

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 1 JUNE 2017 AT 9AM IN THE  
C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY**

**Voting Members present:**

Mr K Singh – Chairman (excluding Minute 152/17 [part])  
Mr M Traynor – Deputy Chairman (Acting Chair for Minute 152/17 [part])  
Professor P Baker – Non-Executive Director  
Col (Ret'd) I Crowe – Non-Executive Director  
Mr A Furlong – Medical Director  
Mr A Johnson – Non-Executive Director  
Mr R Mitchell – Chief Operating Officer and Acting Chief Executive  
Mr R Moore – Non-Executive Director (up to and including Minute 141/17)  
Mr B Patel – Non-Executive Director  
Ms J Smith – Chief Nurse  
Mr P Traynor – Chief Financial Officer

**In attendance:**

Mr M Caple – Patient Partners Chair (for Minute 144/17)  
Dr A Doshani – Associate Medical Director (for Minute 140/17/1)  
Miss M Durbridge – Director of Safety and Risk (for Minute 140/17/1)  
Ms E Meldrum – Assistant Chief Nurse (shadowing the Chief Nurse)  
Mr K Mayes – Membership and Involvement Manager (for Minute 144/17)  
Mr N Sone – Financial Controller (for Minute 140/17/2)  
Ms H Stokes – Senior Trust Administrator (excluding Minutes 140/17/1, 155/17 and 156/17/1)  
Mrs L Tibbert – Director of Workforce and Organisational Development  
Mr S Ward – Director of Corporate and Legal Affairs  
Mr M Wightman – Director of Communication, Integration and Engagement

**ACTION**

**134/17 APOLOGIES AND WELCOME**

Apologies for absence were received from Mr J Adler Chief Executive, Dr S Crawshaw Non-Executive Director, and Mr E Rees LLR Healthwatch representative. The Trust Chairman welcomed Ms E Meldrum Assistant Chief Nurse to the meeting.

**135/17 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

The Trust Chairman declared an interest in Lakeside House, which was mentioned in the emergency care performance report at Minute 140/17/5 below. If members wished to discuss ED front door arrangements in any further detail, the Chairman would withdraw from the discussion. In the event, this did not prove necessary.

**136/17 MINUTES**

**Resolved** – that the Minutes of the 4 May 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly.

**CHAIR  
MAN**

**137/17 MATTERS ARISING FROM THE MINUTES**

Paper B detailed the status of previous matters arising and the expected timescales for resolution. Members noted in particular:-

- (a) action 5 (Minute 114/17/3 of 4 May 2017) – emergency care performance issues would be covered in Minute 140/17/5 below;
- (b) action 19 (Minute 30/17 of 19 January 2017) – the Director of Communications, Integration and Engagement advised that development of a public-facing summary for the Trust's Annual Operational Plan 2017-19 remained work in progress and would be finalised after the June 2017 general election. The content of the summary would be advised to the Trust Board through the reconfiguration updates, and

- (c) action 23 (Minute 189/16/1 of 1 September 2016) – it was agreed that this action (re: development of a reconfiguration strategic outline case) would be closed, and that progress would instead be monitored through the monthly reconfiguration updates provided to the Trust Board.

**CFO**

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

**NAMED LEADS**

**138/17 CHAIRMAN’S MONTHLY REPORT – JUNE 2017**

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

- (a) the continuing need for members to observe the current period of purdah in the run-up to the General Election, and avoid making any political statements;
- (b) his request for all Trust Board members to try and attend the June and July 2017 Trust Board thinking day sessions with NHS Providers, which would explore Board effectiveness. The Chairman also encouraged colleagues to be frank at those sessions, and
- (c) the continuing pressures facing the Trust due to demand and resourcing challenges, and the need to retain the key importance placed on quality and safety. These comments were echoed by the Medical Director. The Chairman also noted the importance of continued open engagement with stakeholders and robust internal decision-making.

**Resolved – that the Chairman’s note for June 2017 be noted.**

**139/17 CHIEF EXECUTIVE’S MONTHLY REPORT – JUNE 2017**

The Chief Executive’s June 2017 monthly update followed (by exception) the framework of the Trust’s strategic objectives. As the attached quality and performance dashboard covered core issues from the monthly quality and performance report, the full version of that report was no longer taken at Trust Board meetings but was accessible on the Trust’s external website (also hyperlinked within paper D). The new template Board Assurance Framework dashboard and the extreme and high risks dashboard were also attached to the Chief Executive’s report at appendices 2 and 3 respectively – the full BAF and risk register entries were now detailed in a separate report at Minute 141/17 below.

In a change to the usual format, the Chairman noted his intention to ask colleagues to focus on the key questions within the covering report for this (and the other) agenda items. In respect of paper D therefore, he particularly sought input from Trust Board members as to whether they were satisfied with the performance set out in the report. As Acting Chief Executive, the Chief Operating Officer opened the discussion by noting his view that the Trust could not be satisfied with current performance. He advised that the Trust’s plans to increase the bedbase at the Leicester Royal Infirmary site were crucial, and he noted that 2017-18 would be a very challenging year not just for UHL but for the wider NHS as a whole.

