

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 3 OCTOBER 2019 AT 9AM IN ROOMS 2 & 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****Voting Members present:**

Mr K Singh – Trust Chairman
 Mr J Adler – Chief Executive
 Ms V Bailey – Non Executive Director
 Professor P Baker – Non-Executive Director
 Ms R Brown – Chief Operating Officer
 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:

Mr K Ang – Consultant Thoracic Surgeon (for Minute 195/19/1)
 Mr A Carruthers – Acting Chief Information Officer (from Minute 195/19/1)
 Ms L Davies – Director of Leicester Hospitals Charity (for Minute 204/19/2.1)
 Mr V Karavadra – Associate Non-Executive Director
 Mr D Kerr – Director of Estates and Facilities
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Representative (up to and including Minute 196/19/1)
 Ms H Leatham – Assistant Chief Nurse (for Minute 195/19/1)
 Ms E Moss – Chief Operating Officer, East Midlands Clinical Research Network (for Minute 196/19/1)
 Ms K Rayns – Corporate and Committee Services Officer
 Professor D Rowbotham – Clinical Director, East Midlands Clinical Research Network (for Minute 196/19/1)
 Mr N Sone – Financial Controller (for Minute 196/19/5)
 Ms S Taylor – Thoracic Nurse Specialist (for Minute 195/19/1)
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications
 Ms J Woolley – Charity Finance Manager (for Minute 196/19/5)
 Ms H Wyton – Director of People and Organisational Development

ACTION**191/19 APOLOGIES AND WELCOME**

No apologies for absence were received.

192/19 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Chief Financial Officer and Mr A Johnson, Non-Executive Director declared their respective interests as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd. The Trust Chairman declared an interest in the item of business considered under Minute 196/19/1 below (relating to the East Midlands Clinical Research Network), advising that a family member was a Partner of the Lakeside Practice which received funding from this Network. Mr M Traynor, Non-Executive Director declared his role with the Cabinet Office as Small Business Crown Representative in relation to the report on preparations for a potential no deal EU exit (Minute 196/19/3 below refers). With the agreement of the Board, all of the above Trust Board members remained present.

193/19 MINUTES

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

**CHAIR
MAN**

194/19 MATTERS ARISING FROM THE MINUTES

Paper B provided a summary of the outstanding actions from the 5 September 2019 and previous Trust Board meetings. In respect of item 4a (Minute 179/19/2 of 5 September 2019 refers), the Non-Executive Director Audit Committee Chair confirmed that a report on the 'mission-critical' prioritised IM&T systems was provisionally scheduled for the 8 November 2019 Audit Committee meeting en route to the Trust Board. In respect of item 9 (Minute 162/19/2.3 of 1 August 2019 refers), the Director of People and Organisational Development noted that a report on the national changes in pension tax allowance featured in the private section of today's Trust Board agenda.

Resolved – that the Trust Board matters arising log be noted as per paper B.

195/19 KEY ISSUES FOR DISCUSSION/DECISION

195/19/1 Patient Story – Person and Relationship Centred Care

The Chief Nurse introduced today's patient story noting the benefits of a monthly focus at Trust Board meetings on key themes and lessons learned from both positive and negative patient experiences. This particular story was being told by a lung cancer patient (in person and via a short video) and it demonstrated ways in which the 'golden thread' of patient and public involvement had been used to improve the experiences of cancer patients at UHL. Feedback from the 2017 National Cancer Patient Experience Survey had been responded to and the results of the 2018 survey (received at the beginning of September 2019) had shown significant improvements. Trust Board members noted that the Lung Cancer Multi-Disciplinary Team was working well together, but it was always helpful to gather patient experience through the eyes of the patient and their family.

Ms H Leatham, Assistant Chief Nurse, Mr K Ang, Consultant Thoracic Surgeon, and Ms S Taylor, Thoracic Nurse Specialist attended the meeting for this item, alongside the patient, Mr G James and his partner. During the video presentation, it was noted that Mr James had been well-informed about his condition and the proposed treatment plan (although much of the information had been 'blacked out' due to nerves and anxiety). Throughout his treatment, pain control had been good and his care had been excellent. During his in-patient stay and following his discharge, Mr James and his family had felt well-supported and contact details had been provided for seeking urgent advice, meaning that there was always someone to turn to for reassurance when required. Mr James was now being followed up in clinic every 3 months, but his quality of life was good and he had been able to return to his hobby of playing golf twice weekly.

The Thoracic Nurse Specialist provided an overview of her team which consisted of 3 Thoracic Nurse Specialists covering a wide geographical area including Peterborough, Kettering, Northamptonshire and Burton upon Trent. As a unique service in the UK, the team was frequently invited to attend conferences, research and networking events. In the last year, the service had seen approximately 1,100 new patients and held over 11,000 patient contacts. Some patients were more complex and not all patients were suitable candidates for surgery, but all patients were treated as individuals and the Thoracic Nurse Specialists aimed to spend as much time with each patient as they (and their family) needed, providing widespread information and holistic support where required. The Consultant Thoracic Surgeon advised that it was a privilege to be part of this well-functioning clinical team. He noted that clinicians could easily become 'bogged down' with timings, activity and performance, but it was reassuring to know that anxious and distressed patients and their families were receiving the appropriate information, support and wider wellbeing care. Mr James himself had been a 'model patient' who was motivated to follow clinical advice within his recovery plan. Mr James responded by summarising the excellent care he had received and commending the reassurance that was being provided through the follow-up process.

