

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 5 DECEMBER 2019 AT 9AM IN SEMINAR ROOMS A AND B, EDUCATION CENTRE, LEICESTER GENERAL 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 (up to and including Minute 236/19/3)  
 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 L Gale – Head of Financial Planning and Analysis (on behalf of Mr C Benham – Acting Chief Financial Officer from Minute 236/19/1)  
 Mr A Johnson – Non-Executive Director  
 Mr B Patel – Non-Executive Director  
 Mr M Traynor – Non-Executive Director (via conference telephone for Minutes 236/19/2 to 236/19/4 and 237/19/1.4)

**In attendance:**

Mr A Carruthers – Acting Chief Information Officer  
 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 238/19)  
 Dr A Mathur – Consultant (for Minute 236/19/1)  
 Mr A Middleton – Property Manager (for Minute 244/19/2)  
 Ms K Rayns – Corporate and Committee Services Officer  
 Ms J Tyler-Fantom – Deputy Director of Human Resources (on behalf of Ms H Wyton – Director of People and Organisational Development)  
 Mr S Ward – Director of Corporate and Legal Affairs  
 Ms C Rudkin – Senior Patient Safety Manager (for Minute 236/19/1)  
 Mr M Wightman – Director of Strategy and Communications

**ACTION****232/19 APOLOGIES AND WELCOME**

Apologies for absence were received from Mr C Benham, Acting Chief Financial Officer; Ms K Jenkins, Non-Executive Director and Ms H Wyton, Director of People and Organisational Development.

The Trust Chairman advised that Mr M Traynor, Non-Executive Director was unable to attend the meeting in person, but he would be dialling-in via a conference telephone between 9am and 11am. Consequently, the summary of issues arising from the 28 November 2019 Finance and Investment Committee and the month 7 financial performance report (papers J1 and J2 respectively) would be considered at an earlier point in the meeting.

**233/19 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

Mr A Johnson, Non-Executive Director declared his interest as Non-Executive Chair of Trust Group Holdings Ltd and, with the agreement of the Board, he remained present.

**234/19 MINUTES**

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

**CHAIR  
MAN****235/19 MATTERS ARISING FROM THE MINUTES**

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

**236/19 KEY ISSUES FOR DISCUSSION/DECISION**

Patient Safety Story – Complaint

Mrs J Insley attended the meeting to present the patient story relating to her complaint about the care of her uncle, Mr R Thompson who had sadly died in March 2019 at the age of 94. Ms Insley was accompanied by Ms C Rudkin, Senior Patient Safety Manager and Dr A Mathur, Consultant. Trust Board members noted that Mr Thompson had lived independently at home through choice prior to a series of multiple admissions to UHL and transfers of care between UHL and the Leicestershire Partnership NHS Trust (LPT). Following Mrs Insley's complaint, the Trust had undertaken an in-depth review of Mr Thompson's care, provided a written response and had held a meeting with the family in August 2019.

During the complaint review, it had become apparent that (whilst each separate hospital episode had been based on clinically sound decision-making) there had been an overall failure to step back and look at the whole patient journey between December 2018 and March 2019 to recognise that Mr Thompson was becoming increasingly frail and that he was nearing the end of his life. In presenting the patient story, Mrs Insley highlighted her concerns in respect of communications with the family, failure to update the details for the next of kin, late night transfers between hospitals, insufficient duration of antibiotic courses prescribed, and the fact that no-one had appeared to take the trouble to really get to know her uncle as a person. In the past, Mr Thompson had required a 10 day course of antibiotics to respond to an infection, rather than the usual 5 days. Mrs Insley highlighted an opportunity to use the patient bedhead whiteboards to capture patients' interests and suggested topics of conversation which might enable nurses to talk to their elderly patients more freely and get to know them better.

Dr Mathur acknowledged the lack of 'stepping back' to review Mr Thompson's entire patient journey, and he highlighted some of the actions that were taking place to address this issue, advising that UHL and LPT were working together more closely in respect of Mortality and Morbidity reviews, discussions were taking place about the use of the frailty score mechanism within the Emergency Department, progress was being made with the safe and timely discharge work stream, and the roll-out of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) programme was due to take place in January 2020, which would enable individual care plans to be shared with decision-making clinical teams.