In discussion on the Chief Executive’s monthly report for June 2017, the Trust Board noted:-

- (a) comments from Mr A Johnson Non-Executive Director that as the Trust Board covering reports were not used consistently or effectively, they were not always helpful in guiding the Trust Board to the key points within the reports. This issue would be discussed further at the June and July 2017 Trust Board thinking days on Board effectiveness. Mr Johnson also commented that the private sector would never state itself as being ‘satisfied’ with its performance;

- (b) the view of Mr B Patel Non-Executive Director that – from a patient perspective – more information was needed regarding outpatients performance. He had asked the IFPIC Non-Executive Director Chair if IFPIC could review this issue of outpatients performance accordingly;

**COO**

- (c) that although he was relatively assured that the Trust Board was reviewing the right risks at its meetings, Mr R Moore, Audit Committee Non-Executive Director Chair queried how to ensure that both appropriate ‘lookbacks’ (to assess UHL’s response to changes) and ‘forward scanning’ of issues were incorporated into Trust Board discussions;

**CE**

- (d) comments from the Medical Director on the level of variability within the Trust, sometimes even within the same service. Given the CQC’s rating of UHL as ‘requires improvement’ the Medical

## Trust Board Paper A

Director considered that it was not possible to be satisfied with current performance, and he noted that the challenging year ahead was likely to involve some hard decisions;

(e) the need – as suggested by the Director of Communications, Integration and Engagement – to consider how best to triangulate the concerns raised by stakeholders/PPI partners, with the issues covered in the Chief Executive’s monthly Trust Board reports;

DCIE/  
CE

(f) good progress on a number of national targets, including UHL’s welcomed achievement of all cancer waiting time targets in March 2017. In respect of 62-day cancer waits, the Trust was now compliant for the first time since July 2014. Referral to treatment (RTT) performance was also compliant in May 2017 (ahead of trajectory), and a number of actions had been put in place in respect of cancelled operations – it was noted that the number of patients cancelled on the day of their operation had reduced by 47% compared to the same time in 2016. The Trust Board thanked all staff involved in the achievement of the cancer targets, noting that compliance on this issue had been a key interest of LLR Healthwatch;

COO

(g) comments from the Medical Director in respect of clinical quality indicators within the report. He advised that quarterly mortality information would now be brought to the Trust Board (via the public Quality Assurance Committee [QAC] summary) from September 2017 onwards. This issue had been discussed at length at the May 2017 QAC (Minute 143/17/1 below refers). The Medical Director also commented on April 2017’s poor performance in respect of fractured neck of femur – this was linked to theatre capacity and had improved slightly in May 2017. Three never events had taken place in May 2017, involving issues of failure to follow process, trainee issues, and dealing with patients in extremis. Although no patient harm had been involved, the Trust was concerned by these numbers and appropriate investigations were now taking place. The Medical Director also commented on the need to monitor the frequency of any cancellations of training days due to operational pressures, and

(h) comments from the Chief Nurse that same sex accommodation breaches usually occurred as a result of capacity pressures, with a resulting negative impact also on patient experience. The Chief Nurse also considered that UHL should maintain its own ambition and should not, therefore, take undue comfort from being ‘no worse’ than other Trusts.

**Resolved – that (A) discussion take place on how to incorporate both appropriate ‘lookbacks’ (to assess UHL’s response to changes) and ‘forward scanning’ of issues into Trust Board discussions;**

CE

**(B) it be considered how best to triangulate the concerns raised by stakeholders/PPI partners, with the issues covered in the Chief Executive’s monthly Trust Board reports;**

DCIE/  
CE

**(C) outpatients performance be reviewed by IFPIC, and**

COO

**(D) the Trust Board’s thanks be passed on to all staff involved in achieving the cancer waits targets.**

COO

### 140/17 KEY ISSUES FOR DECISION/DISCUSSION

#### 140/17/1 Serious Untoward Incident Patient Story

Paper E from the Medical Director comprised the quarterly patient story arising from a serious untoward incident (SUI). The report related to a maternity safety issue and stemmed from the incidence of HIE cases. The Trust Board viewed a UHL maternity video (“The Voice Inside”) which had been commissioned using monies from the Trust’s successful £1.5m bid to the (then) NHS Litigation Authority in 2016. In introducing the video, the Medical Director noted its moving and powerful messages. Following the video clip, the Chairman noted that he had invited NHS Resolution to visit the Trust (agenda to be developed in discussion with Dr A Doshani Associate Medical Director and the Director of Safety and Risk).

CHAIR  
MAN/  
MD

**Resolved – that discussions be held with the Director of Safety and Risk and Dr A Doshani Associate Medical Director re: developing an agenda for the forthcoming (Trust-invited) visit by NHS Resolution.**

CHAIR  
MAN/  
MD

#### 140/17/2 Annual Accounts 2016-17

## Trust Board Paper A

Papers F1-F5 presented the Trust's annual accounts for 2016-17, and sought the Trust Board's approval for UHL's Going Concern statement 2017-18 (paper F2); formal accounts 2016-17 (paper F3); Annual Governance Statement 2016-17 (paper F4); Letter of Representation (paper F5), and to authorise the signature of the relevant statements accordingly.

