summary of the risks and interdependencies within the Reconfiguration Programme. Discussions were underway with NHS England and NHS Improvement to clarify the next steps and timescales for the continuation of the approvals process.

In the meantime, the Trust had drawn down funding for the Interim ICU and associated clinical services scheme and the key building components and construction completion dates were provided in section 13 of paper G. The development of the design solution and business case for relocating the East Midlands Congenital Heart Centre was continuing to plan and this business case was expected to be approved internally without further reference to regional or national approvals processes (due to the value of the scheme falling below the £15m threshold). The Trust Board endorsed the proposal to move from a monthly to a quarterly programme of reporting on the UHL Reconfiguration Programme. Ms H Kotecha, Leicester and Leicestershire Healthwatch representative noted an opportunity to review the arrangements for wider patient and public involvement within the Reconfiguration Programme by working with Healthwatch and other organisations.

CFO

CFO/
DSC

Resolved – that (A) the update on UHL’s Reconfiguration Programme be received and noted as paper G,

(B) the proposal to move to a quarterly Trust Board reporting frequency on UHL’s Reconfiguration Programme be endorsed, and

CFO

(C) the Chief Financial Officer and the Director of Strategy and Communications be requested to review the arrangements for promoting wider patient and public involvement within the Reconfiguration Programme, by working with Healthwatch and other organisations.

CFO/
DSC

63/19 ITEMS FOR ASSURANCE

63/19/1 Integrated Risk and Assurance Report

Paper H comprised the 2018/19 integrated risk and assurance report including the Board Assurance Framework (BAF), as at 31 January 2019. As detailed in paper H, no new organisational risks scoring 15 or above had been entered onto the risk register during January 2019. A meeting had been held between the Corporate Risk Team and the Audit Committee Chair to review the BAF governance process and consider the arrangements for the 2019/20 BAF and this document was planned to be presented to the Trust Board in June 2019, with draft iterations being considered at Trust Board thinking days in the meantime. At the Trust Board thinking day on 14 March 2019, it was planned to outline the broad approach and hold a ‘brainstorming’ session about the potential Principal Risks for 2019/20.

MD/
DSR

In discussion on paper H, Mr A Johnson, Non-Executive Director sought additional information about the actions underpinning Principal Risk 6 (relating to adequate development and maintenance of the estate), noting that the risk score had risen from 15 to 20 between December 2018 and January 2019. In response, the Director of Estates and Facilities briefed the Board on the ‘State of the Nation’ review of UHL’s estates infrastructure and the development of a comprehensive programme to manage delays in the Reconfiguration Programme coupled with the financial constraints within the capital programme. Assurance was also provided that a robust prioritisation programme was in place for managing the allocation of resources and mitigating any risks associated with potential infrastructure failures.

Resolved – that (A) the integrated risk and assurance report for January 2019 and the verbal information about Principal Risk 6 be received and noted, and

(B) a ‘brainstorming’ session on the Principal Risks for inclusion in the 2019/20 BAF be held at the Trust Board thinking day session on 14 March 2019.

MD/
DSR

63/19/2 Brexit – UHL No Deal EU Exit Preparations

Paper I briefed the Trust Board on the preparations being undertaken both locally and nationally to prepare for a potential no deal exit from the European Union on 29 March 2019. Assurance was

provided that the Trust had reviewed its position against the national guidance and submitted the appropriate self-assessment returns. As a result, the risk assessment had remained unchanged since January 2019, with a moderate risk score of 12.

In discussion on the report, Non-Executive Director members sought and received additional information regarding Brexit preparations both nationally and within the wider healthcare system, noting the detailed work that was being undertaken by the subject matter experts within the Cabinet Office and at the Department of Health and Social Care. This was being supplemented by regional workshops with a particular focus on the identified priority areas. All Trusts had been provided with action cards to review their positions against and none of these assessments had been RAG rated as red for UHL. A regional communications cell had been established with leads from all agencies and a communications toolkit was in place. Key lines of communications had been established in order to cover a range of potential scenarios.

The Chief Executive observed that some Trusts had been advised to scale-back their Radiotherapy activity plans to accommodate a potential shortage of radioisotopes. The Director of Corporate and Legal Affairs advised that no specific advice had been provided to UHL about a potential shortage in the supply of radioisotopes. More generally, it was aimed to maintain normal supplies of medicines and vaccines and Trusts had been advised to avoid any stockpiling. Ms H Kotecha, Leicester and Leicestershire Healthwatch representative commented on the need for appropriate communications with patients in the event that the Trust was unable to provide any particular service or treatment, as a result of Brexit.

Resolved – that the briefing on preparations for a potential no deal EU exit be noted and a further update be presented to the 4 April 2019 Trust Board meeting.