The Trust Board thanked Mr James and his partner for attending the meeting and for providing such useful feedback. In discussion on the patient story, members:-

- (a) commented upon the importance of the 2018 National Cancer Patient Survey Results in respect of the six specific questions relating to person and relationship centred care (as set out in paper C) and commending the excellent service that was being provided by UHL;
- (b) highlighted the importance of patient information on living with cancer in addition to dealing with the immediate treatment plan, noting that UHL had been commended on this point during a visit by the East Midlands Cancer Alliance and that a number of innovations were being taken forward to strengthen this approach;
- (c) queried whether the current level of service delivery would be sustainable in the longer term, noting in response that the service was currently being stretched by increasing activity, but a

- business case was being prepared to seek funding to appoint an additional (fourth) Thoracic Nurse Specialist;
- (d) commented upon the rapid nature of UHL's improvements in the National Cancer Patient Survey results, seeking a view from the service as to any key changes that might have triggered this improvement. In response, it was noted that all members of the clinical team were seeking to deliver the Trust's values in terms of passion, creativity and team working. A specific email address had been established enabling patients to contact the team directly, office cover had been expanded and a 24-hour answerphone service was in place. The improved information flows, open communications channels, access to advice and open-access clinics had all led to corresponding improvements in patient confidence. In addition, the service held a specific patient experience day annually to monitor feedback and assess any additional areas of improvement that might be required, and
- (e) highlighted UHL's improving performance against the optimal lung cancer pathway, acknowledging the additional support that was provided by the East Midlands Cancer Alliance.

In summary, the Trust Chairman commented on the significant value of reviewing UHL's services from a patient's perspective at the Trust Board meetings and the importance of the 'Team around the Patient' in delivering high quality patient care. He particularly thanked Mr James and the clinical representatives for attending the meeting.

Resolved – that the patient story relating to person and relationship centred care be noted.

195/19/2

Chairman's Monthly Report – October 2019

The Chairman drew the Trust Board's attention to the recent announcement that UHL would be receiving £450m of capital funding over the next 5 years to fund its Strategic Reconfiguration Programme. Collectively, the Trust Board was very pleased with this announcement, noting the importance of improving the status of the built environment at Leicester's Hospitals and the ways in which this would support transformation and delivery of improvements in patient care. He noted the hard work of staff, patient groups, stakeholders and MPs in progressing the business case and the positive impact of the visit to UHL's Intensive Care Unit and the Emergency Department by the Secretary of State for Health and Social Care on 11 September 2019.

In introducing his monthly report at paper D, the Chairman confirmed that he had written to thank the patient's relative for sharing her experiences relating to organ donation at the September 2019 Trust Board meeting. He highlighted the presentation evening for the Caring at its Best Awards, particularly acknowledging the contribution of Ms T Jones, Deputy Director of Communications in organising this annual event, noting that Ms Jones would be leaving the Trust at the end of October 2019. In respect of his formal activities during the last month, the Chairman highlighted his own attendance at the first meeting of the LLR health and social care system Partnership Group, and the attendance of Sir D Behan, Chair of Health Education England at UHL's Trust Board thinking day in September 2019.

The Chairman also advised that this would be the last Trust Board meeting for Mr P Traynor, Chief Financial Officer who would be leaving the Trust at the end of October 2019. On behalf of the Trust Board, he recorded an appreciation of Mr P Traynor's contribution over the last five years, wishing him well in the future. In response, Mr Traynor noted that it had been both a privilege and a pleasure. He had enjoyed attending meetings of the Trust Board, Finance and Investment Committee and Audit Committee and he thanked the Chairs of those Committees for their support. Finally, he congratulated the Trust on the announcement of the £450m capital funding allocation and provided his best wishes for the successful delivery of UHL's Strategic Reconfiguration Programme.

The Chief Executive added his own personal thanks to the Chief Financial Officer, noting that he had been the Executive Lead for the Reconfiguration Programme until recently. A general discussion also took place regarding the local employment and economic development prospects arising from the major construction projects that would be delivered as part of UHL's Reconfiguration Programme. Ms V Bailey, Non-Executive Director also highlighted the public health benefits of improving local employment opportunities, noting the positive contribution that high employment rates and working for a good employer could make in supporting mental health and wellbeing.

Resolved – that the Chairman's October 2019 report be noted.

Chief Executive's Monthly Report – October 2019

The Chief Executive's October 2019 monthly update at paper E followed (by exception) the framework of the Trust's strategic objectives. The quality and performance dashboard had been updated to reflect the Trust's increased use of statistical process control charts (SPCs). For October 2019, two different versions of the new dashboard were appended to the report (with one version categorised according to the Trust's priorities and the other version categorised according to the CQC domains). The Chief Executive invited members' views regarding their preferred system of categorisation and members supported the Chief Executive's recommendation to use the headings that related to the CQC domains going forwards. Any differing views were welcomed to be submitted by email to the Chief Executive or the Chief Operating Officer outside the meeting. The following comments and queries were raised about the quality and performance dashboard:-

