

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 4 JULY 2019 AT 9AM IN SEMINAR ROOMS 2 AND 3 IN THE CLINICAL EDUCATION CENTRE AT GLENFIELD HOSPITAL****Voting Members present:**

Mr K Singh – Trust Chairman  
 Mr J Adler – Chief Executive  
 Ms V Bailey – Non Executive Director  
 Ms R Brown – Chief Operating Officer  
 Col (Ret'd) I Crowe – Non-Executive Director  
 Mr A Furlong – Medical Director  
 Ms K Jenkins – Non-Executive Director  
 Mr A Johnson – Non-Executive Director  
 Mr B Patel – Non-Executive Director  
 Mr M Traynor – Non-Executive Director  
 Mr P Traynor – Chief Financial Officer

**In attendance:**

Mr C Benham – Director of Operational Finance (for Minute 152/19/3)  
 Mr N Bond – Deputy Director of Estates and Facilities (for Minute 152/19/1)  
 Mr A Carruthers – Acting Chief Information Officer  
 Miss M Durbridge – Director of Safety and Risk (for Minute 144/19/1)  
 Mr L Gates – Head of Estates (for Minute 152/19/1)  
 Dr S Jones – Consultant in Paediatric Emergency Medicine (for Minute 144/19/1)  
 Mr D Kerr – Director of Estates and Facilities  
 Ms E Meldrum – Deputy Chief Nurse (on behalf of Ms C Fox, Chief Nurse)  
 Ms E Moss – Chief Operating Officer, EMCRN (for Minute 145/19/1)  
 Ms K Rayns – Corporate and Committee Services Officer  
 Professor D Rowbotham – Clinical Director, EMCRN (for Minute 145/19/1)  
 Mr M Stocks – Key Audit Partner, Grant Thornton (the Trust's External Auditor) (for Minute 152/19/3)  
 Mr S Ward – Director of Corporate and Legal Affairs  
 Mr M Wightman – Director of Strategy and Communications  
 Ms H Wyton – Director of People and Organisational Development

**ACTION****140/19 APOLOGIES AND WELCOME**

Apologies for absence were received from Professor P Baker, Non-Executive Director, Ms C Fox, Chief Nurse and Ms H Kotecha, Leicester and Leicestershire Healthwatch Representative. The Trust Chairman welcomed Ms E Meldrum, Deputy Chief Nurse to the meeting, noting that she was attending on behalf of the Chief Nurse.

**141/19 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

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

**142/19 MINUTES**

**Resolved – that the Minutes of the 6 June 2019 Trust Board meeting provided at paper A be confirmed as a correct record and signed by the Chairman accordingly.**

**CHAIR  
MAN****143/19 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the outstanding actions from the 6 June 2019 and previous Trust Board meetings. The Medical Director provided a verbal progress report in respect of item 20 (Minute 7/19/2 of 10 January 2019 refers), advising that the update on UHL's Oral and Maxillo-Facial Surgery (OMFS) Service would be presented to the Trust Board on 1 August 2019. In respect of item 12 (Minute 96/19/5 of 2 May 2019 refers), the Deputy Chief Nurse advised that the next report on Safer Maternity Staffing would be presented to the 1 August 2019 Trust Board.

**MD****CN**

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

**144/19 KEY ISSUES FOR DISCUSSION/DECISION**

**144/19/1 Patient Story – Serious Untoward Incident (SUI)**

The Medical Director and the Director of Safety and Risk introduced paper C providing an overview of a serious untoward incident involving Krishan Saujani, a three year old boy who had died during November 2015, within 24 hours of being admitted to UHL, following a delay in the recognition and management of his deteriorating condition due to sepsis. Dr S Jones, Consultant in Paediatric Emergency Medicine and Mr and Mrs Saujani attended the meeting to recount the story of Krishan's care, including the events leading up to his death and the opportunities for organisational learning that could be gained through joint working between the medical teams and the affected family.

Mr and Mrs Saujani told the story from their perspective in a coherent and compelling manner, advising that Krishan had Down's Syndrome and he had required medical treatment on a frequent basis during his short life. However, on this occasion he had been more severely ill and this had affected his behaviour, making him less cooperative than he would usually have been. The family had provided a short video to illustrate their son's usual demeanour when he was well, but it was not possible to show this video on the overhead projector due to technical issues on the day.

