

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 1 MARCH 2018 AT 9AM IN ROOMS A & B, EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL

Voting Members present:

Mr K Singh – Chairman
Mr J Adler – Chief Executive
Professor P Baker – Non-Executive Director
Ms V Bailey – Non-Executive Director
Ms E Doyle – Interim Chief Operating Officer
Mr A Furlong – Medical Director
Mr R Moore – Non-Executive Director (from Minute 56/18/1)
Mr B Patel – Non-Executive Director
Ms J Smith – Chief Nurse
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer

In attendance:

Mr G Garcea – Clinical Director, Cancer Haematology Urology Gastroenterology and General Surgery (CHUGGS) Clinical Management Group (for Minute 56/18/1)
Mr D Kerr – Director of Estates and Facilities (for Minute 69/18)
Ms H Leatham – Assistant Chief Nurse (for Minute 56/18/1)
Mr A Middleton – Property Manager (for Minute 69/18)
Ms E Slattery – Matron (for Minute 56/18/1)
Ms H Stokes – Corporate and Committee Services Manager
Mrs L Tibbert – Director of Workforce and Organisational Development
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Strategy and Communications

ACTION

50/18 APOLOGIES AND WELCOME

Apologies for absence were received from Col (Ret'd) I Crowe Non-Executive Director, Mr A Johnson Non-Executive Director, and Mr E Rees, LLR Healthwatch representative.

51/18 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

52/18 MINUTES

Resolved – that the Minutes of the 1 February 2018 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIRMAN

53/18 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for resolution. The Trust Board noted particular updates on:-

- (a) action 1b (Minute 29/18 of 1 February 2018) – an update would be provided in the next iteration of the log following a meeting on 2 March 2018 (between the Director of Estates and Facilities and the Clinical Director CHUGGS CMG) to discuss the location of the Hope Unit. All options were being explored, including a possible move to the LRI site;
- (b) action 8 (Minute 35/18/1 of 1 February 2018) – the Medical Director advised that both the Trust and the University of Leicester remained committed to progressing a joint Chair in General Medicine; recruitment continued to be actively pursued, looking potentially at an interim 1-year appointment in the first instance due to GMC CESR requirements
- (c) action 10 (Minute 36/18/3 of 1 February 2018) – the Chief Financial Officer confirmed that he had discussed the need for appropriate patient and public involvement in reconfiguration plans with

CFO

Trust Board Paper A

the Director of Estates and Facilities; these considerations would now be incorporated into the monthly update on reconfiguration, and

- (d) action 14a (Minute 7/18/1 of 4 January 2018) – the Director of Strategy and Communications outlined the various methods being used within the Trust to publicise the role of the UHL Freedom to Speak Up Guardian, including Chief Executive’ briefings and a planned ‘kitchen table’ initiative. The Chairman requested that these initiatives be included in the next scheduled Quality and Outcomes Committee update on Freedom to Speak Up.

DWOD/
MD
(DSR)

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

ALL

54/18 CHAIRMAN’S MONTHLY REPORT – MARCH 2018

In introducing his monthly report for March 2018 (paper C), the Chairman recognised the continuing challenging situation within the Emergency Department and noted the implications of that for the Trust as a whole in terms of patient experience, staffing issues and financial impact. He also noted recent national attention on cancer waiting times. The Director of Strategy and Communications advised that elective cancellations and ED performance had been raised at recent meetings of both the Leicestershire Health Oversight and Scrutiny Committee and LLR Healthwatch – although recognising the difficulties, those groups had also thanked Trust staff and management for their efforts during current pressures.

The Chairman also commented on the inquest which had recently concluded into the death of Krishan Saujani – he recognised the pain and distress of Krishan’s family and he reiterated that the Trust must be prepared to acknowledge when it had made mistakes. He also thanked all staff who had given evidence during the inquest.

In discussion, the Chief Executive and the Medical Director now outlined recent meetings with Consultant and junior medical staff to discuss the issues raised by the GMC’s striking off of Dr H Bawa-Garba and also to clarify the Trust’s position in terms of the support which had been made available to that clinician. Discussions were now also planned with the wider EM medical paediatric trainee group, and the Chairman noted his wish to be involved in those meetings.

MD

Paper C noted that the CQC’s final report of its January 2018 inspection of UHL was expected later in March 2018. The Chairman also noted that he looked forward to welcoming Her Royal Highness the Princess Royal to UHL on 7 March 2018, to formally open the Trust’s new Emergency Department.