- (i) Ms K Jenkins, Non-Executive Director commented positively on the new format but she queried whether it would be possible to include a summary of the actions and associated timescales to respond to any areas of performance which were RAG-rated as red. The Chief Executive agreed to consider ways in which this request could be accommodated within the concise nature of the dashboard, although he noted that this information was already provided in the full version of the month 5 quality and performance report (which was publicly accessible on the Trust's external website and featured as a hyperlink within paper E);
- (ii) Professor P Baker, Non-Executive Director sought and received additional information regarding the Trust's progress with moving away from the traditional RAG-ratings towards less simplistic methods of monitoring performance. In response, the Chief Executive advised that performance data was still highlighted in red or green to indicate whether a performance standard had been met (at a glance), but the aim would be to increase the Trust Board's focus on the additional columns in the dashboard which summarised the current assurance, variation and trend going forwards;
- (iii) Mr A Johnson, Non-Executive Director highlighted opportunities to present the assurance, variation and trend data more dominantly within the report. He also queried whether it would be possible to include the corresponding page number within the main quality and performance report for each performance indicator, and
- (iv) the Medical Director highlighted an error where the performance targets for mortality and fractured neck of femur had been accidentally transposed. He commented further advising that the SPC approach did not work well for monitoring patient mortality, but he provided assurance that UHL's mortality indicators were within the expect range on the 'funnel plot'. During a recent visit representatives from Dr Foster had been complimentary on the Trust's mortality performance and the processes in place for capturing this data. In respect of deteriorating fractured neck of femur performance, the Executive Quality Board and the Quality and Outcomes Committee had been undertaking a detailed review and the relevant Clinical Management Groups had each been tasked with presenting their recovery plans to the Performance Review Meetings. The Medical Director also noted that some intentional follow-up appointments were being incorrectly recorded as re-admissions. This issue was being addressed via a specific quality improvement workstream in relation to safe and timely discharge.

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Following the above discussion, it was agreed to review the format of the quality and performance dashboard in six months' time to ensure that it was providing the Trust Board with the required information. Taking the remainder of the report as read, the Chief Executive drew Trust Board's attention to:-

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- (1) continued challenges in urgent and emergency care performance, including a shortage of medical bed capacity at the LRI site, significant increases in ED attendances and admissions, challenges for staff which had been exacerbated by some flooding at Glenfield Hospital, the impact of building works at Glenfield upon three wards resulting in fragmentation of ward accommodation, staffing issues by specialism and special cause variation. The three affected wards at Glenfield were expected to re-open by the end of week commencing 7 November 2019 following the completion of painting and cleaning works. The Chief Nurse noted that patient harms data, complaints and ED friends and family test results remained positive, indicating that a good standard of care was being delivered, despite the challenges being faced. In specific

discussion on ED performance and issues, Mr B Patel, Non-Executive Director voiced a concern about the unintended consequences arising from changes in the arrangements for patients wishing to access the urgent care hubs. Appointments were now to be made via GP surgeries or by dialling the 111 out of hours service and it was likely that some patients were deciding to attend the ED instead as this was seen to be more accessible. The Leicester and Leicestershire Healthwatch Representative advised that if a patient did not receive an urgent care appointment or GP call-back within 20 minutes of calling the 111 service, then an automatic ambulance was despatched to them. Healthwatch had particularly raised this issue as the process was not being effectively communicated to patients. The Chief Executive undertook to check whether the issue of booked appointments at the urgent care hubs had been reviewed and agreed by the A&E Delivery Board and whether the A&E Delivery Board had been sighted to any unanticipated consequences following implementation.

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- (2) the Care Quality Commission (CQC) programme of unannounced and well-led inspections. The Chief Nurse confirmed that unannounced inspections of identified services had been taking place across the three main hospital sites over the last three weeks. During the inspections, staff had been professional and welcoming, demonstrating their pride in working for UHL and sharing examples of best practice with the inspection team. In respect of mental health care in the acute setting, some variations had been noted between current practice and the pathways and policies in place and an interim improvement plan would be put in place to address this variance prior to receipt of the CQC's formal report, and
- (3) the welcome announcement regarding UHL's £450m capital allocation over the next 5 years. He particularly highlighted the significant contribution by Ms N Topham, Reconfiguration Programme Director in this respect, noting that Ms Topham had been working on this project since 1999. He also highlighted the track record of Mr D Kerr, Director of Estates and Facilities who was now the Executive Lead for this workstream, noting that he had led the successful delivery of a £300m cancer centre scheme for his previous NHS Trust. The Chief Executive provided a brief overview of the timetable for progressing the Reconfiguration Programme, including the arrangements for updating the pre-consultation business case and commencing the formal public consultation. In parallel, the technical work on the business cases and enabling schemes would be taking place with an emphasis on fast-tracking the ICU expansion on the LRI site (due to urgent clinical imperatives). The resources for the project would need to be up-scaled with a focus on technical, financial, transformational and workforce expertise. Assurance was provided that the Reconfiguration Programme would be fully integrated with Becoming the Best and the e-Hospital Programme. In specific discussion on UHL's Reconfiguration Programme:-
 - (a) the Director of Estates and Facilities briefed the Trust Board on the additional arrangements for immediate investment of the £10m emergency capital allocation on critical infrastructure issues during the 2019/20 financial year. In respect of the £450m scheme, he provided assurance that there was much clearly defined national guidance available which could be readily adapted to suit UHL's local circumstances;
 - (b) Mr M Traynor, Non-Executive Director commented upon the scope to expedite schemes using the Trust's Procure 22 framework partner, and opportunities to change the way that the Trust delivered major construction schemes in parallel with maintaining its core services and continue to deliver business as usual;
 - (c) the Leicester and Leicestershire Healthwatch Representative congratulated the Trust on the capital announcement, reiterating the need for UHL to consult, inform and engage with its patients in relation to future plans and the need to manage patients' expectations appropriately;
 - (d) Mr B Patel and Col (Ret'd) I Crowe, Non-Executive Directors both welcomed the Chief Executive's assurance about the arrangements for public consultation on the business case, noting the added value that public and patient engagement could contribute towards the design of buildings. Mr Patel added that the Patient Participation Group for Better Care Together had recently been disbanded at short notice and Col (Ret'd) Crowe emphasised the opportunity to work more closely with UHL's Patient Partners, increasing their numbers if necessary;
 - (e) the Director of Strategy and Communications commented on the significance of transforming services and pathways of care as an integral part of the Reconfiguration Programme (rather than 'lifting and shifting' the existing services to a new location), noting that the messaging would be key in this respect;
 - (f) Ms V Bailey, Non-Executive Director supported the above comments on transformation of