Dr S Jones briefed the Trust Board on the improvements that had been implemented since this incident, including the opening of the new build Emergency Department, better communications with families, joint working between clinicians, raised awareness of sepsis triggers and the importance of timely escalation processes, electronic observations, enhanced staffing models with appropriate senior presence, faster access to blood test results and robust staff training and education programmes.

The Chief Executive and the Medical Director both apologised directly to Mr and Mrs Saujani for their son's untimely death, thanking them for attending today's meeting and commending their genuine desire to help UHL (and other organisations) learn from the issues that had affected their son's care. In discussion on the patient story, Trust Board members:-

- (a) queried whether there had been any individual member of staff that Mr and Mrs Saujani could have approached to escalate their concerns about the delay in their son's treatment, noting in response that some of the medical professionals had appeared slightly dismissive, but a particular nurse who had been assigned to provide one-to-one care had listened more carefully to their concerns;
- (b) noted an opportunity to embed further learning into the medical education programme in respect of establishing the baseline behaviours for patients with enhanced needs when they were well, (possibly using mobile phone video footage provided by parents or relatives) to identify the gap between the 'well' and 'ill' behaviours for patients with enhanced needs. Ms V Bailey, Non-Executive Director undertook to liaise with Professor P Baker, Non-Executive Director on this point, and
- (c) received assurance that clinicians had the ability to influence individual patients' acuity scores within the electronic observations system, according to patients' baselines and taking into account any enhanced needs.

**VB,  
NED**

Finally, the Trust Chairman made his own apologies to Mr and Mrs Saujani, noting that nothing could ever compensate them for the loss of their son. He thanked them for the eloquent way in which they had described their story, commenting on the need for all staff to focus on the needs of the patient and the provision of safe and high quality clinical care. Consequently, the Trust would continue to emphasise this point in a visible and transparent way by focusing on a different patient or staff story at each Trust Board meeting going forwards.

**Resolved – that (A) the SUI patient story relating to Krishan Saujani be received and noted, and**

**(B) Ms V Bailey, Non-Executive Director be requested to liaise with Professor P Baker, Non-Executive Director regarding opportunities to incorporate the issue highlighted in point (b) above into the medical education programme.**

**VB, NED**

144/19/2 Chairman's Monthly Report – July 2019

In introducing his monthly report at paper D, the Chairman particularly highlighted the focus on Quality Improvement over the last year, culminating in the development of UHL's Quality Strategy which was aligned with the Trust Board's strategic priorities. The Quality Strategy had now moved into the implementation phase and the Chief Executive briefed the Board on the striking scale of ambition that had been evident at the recent staff focus groups, noting the need to sustain this level of enthusiasm through a coherent approach.

Discussion took place regarding UHL's preparedness to change, the Trust Board's commitment to the Quality Improvement journey and the support required along the journey in terms of investing in staff to provide them with the skills and confidence to deliver change. Measuring the outputs of these quality change initiatives and monitoring the implementation of standard operating procedures and benchmarking would also be crucial to maintain a clear outcomes focus and ensure that the changes were embedded throughout the organisation. The results of the recent leadership behaviours diagnostic exercise were due to be considered at the Trust Board thinking day on 11 July 2019. The Chief Operating Officer provided her view that there was a strong workforce commitment to the Quality Improvement work and that this would gather in momentum as staff were given the opportunity to focus on what mattered most within this journey. Colonel (Ret'd) I Crowe, Non-Executive Director commented that three of the Trust's Patient Partners had recently attended a UHL training event and they had been very complimentary about the UHL Quality Strategy.

**Resolved – that the Chairman's June 2019 report be received and noted as paper D.**

144/19/3 Chief Executive's Monthly Report – July 2019

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

- (a) the improving trend in reporting more of UHL's performance criteria within the 'good news' section of the Executive Summary report. Although Urgent and Emergency Care remained the biggest challenge to deliver, improvements in fractured neck of femur care had been sustained and a quick correction had been delivered in respect of stroke performance;
- (b) the implementation of the Trust's Quality Strategy – Becoming the Best – which was being launched through the Chief Executive's briefing sessions. A marked increase in attendance had been noted and a strong focus was being maintained in respect of the arrangements for cascading the detailed information within the Clinical Management Groups and Corporate Directorates. Mr C Moorhouse, the Trust's new Head of Quality Improvement was due to commence on 23 July 2019 and he would be undertaking a comprehensive risk assessment and establishing processes for measuring the success of the Strategy;
- (c) the process of finalising the 2019/20 Board Assurance Framework was almost complete and this was scheduled for discussion at the Audit Committee on 5 July 2019 following a detailed confirm and challenge session on the current and target risk scores;
- (d) some system level developments which represented important steps in the journey towards becoming an Integrated Care System (ICS) – as summarised in the stakeholder bulletin appended to paper E. Agreement had been reached in principle that an 'alliance' model would be adopted as the delivery vehicle for organisational contracting and this model was being worked up with a view to running it in shadow form for 2020/21;
- (e) the announcement that Mr P Traynor, Chief Financial Officer would be leaving the Trust at the end of October 2019 to take up a post at the Open University, and
- (f) congratulations to Ms L Darlison, Consultant Nurse and Director of Services for Mesothelioma UK who had been awarded an MBE in the Queen's Birthday Honours for her tireless work on behalf of patients suffering from Mesothelioma.