Resolved – that the Chairman be involved in planned wider discussions with East Midlands medical paediatric trainees re: concerns arising from the GMC’s decision to strike off Dr H Bawa-Garba).

MD

55/18 CHIEF EXECUTIVE’S MONTHLY REPORT – MARCH 2018

The Chief Executive’s March 2018 monthly update followed (by exception) the framework of the Trust’s strategic objectives. As the attached quality and performance dashboard covered core issues from the monthly quality and performance report, the full version of that report was no longer taken at Trust Board meetings but was accessible on the Trust’s external website (also hyperlinked within paper D).

Taking the report as read, the Chief Executive noted the significant continuing pressure on both the Emergency Department (ED) and the Clinical Decisions Unit (CDU) at the Glenfield Hospital, with February 2018 having been an extremely difficult month. CDU in particular had seen a very significant spike in respiratory cases. Pressures on the LRI and Glenfield Hospital sites had in turn impacted on the Leicester General Hospital’s ITU and HDU capacity and contributed to increased cancer cancellations. After a marked deterioration recently, performance re: ambulance handovers had this week begun to improve again. The Chief Executive advised that elective daycase surgery had restarted. He noted the level of fatigue amongst staff due to the continuing pressures, and he outlined an initiative being trialled by the Trust of requesting volunteers from back-office teams to support work on the wards by assisting with non-clinical functions. He also noted that additional detail on the Trust’s ED improvement plan would be included in the April 2018 iteration of his monthly Trust Board report.

C E

Although recognising the work underway, the Chief Executive emphasised the key need to make progress on UHL’s going digital “Paperless 2020” initiative. UHL’s Finance and Investment

Trust Board Paper A

Committee (FIC) would shortly discuss the relative prioritisation of IT within the Trust's capital programme for 2018-19, in the context of limited capital availability.

In discussion on issues raised by the Chief Executive, the Trust Board noted:-

- (a) concerns voiced by Mr B Patel Non-Executive Director, that patients unable to attend outpatient appointments due to the current bad weather would not find it easy to contact the hospital, and would therefore be at risk of being classed as having DNA'd (did not attend) and potentially moved out of the appointment system. The Interim Chief Operating Officer agreed to include information on the Trust's external website signposting patients on how to contact the Trust. She also advised that the Trust was proactively contacting patients the night before their appointment; **ICOO/
DSC**
- (b) Mr M Traynor, Non-Executive Director's support for the Chief Executive's comments on the importance of the IT programme, and the likely need for the Trust to look at internal rather than external capital funding. The Medical Director requested that resource be focused on clinical IT systems, particularly those which reduced the scope for human error;
- (c) a request from Ms V Bailey Non-Executive Director, for any information on whether/how cancellations at neighbouring (smaller) hospitals might be impacting on UHL, and **ICOO**
- (d) reiterated concerns from Mr B Patel Non-Executive Director re: the pressures on staff across UHL, and how best the Trust could continue to express its ongoing thanks to its staff. **CE**

Resolved – that (A) additional detail on the Trust's ED improvement plan be included in the Chief Executive's monthly report to the April 2018 Trust Board. **CE**

(B) appropriate information be included on the Trust's external website, signposting patients on how to contact the Trust re: queries about any elective and outpatient appointment cancellations; **ICOO/
DSC**

(C) Ms V Bailey Non-Executive Director, be provided with any information available about the impact on UHL of cancellations at (smaller) neighbouring hospitals, and. **ICOO**

(D) consideration be given to how best to continue expressing the Trust's thanks to ED and other staff. **CE**

56/18 KEY ISSUES FOR DECISION/DISCUSSION

56/18/1 Patient Story – Communication Builds Trust and Understanding

Paper E and the accompanying video presentation highlighted a poor experience by a patient and their family following admission with a gastric cancer diagnosis and a requirement for subsequent surgery. This patient story originated from a complaint, and had been identified by the Chief Executive as a patient story for the Trust Board's attention. Bad weather had prevented the patient's wife from attending the meeting today, but a copy of the Minutes would be provided to her.