- services, noting the need to reduce the clinical impact of schemes and manage any risks and mitigating actions appropriately. She also noted an opportunity to prove the concept of co-production of plans with UHL's Patient Partners;
- (g) Mr A Johnson, Non-Executive Director noted the importance of robust project management processes to ensure best value for money, suggesting that a project centre be established to improve communication flows;
 - (h) Ms K Jenkins, Non-Executive Director requested clarity on the intended governance process surrounding the UHL Reconfiguration Programme (including the arrangements for monitoring progress and challenging any issues or delays in the timetable), and
 - (i) the Chief Financial Officer commented upon the appropriate timing of the capital allocation announcement in relation to proposals relating to new system working, the launch of the Quality Strategy, new care pathways and the development of a proposed Provider Alliance.

Following the above discussion, the Chief Executive advised that the Executive Team would be holding a 'time out' on 14 October 2019 to work on the high level plans. He confirmed that an overarching report on the proposed arrangements for delivering the Reconfiguration Programme would be presented to the 7 November 2019 Trust Board meeting. As requested, this report would include the arrangements for addressing Executive level capacity, links to the Quality Strategy, the proposed governance arrangements, and the arrangements for co-production of plans with Patient Partners (as per the commitment made at the July 2019 Annual Public Meeting).

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

(B) a further review of the format and content of the quality and performance dashboard be undertaken in six months' time (in April 2020);

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(C) the Chief Executive be requested to check whether the A&E Delivery Board had supported the proposed changes in urgent care hub bookings processes and whether that Board was sighted to any unanticipated consequences following the change, and

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(D) a high level overarching report on the proposed arrangements for delivering UHL's Reconfiguration Programme be presented to the 7 November 2019 Trust Board meeting.

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195/19/4

Mitigation of Clinical Risks Associated with the Reconfiguration Programme Timeline

Further to Minute 145/19/2 of 4 July 2019, the Medical Director introduced paper F, describing the clinical risks associated with delays in accessing the capital funding to progress with the Reconfiguration Programme. Whilst the capital funding had now been confirmed, members noted that the clinical risks described within the paper would continue to be ongoing whilst the reconfiguration programme was being implemented. The report sought the Trust Board's support for the mitigations outlined to reduce the risks in respect of the following services and the proposed phased approach to be adopted within the implementation plans:-

- Intensive Care Unit expansion at the LRI;
- Renal Medicine move to Glenfield within 6 months of the Renal Transplant move;
- Urology and Interventional Radiology;
- Neonatal Services, and
- Maternity Services

Trust Board members noted that the greatest risks related to Neonatal and Maternity Services. However, the emergency capital funding had now been confirmed to deliver theatre upgrades on the LGH site and this work would be completed as soon as possible. Professor P Baker, Non-Executive Director strongly supported the risk assessment process and the proposed interim steps to mitigate the risks of sustaining Maternity services on 2 hospital sites. Ms V Bailey, Non-Executive Director concurred with this view, commenting upon the additional evidence to support UHL's next CNST assessment for maternity services. Following due consideration, the Trust Board approved the recommendations as set out in paper F, particularly commending the robust clinical engagement that had supported the development of the associated mitigation plans.

Resolved – that the clinical risks associated with delays in accessing capital funding be noted and the proposed mitigation plans be approved (as described in paper F).

196/19 ITEMS FOR ASSURANCE

196/19/1 East Midlands Clinical Research Network (EMCRN) Quarterly Report

Professor D Rowbotham, EMCRN Clinical Director, and Ms E Moss, EMCRN Chief Operating Officer attended the meeting to present paper G, providing the quarterly update on performance, major achievements, challenges and actions for the period 1 April 2019 to 6 September 2019. As requested at the 4 July 2019 Trust Board meeting, the report also included an update on patient engagement activities. Overall the report presented a mixed picture of performance across the High Level Objectives (HLOs) with a small number of concerns relating to the commercial metrics. Actions to improve performance were actively monitored through the risk register and additional support was being provided to assist teams with attaining their commercial research targets. Accounts payable performance continued to improve and it appeared that the process improvements implemented recently were now gaining traction. Assurance was provided that the Human Resources teams had addressed the issues relating to members of the core team which were employed by the Nottingham University Hospitals NHS Trust. Feedback from the Clinical Research Network Coordinating Centre in response to the Annual Report 2018/19, Annual Plan 2019/20 and the year-end review meeting held on 12 July 2019 was provided at appendices 4 and 5 (respectively). There were no major concerns or issues identified, but one medium issue and 3 minor issues had been escalated for appropriate action.