CFO/  
CE

Paper F1 from the Audit Committee Non-Executive Director Chair detailed that Committee's 26 May 2017 consideration of the 2016-17 annual accounts and associated documentation, which it was recommending accordingly for Trust Board approval. With regard to the ISA260 audit highlights memorandum, the Audit Committee Chair noted External Audit's intention to issue an unqualified opinion on the annual accounts (as in 2016). As also in 2016, a qualified opinion was being issued on the Trust's use of resources aspects due to UHL's ongoing deficit position. The Audit Committee Non-Executive Director Chair advised that Internal Audit's Opinion of "generally satisfactory with some improvement required" was the same opinion as in 2015-16.

With regard to the 2016-17 annual accounts themselves, the Chief Financial Officer confirmed that although break-even had not been achieved, the Trust had delivered a revised planned deficit of £38.6m (£6.9m adverse variance to plan), excluding Sustainability and Transformation Funding. Two of the statutory financial duties had been achieved (External Financing Limit and Capital Resource Limit), and although UHL was not yet compliant with the administrative Better Payments Practice Code target work was underway to improve performance against that indicator. The Chief Financial Officer considered that the accounts process had run relatively smoothly, and he noted that he was content with the resolution reached in respect of the Emergency Floor asset and impairment elements. External Audit's ISA260 audit highlights memorandum had identified that the element of UHL's finance team led by the Financial Controller was under-resourced for a Trust of UHL's size – it was planned to address this issue over the next 6 months

The Director of Corporate and Legal Affairs confirmed that the 2016-17 Annual Governance Statement at paper F4 had been prepared in line with Department of Health requirements, and would be published as part of the annual accounts for 2016-17. The Chairman also noted that a summary of the annual accounts would be included in the 2016-17 UHL Annual Report. In discussion, the Trust Board noted a change to the provider of External Audit services to the Trust from 2017-18.

**Resolved – that (A) the 2017-18 going concern statement, annual exchequer accounts 2016-17, statement of Directors' responsibilities in respect of internal control, Annual Governance Statement 2016-17, Directors' statements – statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust and statement of Directors' responsibilities in respect of the accounts, balance sheet, and Letter of Representation be approved by the Trust Board as presented, and all relevant statements/ certificates/letters be signed accordingly by the appropriate officers for onward submission to the Department of Health as required, and**

CFO/  
CE

**(B) the following additional items be approved (as recommended by the 26 May 2017 Audit Committee during that Committee's consideration of the annual accounts 2016-17):-**  
**(1) ISA 260 audit highlights memorandum (External Audit), and**  
**(2) Internal Audit annual report and Head of Internal Audit Opinion Statement 2016-17.**

CFO

140/17/3 Quality Account 2016-17

The Chief Nurse presented the 2016-17 UHL Quality Account for Trust Board approval, noting that it now incorporated both External Audit's opinion and stakeholder comments. The Quality Account had been considered at the May 2017 QAC and Audit Committee, when the latter had reviewed the Statements of Director Responsibilities in respect of the Quality Account (section 5.3 of paper G). Noting the nationally-prescribed format of the document, Col (Ret'd) I Crowe advised that QAC had reviewed the Quality Account both in draft and final version and was recommending it for Trust Board approval. In response to a query from the Trust Chairman, it was confirmed that an easy read version of the Quality Account was in development.

**Resolved – that the 2016-17 UHL Quality Account be approved as presented, noting that it would be published on the NHS Choices website as required.**

CN

140/17/4 East Midlands Congenital Heart Centre (EMCHC) Update

Given the need to respect the 6-week General Election purdah period, paper H provided a very brief update on this issue. All planned consultation meetings had been suspended until after the General

Election, and a planned UHL meeting with NHS England to discuss the EMCHC growth plan had also been postponed. The Director of Communications, Integration and Engagement advised that approximately 900 responses per week were being received from the East Midlands to the public consultation.

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

#### 140/17/5 Emergency Care Performance

Further to Minute 114/17/3 of 4 May 2017, paper I updated the Trust Board on recent emergency care performance. At 81%, April 2017 performance was slightly above the trajectory submitted to NHS Improvement as part of the 2017-18 planning submission. Noting the Chairman's wish to focus on the covering report's questions, the Acting Chief Executive considered that the key issues for discussion were as follows:-

- (1) satisfaction with ED performance – the Acting Chief Executive advised that he was not satisfied (although noting good performance at the Glenfield Hospital Clinical Decisions Unit [CDU] despite increasing demand pressures and estates constraints). ED performance had in fact worsened since the opening of the new Emergency Floor, and it was possible that patient experience metrics had also deteriorated;
- (2) efficiency – the red2green initiative was gaining traction and external delays to discharge had reduced since 26 April 2017, which was welcomed. Length of stay on medical wards had also reduced, and the performance deterioration was therefore not primarily linked to outflow;
- (3) ED culture and behaviours – the Acting Chief Executive reiterated the need to use the move to the new Emergency Floor as an opportunity to resolve certain longstanding ED cultural issues, and
- (4) the need to maintain an appropriate level of ambition in respect of ED.