Lack of communication and lack of involvement with the patient's family were key themes within this patient story, particularly at a time when the patient had been very unwell. A lack of attention to what was written in the patient's medical notes, poor nursing care, and inaccurate dosage labelling of medication had also contributed to the patient's family feeling disappointment, frustration, and a lack of confidence in the care being provided. The video presentation clearly demonstrated the underlying wider fact that poor communication had a negative impact on both patients and their relatives.

Mr G Garcea, Clinical Director CHUGGS CMG (Cancer, Haematology, Urology, Gastroenterology and General Surgery Clinical Management Group) and Ms E Slattery, Matron, both attended for this discussion, together with Ms H Leatham Assistant Chief Nurse. The Matron advised that high ward vacancy levels at the time had impacted on communication, and she outlined the significant staffing improvements since that time (10 further Registered Nurses and a Ward Sister recruited). The Friends and Family Test score for ward 22 was now 100%. The Matron also detailed the steps taken to focus on specific key themes from the complaint with staff (communication, the discharge process, and cannula care), including:-

- (1) development of posters and other visual aids regarding the discharge process. The Clinical Director CHUGGS advised that the gastric team was now trialling a pared-down discharge summary to expedite the discharge process – the Trust's 'Red2Green' initiative also aimed to reduce unnecessary discharge delays. To further support the discharge process, CHUGGS CMG

Trust Board Paper A

was developing a business case for a band 7 pharmacist to assist in the TTO process (medication to take out);

- (2) auditing cannula care against clear metrics, and
- (3) a reminder to all nurses that relatives were welcome to meet with Consultants and/or other medical staff to discuss care. The Clinical Director CHUGGS advised that this case had been discussed at both the Divisional Surgeons' meeting and at the Mortality and Morbidity meeting, with a particular focus on the communication aspects. At the LRI site, CHUGGS now ran an 'open day' approach on a Thursday afternoon for relatives to speak to Consultants, and planned to adopt a similar initiative at the Leicester General Hospital site.

The Trust Board thanked the patient and their family for sharing the experience in the video story. In response to a query from the Medical Director, it was confirmed that a longer, more detailed version of the video had been shared with staff as a powerful learning tool. In discussion on the story and the improvement actions taken by the CMG, Trust Board members noted:-

- (a) comments from the Chief Nurse that ward 22 had stopped being a 'ward of concern' on the nursing metrics in February 2018, for the first time since Summer. The Chief Nurse welcomed the improvement work led by the Matron;
- (b) that the Chief Nurse would contact the Director of Estates and Facilities to discuss how to improve the signposting given to relatives by switchboard staff, and thus avoid callers being passed between multiple contacts. This had been an issue raised in the video presentation. In discussion, Ms V Bailey Non-Executive Director suggested that switchboard should be included in the programme of services covered by Non-Executive Director walkabouts; CN
DEF
- (c) the Medical Director's suggestion that CHUGGS learn appropriate lessons from the outcome of an Emergency and Specialist Medicine pilot of a TTO Pharmacist, which had demonstrated the benefits of such a post. The Director of Strategy and Communications also commented on the need to review the most appropriate skillmix required to support the discharge process, and he suggested that – following the current month-long initiative – it would be helpful to review the concept of using administrative staff to supplement non-clinical ward tasks; EDs
- (d) a query from the Medical Director on whether it was routine practice for Surgeons to speak with patients and/or their relatives following surgery (particularly in complex cases), and his view that CHUGGS should consider the development of a standardised approach to this within the CMG; MD
(CD
CHUGGS)
- (e) a query from the Chief Executive on whether the CHUGGS 'open day' approach to contact with medical staff/Consultants could be rolled out more widely to other clinical areas in UHL, given the Trust's 2018-19 Quality Commitment focus on involving patients and their relatives in their care. It was agreed to reflect the CHUGGS open day initiative in the Quality Commitment; MD/CN
- (f) comments from Mr B Patel Non-Executive Director that this patient story showed the crucial need for engagement with carers, not just communication. He further suggested that FAQs could be developed to encourage proactive engagement with carers; CN
- (g) a query from Mr R Moore, Audit Committee Non-Executive Director Chair, on whether (and if so how) the Trust audited the patient experience/patient journey. He also queried whether switchboard would be included in any such audit. It was agreed that the scope to track/audit the patient experience would be considered further by the Trust's Audit Committee; AC
CHAIR/
CN
- (h) comments from Non-Executive Directors that poor communication by staff also served to increase workload in the long-run. Non-Executive Directors queried whether there was a need to reiterate the basics of communication requirements to staff, echoing Trust values, and
- (i) comments from the Trust Chairman on the need for the Trust to have a patient-centric culture, and see things from the perspective of patients. The Trust needed to provide a service which met the needs of patients and their relatives, recognising that not all were necessarily as articulate as the relative in today's patient story. The Trust also needed to be receptive and responsive, and the Chairman emphasised the need for consistency across UHL, setting out clearly what patients and relatives could expect from Trust services.