At the request of the Chief Executive, the Chief Operational Officer provided a verbal briefing in respect of Urgent and Emergency Care performance, noting that May and June 2019 had continued to be very challenging in terms of high patient activity levels. A number of beds had been closed due to infection prevention issues. Whilst this had contained the spread of infection, it had required the Trust to re-open winter capacity beds. In turn, these additional capacity beds had presented

their own challenges in terms of workforce cover and additional financial expenditure. System-level discussions continued in respect of reducing the number of urgent and emergency care attendances, noting that 850 attendances per day could not be sustained over a prolonged period. A system-wide workshop event had been held that week with a helpful increased focus on UHL's attendance data. Each provider had been tasked with identifying key actions to address the ongoing issues and the top 5 actions were now being progressed and driven through the System Leadership Team.

**Resolved – that the Chief Executive's July 2019 update report be received and noted as paper E.**

144/19/4

UHL Response to National Listeria Issues

The Deputy Chief Nurse and the Director of Estates and Facilities introduced paper F providing a summary of UHL's response to the nationally reported issues relating to Listeriosis associated with sandwich products supplied to NHS organisations through the accredited supply route. Nationally, 5 patients were known to have died and it had been confirmed that 1 of these patients had received treatment at UHL. The Director of Estates and Facilities provided his sympathy and condolences to the family of the patient who had died in Leicestershire, and it was confirmed that the family was being communicated with and provided with appropriate support. Due to patient confidentiality issues, the main focus of the Trust Board's discussion was the immediate response that had been taken to remove the potentially affected sandwich products and to replace them with alternative products from another NHS accredited supplier.

In discussion on the report, Board members:-

- (a) commented upon the scale of the patient catering service at UHL (which served approximately 1.5 million meals to patients year, including approximately 650,000 pre-packaged sandwiches), noting that this was the first recorded incident of this nature;
- (b) received assurance in relation to external Environmental Health advice, staff training, routine inspections and the implementation of a comprehensive action plan to address any areas of non-compliance, and
- (c) noted the ongoing wider review of the future provision of both patient and retail food services and that a multi-disciplinary task and finish group had been established for this purpose. The first meeting of the task and finish group was planned to be held in early August 2019 and a follow-up report would be presented to the Quality and Outcomes Committee on 29 August 2019.

**Resolved – that the briefing on UHL's response to the national issue of Listeriosis associated with sandwich products be received and noted (as paper F).**

145/19

**ITEMS FOR ASSURANCE**

145/19/1

East Midlands Clinical Research Network (EMCRN) Annual Report 2018/19 and Presentation

Professor D Rowbotham, EMCRN Clinical Director, and Ms E Moss, EMCRN Chief Operating Officer attended the meeting to present paper G, seeking Trust Board approval of the EMCRN Annual Delivery Report for 2018/19 (as the Host Organisation for the National Institute of Health [NIHR] Clinical Research Network East Midlands). The Annual Delivery Report provided an overview of the activities delivered across the various work streams during 2018/19 and a summary of compliance against the Performance and Operating Framework. Section 3 of paper G provided an overview of the key risks and challenges associated with the programme and a copy of the risk register was provided at appendix 6.

As previously requested by the Trust Board, an audit had been undertaken in respect of accounts payable performance and the outputs were provided in appendix 5. A meeting had been held with the Chief Financial Officer regarding accounts payable performance and assurance had been provided that EMCRN invoices would be prioritised in order to meet the requirement to settle all invoices within the maximum 30 day payment terms. Mr M Traynor, Non-Executive Director queried the scope to segregate the EMCRN financial resources from the Trust's main resources in order to achieve this target. The Chief Financial Officer agreed to explore this as a potential solution, noting that the actual number of invoices involved was relatively small (eg 30 or 40 per month). In response to a query from the Audit Committee Non-Executive Director Chair, it was noted that the

CFO

main consequences of non-compliance with the 30 day standard was a detrimental impact upon the Trust's reputation as a network host.