In discussion on the points above, the Trust Board noted:-

- (a) comments from the Medical Director confirming that safety was the prime consideration and reiterating the improvements offered by the new Emergency Floor. CDU was recognised as being too small however, and did not offer a good patient experience. CDU improvements were included in the Trust's 2017-18 capital plan. The Medical Director also noted the need to recognise the detrimental impact of demand and capacity pressures on clinical staff and trainees. Steps had also been taken to strengthen further the ED leadership team;
- (b) Col (Ret'd) I Crowe, QAC Non-Executive Director Chair's further comments on the poor patient experience within CDU, particularly while awaiting results, and the urgent need to improve that environment. Although recognising the need for improvements to CDU, the Acting Chief Executive noted that prioritisation of that area would naturally result in reduced capital for other areas;
- (c) queries from Col (Ret'd) I Crowe Non-Executive Director re: the actions being taken in conjunction with partners and stakeholders to address high attendance levels, noting that a record 805 patients had attended UHL's ED on 22 May 2017. The Acting Chief Executive acknowledged that the current measures were not having a sufficient impact. Mr B Patel Non-Executive Director requested that information on the nature and impact of measures by partners to reduce emergency attendances be included in future Trust Board updates on emergency care performance. Through his Chairmanship of the AE Delivery Board, UHL's Chief Executive was continuing to challenge partners appropriately on these measures;
- (d) a query from Col (Ret'd) I Crowe Non-Executive Director on how to maximise the effectiveness of the GP Assessment Unit (GPAU). It had quickly been recognised that it was not ideal to have GPAU located in Majors, and as a short-term measure GPAU had therefore been moved to the eye casualty space. The timescale for the permanent relocation of GPAU through phase 2 of the Emergency Floor scheme had also been escalated;
- (e) disappointment expressed by a number of Non-Executive Directors (including Mr B Patel) that the move to the Emergency Floor had not resulted in a change of culture within ED, and comments on the urgent need to address this issue. In response to a query from Col (Ret'd) I Crowe Non-Executive Director, it was confirmed that the Executive Team was currently looking at team rota'ing in ED, to improve the working culture;

COO

- (f) a query from Mr B Patel Non-Executive Director on the extent to which the 2017-18 ED performance trajectory was realistic and achievable, given the level of improvement required. Although recognising the challenge, the Medical Director noted that input was needed from all areas of the Trust not only ED, and he also commented on the need to address out of hours service provision. The trajectory reflected clear Department of Health expectations re: emergency care performance. In further discussion, the Chief Financial Officer queried how best to measure 2017-18 ED 'success' – in response the Acting Chief Executive suggested that increasing the LRI bedbase was a crucial indicator which would impact on both performance and quality. The Chief Nurse noted, however, the significant challenges of ensuring that additional beds were safely staffed;
- (g) a query from Mr M Traynor Non-Executive Director re: night time attendances and appropriate levels of senior medical cover. In response, it was noted that Mr M Metcalfe, Deputy Medical Director was reviewing options to increase medical input in the early evenings without adversely affecting day time cover or creating a financial pressure. The Acting Chief Executive noted the expectation that ED would live within its financial means, given the significant level of investment over the last 2-3 years;
- (h) comments from Mr A Johnson Non-Executive Director that – despite having created a better facility – UHL still needed to address the fundamental underlying issues re: inflow, length of time and quality of experience in ED, and outflow, if emergency care performance was to improve. He considered that the Trust should try an impact inflow to a greater degree, and he also commented on the range of measures available to improve ED cultural issues, and
- (i) noted that the May 2017 IFPIC had reviewed emergency care performance issues in detail. The Trust Chairman reiterated the need for the Trust Board to consider (at each meeting) whether it was clear about the 'diagnosis', what the proposals were to address the ED performance issues, and the timescales for those actions, given the importance of this issue for the Trust. In addition to the information on demand management requested in (c) above, the Chairman asked that the July 2017 Trust Board report on emergency care also explore the appropriate use of rapid cycle testing to assess the outcome of such demand reduction measures.

COO

**Resolved – that (A) future emergency care performance updates include information on the nature and impact of measures by partners to reduce emergency attendances, and**

COO

**(B) the appropriate use of rapid cycle testing to assess the outcome of such demand reduction measures, be considered.**

COO

140/17/6 Sustainable Development Management Plan

**Resolved – it be noted that this item had been withdrawn by the Director of Estates and Facilities.**

**141/17 RISK MANAGEMENT – INTEGRATED RISK REPORT**

Paper K comprised the 2017-18 integrated risk report including the new format Board Assurance Framework (BAF), as at 28 April 2017. The new format included greater focus on controls assurance, performance assurance, and risk assurance, and aimed to be a more effective tool for providing assurance to the Trust Board about plans to deliver UHL's 2017-18 annual priorities. Paper K also summarised any new organisational risks scoring 15 or above in April 2017 (2, relating to the potential for sub-optimal nutrition and dietetic service provision to [a] adult gastroenterology medicine patients and [b] head and neck cancer patients).