Resolved – that (A) the Chief Nurse be requested to contact the Director of Estates and Facilities to discuss how to ensure improved signposting (for relatives) by switchboard staff; CN

(B) consideration be given to including switchboard in the programme of Non-Executive Director visits/walkabouts; CN

(C) consideration be given to the development of a standardised approach within CHUGGS for MD

Trust Board Paper A

Surgeons to speak to patients and/or their relatives following surgery;	(CD CHUGGS)
(D) the CHUGGS 'open day' initiative (re: accessibility of medical staff to patients/carers) be reflected in UHL's 2018-19 Quality Commitment;	MD/CN
(E) consideration be given to the development of FAQs to encourage proactive engagement with carers;	CN
(F) the Audit Committee be requested to consider the scope to audit/track the patient experience within UHL, and	AC CHAIR/ CN
(G) following the current month-long initiative, the concept of using administrative staff to supplement non-clinical ward tasks be appropriately reviewed.	EDs

56/18/2

Safer Staffing 6-Monthly Update

Through this biannual report from the Chief Nurse, paper F provided assurance to the Trust Board of UHL's compliance with the NICE safe staffing and National Quality Board standards. The 6-monthly review of nursing and midwifery establishments formed part of UHL's systems to seek assurance around safe staffing levels to meet patient care requirements – the report at paper F set out the findings of that review and detailed where any adjustments had been required. The process used by UHL had recently been reviewed by NHS Improvement, and as a result UHL was now sharing its robust approach with other Trusts.

Issues identified through this 6-monthly review included:-

- a need to uplift midwifery staffing levels following the Safer Births Review – a business case was in development accordingly;
- a need to uplift staffing levels for patients on non-invasive ventilation, given the higher acuity of those patients within the Renal, Respiratory and Cardiac Services Clinical Management Group, and
- a staffing uplift required in paediatric services to meet national levels.

All 3 points above had been discussed at the Executive Quality Board, and would go through the appropriate Trust processes for deciding investment priorities. The Chief Nurse provided assurance to the Trust Board that there were no immediate safety issues in any of the areas above, and that the position was managed on an ongoing basis. However, the national shortage of registered nurses continued to be a factor affecting recruitment. The Chief Executive advised the Trust Board that this was the first time for a significant period that the biannual review had identified a need for further nurse staffing investment, with the attendant cost pressures this would incur.

The Chairman asked that an appropriate action plan for how UHL planned to manage/address any nurse staffing shortfalls be included in the nurse staffing update to the April 2018 People Process and Performance Committee (PPPC). It was noted that other staffing groups would be addressed through the strategic workforce report to the same meeting.

Resolved – that an appropriate action plan re: measures to address nurse staffing gaps, be included in the nurse staffing update already scheduled for the April 2018 PPPC.

56/18/3

Annual Priorities 2018-19

Paper G comprised the final draft of the Trust's longer term strategic objectives and 2018-19 annual priorities for approval. The longer term strategic objectives remained as approved by the Trust Board in 2017. Development of the draft priorities for 2018-19 (1 fewer than in 2017-18) had also involved discussion with stakeholders including the Joint Patient Reference Group and reflected the Trust's commitment to safety and quality, with the refreshed UHL Quality Commitment at the heart of the approach. Draft metrics were also in place for each of the 2018-19 priorities, and lead Executive Directors were reviewing appropriate linkages to the Board Assurance Framework. The Head of Strategic Development had met with all CMGs to discuss the annual priorities, and a resource mapping exercise was also planned to assess the potential resource impact on clinical areas. Various project models were being reviewed, and Ms V Bailey Non-Executive Director voiced her support for a cross-organisational approach to avoid silo-working.