In discussion on the patient story, Trust Board members thanked Mrs Insley for bringing these issues to light, noting the need for more joined-up record keeping which would reduce the need for patients having to repeat their medical histories multiple times. Ms V Bailey, Non-Executive Director commented that the Trust Board had heard several patient stories now which had touched upon the theme of clinicians not taking sufficient account of the views of relatives and carers about what was normal behaviour for each individual patient.

Discussion took place regarding opportunities to develop a culture of more holistic patient care and the need to move away from a single-minded diagnostic approach to look at the bigger picture. In response to this point, the Medical Director briefed the Trust Board on particular aspects where more joined-up care was being facilitated. These included a multi-disciplinary team approach, the safe and timely discharge work stream, board and ward rounds involving relatives and carers, the ReSPECT programme, which would involve a complete redesign and standardisation of information in one place, conversations regarding the dying patient, investment in palliative care, the frailty work stream (which needed more focus) and clinical navigation hubs being routed through a single point of care. However, he acknowledged that there were still times when the Trust and the wider healthcare system did not get this right. In further discussion on the patient story:-

- a) the Chief Operating Officer highlighted the importance of considering care at home (where this was clinically appropriate and likely to be in the patient's best interest) and the need to listen to patient choice in this respect;
- b) Professor P Baker, Non-Executive Director, University of Leicester Pro-Vice-Chancellor, Head of the College of Life Sciences, and Dean of Medicine briefed the Trust Board on national proposals for incorporating a greater focus on empathy into professional training programmes;
- c) the Chief Nurse provided an overview of UHL's Ward Assessment and Accreditation Programme, which involved an appointed Assessor undertaking unannounced visits to each ward spanning some 6 to 8 hours, during which the Assessor assessed each ward's performance against key standards and observed the quality of clinical handovers, patient mealtimes, board and ward rounds, team working and spoke with patients and relatives about

the standard of care provided on that ward. This tried and tested approach had proven to be most effective in improving the standard of care at a number of other Trusts. Whilst this programme was still in its infancy at UHL, it was noted that some 30 wards had now received their first assessments. The Chief Nurse advised that she was currently developing proposals for relatives and carers to join the ward accreditation panels and she queried whether Mrs Insley would be interested in participating in a future panel. It was agreed that the Chief Nurse and Mrs Insley would discuss this opportunity outside the meeting;

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- d) the Chief Executive apologised on behalf of the Trust Board for the fact that UHL had not got Mr Thompson's care right and he summarised some of the fundamental changes that were being implemented by UHL and the wider healthcare system (including social care) to address these issues, noting that technology was important, but it was not considered to be the entire solution. He highlighted the contribution that changes in discharge processes and the arrangements for co-ordinating complex care for patients with multiple comorbidities were expected to make, noting that the ReSPECT programme would also be key, and
- e) the Trust Chairman also apologised to Mrs Insley for the distress that had been caused to her and her family. He highlighted the importance of being open and he quoted the section of the report which acknowledged that UHL's staff had not communicated in a proactive way with Mr Thompson's family and that the staff did not listen and hear their concerns. He noted the importance of learning from this patient story and he thanked Mrs Insley for attending today's Trust Board meeting to present her concerns.

**Resolved – that (A) the patient safety story relating to Mrs Insley's complaint about the care of Mr Reginald Thompson be received and noted, and**

**(B) the Chief Nurse be requested to liaise with Mrs Insley (outside the meeting) to invite her to participate in a ward accreditation panel as a patient relative.**

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236/19/2

Chairman's Monthly Report – December 2019

In introducing his monthly report at paper D, the Chairman provided an overview of his attendance at and recent meetings and discussions with (a) the Chief Executive of the Care Quality Commission, (b) the Chief People Officer for NHS Improvement/NHS England (NHSI/E) and (c) the newly appointed Vice Chancellor of the University of Leicester. The Chairman had recently attended a number of events to celebrate the 550<sup>th</sup> birth anniversary of the founder of the Sikh faith, a lamp lighting ceremony to celebrate the Hindu festival of Diwali and he highlighted a forthcoming ceremony in December 2019 to celebrate the Jewish festival of Chanukah. The Chairman's report also outlined his discussions with senior persons involved in a healthcare business in India (having taken a day out of his recent holiday there).