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

- (a) Ms K Jenkins, Non-Executive Director queried whether there was any impact associated with the RAG-ratings in appendix 1 not being green. In response, the EMCRN Chief Operating Officer advised that 3 of the metrics were likely to impact upon the EMCRN's budget for 2019/20, but these metrics were expected to be fully compliant in 2020/21. In addition, non-compliant areas of performance had the potential to affect the external perception of the Network and its ability to attract research funding;
- (b) the Director of Strategy and Communications sought and received additional information regarding UHL's role as the host Trust and the work being undertaken with partners (including primary care) to drive areas of improvement in areas such as the time taken to recruit to commercial research studies;
- (c) the Non-Executive Director Finance and Investment Committee (FIC) Chair provided assurance that this Committee now received separate reporting metrics on EMCRN accounts payable performance, noting also that UHL had applied for additional working capital loans to help improve cash flow;
- (d) the Chief Executive had held a very positive discussion with the Director of the National Institute for Health Research (NIHR) and he undertook to provide feedback on future planning to the EMCRN Clinical Director and Chief Operating Officer (outside the meeting), and
- (e) the Trust Chairman welcomed the information provided in section 3 of paper G relating to patient involvement and engagement, seeking clarity regarding any links to improving access for specific cohorts of patients and improving the take-up of studies, noting in response that the EMCRN was working closely with the NIHR applied research collaboration in this respect.

Resolved – that the EMCRN update report for the period 1 April 2019 to 6 September 2019 be received and noted as paper G.

196/19/2 Board Assurance Framework (BAF) and Integrated Risk Report

Paper H provided a quarterly update on the Trust's current position in respect of risk controls and assurance, including the 2019/20 BAF which was provided at appendix 1. In presenting the report, the Director of Corporate and Legal Affairs particularly highlighted the following points:-

- (a) the risk score for Principal Risk 9 (re: failure to meet the financial control total) had been increased from 12 to 16 and this increased score was projected to continue in quarters 3 and 4. This projection was not consistent with other reports and would be updated in the next iteration of the BAF (to be informed by the quarter 2 year-end submission to NHSI/E). In addition, the Audit Committee had undertaken a deep dive review of this risk in September 2019;
- (b) the narrative surrounding Principal Risk 7 (re: failure to progress site investment and reconfiguration plans) now required a complete review following the recent announcement of the £450m capital allocation and the next iteration would be very different;
- (c) the narrative surrounding Principal Risk 6a (re: serious disruption to the critical estates

infrastructure) also required a complete review to take account of the £10m emergency capital investment within the 2019/20 financial year;

- (d) the risk rating for Principal Risk 10 (re: failure to work with the wider system) was likely to reduce towards the end of the year with the development of system plans, and
- (e) the six new risks scoring 15 and above which had been entered onto the risk register and endorsed by the Executive Team during the reporting period (as detailed in section 3.4 of paper H).

During an in-depth discussion on the integrated risk report, the following comments were noted:-

- (1) the Medical Director advised that he was assured by the robust risk review process undertaken through the Performance Review Meetings and Board Committees in respect of new risks scoring 15 and above;
- (2) the Chief Nurse confirmed that the risk rating for Principal Risk 2 (re: failure to reduce patient harm) had been retained for this quarter, but a robust discussion had been held on the impact of the Quality Strategy, the Quality and Safety Priorities and reductions in variation between wards and departments;
- (3) Ms V Bailey, Non-Executive Director commented upon the helpful nature of the whole Board discussions on the development of the 2019/20 BAF, noting the good work that was taking place in respect of Principal Risk 10 (re: failure to work with the wider system) and opportunities to increase the pace of implementation. In response, the Chief Executive advised that he would expect a significant acceleration to occur in the pace of system changes;
- (4) in relation to Principal Risk 5 (re: failure to recruit, develop and retain workforce), members commented on the opportunities to attract highly skilled and motivated staff to work in world class facilities in Leicester as a result of the capital investment allocation. The Director of People and Organisational Development provided assurance that staff retention was already quite good, sickness absence rates were low and turnover was at a reasonable level. There was a high level of confidence that UHL's Workforce Strategy would deliver the required outcome and the risk score would be reduced accordingly to reflect this;
- (5) the Non-Executive Director Audit Committee Chair commended the continuous improvement process surrounding UHL's BAF, reiterating the need to continually challenge the target risk ratings to ascertain whether they could be reduced more quickly to avoid carrying high levels of risk for any longer than necessary. The next BAF deep dive at the Audit Committee in November 2019 was expected to focus upon Principal Risk 6a (re: serious disruption to the critical estates infrastructure);
- (6) the Audit Committee Chair commented upon the good granularity contained within the organisational risk register, noting that there were currently 95 high risk entries of which 33 were rated at 20. She advised of the intention to seek more information on these 33 high scoring organisational risks and the timescale for achieving the target risk scores, at the November 2019 Audit Committee meeting, noting also that 20% of the organisation risk register entries related to the theme of 'protocols', and
- (7) the Chief Executive queried the scope to include information on the anticipated date for achieving the target risk scores within the organisational risk register summary, and the Director of Corporate and Legal Affairs undertook to explore this issue with the Director of Safety and Risk and the Risk and Assurance Manager (outside the meeting).