Trust Board endorsed the draft annual priorities, noting the need for:-

DSC

- (a) amendment of the metrics/'underlying measures' column for priority 16 (Academic and Health Services Partnership) to:-
- ensure that all local universities were appropriately included;
 - remove the reference to implementing the AHSP action plan by June 2018;
 - reflect the intention to bring a further report on various model options to the Trust Board in April/May 2018;
- (b) inclusion of specific year 2 objectives for priority 23 (commercial strategy), and
- (c) inclusion of appropriate dates/timescales where known.

Resolved – that the 2018-19 annual priorities be endorsed and progressed accordingly, taking appropriate account of the comments at point (a) – (c) above re: the accompanying metrics.

DSC

57/18 RISK MANAGEMENT AND GOVERNANCE – INTEGRATED RISK AND ASSURANCE REPORT

Paper H comprised the 2017-18 integrated risk report including the Board Assurance Framework (BAF), as at 31 January 2018. The report noted that there had been 5 new organisational risk scoring 15 or above in January 2018. The thematic review of risks scoring 15 or above on the risk register continued to indicate workforce shortages and the imbalance between capacity and demand as the principal causal factors – these were appropriately reflected in the BAF.

The report showed that 8 annual priorities were off-track at month-end, with 6 of those forecasting also to be at risk of non-delivery in 2017-18.

Trust Board members agreed that the 3 key risk areas facing UHL were as set out in paragraph 2.2 of paper H (emergency care; staffing levels; financial pressures). The Chairman voiced his concern that the risk was increasing in certain key areas, and the Audit Committee Non-Executive Director Chair queried whether risks had been incorrectly scored originally – if not, he required clarity on the causes of the recent risk escalation. In response, the Medical Director considered that progress against the risks had been less than anticipated, and embedding was not as far advanced as had been hoped. The lack of elective work since Christmas 2017 and associated emergency pressures had impacted significantly on the Trust's financial position (thus worsening the risk score), and IT issues were also affecting certain Quality Commitment-related risks. The Audit Committee Non-Executive Director Chair queried how far these situations could have been foreseen given that winter pressures were not new in the NHS, and he queried whether the winter planning and risk management approach was suitably robust. In response, the Chief Financial Officer considered that the modelling was usually accurate and that the circumstances and pressures had been unprecedented this year. It was also noted that the PPPC would review a draft 2018-19 winter plan at its March 2018 meeting. Ms V Bailey Non-Executive Director also considered that the national mandate to defer elective procedures through January 2018 had been new.

Ms V Bailey Non-Executive Director queried the reason for the deteriorated position re: annual priority 1.2.3 (diagnostics results management), which was rated as 'off-track' for year end. The Medical Director advised that this was due to mobile ICE not being able to be rolled out for Acting on Results by year end as planned – the Trust wished to refine the system so that it would also flag where results had not been reviewed by an *appropriate* clinician, and that functionality was not yet available.

Resolved – that the integrated risk and assurance report for January 2018 be noted.

58/18 PATIENT AND PUBLIC INVOLVEMENT (PPI) 2017-18 – QUARTER 4 UPDATE

Paper I from the Director of Strategy and Communications provided the quarterly update on PPI activity since December 2017 and set out progress in implementing the Trust's PPI Strategy. The January 2018 'Community Conversations' event held at the Leicestershire Centre for Integrated Living had focused on the hospital experience of people with disabilities, and the summary of issues raised was now being reviewed by the Trust's PPI team. Patient Partner recruitment was underway to the 5 current vacancies, and it was hoped to increase the diversity of that group. A summary of

Patient Partner activity since December 2017 was attached at appendix 1 of paper I. Appendix 2 of paper I comprised the Joint Patient Reference Group report, which would be chaired by a representative from the Group itself rather than a UHL Trust Board member.

Mr B Patel Non-Executive Director reiterated his previous comments that the tracking of PPI feedback was a key issue, and he emphasised his wish for engagement rather than communication. In response to a query, the Director of Strategy and Communications confirmed that UHL also used all appropriate social media channels to reach out to the community. In response to a query from Mr M Traynor Non-Executive Director, the Director of Strategy and Communications outlined the current position of LLR Healthwatch.

Resolved – that the quarterly update on PPI be noted.

59/18

LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION UPDATE

Paper J updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme. It was now envisaged that the STP revised pre-consultation business case would be discussed by CCG and UHL Boards in April 2018, and the Director of Strategy and Communications noted the key need for an appropriately-detailed project timeline leading up to July 2018 consultation. Consultation would be led by the CCGs. In response to a query from Ms V Bailey Non-Executive Director, the Chief Executive advised that the SLT was not taking forward the governance review suggested by Leicestershire County Council.