The Chairman also drew the Board's attention to the Trust's Reconfiguration Programme, noting that the proposed arrangements for delivering the Programme would be presented to the Trust Board thinking day on 12 December 2019. In discussion on this point, Trust Board members sought additional information about the proposed consultation process and the form that this would take. The Director of Strategy and Communications undertook to ensure that these aspects were included in the Trust Board thinking day presentation and he advised that a formal report would also be presented to the Trust Board prior to the commencement of the consultation process. The Leicester and Leicestershire Healthwatch Representative sought and received assurance that the proposed consultation process would be agreed with key stakeholders prior to commencement. In response, the Director of Strategy and Communications confirmed that appointments were currently being arranged with UHL's stakeholders to share the draft consultation plan and proposed documentation during January 2020 for this purpose.

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DSC

Finally, the Chairman highlighted those sections of the Chief Executive's report dealing with urgent and emergency care performance and ambulance handovers (Minute 236/19/3 below refers). He noted that winter was a critical time of the year for UHL, bringing additional challenges for staff and patients and that it was important for the Trust Board to focus on these issues and the actions that were being taken to address them.

**Resolved – that (A) the Chairman's December 2019 report be noted;**

**(B) the Director of Strategy and Communications be requested to arrange for details of the outline proposals for the Reconfiguration Programme consultation process to be shared with Trust Board members at the 12 December 2019 Trust Board thinking day, and**

DSC

**(C) a report on the Reconfiguration Programme consultation process be presented to a formal Trust Board meeting (prior to the process commencing).**

DSC

236/19/3

Chief Executive's Monthly Report – December 2019

The Chief Executive's December 2019 monthly update at paper E followed (by exception) the framework of the Trust's strategic objectives. The quality and performance dashboard was provided at appendix 1, appendix 2 provided the terms of reference for the Internal Audit Review of the Quality Strategy, and appendix 3 detailed the 2 new risks rated as 15 or above which had been entered onto the organisational risk register during the reporting period. The Chief Executive particularly drew members' attention to the following key issues and he responded to any comments and queries on each theme as they arose:-

- (1) UHL's Quality Strategy: Becoming the Best – the Executive Team had recently undertaken a complete stock check of the implementation arrangements (with a focus on the key milestones, communications processes, feedback, and the culture and leadership work) and they were generally happy with the progress being made. The Expert Reference Group was seeking to flesh out those areas which had been identified as requiring additional work. The Chief Executive's report to the Trust Board in January 2020 would include an assessment of the feedback received to date and a summary of the actions planned to address any emerging issues. The aim was to retain the current momentum without missing any key components. The initial meeting had been held for Internal Audit's review of the Quality Strategy and the fieldwork was underway, with the findings expected to be available in January 2020;
- (2) progress of the arrangements for delivering the Reconfiguration Programme – a revised timetable had been agreed for sign-off of the Pre-Consultation Business Case (PCBC), with a view to commencing the public consultation process at the end of March 2020. The table in section 4.5 of paper E set out the agreed timetable. Board members noted the need to balance speed of progress with the appropriate due diligence as the business cases progressed. A whole Executive Planning Meeting had been devoted to discussion on the proposed resourcing for the Reconfiguration Programme, including the governance process and further reports on the resourcing and governance arrangements would be presented to the Trust Board thinking day on 12 December 2019 and the Trust Board meeting on 9 January 2020;
- (3) Urgent and Emergency Care – the Urgent and Emergency Care services continued to be pressurised, but the extreme levels of activity appeared to have calmed down a little over the last few days to a more normalised level of high pressure. As a consequence, ambulance handovers had started to improve, although the Trust was pressing on with arrangements to maximise ability to manage high levels of emergency attendances. In specific discussion about urgent and emergency care performance and ambulance handover times, the following issues were raised:-
  - a) the Chief Operating Officer, Chief Nurse and Medical Director has undertaken a review of the Trust's Priorities in relation to 'streamlined emergency care' and 'safe and timely discharge' to provide some additional clarity and to remove any areas of duplication;
  - b) proposals to embed the learning from the 'Perfect Day' initiative (held at the LRI on 20 November 2019) to deliver sustainable reductions in avoidable delays within the patient journey. The high level themes that had emerged from the 'Perfect Day' initiative were set out in section 6.6 of paper E. Ms V Bailey, Non-Executive Director commented on the learning from this initiative and the diagnostic work that was ongoing within the healthcare system. She queried whether staffing was being used appropriately to manage the threshold between patients being treated in their own homes or in a care home and patients requiring an acute admission. In response to this point, the Chief Executive noted a potential lack of staff understanding about the availability of community based services and how to access them. Some specific actions were being implemented to address this weakness through the Community Services Redesign work stream;
  - c) opportunities to create further additional medical bed capacity, subject to the Trust's ability for safe staffing. Assurance was provided that a robust quality and safety impact assessment was in place for opening additional capacity. Mr A Johnson, Non-Executive Director provided feedback from a recent Trust Board walkabout on ward 15, suggesting