Resolved – that (A) the Integrated Risk report and 2019/20 BAF be received and noted as paper H;

(B) the Director of Corporate and Legal Affairs be requested to meet with the Director of Safety and Risk and the Risk and Assurance Manager to discuss:-

- (1) the arrangements for reviewing and challenging the 95 high risks on the organisational risk register and the provision of assurance to the November 2019 Audit Committee on this process, and** **DCLA**
- (2) opportunities to include additional information on the timescales for achieving the target risk scores within the organisational risk register summary.** **DCLA**

196/19/3

Potential No Deal EU Exit Preparations

Further to Minute 178/19/3 of 5 September 2019, paper I provided an overview of the status of preparations being made by UHL and the NHS in the event of a no deal EU exit. Taking the report as read, the Director of Corporate and Legal Affairs briefly highlighted the key points advising that

the Department of Health and Social Care had produced EU exit operational guidance and providing assurance that UHL had reviewed this guidance with the subject matter experts. The Emergency Planning Officer and the Risk and Assurance Manager had met with each workstream lead to assess the position. No material issues had been flagged and the self-assessment had been submitted to NHS England. Weekly meetings continued to be held and a robust process was in place to escalate any issues that may arise up to or after 31 October 2019. UHL continued to participate in the Local Resilience Forum and engage with its suppliers and system partners. East Midlands Airport was a key enabler within the contingency planning arrangements. Staff briefings on Brexit were provided through the Chief Executive's monthly briefing sessions and specific guidance had been issued to prescribing staff and patients regarding the supply of medicines.

The Chief Operating Officer and the Director of People and Organisational Development briefed the Trust Board on the arrangements for reassuring EU staff, noting that there were currently 888 individual members of EU staff working at UHL and they had until December 2020 to register on the settlement scheme. Regular communications were being held with these staff and individual support was being provided where required. Whilst some EU staff had left the Trust since the EU referendum was held, none of them had stated that this was their reason for leaving the Trust and confidence seemed high amongst this staff group.

Responding to a Non-Executive Director query, the Medical Director briefed the Trust Board on the established and robust processes in place for managing any shortages in the supply of medicines, noting that the usual procedure would be to recall any ward supplies to protect critical areas and offer alternative products to the any less critical areas. Mr M Traynor, Non-Executive Director commended the excellent work being undertaken by the Director of Corporate and Legal Affairs and his colleagues, and he briefed the Trust Board on his own observations of the well-planned nature of national preparations (including warehousing facilities, border agency staffing resources and supply chain processes).

Resolved – that (A) the update report on preparations for a potential no deal EU exit be received and noted as paper I, and

(B) the Director of Corporate and Legal Affairs be requested to notify Trust Board members by email in the event of any significant issues arising before the 7 November 2019 Trust Board meeting.

DCLA

196/19/4 Reports from Board Committees

196/19/4.1 Audit Committee

The Audit Committee Non-Executive Director Chair introduced paper J, providing the Minutes of the 6 September 2019 Audit Committee, highlighting the agreed action for the Acting Chief Information Officer to report back to the November 2019 Audit Committee meeting on the measures in place to avoid the risk of 'orphan' IM&T systems.

Resolved – that the Minutes of the 6 September 2019 Audit Committee be received and noted as per paper J (no recommended items).

196/19/4.2 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair introduced paper K, summarising the issues discussed at the 26 September 2019 QOC. He particularly highlighted the discussions held about relationships and team functionality within the Cardiac Surgery service. The Medical Director provided a short overview of the arrangements for a well-respected Cardiac Surgeon to work with the team to improve governance processes and team relationships (which was already having a transformative effect). Trust Board members commended the rapid deployment of this proactive approach, which had successfully averted the risk of the team becoming dysfunctional and potentially causing patient harm.

Resolved – that the summary of issues discussed at the 26 September 2019 QOC be noted as per paper K (no recommended items) – Minutes to be submitted to the 7 November 2019 Trust Board.

196/19/4.3 People Process and Performance Committee (PPPC)

The PPPC Non-Executive Director Chair introduced paper L, summarising the issues discussed at the 26 September 2019 PPPC. Noting that there were no formal recommendations for the Trust Board's approval, the PPPC Chair highlighted the discussions held on the following themes:-

- (i) month 5 urgent and emergency care performance – despite a good debate regarding rising demand, national rankings, resilience and bed modelling, the Committee was not assured that the Trust had the ability to meet its urgent and emergency care targets;
- (ii) Becoming the Best update – presentations had been received from the Deputy Director of Learning and OD and the Head of Quality Improvement, detailing a robust coordinated approach. However, the Committee had noted the long-term nature of this strategy to achieve measurable results. The Director of People and Organisational Development also noted an opportunity to strengthen the links with the Equality and Diversity Board within the Becoming the Best Programme, and
- (iii) cancer performance and recovery plans – during the joint session with QOC members present, the Committee had received a detailed report on the actions in place to mitigate the impact of significant rises in demand.