The Trust Board also received a short presentation on EMCRN performance highlights for 2018/19, ongoing plans for 2019/20 and a summary of the current challenges in terms of portfolio criteria expansion, delays in the flow of research data, flexibility and responsiveness of research workforce, changes to the funding model and the impact of the Agenda for Change pay award which was not covered by an increase in funding.

Following the presentation, a discussion took place regarding opportunities for the EMCRN to focus on improving the management of diabetes, cancer and cardio-vascular conditions by increasing the update of patients choosing to participate in related studies. Mr B Patel, Non-Executive Director queried the mechanism for providing feedback from patient studies and the EMCRN Chief Operating Officer commented upon opportunities that were being explored to improve the way that patients received feedback following the completion of studies. It was agreed that an update on this issue would be included in the next quarterly update report.

COO,  
EMCRN

**Resolved – that (A) the CRN East Midlands Annual Report for 2018/19 be approved (as presented in paper G);**

**(B) the Chief Financial Officer be requested to explore opportunities to segregate the UHL and EMCRN financial resources to support robust delivery of the 30 day accounts payable performance for the EMCRN, and**

CFO

**(C) the EMCRN Chief Operating Officer be requested to include an update on the arrangements for providing feedback to patients who had participated in research studies in the next quarterly EMCRN report.**

COO,  
EMCRN

145/19/2

Reconfiguration Programme Update

Further to Minute 121/19/1 of 6 June 2019, the Chief Financial Officer and the Medical Director introduced paper H, briefing the Trust Board on the impact of delays with the Sustainability and Transformation Partnership Capital Bid in terms of increased costs and sustainability of clinical services. The capital bid was originally submitted in July 2018 for a total of £367m based on an assumption that the capital for new build elements of the scheme would be accessed via a form of private finance. Since then, the Chancellor had announced that private finance would no longer be a viable source of funding in its current format. Consequently, the cost of VAT on the new build elements would now require inclusion in the scheme. In addition, some inflationary increases were being incurred and the exact costs would not be clear until a timescale for final approval was provided. Paper H also outlined the impact on the sustainability of clinical services in the current sub-optimal configuration and this was leading to pressures and risks in a small number of services. The affected services and proposed mitigation plans were set out in the report, but the services affected included maternity, neonatal, intensive care and renal services.

The Medical Director reminded Trust Board members of the discussion held at the Trust Board thinking day on 13 June, advising that UHL's current configuration of services was an accident of history (following the merger of the three hospital sites) rather than a product of intelligent design. He highlighted the risks to be addressed through the reconfiguration plans and the proposed mitigating measures to address split site services during the interim period. The Trust Chairman noted that not all colleagues were able to attend the 13 June 2019 Trust Board thinking day. He requested that a further report be presented to a future public Trust Board meeting, setting out the issues that needed to be addressed in order to sustain and maintain safe clinical services during the delay in securing capital funding to progress the Strategic Reconfiguration Programme.

**Resolved – that (A) the update on impact of delays with UHL's Reconfiguration Programme be received and noted as paper H, and**

**(B) a further report on the issues to be addressed to sustain and maintain safe clinical services during the delay in securing capital funding be presented to a future public Trust Board meeting.**

CFO

145/19/3

Reports from Board Committees

145/19/3.1 Quality and Outcomes Committee (QOC)

The QOC Chair introduced paper I, summarising the key issues considered at the 27 June 2019 QOC, seeking Trust Board approval for the 4 recommended items (amended QOC terms of reference, 7 day services, 2018/19 annual fire report and CQC statement of purpose). Copies of the reports relating to 7 day services, fire and updated CQC statement of purpose were appended to the meeting summary for ease of reference. The QOC Chair also highlighted the temporary closure of the Adult Immunology Service to new referrals due to workforce constraints. In discussion on the QOC summary, Trust Board members:-