that this additional capacity ward had been opened before it was completely fit for purpose. He commented upon the need for a standardised process for opening new ward capacity effectively. In response, the Chief Nurse provided assurance that (a) the Lead Nurse for Assurance and Accreditation and the NHSI/E Quality Lead had assessed ward 15 and were satisfied in relation to the quality of care, patient safety and care environment, and (b) the Trust already had a robust process for opening (and closing) additional ward capacity. It was agreed that a sample of this process would be presented to the 19 December 2019 People, Process and Performance Committee meeting for assurance purposes;

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d) discussions being held with the Leicestershire Partnership NHS Trust (LPT) in relation to potential additional short term support for the winter period;

e) an expected visit from NHS Improvement/NHS England (NHSI/E) to assess the robust nature of UHL's winter plans. Copies of the slide pack for this visit would be shared with Trust Board members (when available);

COO

f) the Leicester and Leicestershire Healthwatch Representative voiced concerns about patient waiting times in the Emergency Department (ED) and delayed ambulance handovers. She queried whether any key messages for patients could be shared by the wider healthcare system to reduce the number of unnecessary or inappropriate attendances. She also reiterated the point she had raised at the 7 November 2019 Trust Board meeting about calls to the 111 service resulting in an automatic ambulance request if the patient did not receive a call back from their GP within 20 minutes. In response to these points, the Chief Operating Officer highlighted the importance of providing patients with additional support in the community setting before they deteriorated to such a point where an acute admission was necessary. The Director of Strategy and Communications highlighted a potential conflict in this area, advising that a previous year's public campaign to reduce ED attendances had appeared to modify patient behaviours and had coincided with a 15% increase in ED attendances. He suggested that a more effective communications approach might include GP letters to patients, listing all the alternative options for accessing healthcare services without attending the ED. A national winter campaign was expected to be run, but he queried the efficacy of this approach. Board members noted the importance of preventing illnesses, the arrangements for supporting the take-up rates for the influenza vaccine and a suggestion that some patients might be waiting too long before seeking medical intervention. At the request of the Chief Executive, the Director of Strategy and Communications agreed to liaise with Mr R Morris, Director of Corporate Affairs, Leicester City CCG, to consider the most appropriate communications route for raising public perception of the appropriate reasons for attending the ED, and the alternative options for accessing less urgent healthcare;

DSC

g) the Chief Executive summarised by commending the effectiveness of the work that was already taking place, but commented upon the surges in ambulance arrivals (eg 15-20 ambulances within a 30 minute period) which could be very challenging to manage. He briefed the Trust Board on the arrangements agreed with the East Midlands Ambulance Service (EMAS) to establish a separate assessment area for patients to be cared for by EMAS staff, which would allow ambulance crews to be released for other calls more quickly;

(4) the Board Assurance Framework (BAF) and Organisational Risk Register – the Trust Chairman noted that the highest rated Principal Risks (PRs) were PR1 (failure to deliver key performance standards), PR5 (failure to recruit, develop and retain a workforce of sufficient quantity and skills), PR6a (relating to critical estates infrastructure) and PR6b (relating to critical IT structure). As requested at the 7 November 2019 Trust Board meeting, section 7.3 of paper E provided a commentary on any significant changes to the BAF during the reporting period. Mr A Johnson, Non-Executive Director expressed his view that the risks associated with PR7 (failure to deliver the Trust's site investment and reconfiguration programme within budget) had been significantly under-estimated.