Due to the timing of the meetings involved, the report at paper K did not reflect all of the points raised in the May 2017 Executive Performance Board and Audit Committee's consideration of the new format BAF. In introducing the report, the Medical Director acknowledged concerns about the potentially-unrealistic number of green assurance ratings within the BAF, which he would discuss further with the Director of Corporate and Legal Affairs. However, there were certain things which could only be measured (eg) quarterly and/or retrospectively, which would also need to be taken into account when discussing how to bring an appropriate 'real time' perspective to the BAF. Although recognising that the BAF content would continue to evolve as per any 'live' document, the Chief Financial Officer queried when the Executive Performance Board and Audit Committee comments

would be incorporated in terms of the BAF's format and the methodology for calculating the assurance ratings, as he considered that these needed to be finalised as soon as possible.

Although welcoming the progress to date, the Audit Committee Non-Executive Director Chair noted the need for further work to ensure that the BAF continued to be populated on a live basis throughout the entirety of the 2017-18 year. He also echoed the Chief Financial Officer's comments on the need for the BAF to be fully operational as soon as possible. Mr A Johnson Non-Executive Director reiterated his Audit Committee comments that the BAF was overly-optimistic in terms of the stated assurance ratings, and currently constituted a strategic management tool rather than a true 'Board Assurance Framework'. In response, the Medical Director suggested that the assurance ratings were more likely to be green at this month 1 stage of 2017-18, as the purpose of the assurance rating was to indicate the likelihood of achievement by year-end. The Medical Director also commented that the new format BAF had been agreed by a subgroup of key individuals and that further Trust Board guidance would be needed if significant further change was now required. In response, the Trust Chairman advised that a wholesale change was not being requested, but he considered that it would be useful to review the comments from Mr A Johnson Non-Executive Director further in terms of the operational use of the BAF. The Medical Director and the Chief Financial Officer agreed to discuss this further outside the meeting with Mr Johnson, following which the Medical Director would progress it with the Director of Corporate and Legal Affairs as appropriate.

**AJNED  
MD/CFO**

**MD/DCLA**

**Resolved – that (A) Mr A Johnson Non-Executive Director discuss his comments on the new format BAF further with the Medical Director and the Chief Financial Officer, and**

**AJNED/  
CFO/  
MD**

**(B) following (A) above, the format of the BAF be discussed further between the Medical Director and the Director of Corporate and Legal Affairs.**

**MD/  
DCLA**

**142/17 EDUCATION, TRAINING AND STAFFING**

**142/17/1 Junior Doctors' Contract: Guardian of Safe Working Quarterly Update**

Paper L comprised the second quarterly update from the Guardian of Safe Working, and the Chairman invited Trust Board members to consider any other questions beyond those on the cover sheet. The Medical Director advised that UHL was working with its junior doctors to minimise any adverse impact of the contract. Although exception reporting was still at a relatively low level he expected this to rise at the August 2017 rotation. Rota gaps continued to be a key issue and the Medical Director commented on the increasing difficulty of attracting EU doctors, in addition to the visa difficulties associated with overseas non-EU doctors. The East Midlands as a whole struggled to attract applicants to its training programmes, and the Medical Director noted the challenging position. In response to a query on the situation elsewhere, the Medical Director advised that it was generally easier for London Trusts to attract medical staff.

In response to queries from the Chairman, the Medical Director outlined the process for monitoring issues arising from the report at paper L, noting the key role of the Guardian of Safe Working who worked closely with both the Medical Director and the Director of Workforce and OD's teams. Training issues were picked up by Professor S Carr, Director of Medical Education.

Professor P Baker, Non-Executive Director and Dean of the University of Leicester Medical School advised that the University of Leicester had currently been allocated 19 of the additional medical student places and was hoping that this number would increase. Retention was a key issue however, and one which needed addressing urgently. This point was echoed by Col (Ret'd) I Crowe Non-Executive Director, who welcomed the concept of a healthcare academy and noted the need to become more receptive to medical students and adopt a more positive approach.

Professor Baker queried whether it was ethical to recruit from areas of the world which themselves had scarce medical staff resources – in response, the Trust Board considered that this was likely a wider issue for consideration by the Department of Health rather than on an individual Trust basis. Given the prescribed format of the required quarterly Guardian of Safe Working report, it was agreed that the September 2017 Trust Board should also receive a wider medical workforce report addressing recruitment and retention issues. It was also agreed that a future Trust Board thinking day should focus on workforce considerations, including the overseas medical recruitment issue raised by Professor Baker and also looking at the adequacy of measures to reinforce UHL's links with its local community and encourage local take-up of employment.