In addition, the Chief Operating Officer drew members' attention to the joint discussion held between PPPC and QOC members on the process for ED management of patients with a mental health diagnosis. The Chief Nurse briefed the Trust Board on the gap analysis and action plan developed by the Mental Health Steering Group which included representation from the Leicestershire Partnership NHS Trust (LPT). A briefing paper was being prepared for a future QOC meeting on the arrangements for supporting patients who were living with mental health issues.

Resolved – that the summary of issues discussed at the 26 September 2019 PPPC be noted as per paper L (no recommended items) – Minutes to be submitted to the 7 November 2019 Trust Board.

196/19/4.4 Finance and Investment Committee (FIC) and 2019/20 Financial Performance (August 2019)

The FIC Non-Executive Director Chair introduced paper M1, summarising the issues discussed at the 26 September FIC. He highlighted the significant changes required within the 2019/20 Capital Programme following the recent announcement about UHL's allocation of £450m over the next 5 years and the helpful nature of the report received on service level financial analysis.

The Chief Financial Officer then presented paper M2, setting out the Trust's 2019/20 month 5 financial performance, which had been discussed in detail at the 26 September 2019 FIC. Financial performance for month 5 (August 2019) was in line with plan, with UHL having achieved a year to date deficit of £26.7m excluding central Provider Sustainability Funding, Financial Recovery Funding and Marginal Rate Emergency Tariff (£15m deficit including PSF/FRF/MRET, which was also in line with plan). He highlighted the main areas of risks within the year-end forecast, including delivery of the Clinical Management Group (CMG) and Directorate control totals, Commissioner affordability, and delivery of financial recovery actions to close the residual planning gap. Discussion took place regarding the process for those CMGs which did not have robust recovery plans and were being put into 'special measures' as defined within the Trust's Accountability Framework. It was clarified that this was intended to be a supportive approach to assist the CMGs with improving their financial position. A quality and safety impact assessment was undertaken in respect of any efficiency schemes likely to affect patient care and these were signed off by the Medical Director and Chief Nurse prior to implementation.

During further discussion on the financial recovery plans, the following comments and queries were noted:-

- (a) Ms K Jenkins, Non-Executive Director queried whether the Trust was following-up on all of the financial recovery opportunities highlighted by the PwC review in 2018/19. In response, the Chief Executive highlighted the main recovery actions that were currently being pursued, adding that the Financial Recovery Board might wish to re-visit the full list of PwC recommendations and consider implementing some further additional controls for 2019/20;
- (b) Ms V Bailey, Non-Executive Director sought and received assurance regarding non-pay expenditure controls within the CMGs, noting that robust processes were in place for managing procurement and ensuring that activity plans were realistic and achievable. Regular and detailed Performance Review Meetings were held with the 7 CMGs, the Estates and

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Facilities Directorate and the remaining Corporate Directorates to ensure that they were delivering their best possible performance, irrespective of their underlying position, and

- (c) Mr A Johnson, Non-Executive Director queried whether sufficient time was made available at the Performance Review Meetings to review all of the relevant actions on a realistic basis, noting in response that additional time was allocated where necessary and that weekly and interim meetings were held as required.

Resolved – that (A) the summary of issues discussed at the 26 September 2019 FIC be noted as per paper M1 (no recommended items) – Minutes to be submitted to the 7 November 2019 Trust Board, and

DSC

(B) the 2019/20 month 5 financial performance be noted as paper M2.

196/19/5 Corporate Trustee Business

196/19/5.1 Charitable Funds Committee (CFC)

Resolved – that (A) the 5 September 2019 CFC Minutes be received and noted by the Trust Board as Corporate Trustee, as per paper N1, and

(B) it be noted that the recommended item (to approve the Leicester Hospitals Charity Annual Accounts 2018/19 and Annual Report for 2018/19) featured separately on today's Trust Board agenda.

196/19/5.2 Leicester Hospitals Charity Annual Accounts 2018/19 and Annual Report 2018/19

The Chief Financial Officer introduced paper N2, seeking the Trust Board's approval as Corporate Trustee of the Leicester Hospitals Charity Annual Accounts 2018/19 and Annual Report 2018/19. The Financial Controller and the Charity Finance Manager attended the meeting for this item, advising that the production of the Annual Accounts for 2018/19 had been a smooth process and that Grant Thornton (the External Auditors) had provided a clean audit within the required timescale for onward submission to the Charity Commission.

Ms K Jenkins, Non-Executive Director requested further information relating to the prior year Audit recommendation to include an additional entry in the Trust's risk register relating to the potential financial loss arising from a fall in the market value of investments (appendix A of the Audit Findings report refers). The Financial Controller advised that this action was in the process of being implemented and confirmed that an update would be provided to the December 2019 CFC meeting.

FC

A short discussion took place regarding the creation of a Charity Hub in the space next to the L'Eat Restaurant on the LRI site and members noted the benefit of improving access to the Fundraising Team for staff and members of the public. In addition, the Charity Hub was being utilised as a base for the UHL 'Meet and Greet' volunteers to support their interactions with patients and visitors.