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

**(B) the Chief Nurse be requested to present a sample of the established process for opening additional ward capacity to the 19 December 2019 People, Process and Performance**

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**Committee meeting;**

**(C) the Chief Operating Officer be requested to share the presentation pack for the NHSI/E assessment of UHL's winter planning with Trust Board members (outside the meeting),** COO

**(D) the Director of Strategy and Communications be requested to liaise with Mr R Morris, Director of Corporate Affairs, Leicester City CCG to consider and agree the most effective public communications approach for reducing avoidable or unnecessary ED attendances.** DSC

236/19/4

Information Management and Technology (IM&T) Strategy

The Acting Chief Information Officer introduced paper F, setting out the Trust's IM&T Strategy for the 3 year period 2019-22. The Strategy described the key outcomes and approach towards supporting safe and effective care through digital transformation via the eHospital Programme; thereby reducing dependency upon paper records and taking advantage of the available digital capabilities. In presenting the report, the Acting Chief Information Officer particularly highlighted the significant progress that was being made with replacing end user equipment, the alignment between the IM&T Strategy and the Quality Strategy, patient and public involvement, staff engagement, and training resources to help staff with harnessing new workplace technology and functionality to assist them in their roles. Section 4 of the Executive Summary described the potential constraints in respect of staff capacity and skills, financial resources, and the ability of the organisation to change at the pace required to meet the listed objectives.

Trust Board members noted that the IM&T Strategy would have significant benefits in terms of records storage and improving interactions with patients and their relatives. However, a flexible approach would be required, which could be adapted to suit the variety of needs for individual patients. The Strategy also set out the arrangements for supporting innovation and research through data capture and analytics capabilities and provided assurance that cyber security and information governance considerations were integral with the journey towards digital maturity.

In discussion on the IM&T Strategy, Trust Board members raised comments and queries on the following themes, noting that a composite response would be provided by the Acting Chief Information Officer at the end of this discussion:-

- (a) a question about the utilisation of 'big data' and the arrangements for maintaining patient confidentiality within the Trust's processes;
- (b) a comment about the challenges surrounding 'applications' and 'orphaned systems' (as considered previously by the Audit Committee), noting that only 60% of these were currently under the control of the IM&T Directorate and suggesting that the Trust should aim to bring all IT systems and applications under central control in the near future;
- (c) confirmation that the Strategy identified the correct level of ambition, although it was important not to underestimate the financial constraints associated with the development of a bespoke eHospital Programme and the arrangements for linking the technology with UHL's own processes and culture. The availability and capacity of staffing resources within the change management processes were likely to be a major constraint going forwards;
- (d) a request for further clarity about the risks and opportunities associated with developing a bespoke e-Hospital Programme;
- (e) a comment about potential additional national NHS funding for digital transformation and the need to ensure that the Acting Chief Information Officer and his team were adequately resourced to deliver the Programme, given the significant potential benefits for patient safety and clinical effectiveness and productivity;
- (f) a question about wider patient and public involvement in the IM&T Strategy, in line with the co-production approach agreed as part of the UHL Quality Strategy;
- (g) a question about interactions and joined up working with the Academic Health Partnership and the digital capability to inform judgements about the effectiveness of clinical interventions within particular cohorts of patients with identified comorbidities;
- (h) a request for the Trust Board to be sighted on any early outcomes/immediate benefits arising from the implementation of the IM&T Strategy as a key enabler to the Quality Strategy: Becoming the Best;
- (i) a question about the complexity of operational changes taking place within the wider healthcare system and whether any additional resources might be released by the primary care sector to support the eHospital Programme;
- (j) a positive comment about the level of vision (including the sub-visions), the proposed tactics

and measurable outcomes that were defined within the IM&T Strategy and a note of caution regarding the ambitious nature of the required outcomes and the risk that the IM&T Strategy might be driving expectations that could not be delivered. The Non-Executive Director Chair of the People, Process and Performance Committee (PPPC) also requested that an overview of the eHospital project plans be presented to a future PPPC meeting and that regular updates on progress with the implementation be presented to PPPC for assurance purposes;