- a) welcomed the additional patient partner representation at QOC meetings, noting that this was consistent with both the revised Patient and Public Involvement Strategy and the Quality Strategy;
- b) expanded upon the arrangements for improving the 7 day services performance against standard CS02 (relating to time to Consultant review) where there had been a slight deterioration within surgical services. A focused audit would be undertaken in November 2019 in General Surgery, Cardiology and Respiratory services, when it was hoped that a number of known issues (such as staffing gaps) would have been addressed;
- c) provided assurance that the Trust Board would have an opportunity to review and sign-off the next 7 day services return prior to its submission, explaining that logistical issues with the paperwork proforma had prevented this from happening for the 28 June 2019 submission;
- d) commended the 2018/19 Annual Fire Report for sign-off by the Chief Executive as the Accountable Officer, and
- e) expressed concern regarding the temporary closure of the Adult Immunology service to new patients and seeking further information as to where new patients would be referred to in the interim period. In response, it was noted that there were other centres in Nottingham, Birmingham and Sheffield, but the staffing constraints were considered to be a national issue in this specialty. UHL was in the fortunate position of having three trainees in post and every effort would be made to retain trainees once they had qualified.

**Resolved – that the summary of issues discussed at the 27 June 2019 QOC be noted as per paper I (and the 4 recommended items be approved) – Minutes to be submitted to the 1 August 2019 Trust Board.**

CCSO

145/19/3.2 People Process and Performance Committee (PPPC)

The People, Process and Performance Committee Chair introduced paper J summarising the issues discussed at the 27 June 2019 PPPC, seeking Trust Board approval for the 2 recommended items (amended PPPC terms of reference and Guardian of Safe Working quarterly report). He drew members' attention to the additional report on physical assaults against staff and the implementation of a pilot scheme for body-worn cameras for security staff working within the ED.

**Resolved – that the summary of issues discussed at the 27 June 2019 PPPC be noted as per paper J (and the 2 recommended items be approved) – Minutes to be submitted to the 1 August 2019 Trust Board.**

145/19/3.3 Finance and Investment Committee (FIC) and 2019/20 Financial Performance (May 2019)

Paper K provided a detailed summary of the issues discussed at the 27 June 2019 FIC, seeking Trust Board approval for the recommended item (amendment to the FIC terms of reference). Month 2 financial performance had remained broadly on track. The Committee had received an informative presentation on clinical coding and the Corporate and Committee Services Officer was requested to circulate the presentation slides to Trust Board members for information.

CCSO

The Chief Financial Officer presented paper K1, providing the Trust's Month 2 2019/20 financial performance, which had been discussed in detail at the 27 June 2019 Finance and Investment Committee meeting. Financial performance for month 2 (May 2019) remained on target and no financial adjustments had been required. Operationally, performance was strong and the Trust was very busy across all types of activity with the possible exception of critical care. Discussions continued to be held with Commissioners regarding performance above plan. CIP delivery and agency pay expenditure remained within the expected threshold. Some financial pressures had begun to emerge in relation to non-pay expenditure and this was being verified to check the level of expenditure against the case mix alignment in some services, eg Orthopaedic surgery. Pay

expenditure remained on track – in fact it was slightly underspent – since the work had been completed to link staff establishments to the 2019/20 budgets.

A further pay-related issue was highlighted relating to the impact of Pension scheme reform and the impact of taxation policy. In some cases, Consultants had been declining to work discretionary additional clinical sessions to avoid incurring pension tax charges. This had the potential to affect UHL's clinical performance in areas where waiting list reduction measures were in place and locum support was in short supply (eg ENT services). The Director of People and OD and the Chief Operating Officer were reviewing the position and assessing the need for affected individuals to receive appropriate personal taxation advice. The Trust Chairman noted that this subject had been discussed at a recent NHS Providers meeting. The Director of People and OD was exploring examples of bespoke responses that other NHS Trusts had implemented to respond to this issue. She agreed to consider arranging appropriate briefing sessions to be provided to those individuals who might be affected by the changes.

For clarity, the Chief Operating Officer reported on the income and expenditure impact of the additional capacity beds that were currently open, noting the a proportion of UHL's small contingency funding would be called off for this purpose. The 2019/20 capital funding programme remained extremely constrained. A further briefing on the capital programme and the 2019/20 year end forecast would be provided to the Trust Board at the end of quarter 1 (for the 1 August 2019 Trust Board meeting). The Audit Committee Chair also requested that the risks surrounding UHL's response to the Annual Audit Letter for 2018/19 be included in the risks section of the month 3 financial performance report.