Resolved – that (A) the Leicester Hospitals Charity Annual Accounts 2018/19 and Annual Report 2018/19 be approved by the Trust Board (as Corporate Trustee);

(B) the Statement of Trustee's responsibilities, the Balance Sheet and the Letter of Representation be approved for signature by the required signatories (Chairman, Chief Executive and Chief Financial Officer), and

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(C) the Financial Controller be requested to provide an update on the prior year Audit finding (re: additional entry on the Trust's risk register) to the December 2019 Charitable Funds Committee.

FC

197/19 ITEMS FOR NOTING

197/19/1 LLR System Leadership Team Minutes

Resolved – that the Minutes of the System Leadership Team meeting held on 22 August 2019 be noted as paper O.

197/19/2 Reports from Board Committees

197/19/2.1 Quality and Outcomes Committee (QOC)

Resolved – that the 29 August 2019 QOC Minutes be noted as per paper P1 (the recommended item having been approved at the 5 September 2019 Trust Board).

197/19/2.2 People, Process and Performance Committee (PPPC)

Resolved – that the 29 August 2019 PPPC Minutes be noted as per paper P2 (no recommended items).

197/19/2.3 Finance and Investment Committee (FIC)

Resolved – that the 29 August 2019 FIC Minutes be noted as per paper P3 (the recommended item having been approved at the 5 September 2019 Trust Board).

198/19 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) Congratulations on the recent announcement of £450m capital funding to support the Trust's Reconfiguration Programme and the additional £10m emergency capital funding. Such funding for Leicester had been long-awaited since the decision had been taken not to progress with the Pathway Scheme;
- (2) a question about whether the LLR Partnership Group meetings would be held in public. In response the Trust Chairman confirmed that the Partnership Group was committed to improving transparency and patient and public engagement, but at the current time, the LLR Partnership Group was not intended to operate as a public meeting forum. The public consultation phase of the Reconfiguration Programme would be seen as the first step towards increasing the patient focus and strengthening communications processes and the Partnership Group would be agreeing a set of principles about how patient and public involvement could be best achieved, going forwards, and
- (3) a comment that the timescale for submitting the draft LLR Long Term Plan was fast-approaching and a concern that there was no opportunity for patient and public involvement within this Plan, given that the Patient Participation Group for Better Care Together had recently been disbanded. In response the Chief Executive noted that this concern was understandable, given that the Sustainability and Transformation Plans were never published in the public domain. More positively, he advised that the Long Term Plan for the NHS had been published and it was intended to publish the finalised local Long Term Plans in November 2019.

Resolved – that the position be noted.

199/19 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 200/19 to 205/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

200/19 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Chief Financial Officer and Mr A Johnson, Non-Executive Director declared their respective interests as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd. With the agreement of the Trust Board, they remained present.

201/19 CONFIDENTIAL MINUTES

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

CHAIR
MAN

202/19 CONFIDENTIAL MATTERS ARISING REPORT

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

203/19 KEY ISSUES FOR DISCUSSION/DECISION

203/19/1 Confidential Report from the Director of People and Organisational Development

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

203/19/2 Confidential Report from the Director of Corporate and Legal Affairs

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

204/19 ITEMS FOR ASSURANCE

204/19/1 Reports from Board Committees

204/19/1.1 Quality and Outcomes Committee (QOC)

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.

204/19/1.2 People, Process and Performance Committee (PPPC)

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.

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204/19/1.3 Finance and Investment Committee (FIC)

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

204/19/2 Corporate Trustee Business

204/19/2.1 Report from the Director of Strategy and Communications

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

205/19 ITEMS FOR NOTING

205/19/1 Reports from Board Committees

205/19/1.1 Quality and Outcomes Committee (QOC)

Resolved – that the confidential 29 August 2019 QOC Minutes be noted as per paper W1 (no recommended items).

205/19/1.2 People, Process and Performance Committee (PPPC)

Resolved – that the confidential 29 August 2019 PPPC Minutes be noted as per paper W2 (no recommended items).

205/19/1.3 Finance and Investment Committee (FIC)

Resolved – that the confidential 29 August 2019 FIC Minutes be noted as per paper W3 (no recommended items).

206/19 ANY OTHER BUSINESS**206/19/1 Verbal Report from the Chief Nurse – Accreditation of Trainee Nurse Associate Programme**

Reporting verbally, the Chief Nurse was pleased to announce that the Trainee Nurse Associate Programme had recently been accredited and that this programme had been shortlisted for a Health Service Journal (HSJ) award.

Resolved – that the position be noted.

207/19 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 7 November 2019 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 1.36pm

Kate Rayns – **Corporate and Committee Services Officer**

Cumulative Record of Attendance (2019/20 to date):**Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	9	9	100	A Furlong	9	8	89
J Adler	9	7	78	K Jenkins	9	8	89
V Bailey	9	7	78	A Johnson	9	8	89
P Baker	9	4	44	B Patel	9	9	100
R Brown	9	7	78	M Traynor	9	8	89
I Crowe	9	9	100	P Traynor	9	8	89
C Fox	9	7	78				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	9	8	89	V Karavadra (from 5.9.19)	2	2	100
D Kerr	9	8	89	S Ward	9	9	100
H Kotecha	8	6	75	M Wightman	9	8	89
				H Wyton	9	7	78