ACIO

In response to the above comments and questions, the Acting Chief Information Officer briefed the Trust Board on the arrangements to improve access to patient data for clinicians to support clinical decision making and he described the joint working that was taking place between UHL, NTT and the University of Leicester to explore the options and potential hidden applications for analysis of data (in a suitably anonymised format), in addition to authorising the sharing of data where the appropriate consent had been provided. The Acting Chief Information Officer supported the comments about the high levels of complexity, risks and ambitions associated with the IM&T Strategy, but he recorded his view that the timetable was realistic. He undertook to consider the arrangements for ensuring that the Trust Board had visibility of progress (including the ability to deliver organisational change at pace, resources and the evolving objectives). He also expressed a desire to increase the level of patient and public involvement in the development of key elements of the eHospital programme (eg patient correspondence and the interface with NHS appointment systems), confirming that he would liaise with the Leicester and Leicestershire Healthwatch Representative to progress this aspect further.

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In summary, the Trust Chairman confirmed that the IM&T Strategy (and the direction of travel it represented) was approved as set out in paper F. On behalf of the Trust Board, he thanked the Acting Chief Information Officer for presenting this Strategy and for the significant work that it represented.

**Resolved – that (A) the IM&T Strategy for 2019-22 and the direction of travel it represented be approved;**

**(B) the Acting Chief Information Officer be requested to provide a high level overview of the eHospital project plans to a future meeting of the PPPC, alongside regular progress reports on the implementation arrangements, and**

ACIO

**(C) the Acting Chief Information Officer be requested to liaise with the Leicester and Leicestershire Healthwatch Representative to develop links with Healthwatch and other organisations to embed wider patient and public engagement in the development of the eHospital Programme.**

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## 237/19 ITEMS FOR ASSURANCE

### 237/19/1 Reports from Board Committees

#### 237/19/1.1 Audit Committee

The Audit Committee Non-Executive Director Deputy Chair introduced paper G, providing the Minutes of the 8 November 2019 Audit Committee meeting, noting that there were no formal recommendations for approval.

**Resolved – that the Minutes of the 8 November 2019 Audit Committee meeting be received and noted as paper G.**

#### 237/19/1.2 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair introduced paper H, summarising the issues discussed at the 28 November 2019 QOC, and he particularly highlighted the Mortality report and the Learning from Deaths update (which was appended to paper H for Trust Board approval). The Medical Director confirmed that this section of the QOC summary provided an excellent overview, highlighting the downward trend in crude mortality of 1% and SHMI and HMSR rates within the expected ranges. He also commented on the work of the Medical Examiners and the improvements to be made in the processes for contacting the bereaved relatives. Perinatal mortality continued to demonstrate a reducing trend.

**Resolved – that (A) the summary of issues discussed at the 28 November 2019 QOC be received noted as per paper H – Minutes to be submitted to the 9 January 2020 Trust Board, and**

**(B) the Learning from Deaths quarterly update report be approved.**

237/19/1.3 People Process and Performance Committee (PPPC)

The PPPC Non-Executive Director Chair introduced paper I, summarising the issues discussed at the 28 November 2019 PPPC, and seeking Trust Board approval for the 2 recommended items – Freedom to Speak Up reports for quarter 1 and quarter 2 2019/20 (April to September 2019) and the Performance Management and Accountability Framework. Copies of these 2 reports were appended to the PPPC summary for ease of reference. In discussion on the Performance Management and Accountability Framework, PPPC had identified a need to develop some specific Key Performance Indicators (KPIs) for driving improvement within the CMGs. However, the Chief Operating Officer provided assurance that this matter would be progressed with the Interim Chief Financial Officer and his deputy once they commenced in post and there was no need to delay the Trust Board's approval to implement the new Framework during the interim period.

PPPC had also received reports on UHL's Approach to Improving People Practices, Urgent and Emergency Care performance, bed capacity and proposals to bridge the gap. Ms V Bailey, Non-Executive Director highlighted the importance of the work on improving People Practices, noting the scope for issues to develop in small 'micro teams', and the benefits of managing any relationship issues at an early point to avoid any dysfunctional tendencies developing. Recruitment and retention were also a key part of this work stream. The Trust Chairman thanked Ms Bailey for her role as the Non-Executive Director link with the Freedom to Speak Up Guardian.