DCLA

63/19/3

Research and Innovation Quarterly Update

The Director of Research and Innovation attended the meeting to introduce paper J, providing the quarterly update on current research and innovation performance, including performance against the metrics for initiating and delivering clinical trials, financial performance, ongoing projects and recent awards. The report also briefed the Board on the inclusion of new research indicators within the Care Quality Commission (CQC) inspections, in order to measure how well integrated research was within each organisation in terms of awareness, facilitation and equity.

In discussion on the report, the Trust Chairman requested that the Board be kept informed of performance against the new CQC research indicators through the quarterly Research and Innovation reports. The Chief Executive provided assurance that he was promoting key aspects of the research and innovation action plan within his monthly staff briefings. Members also discussed the challenges for busy clinical teams to maintain their operational activity in parallel with undertaking their research activity and monitoring performance against the new CQC indicators. The Chief Nurse reported that a Lead Research Nurse had recently been appointed and it was hoped that this would help to improve the position. Section 3 of paper J detailed a worst case scenario in terms of a potential reduction in CRN funding for 2019/20, but the Chief Executive reported that a flat cash position had since been confirmed for the 2019/20 financial year.

DR&I

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

(B) the Director of Research and Innovation be requested to include UHL's performance against the new CQC indicators for research awareness, facilitation and equity in future iterations of the report.

DR&I

63/19/4

Medical Education and Training Quarterly Update

Professor S Carr, Director of Medical Education attended the meeting to present paper K, providing an update on recent feedback from national and local surveys in relation to undergraduate and postgraduate medical education. The Medical Director advised that this would be Professor Carr's last such report to the Trust Board as she would shortly be taking up a post as Deputy Medical Advisor with the General Medical Council, although she would continue to work clinically at the Trust in a part-time capacity. He commended the significant contribution that Professor Carr had made in delivering advancements in medical education funding and reputational issues. The investment in a part-time Communications Officer was starting to demonstrate benefits through enhanced

engagement on social media and the Listening into Action approach for Junior Doctors had been particularly successful.

Professor Carr provided an overview of the Trust's performance in external surveys and commented upon the need to maintain a focus on the strategy for addressing a shortfall in education facilities, as this was seen as an important factor in maintain the Trust's profile as a teaching hospital. Whilst there were no red flagged areas across the whole Trust, it would be crucial to continue to monitor specialty level performance with a particular focus on quality, resources, culture, junior doctors' gripes and freedom to speak up concerns. Assurance was provided that such performance was regularly reviewed at the monthly CMG Performance Review meetings.

Discussion also took place regarding the most appropriate use of education funding and potential opportunities to 'top slice' a moderate proportion of the CMG embedded education funding in order to develop improved training facilities (using a similar model that had been employed to create the Odames Library at the Leicester Royal Infirmary). The Chief Financial Officer supported this view, noting the complex nature of education funding allocations and the need to adopt a pragmatic approach to resolve the ongoing issues. Finally, the Trust Chairman commented on the importance of high quality teaching and he recorded the Trust Board's appreciation of the contribution that Professor Carr had made in this respect, wishing her well for the future.

Resolved – that the quarterly update on medical education and training be received and noted as paper K.

63/19/5 Reports from Board Committees

63/19/5.1 Quality and Outcomes Committee (QOC)

Paper L summarised the issues discussed at the 28 February 2019 QOC and sought Trust Board approval for the Learning from Deaths quarterly update (as appended to paper L). The Medical Director provided a short briefing on the Trust's mortality data and the detailed work that UHL was undertaking with Doctor Foster which included specific areas of focus on managing sepsis, acute MI pathways, frailty care, end of life care issues and transfers of patients across UHL sites with more than one clinical issue. Col (Ret'd) I Crowe, Non-Executive Director QOC Chair recorded the Committee's appreciation to everyone involved in the Medical Examiner process, bereavement support and specialty mortality reviews.

Resolved – that the summary of issues discussed at the 28 February 2019 QOC be noted as per paper L, and the recommended item be approved (Learning from Deaths quarterly update) – Minutes to be submitted to the 4 April 2019 Trust Board.

CCSO

63/19/5.2 People Process and Performance Committee (PPPC)

Paper M summarised the issues considered at the 28 February 2019 PPPC and sought Trust Board approval for the UHL People Strategy (as appended to paper M). Mr A Johnson, Non-Executive Director PPPC Chair highlighted the significant progress being made in respect of urgent and emergency care performance, noting that whilst there was still more work to be done, the service was demonstrating improved resilience. The plans being implemented were more realistic, substantive and relevant and they were being implemented in a detailed way, backed up by robust Standard Operating Procedures. The PPPC Chair also highlighted the discussions held in relation to the Winter Plan, cancer performance and the joint working that was taking place with Patient Partners in respect of patient falls, providing some insightful analysis to inform this improvement workstream.