**MD**

**MD/  
DWOD**

**Resolved** – that (A) the Guardian of Safe Working quarterly update be noted;

(B) a wider medical workforce report be presented to the September 2017 Trust Board (in addition to the scheduled quarterly Guardian of Safe Working update), also covering recruitment and retention issues, and

MD

(C) a future Trust Board thinking day focus on workforce, also including (i) overseas recruitment ethical issues, and (ii) the adequacy of measures to reinforce UHL's links with the local community and encourage employment uptake from the diverse local population.

MD/  
DWOD

143/17 **QUALITY AND PERFORMANCE**

143/17/1 Quality Assurance Committee (QAC)

Paper N summarised the issues discussed at the 25 May 2017 QAC. Two items were recommended for Trust Board approval from that meeting, namely (1) approval of the 2016-17 Quality Account as per Minute 140/17/3 above and (2) Trust Board receipt of the quarterly mortality report [via the public QAC summary] from September 2017 onwards.

CN

MD

**Resolved** – that the summary of issues discussed at the 25 May 2017 QAC be noted as per paper N, and any recommended items be endorsed accordingly (Minutes to be submitted to the 6 July 2017 Trust Board) and taken forward by the relevant lead officer.

CN/MD

143/17/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Paper O summarised the issues discussed at the 25 May 2017 IFPIC, noting that there were no items recommended for approval by the Trust Board. The IFPIC Non-Executive Director Chair particularly noted an update from the Chief Operating Officer on UHL's readiness in the event of a terror attack. The Chief Operating Officer confirmed that the Trust continued to work with its wider partners and to review the need for any changes to UHL's major incident plan (which would be tested as part of an exercise planned for 10 July 2017).

**Resolved** – that the summary of issues discussed at the 25 May 2017 IFPIC be noted as per paper O (Minutes to be submitted to the 6 July 2017 Trust Board), and any recommended items endorsed accordingly and taken forward by the relevant lead officer.

143/17/3 2017-18 Financial Performance – April 2017

Paper P presented the Trust's month 1 financial position, which had been discussed in detail at the 25 May 2017 Integrated Finance Performance and Investment Committee meeting (paper O also refers). Financial performance was on plan for month 1 (year to date deficit of £8.9m), reflecting the robustness of the 2017-18 budget-setting process. However, the Chief Financial Officer reiterated that the position would become considerably more challenging as 2017-18 progressed, and he noted that actions to mitigate the known risks were outlined in paper P. The Trust was facing an extremely constrained capital programme in 2017-18, and it was noted that the Chairs of the capital subgroups on medical equipment, IM&T and estates were reporting to the June 2017 meetings of the Executive Performance Board and IFPIC on their plans to manage those constraints and resulting risks. Cost pressures would also be discussed at those meetings. In response to a query from the Acting Chief Executive, the Chief Financial Officer advised that essential backlog maintenance would be addressed, and he confirmed that the Director of Estates and Facilities would continue to monitor the overall backlog maintenance position closely.

In discussion, the Chairman noted the need for future financial performance reports to explore how to address the financial challenges ahead and to assess the extent to which the financial programme was being achieved. To this end, the Chief Financial Officer agreed to include relevant questions on the cover sheet relating to the cost improvement programme, cost pressures, and management of financial risk. The Acting Chief Executive advised that the May 2017 IFPIC had discussed runrate issues and the impact of variation in the number of (working) days in each month. The Acting Chief Executive also noted that some elective work had been taken down at the LRI this week, in light of the 29 medical outliers.

CFO

CFO

**Resolved** – that (A) the 2017-18 month 1 financial position be noted;



**(B) additional questions be included on the cover sheet of future financial performance monthly reports, relating to:-**

CFO

- (1) CIP performance;
- (2) cost pressures;
- (3) management of financial risk, and

**(C) future monthly updates also cover how to address the challenging financial programme facing the Trust and the extent to which that programme was being achieved.**

CFO

144/17

#### **PATIENT AND PUBLIC INVOLVEMENT (PPI) – 2016-17 QUARTER 4 UPDATE**

The Patient Partners Chair and UHL's PPI and Membership Manager attended for paper Q, comprising an overview of PPI activity since March 2017, a revised UHL PPI Strategy for approval (appendix 1), a report on the activity of the new Joint Patient Reference Group (chaired by the Patient Partners Chair – appendix 2), and an overview of Patient Partner activity April 2016 – May 2017 (appendix 3).

Key themes within the proposed revised UHL PPI Strategy included closer scrutiny of (and support for) PPI at CMG-level, and developing closer links with local communities. The Joint Patient Reference Group had been developed from the August 2016 Trust Board thinking day event with patient and public groups, and the 5 key themes of concern identified to date were detailed in appendix 2 of paper Q (cancellation of operations and the cancellation of elective care; signage at the LRI both internal and external; choose and book e-referrals; CQC inspections, and day to day issues). Patient Partner numbers were set to increase to 24 by the end of June 2017. In discussion on paper Q the Trust Board noted:-