**Resolved – that (A) the summary of issues discussed at the 28 November 2019 PPPC be noted as per paper I – Minutes to be submitted to the 9 January 2020 Trust Board, and**

**(B) the Freedom to Speak Up report (Q1 and Q2) and the Performance Management and Accountability Framework be approved (as presented in the appendices to paper I).**

237/19/1.4 Finance and Investment Committee (FIC) and 2019/20 Financial Performance (October 2019)

The FIC Non-Executive Director Chair introduced paper J1, summarising the issues discussed at the 28 November 2019 FIC, highlighting the impact of winter pressures and noting that month 7 performance remained largely on plan, despite the blended rate adjustments for over-performance in emergency activity. He highlighted the risks associated with maintaining planned elective performance in the context of severe operational challenges caused by high levels of urgent and emergency activity. The Committee had received an informative presentation on the arrangements for improving the accuracy of clinical coding and noted concerns relating to Commissioners' ability to pay for the clinical care provided by UHL informed by this more accurate clinical coding. The capital programme for 2019/20 remained constrained, although an additional £10m emergency capital funding had now been provisionally confirmed for the current financial year. A presentation on the Patient Level Information and Costing System had also been received and the Committee had considered the potential benefits for the Trust's future financial modelling. Assurance was provided that the Trust's Productivity Improvement Programme was delivering to plan and the Trust expected this programme to achieve the full target for 2019/20 of £26.6m. There were no formal recommendations for Trust Board approval.

On behalf of the Acting Chief Financial Officer, the Head of Financial Planning and Analysis introduced paper J2, setting out the Trust's 2019/20 month 7 financial performance, which had been discussed in detail at the 28 November 2019 FIC. Financial performance for month 7 (October 2019) was in line with plan, with UHL having achieved a year to date deficit of £31m excluding central Provider Sustainability Funding, Financial Recovery Funding and Marginal Rate Emergency Tariff (£13m deficit including PSF/FRF/MRET, which was also in line with plan). She highlighted the key challenges in respect of emergency care activity pressures (including the premium costs being incurred to deliver this and the application of the blended rate tariff), the impact upon elective activity, an accelerated use of £1.5m of the planned central reserves, some natural slippage in the timescale for investments, and cost pressures within each of the Clinical Management Groups (CMGs).

In discussion on the month 7 financial performance report, the Chief Operating Officer added that the CMGs were being held to account via the UHL Performance Management and Accountability Framework to deliver their revised control totals. Two further CMGs were expected to go into 'special measures' as defined in the Accountability Framework, but it was hoped that one CMG would be coming out of 'special measures' imminently. The Chief Executive confirmed his view that the revised control totals for the CMGs and the Estates and Facilities Directorate were achievable and that these were fully consistent with the overall Trust control total for 2019/20. Ms V Bailey, Non-Executive Director queried whether the impact of emergency activity levels was being experienced on a Trust-wide basis or whether it was linked to ITU bed capacity. In response, the Chief Operating Officer advised that the HDU/ITU bed base had been expanded on the LGH site and this had helped to alleviate some of the pressures. The Head of Financial Planning and Analysis noted that most of the impact was being experienced by the Elective Orthopaedic and Ear Nose and Throat (ENT) services.

**Resolved – that (A) the summary of issues discussed at the 28 November 2019 FIC be noted as per paper J1 (no recommended items) – Minutes to be submitted to the 9 January 2020 Trust Board, and**

**(B) the 2019/20 month 7 financial performance be noted as paper J2.**

**238/19 ITEMS FOR NOTING**

238/19/1 Declarations of Interest

**Resolved – that the Declarations of Interest made by Mr C Benham, Acting Chief Financial Officer be received and noted as paper K1.**

238/19/2 LLR System Leadership Team Minutes

**Resolved – that the Minutes of the System Leadership Team meeting held on 17 October 2019 be noted as paper K2**

238/19/3 Reports from Board Committees

238/19/3.1 Quality and Outcomes Committee (QOC)