With regard to UHL's own reconfiguration programme, Chief Financial Officer confirmed that a decision on the Trust's £397.5m reconfiguration bid was still awaited. Work continued internally, however, to prepare for the schemes within the programme, and UHL would also be meeting with the PF2 team. The Chief Financial Officer recognised the need for some certainty over the reconfiguration programme progressing in its entirety. The Development Control Plan had been reviewed at the February 2018 Trust Board thinking day, and paper J also noted the significant amount of work underway on phase 2 of the Trust's Emergency Floor project ahead of the June 2018 completion date, including Star Chamber review of the workforce requirements. In discussion on the Trust's reconfiguration programme, Trust Board members noted:-

- (a) the need to learn appropriate lessons from the EPR project and have a very robust alternative plan in place if national capital was not available. Although recognising this point from the Audit Committee Non-Executive Director Chair, the Chief Financial Officer reiterated his view that UHL's reconfiguration programme was highly rated in terms of investment prioritisation, and he emphasised that the Trust would continue to press for a national decision. The Chief Executive advised that UHL had already explored potential 'plan B' scenarios, and there was not a currently-viable one available. He suggested that the most likely outcome was incremental funding of the existing plan, and he provided assurance that the Trust was not just waiting for a national decision;
- (b) the key need for clinical sustainability and viability to be maintained in the interim period, in addition to recognising backlog maintenance pressures, and
- (c) a comment from the FIC Non-Executive Director Chair on the need to ensure that any potential PF2 solution was an appropriate one for UHL.

Resolved – that the LLR STP and UHL reconfiguration programme update be noted.

60/18

QUALITY AND PERFORMANCE

60/18/1

Learning from Deaths 2017-18 Quarter 2 Update

Paper K from the Medical Director provided a 2017-18 quarter 2 update on UHL's framework for implementing national "Learning from Deaths" requirements and published (as required) the Trust's quarterly mortality data. The locally-commissioned LLR Clinical Quality Audit (looking at the care provided to patients who died either in LPT or UHL or within 30 days of discharge from UHL) continued, with the draft report expected in March 2018. UHL's latest published SHMI (Summary Hospital Mortality Index: July 2016-June 2017) was 100 (expected to continue to reduce in the next reporting period), and its HSMR (Hospital Standardised Mortality Ratio) for the same period was 99. The Medical Director confirmed that of the 3 CuSum alerts re: cardiac patients in paper K, the Care

Trust Board Paper A

Quality Commission had closed 2 and was content with the Trust's action plan in relation to the 3rd (coronary artery bypass graft – complex and with valves). The Medical Director was confident that NICOR data showed that there were no significant concerns in this area for UHL.

As detailed in paper K, a robust screening process for all deaths was in place within UHL, and recruitment was currently underway for additional resource. The main themes from Medical Examiner reviews were the timing of discussions and decision-making re: 'do not attempt cardiopulmonary resuscitation' and recognition of patients approaching end of life.

Of the 271 quarter 1 and 2 deaths then internally referred by UHL's Medical Examiners for a Structured Judgement Review, 80% had now been completed and death classifications confirmed. 5 patients had been identified where problems in care were thought more likely than not to have contributed to the death (death classification 1), and subsequently investigated as patient safety incidents (2 confirmed as Serious Incidents).

In discussion on the Learning from Deaths report the Trust Board noted:-

- (a) a query from Professor P Baker Non-Executive Director, on whether UHL was comparing itself against its true peers. In response the Medical Director advised that appropriate peer comparison data was available but was not included in this public report – it was agreed therefore to include that data in future QOC updates on learning from deaths; MD
- (b) comments on whether – and if so how – Leicester's specific demographic position was appropriately reflected in the report, including appropriate triangulation with Public Health data. The Medical Director agreed to consider this issue further, noting that an initial look at the data had not indicated a disadvantage to any specific group, and MD
- (c) a query from the Director of Strategy and Communications on how quickly end of life care improvements were progressing, given that this had been identified as an issue in 2014 through the Learning Lessons to Improve Care report. In discussion, the Chairman noted very informative work by Dr J Grant, UHL Palliative Medicine Consultant on end of life care, and requested that she be invited to present an end of life care patient story to the June 2018 Trust Board to coincide with the next quarterly report on Learning from Deaths. MD