- (a) the Chairman's views on the benefits of focusing the August 2017 Trust Board thinking day session with patient groups on patient experience issues. The Chairman commented that user views from patient groups were a key source of additional intelligence and information. He also requested that the August 2017 Trust Board thinking day session explore how to enhance the input of Patient Partners;
- (b) the Chairman's personal commitment to attend as many Patient Partner group meetings as possible. It was also noted that Mr B Patel Non-Executive Director had agreed to attend all such meetings;
- (c) comments from Mr B Patel Non-Executive Director welcoming the progress made on PPI within UHL. He emphasised the need for PPI to be seen as part of the Trust's 'core business' by CMGs, and suggested that this should be reiterated to CMGs by the Trust Board.
- (d) a query from Mr B Patel Non-Executive Director on how to capture information from Patient Partners (and other patient representatives), and ensure an appropriate dialogue. He noted that Mr G Smith Patient Partner had passed him a useful national booklet on PPI guidelines. The Chief Nurse supported Mr Patel's comments, and suggested that it would be helpful to clarify the role of Patient Partners to staff, using appropriate case studies. This would also enable staff to understand how they could act on suggestions from Patient Partners;
- (e) the need to be able to measure the impact of PPI;
- (f) the aim of moving towards 'patient co-production', and the role of Patient Partners in facilitating that as 'critical friends';
- (g) a query from the Chairman as to the extent to which Patient Partners/PPI representatives were involved on Consultant interview panels;
- (h) a suggestion from Mr A Johnson Non-Executive Director that it might be useful to consider how best Executive Directors could be sighted to Patient Partner insights into CMG concerns, and
- (i) a query from the Chairman on how to ensure that UHL fully engaged with its very diverse local community, and fostered a sense of community ownership.

DCIE

DCIE

**Resolved – that (A) consideration be given to how best to clarify (to UHL staff) the role, remit, and beneficial input of Patient Partners – potentially using appropriate case studies – and enable staff to act upon suggestions from Patient Partners;**

DCIE

**(B) the Trust Board thinking day session with patient and public involvement organisations also discuss how to maximise the benefit of Patient Partner input to the work of UHL, and**

DCIE

**(C) the revised UHL Patient and Public Involvement (PPI) Strategy be approved as presented.** DCIE

**145/17 GOVERNANCE**

145/17/1 NHS Provider Licence – Self-Assessment

Paper R sought Trust Board approval for the self-certification declarations in respect of conditions G6 and FT4 of the NHS Provider Licence. The Director of Corporate and Legal Affairs advised that this was the first such compliance statement, and that although NHS Trusts were not required to hold a provider licence they had been asked to assess their compliance. As detailed in paper R, UHL's self-certificate was declaring the Trust's compliance with both of the conditions in question.

**Resolved – that the self-certifications detailed in paper R be approved for signature by the Chairman and Chief Executive accordingly.**

**CHAIR  
MAN/  
CE**

145/17/2 Managing Conflicts of Interests in the NHS

Paper S sought Trust Board approval for the new UHL policy on managing conflicts of interest in the NHS, to enable staff to comply with new NHS England requirements in force from 1 June 2017. The policy had been discussed by various UHL decision-making groups en route to the Trust Board, including the May 2017 Audit Committee which had endorsed the policy and recommended it for Trust Board approval accordingly. The Director of Corporate and Legal Affairs advised that the classification of "decision-making staff" within the policy would be further clarified to be consistent with NHSE guidance on this issue, but subject to that change the policy was presented for Trust Board approval. Trust Board members were also covered by the new requirements. UHL's implementation of the NHSE requirements would be monitored on a 6-monthly basis by the Audit Committee.

**DCLA**

**DCLA**

**Resolved – that (A) subject to the intended updating of the definition of 'decision-making staff' in line with NHS England guidance, the Trust's new policy on managing conflicts of interests in the NHS be approved, and**

**DCLA**

**(B) implementation of the new requirements be reported to the Audit Committee on a 6-monthly basis.**

**DCLA**

**146/17 REPORTS FROM BOARD COMMITTEES**

146/17/1 Audit Committee

Paper T summarised the issues discussed at the 26 May 2017 Audit Committee, noting that specific recommendations regarding the annual accounts 2016-17, Quality Account 2016-17 and the policy for managing conflicts of interests in the NHS had already been covered elsewhere on this Trust Board agenda. In the absence of the Audit Committee Non-Executive Director Chair, Mr A Johnson Non-Executive Director also drew Trust Board's attention to the May 2017 Audit Committee decisions listed on paper T, including that Committee's approval of (i) the 2017-18 Internal Audit Charter; (ii) the Internal Audit annual plan 2017-18 [for quarter 1 workstreams implementation, on the basis that further reviews could be added in-year if needed], and (iii) a proposal to undertake an interim post-project-evaluation of the Emergency Floor, to inform phase 2 of that scheme. As noted in paper T, a more detailed evaluation would then be undertaken upon completion of the 2<sup>nd</sup> phase which would in turn inform the Trust's approach to other major reconfiguration schemes.