**Resolved – that the 24 October 2019 QOC Minutes be noted as per paper L1 (noting that the recommended item relating to 7 Day Services was approved by the Trust Board on 5 December 2019).**

238/19/3.2 People, Process and Performance Committee (PPPC)

**Resolved – that the 24 October 2019 PPPC Minutes be noted as per paper L2 (noting that the recommended items relating to Equality, Diversity and Inclusion and the Junior Doctors' Guardian of Safe Working reports were approved by the Trust Board on 5 December 2019).**

238/19/3.3 Finance and Investment Committee (FIC)

**Resolved – that the 31 October 2019 FIC Minutes be noted as per paper L3 (no recommended items).**

**239/19 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

**Resolved – that it be noted that no questions or comments were raised by the press or public relating to business transacted at this meeting.**

**240/19 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 241/19 to 246/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.**

## 241/19 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

**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.

## 242/19 CONFIDENTIAL MINUTES

**Resolved** – that the confidential Minutes of the 7 November 2019 Trust Board meeting (paper M) be confirmed as a correct record and signed by the Chairman accordingly.

CHAIR  
MAN

## 243/19 CONFIDENTIAL MATTERS ARISING REPORT

**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.

## 244/19 KEY ISSUES FOR DISCUSSION/DECISION

244/19/1 Confidential Reports from the Head of Financial Planning and Analysis

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

244/19/2 Confidential Report from the Director of Estates and Facilities

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

244/19/3 Confidential Report from the Chief Executive

**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.

244/19/4 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 that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

244/19/5 Confidential Report from the Trust Chairman

**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.

## 245/19 ITEMS FOR ASSURANCE

245/19/1 Reports from Board Committees

245/19/1.1 Audit Committee

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

245/19/1.2 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 could be prejudicial to the effective conduct of public affairs.

245/19/1.3 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 could be prejudicial to the effective conduct of public affairs.

245/19/1.4 Finance and Investment Committee (FIC)

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

## 246/19 ITEMS FOR NOTING

246/19/1 Reports from Board Committees

246/19/1.1 Finance and Investment Committee (FIC)

**Resolved** – that the confidential 31 October 2019 FIC Minutes be noted as per paper U (noting that the recommended items were approved by the Trust Board on 7 November 2019).

## 247/19 ANY OTHER BUSINESS

247/19/1 Influenza Vaccination Programme

The Leicester and Leicestershire Healthwatch Representative requested information about the uptake of the influenza vaccine by UHL staff. In response, the Chief Nurse and the Deputy Director of Human Resources advised that the percentage of staff who had received the vaccine was currently standing at between 65% and 67%. However, the Trust continued to actively promote the benefits of this vaccine for both staff and their patients and the CMG-level vaccination data was being monitored through the monthly Performance Review Meetings with a particular focus on improving the take-up rates in Paediatrics and Oncology. The Chief Executive advised that he was hopeful that the Trust would achieve the target to vaccinate at least 80% of its front-line staff, noting that the final figure for 2018/19 had been 78%.

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

247/19/2 Confidential Verbal Report by the Chief Operating Officer

**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.

247/19/3 Acting Chief Financial Officer and Head of Financial Planning and Analysis

The Trust Chairman recorded the Trust Board's thanks to Mr C Benham, Acting Chief Financial Officer and Ms L Gale, Head of Financial Planning and Analysis who would be leaving the Trust in December 2019.

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

## 248/19 DATE OF NEXT TRUST BOARD MEETING

**Resolved** – that the next Trust Board meeting be held on Thursday 9 January 2020 from 9am in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 1.05pm

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	12	12	100	C Fox	12	10	83
J Adler	12	10	83	A Furlong	12	10	83
C Benham (from 1.11.19)	2	0	0	K Jenkins	12	10	83
V Bailey	12	10	83	A Johnson	12	11	92
P Baker	12	7	58	B Patel	12	12	100
R Brown	12	10	83	M Traynor	12	10	83
I Crowe	12	10	83	P Traynor (until 31.10.19)	10	9	90

## Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	12	10	83	V Karavadra (from 5.9.19)	5	5	100
D Kerr	12	11	92	S Ward	12	12	100
H Kotecha	10	8	80	M Wightman	12	10	83
				H Wyton	12	9	75