Resolved – that (A) comparator data be included in the quarterly mortality report to QOC; MD

(B) consideration be given to how best to reflect mortality data (and associated assurances) re: Leicester's specific demographic situation in the Learning from Deaths report, including appropriate triangulation of date with Public Health England colleagues, and MD

(C) Dr J Grant, Consultant in Palliative Medicine, be invited to present a patient story on end of life care to the June 2018 Trust Board (to coincide with the next quarterly update on Learning from Deaths). MD

60/18/2 Quality and Outcomes Committee (QOC)

Paper L summarised the issues discussed at the 22 February 2018 QOC, particularly noting assurance over improvements to the UHL haemoglobinopathy service and support for the appointment of an additional Consultant to provide a sustainable service. In discussion, the Trust Chairman noted the need to designate a Non-Executive Director Deputy Chair for each Board Committee. CHAIR MAN

Resolved – that (A) the summary of issues discussed at the 22 February 2018 QOC be noted as per paper L (no recommended items) – Minutes to be submitted to the 12 April 2018 Trust Board, and

(B) a designated Non-Executive Director Deputy Chair be identified for each Board Committee. CHAIR MAN

60/18/3 People Process and Performance Committee (PPPC)

Paper M summarised the issues considered at the 22 February 2018 PPPC, particularly noting the detailed discussions on emergency care performance. The PPPC summary also highlighted the intention to switch off the paper-based system of GP referrals for outpatients from 9 April 2018.

Resolved – that that the summary of issues discussed at the 22 February 2018 PPPC be noted

Trust Board Paper A

as per paper M (no recommended items) – Minutes to be submitted to the 12 April 2018 Trust Board.

60/18/4 Finance and Investment Committee (FIC) and 2017-18 Financial Performance (January 2018)

Paper N summarised the issues discussed at the 22 February 2018 FIC, including the Trust's financial position, progress on the 2017-18 Cost Improvement Programme (see paper N1 below), and a presentation on the NHS Resolution schemes and the work of the UHL Litigation Team. The summary also confirmed that a planned item reviewing pay expenditure trends between 2015-16 and 2016-17 had been deferred to the March 2018 FIC to enable sufficient discussion time. Although the 2017-18 year end deficit position of £26.7m was still being forecast, the FIC Non-Executive Director Chair noted the implications of the additional £10m cost of winter pressures. NHS Improvement was aware.

Paper N1 presented the Trust's month 10 financial position, which had been discussed in detail at the February 2018 Finance and Investment Committee meeting as mentioned above. In terms of headline financial performance, as of month 10 UHL had achieved a year to date deficit of £31.7m (excluding tranche 1 of the winter funding monies) which was £6.9m adverse to plan. January 2018 activity had been significantly impacted by emergency pressures and elective cancellations, and the Trust was therefore off-plan for the first time in 2017-18. The impact of the winter pressures was now known to be £10m, ie at the top end of the previously-estimated range. UHL had not yet changed its formal 2017-18 year end forecast, as approval to do so would need to be obtained from the Audit Committee, FIC, and Trust Board. Current NHS Improvement advice to Trusts was not to change forecasts, pending national discussion on the impact of winter pressures.

The Chief Financial Officer advised that the Trust's cash position had improved, which should also serve to improve UHL's payments profile. The outstanding sepsis coding contract query had now been resolved nationally, broadly in favour of providers. To date, £29.3m of the Trust's £44.2m cost improvement programme (CIP) had been delivered – this was £3.6m adverse to plan due to unidentified CIP. Of the total £44.2m, £4.9m remained unidentified, representing a risk to the CIP programme and to overall delivery of the I&E plan.

Resolved – that (A) the summary of issues discussed at the 22 February 2018 FIC be noted as per paper N (no recommended items) – Minutes to be submitted to the 12 April 2018 Trust Board, and

(B) the month 10 financial position be noted.

61/18 REPORTS FROM BOARD COMMITTEES

61/18/1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 25 January 2018 QOC be received and noted (paper O – no recommendations).

61/18/2 People Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 25 January 2018 PPPC be received and noted (paper O1 recommended item approved at the 1 February 2018 Trust Board [Workforce Equality and Diversity Monitoring Report 2016-17]).