The Committee had also considered the UHL People Strategy for 2018-2023 in significant detail, noting its alignment with the UHL Quality Strategy and the need to avoid an overly-ambitious approach. PPPC had made a range of suggested amendments which would now be incorporated into the final version of the Strategy. The Director of People and Organisational Development thanked the Committee for these comments and confirmed that the Trust's Strategic Priorities and the mechanism for measuring improvements would also be fed into the final version. Subject to the amendments raised, the Trust Board endorsed the UHL People Strategy 2018-2023 for implementation.

Resolved – that the summary of issues discussed at the 28 February 2019 PPPC be noted as per paper M, and the recommended item be approved (UHL People Strategy) – Minutes to be

submitted to the 4 April 2019 Trust Board.

63/19/5.3 Finance and Investment Committee (FIC) and 2018-19 Financial Performance (January 2019)

Paper N provided a detailed summary of the issues discussed at the 28 February 2019 FIC.

Paper N1 presented the Trust's 2018/19 month 10 financial position, which had been discussed in detail at the February 2019 Finance and Investment Committee meeting. UHL had achieved a year to date deficit of £55.3m, excluding Provider Sustainability Funding (PSF), which was £31.7m adverse to plan driven by the cessation of the FM LLP and the crystallisation of the unmitigated Financial Recovery Board risk, together with financial deterioration with the CMGs. Including PSF, the Trust had achieved a year to date deficit of £52.9mm representing a £46.3m adverse to plan position due to non-recognition of PSF as a result of the impact of FM LLP from quarter 2. However, the Trust remained on plan to deliver its 2018/19 forecast outturn of £51.8m and the key assumptions underpinning the forecast outturn had been presented to the Finance and Investment Committee in February 2019.

The Chief Financial Officer briefed the Board on the issues that were currently being worked through with Commissioners in relation to the 2018/19 financial year and beyond. The sale of surplus paddock land at Glenfield was progressing in line with plan and it was expected that this would be transacted before the end of March 2019. In discussion on the report, Non-Executive Director members commented upon the degree of flexibility within the balance sheet provisions and the need to maintain financial stability during the months of February and March 2019. Whilst assurance had been provided that all balance sheet provisions were compliant with the relevant NHS accountancy rules, it was also considered crucial to maintain transparency in this area. The Chief Financial Officer confirmed that such transparency would be maintained through the Audit Committee reporting mechanism.

The Director of People and Organisational Development thanked the Chief Financial Officer and his team for the resilience they had demonstrated in returning financial performance to plan during this challenging period. In response, the Chief Financial Officer thanked his operational colleagues for their support in developing UHL's financial recovery plan and for delivering their revised control totals. He also commented upon the work which was still to be completed before the financial year-end. Finally, the Chief Financial Officer sought members' views about any changes they would like to see in the format of the financial reporting process for 2019/20, and the following comments and suggestions were discussed:-

- (a) whether it would be possible for the Trust Board to receive an overview of the LLR system-wide financial position, including the high level control totals for other health care organisations, cumulative performance against targets and an outline of how each organisation was managing any key risks. The Chief Financial Officer was requested to consider how the Boards of LLR healthcare organisations could be sighted to this information on a regular basis;
- (b) opportunities for increasing the availability of service level financial data, and using PLICS and Model Hospital data to identify the service areas that were driving UHL's financial deficit;
- (c) the wider role of managing the LLR healthcare system to deliver a future position of equilibrium across all organisations and the changes in processes, relationships and culture that would be required to achieve this, and
- (d) the need to maintain a distinction between the annual planning process and the long term financial plan – this theme would be considered further at future Trust Board thinking days.

CFO

Resolved – that (A) the summary of issues discussed at the 28 February 2019 FIC be noted as per paper N (no recommended items) – Minutes to be submitted to the 4 April 2019 Trust Board, and

CCSO

(B) the 2018/19 month 10 financial position be noted as paper N1, and

(C) the Chief Financial Officer be requested to consider the arrangements for sighting the Trust Board to high level financial information across the LLR healthcare system.

CFO

63/19/6 Corporate Trustee Business

63/19/6.1 Charitable Funds Committee (CFC)

Resolved – that the Minutes of the 7 February 2019 CFC be approved as per paper O.

64/19 ITEMS FOR NOTING

64/19/1 Reports from Board Committees

64/19/1.1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 31 January 2019 QOC be received and noted as per paper P1 (the recommended item having been approved at the 7 February 2019 Trust Board).

64/19/1.2 People, Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 31 January 2019 PPPC be received and noted as per paper P2 (no recommended items).

64/19/1.3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 31 January 2019 FIC be received and noted as per paper P3 (no recommended items).