**Resolved – that the summary of issues discussed at the 26 May 2017 Audit Committee be noted as per paper T, and any recommended items be endorsed accordingly (Minutes to be submitted to the 6 July 2017 Trust Board) and taken forward by the relevant lead officer.**

**CFO/  
CN/  
DCLA**

146/17/2 Quality Assurance Committee (QAC)

**Resolved – that the Minutes of the 27 April 2017 QAC be received and noted, and any recommendations endorsed accordingly (paper U).**

146/17/3 Integrated Finance Performance and Investment Committee (IFPIC)

**Resolved – that the Minutes of the 27 April 2017 IFPIC be received and noted, and any recommendations endorsed accordingly (paper V).**

147/17 TRUST BOARD BULLETIN – JUNE 2017

The Chairman noted the key role for the LLR STP in exploring any actual or perceived governance issues, and also commented on the continuing need for all parties to be able to feed into the System Leadership Team. In response to a query, it was advised that the STP leadership position was for 2 days per week.

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

(1) Minutes of the LLR System Leadership Team meeting held on 20 April 2017.

148/17 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

Attendees at the public session of the Trust Board raised the following queries/comments in relation to the business discussed:-

- (1) (although welcoming the Trust's achievement of the cancer target standards) a query as to whether any analysis had taken place of the circa 7% of cases not meeting those standards. In response, the Acting Chief Executive considered that the variance was largely due to patient choice issues and agreed that he would ask the Director of Performance and Improvement to provide an analysis to the June 2017 IFPIC. In response to a further query about any risk within the cases not currently meeting the cancer targets, the Medical Director advised that it would be very difficult to assess meaningfully whether any harm had arisen from a delay of 1-2 days. The Acting Chief Executive confirmed that access to staff was not a factor in terms of 2-week wait compliance; COO
- (2) a query as to whether the 2017-18 Quality Account could include/cross-refer to the Trust's quarterly patient experience triangulation report – it was agreed to consider this accordingly, and CN
- (3) a positive reaction to the realistic nature of the Trust's revised PPI Strategy, and a suggestion that where appropriate, it would be helpful to invite other sectors of the healthcare economy (eg primary care) to any community engagement events. The questioner also noted his hope that a band 3 resource removed from the Trust's PPI function would be reinstated at some future point. The Trust Chairman noted that the questioner was stepping down from his Patient Partner role at Christmas and thanked him for his longstanding contribution to the Trust. DCIE

**Resolved** – that the query above and any associated actions, be noted and progressed by the identified lead officer(s). Named Lead(s)

149/17 EXCLUSION OF THE PRESS AND PUBLIC

**Resolved** – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 150/17 to 159/17), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

150/17 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Trust Chairman declared an interest in part of confidential Minute 152/17 below and absented himself from the meeting for its discussion. The meeting was chaired by Mr M Traynor Non-Executive Director and Deputy Chairman during that item. Mr A Johnson Non-Executive Director declared an interest in Minute 155/17 below – it was agreed that it was not necessary for him to absent himself from the meeting for that item.

151/17 CONFIDENTIAL MINUTES

**Resolved** – that the confidential Minutes of the 4 May 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly. CHAIRMAN

152/17 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.

**153/17 REPORT FROM THE DIRECTOR OF COMMUNICATIONS, INTEGRATION AND ENGAGEMENT**

**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.

**154/17 JOINT REPORT FROM THE CHIEF FINANCIAL OFFICER AND THE DIRECTOR OF COMMUNICATIONS, INTEGRATION AND ENGAGEMENT**

**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.

**155/17 REPORTS FROM THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS AND MR A JOHNSON NON-EXECUTIVE DIRECTOR**

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

**156/17 REPORTS FROM BOARD COMMITTEES**

**156/17/1 Audit Committee**

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

**156/17/2 Quality Assurance Committee (QAC)**

**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.

**156/17/3 Integrated Finance Performance and Investment Committee (IFPIC)**

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

**156/17/4 Remuneration Committee**

**Resolved** – that the confidential Minutes of the 4 May 2017 Remuneration Committee be received and noted, and any recommendations endorsed accordingly.

**157/17 PRIVATE TRUST BOARD BULLETIN**

**Resolved** – that the contents of the June 2017 private Trust Board Bulletin be noted at paper GG.

**158/17 ANY OTHER BUSINESS**

**158/17/1 Report from Col (Ret'd) I Crowe Non-Executive Director**

**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.

**159/17 DATE OF NEXT TRUST BOARD MEETING**

**Resolved** – that the next Trust Board meeting be held on Thursday 6 July 2017 from 9am in Rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.

## Trust Board Paper A

The meeting closed at 2.15pm

Helen Stokes – Senior Trust Administrator

### Cumulative Record of Attendance (2017-18 to date):

#### Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	3	3	100	R Mitchell	3	2	67
J Adler	3	2	67	R Moore	3	2	67
P Baker	3	3	100	B Patel	3	3	100
S Crawshaw	3	1	33	J Smith	3	3	100
I Crowe	3	3	100	M Traynor	3	3	100
A Furlong	3	3	100	P Traynor	3	3	100
A Johnson	3	2	67				

#### Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
L Tibbert	3	3	100	E Rees	2	1	50
S Ward	3	3	100				
M Wightman	3	3	100				