**Resolved** – that (A) the summary of issues and month 2 financial performance report discussed at the 27 June 2019 FIC be noted as papers K and K1 (and the recommended item be approved) – Minutes to be submitted to the 1 August 2019 Trust Board;

(B) the Corporate and Committee Services Officer be requested to circulate copies of the FIC clinical coding presentation slides to all Trust Board members for information; CCSO

(C) the Director of Workforce and OD be requested to explore some examples of bespoke solutions implemented by other Trusts and consider arranging for briefing sessions to be offered to individuals who may be affected by changes in the Pension Tax Regulations, and DWOD

(D) the Chief Financial Officer be requested to brief the August 2019 Trust Board meeting on the 2019/20 capital programme and the forecast year end position and incorporate the risks surrounding the Annual Audit Letter for 2018/19 into the month 3 financial performance report. CFO

#### 146/19 ITEMS FOR NOTING

146/19/1 LLR System Leadership Team Minutes

**Resolved** – that the Minutes of the System Leadership Team meeting held on 18 April 2019 be received and noted as paper L.

146/19/2 Reports from Board Committees

146/19/2.1 Quality and Outcomes Committee (QOC)

**Resolved** – that the Minutes of the 30 May 2019 QOC be received and noted as per paper M1 (the 2 recommended items having been approved at the 6 June 2019 Trust Board)

146/19/2.2 People, Process and Performance Committee (PPPC)

**Resolved** – that the Minutes of the 30 May 2019 PPPC be received and noted as per paper M2 (no recommended items).

146/19/2.3 Finance and Investment Committee (FIC)

**Resolved** – that the Minutes of the 30 May 2019 FIC be received and noted as per paper M3 (no recommended items).

**147/19 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

**Resolved** – that it be noted that there were no comments or queries raised in relation to the business transacted at this meeting.

**148/19 EXCLUSION OF THE PRESS AND PUBLIC**

**Resolved** – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 149/19 to 156/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**149/19 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

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

**150/19 CONFIDENTIAL MINUTES**

**Resolved** – that (A) it be noted that there were no confidential Minutes arising from the Trust Board meeting held on 6 June 2019, and

(B) the confidential Minutes of the Trust Board meeting held on 13 June 2019 (paper N) be confirmed as a correct record and signed by the Chairman accordingly.

CHAIR  
MAN

**151/19 CONFIDENTIAL MATTERS ARISING REPORT**

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

**152/19 KEY ISSUES FOR DISCUSSION/DECISION**

152/19/1 Confidential Report from the Director of Estates and Facilities

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

152/19/2 Confidential Report from the Chair of TGH Ltd

**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.

152/19/3 Confidential Report from the Chief Financial Officer

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

**153/19 ITEMS FOR ASSURANCE**

153/19/1 Reports from Board Committees

153/19/1.1 Quality and Outcomes Committee (QOC)

**Resolved** – that the confidential summary of issues considered at the 27 June 2019 QOC meeting be received and noted as paper R1.

153/19/1.2 People, Process and Performance Committee (PPPC)

**Resolved** – that the confidential summary of issues considered at the 27 June 2019 PPPC meeting be received and noted as paper R2.

153/19/1.3 Finance and Investment Committee (FIC)

**Resolved** – that the confidential summary of issues considered at the 27 June 2019 FIC meeting be received and noted as paper R3.

153/19/1.4 Remuneration Committee

**Resolved** – that the Minutes of the 6 June 2019 Remuneration Committee meeting be received and noted as paper R4.

#### 154/19 ITEMS FOR NOTING

154/19/1 Reports from Board Committees

154/19/1.2 Finance and Investment Committee (FIC)

**Resolved** – that the confidential 30 May 2019 FIC Minutes be noted as paper S (no recommended items).

#### 155/19 ANY OTHER BUSINESS

155/19/1 Confidential Verbal Report by the Chief Executive

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

#### 156/19 DATE OF NEXT TRUST BOARD MEETING

**Resolved** – that the next Trust Board meeting be held on Thursday 1 August 2019 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 2.16pm

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

#### Cumulative Record of Attendance (2019/20 to date):

##### Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	6	6	100	A Furlong	6	6	100
J Adler	6	5	83	K Jenkins	6	5	83
V Bailey	6	4	67	A Johnson	6	5	83
P Baker	6	2	33	B Patel	6	6	100
R Brown	6	4	67	M Traynor	6	5	83
I Crowe	6	6	100	P Traynor	6	5	83
C Fox	6	5	83				

##### Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	6	5	83	S Ward	6	6	100
D Kerr	6	5	83	M Wightman	6	5	83
H Kotecha	5	4	80	H Wyton	6	5	83