61/18/3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 25 January 2018 FIC be received and noted (paper O2 – no recommended items).

62/18 CORPORATE TRUSTEE BUSINESS

62/18/1 Charitable Funds Committee (CFC)

Resolved – that the Minutes of the 1 February 2018 Charitable Funds Committee be received and noted by the Trust Board as Corporate Trustee (paper P – no recommended items).

63/18 TRUST BOARD BULLETIN – MARCH 2018

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

- (1) Minutes of the 18 January 2018 LLR System Leadership Team.

64/18 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following questions/comments were raised in relation to the items discussed:-

- (1) a query on the Trust's turnover rate, both overall and specifically for nursing staff. The approximate rates were confirmed as 8.5% and 10.4% respectively.

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

LEADS

65/18 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 66/18 to 77/18), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

66/18 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director and the Chief Financial Officer declared their interests in Minute 72/18 below – it was agreed that these were non-pecuniary interests and did not require them to withdraw from the discussion.

67/18 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 1 February 2018 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIR
MAN

68/18 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 would be prejudicial to the effective conduct of public affairs.

69/18 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.

70/18 REPORT FROM THE DIRECTOR OF STRATEGY AND COMMUNICATIONS

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

71/18 REPORT FROM THE CHIEF FINANCIAL OFFICER

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

72/18 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.

73/18 REPORTS FROM BOARD COMMITTEES

73/18/1 People Process and Performance Committee (PPPC)

Resolved – that the 25 January 2018 PPPC confidential Minutes and the 22 February 2018 PPPC confidential summary be received as per papers X1 and X2 respectively (noting that the recommended item in paper X1 had been approved at the 1 February 2018 Trust Board meeting).

73/18/2 Finance and Investment Committee (FIC)

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

73/18/3 Remuneration Committee

Resolved – that the Minutes of the 4 January 2018 Remuneration Committee be received and noted (no recommended items) as per paper X5.

74/18 CORPORATE TRUSTEE BUSINESS

74/18/1 Charitable Funds Committee (CFC)

Resolved – that the confidential Minutes of the 1 February 2018 be received and noted by the Trust Board as Corporate Trustee as per paper Y (no recommended items).

75/18 CONFIDENTIAL TRUST BOARD BULLETIN – MARCH 2018

Resolved – that any papers circulated with the March 2018 confidential Trust Board Bulletin be received and noted.

76/18 ANY OTHER BUSINESS

76/18/1 Sustainability and Plastics Use

In light of current environmental concerns, Mr B Patel Non-Executive Director queried whether UHL had a policy on the use of plastics, and he suggested that the Trust had a corporate social responsibility on such issues. Following discussion, it was agreed to consider the following issues in the next sustainability update to the Trust Board:-

- (a) UHL's stance on plastics usage, and
- (b) work re: supply chain/procurement sustainability issues, to further broaden the sustainability strategy beyond carbon reduction measures.

CFO/
DEF

It was also agreed to circulate (to Non-Executive Directors) the waste management information provided by the Director of Estates and Facilities at a recent Breakfast with the Boss event.

DEF

Resolved – that (A) the next sustainability update to the Trust Board also cover the issues in points (a) and (b) above, and

CFO/
DEF

(B) the waste management information provided at a recent Breakfast with the Boss event be circulated to Non-Executive Directors.

DEF

77/18 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 12 April 2018 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary***

*** post-meeting note: extraordinary Trust Board meetings were subsequently arranged for Wednesday 7 March 2018 (private meeting) and Thursday 22 March 2018 (meeting held in public).

Trust Board Paper AThe meeting closed at 12.35pmHelen Stokes – **Corporate and Committee Services Manager****Cumulative Record of Attendance (2017-18 to date):****Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	13	13	100	A Johnson	13	11	85
J Adler	13	12	92	T Lynch	7	7	100
V Bailey	2	2	100	R Mitchell	3	2	67
P Baker	13	12	92	R Moore	13	12	92
S Crawshaw	3	1	33	B Patel	13	13	100
I Crowe	13	12	92	J Smith	13	11	85
E Doyle	3	2	67	M Traynor	13	13	100
A Furlong	13	12	92	P Traynor	13	12	92

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
L Tibbert	13	13	100	E Rees	11	7	64
S Ward	13	13	100				
M Wightman	13	12	92				