64/19/2 Leicester, Leicestershire and Rutland System Leadership Team Minutes (LLR SLT)

Resolved – that the Minutes of the LLR SLT meeting held on 22 November 2018 be received and noted as per paper Q.

65/19 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

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

- (1) a question about the scope for Patient and Public Involvement (PPI) within the implementation arrangements for the UHL Quality Strategy, now that the Programme Board would be the Executive Strategy Board and that an Expert Reference Group was being established to advise on the implementation and further development of the Strategy. In response, the Chief Executive confirmed that the Trust was currently working with the Patient Partner group and other PPI organisations to consider PPI arrangements in more depth. It might be the case that a dedicated PPI forum would be required for progressing this issue, and the Chief Executive advised that he was happy to discuss this further outside the meeting;
- (2) a request for further information about the proposed procurement of a NerveCentre Electronic Patient Record (EPR) system, as mentioned in the summary of the 28 February 2019 PPPC meeting (paper M refers). In response, the Acting Chief Information Officer provided a short overview of the proposal to enter into a 10 year partnership agreement with NerveCentre to change the way that clinical information was provided in clinics, moving away from provision of paper records and the cumbersome process which involved moving paper files around in dedicated trolleys. A phased e-Hospital plan was being developed for implementation over a 3 year period and one of the main priorities for 2019/20 would be to reduce the reliance upon paper records for outpatient appointments, and
- (3) a comment about UHL's apparent over-reliance upon its Patient Partners and whether it was intended to recruit additional Patient Partners or look at other ways of broadening patient and public engagement. In response, it was noted that the Patient and Public Involvement Strategy was currently being updated to align with the Quality Strategy and that a clear commitment for 'co-production' with patients had been made through this Strategy.

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

LEADS

66/19 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 67/19 to 74/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

67/19 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

68/19 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 7 February 2019 be confirmed as a correct record and signed by the Chairman accordingly.

CHAIR
MAN**69/19 CONFIDENTIAL MATTERS ARISING REPORT**

Resolved – that the confidential matters arising log be noted.

70/19 KEY ISSUES FOR DISCUSSION/DECISION

70/19/1 Joint Report from the Director of Strategy and Communications 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.

70/19/2 Joint Report from the Chief Financial Officer and the Director of Estates and Facilities

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

70/19/3 Corporate Trustee Business – 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.

71/19 ITEMS FOR ASSURANCE

71/19/1 Reports from Board Committees

71/19/1.1 Finance and Investment Committee (FIC)

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

71/19/1.2 Remuneration 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.

71/19/2 Corporate Trustee Business

71/19/2.1 Charitable Funds Committee (CFC)

Resolved – that the confidential 7 February 2019 CFC Minutes be noted as paper X (no recommendations).

72/19 ITEMS FOR NOTING

72/19/1 Reports from Board Committees

72/19/1.1 People, Process and Performance Committee (PPPC)

Resolved – that the confidential 31 January 2019 PPPC Minutes be noted as paper Y1.

72/19/1.2 Finance and Investment Committee (FIC)

Resolved – that the confidential 31 January 2019 FIC Minutes be noted as paper Y2.

72/19/2 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.

72/19/3 Leicester, Leicestershire and Rutland System Leadership Team (LLR SLT) Minutes

Resolved – that the confidential 22 November 2018 STP Minutes be noted as paper Y4.

73/19 ANY OTHER BUSINESS

73/19/1 Evaluation of Trust Board Papers

The Trust Chairman advised that any comments or critical evaluations of the papers on the Trust Board agenda for 7 March 2019 were welcome and he asked for these to be submitted to him by email (outside the meeting). All

Resolved – that any comments or critical evaluations of the papers on the 7 March 2019 Trust Board agenda be submitted to the Trust Chairman by email outside the meeting. All

74/19 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 4 April 2019 from 9am in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 1.32pm

Kate Rayns
Corporate and Committee Services Officer

Cumulative Record of Attendance (2018/19 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	18	16	89	K Jenkins	5	4	80
J Adler	18	16	89	A Johnson	18	17	95
V Bailey	18	14	78	E Meldrum	10	9	90
P Baker	18	13	72	R Moore	13	10	77
R Brown	13	12	92	B Patel	18	17	95
I Crowe	18	17	95	J Smith	1	1	100
E Doyle	5	5	100	M Traynor	18	17	95
C Fox	7	7	100	P Traynor	18	17	95
A Furlong	18	16	89				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers (from March 2019)	1	1	100	L Tibbert	1	1	100
D Kerr (from March 2019)	1	1	100	S Ward	18	17	95
B Kotecha/J Tyler-Fantom	6	6	100	M Wightman	18	17	95
H Kotecha	5	3	60	H Wyton	11	9	82