

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 4 APRIL 2019 AT 8AM IN SEMINAR ROOMS 2 AND 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****Voting Members present:**

Mr K Singh – Trust Chairman (Chair excluding Minute 81/19 and Minutes 87/19/4.3 to 91/19)
 Ms V Bailey – Non-Executive Director
 Professor P Baker – Non-Executive Director (from part of Minute 80/19)
 Ms R Brown – Chief Operating Officer and Acting Chief Executive
 Col (Ret'd) I Crowe – Non-Executive Director
 Ms C Fox – Chief Nurse
 Mr A Furlong – Medical Director
 Ms K Jenkins – Non-Executive Director (excluding Minutes 75/19 to 80/19)
 Mr A Johnson – Non-Executive Director (from part of Minute 80/19)
 Mr B Patel – Non-Executive Director
 Mr M Traynor – Non-Executive Director (Acting Chair for Minute 81/19 and from Minute 87/19/4.3 to 91/19)
 Mr P Traynor – Chief Financial Officer

In attendance:

Mr A Carruthers – Acting Chief Information Officer
 Ms B Dhalu – Patient Safety Co-ordinator (for Minute 86/19/1)
 Mr D Kerr – Director of Estates and Facilities
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Representative (from Minute 83/19/1)
 Mr R Manton – Risk and Assurance Manager (for Minute 87/19/1)
 Mr A Middleton – Property Manager, Estates and Facilities (for Minute 80/19/1)
 Ms K Rayns – Corporate and Committee Services Officer
 Professor D Rowbotham – Clinical Director, CRN (for Minute 87/19/3)
 Ms C Rudkin – Senior Patient Safety Manager (for Minute 86/19/1)
 Ms R Vyas – Head of Strategic Development (for Minute 86/19/5)
 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**75/19 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 75/19 to 82/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

76/19 APOLOGIES AND WELCOME

An apology for absence was received from Mr J Adler, Chief Executive.

77/19 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Chief Financial Officer and Mr A Johnson, Non-Executive Director declared their respective roles as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd.

78/19 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 7 March 2019 be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

79/19 CONFIDENTIAL MATTERS ARISING REPORT

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

80/19 KEY ISSUES FOR DISCUSSION/DECISION

80/19/1 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 and that public consideration at this stage would be prejudicial to the effective conduct of public affairs.

81/19 ITEMS FOR ASSURANCE

81/19/1 Reports from Board Committees

81/19/1.1 Audit Committee (FIC)

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

81/19/1.2 People, Process and Performance Committee (PPPC)

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

81/19/1.3 Finance and Investment Committee (FIC)

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

82/19 ITEMS FOR NOTING

82/19/1 Reports from Board Committees

82/19/1.1 Finance and Investment Committee (FIC)

Resolved – that the confidential 28 February 2019 FIC Minutes be noted as paper F (noting that any recommendations were approved through the meeting summary presented to the 7 March 2019 Trust Board).

83/19 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Chief Financial Officer and Mr A Johnson, Non-Executive Director declared their respective roles as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd.

84/19 MINUTES

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

**CHAIR
MAN**

85/19 MATTERS ARISING FROM THE MINUTES

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

86/19 KEY ISSUES FOR DISCUSSION/DECISION

86/19/1 Patient Story – Serious Untoward Incident (SUI)

The Medical Director introduced this patient story, detailing a Never Event that occurred in November 2018. He thanked Mrs Parsons for attending the meeting to strengthen the Trust Board’s understanding of the impact that this incident had made upon her daily activities and her quality of life. Mrs Parsons (who was currently 76 years of age and registered as blind) had fallen on the stairs and sustained a fractured left hip and an open right ankle fracture dislocation. Both fractures had

been repaired in theatre on the day of admission. However, during the second procedure (the hip surgery), the incorrect femoral nail had been inserted which had caused a perforation of her femur, which had then required the insertion of a metal plate to stabilise the perforation.

Mrs Parsons provided the Board with her brief life history, advising that her Mother had suffered from German Measles before she was born and that her eyesight had been deteriorating over the years until she was registered blind at the age of 25. However, she had managed to lead an active and fulfilling life and had raised 2 children. She continued to lead an active life during her later years with the support of her guide dog and friends, regularly going out for walks alone and travelling with friends. Following her accident and the subsequent surgery, Mrs Parsons had been housebound for a 13-week period, reliant upon carers attending 4 times per day and her friends calling in to maintain social contact. Her guide dog (Poppy) was cared for by a friend during this convalescence period, as Mrs Parsons was not able to mobilise to let her outside. Since that time, Mrs Parsons had re-thought her lifestyle, paying for private physiotherapy and she was now able to walk again and climb stairs. The care package was no longer required and Poppy had returned home. Mrs Parsons was now planning to start travelling with friends again and was hoping to visit the Malvern Flower Show in May 2019.

The Senior Patient Safety Manager and the Patient Safety Co-ordinator briefed the Board on the circumstances leading up to the Never Event, including the national shortage of supplies, the decision to use a longer nail and then the subsequent decision to use a shorter nail which was checked and approved by the Theatre Circulator and the Orthopaedic Specialist Registrar (rather than the Operating Surgeon and the Scrub Nurse which should have been the case). The investigation report had also highlighted opportunities to improve the storage environment and packaging design for the prostheses. In addition, the operating team had exceeded the usual hours of their shift, due to the extended duration of this complex surgery.

The Medical Director provided assurance that NHS Improvement had been overseeing the investigation and that much of the patient care provided to Mrs Parsons had been exemplary. Multiple factors had caused the incident, some of which were due to human error and the national shortage of the required product. The Operating Surgeon had been distracted as he was removing the first nail during the time when the second nail was being selected and checked.

During further discussion on this item, Trust Board members:-

- (a) sought and received confirmation that staff had been open with Mrs Parsons about the issues that had occurred and the ongoing investigation process;
- (b) noted that the staff involved had been visibly upset about the incident and had felt responsible for the outcome;
- (c) asked Mrs Parsons whether she had appropriate support and equipment to prevent a similar fall at home, noting in response that Mrs Parsons wore a call alarm around her neck and that she had a stair lift installed at home, although she did not always use it;
- (d) queried the reasons why Mrs Parsons had paid privately for physiotherapy, noting in response that there had been a long waiting list for NHS physiotherapy provision and that this would have required her to travel to the Hospital for appointments. In addition, the NHS physiotherapy tended to focus upon mobilising around the home, when Mrs Parsons really wanted to focus on getting outside for walks and climbing stairs, and
- (e) noted an opportunity to improve the degree of continuity between in-patient physiotherapy services and the physiotherapy service provided in the community.

In summary, the Trust Chairman thanked Mrs Parsons on behalf of the Trust Board for attending the meeting and highlighting the need to focus on improving the patient experience. He apologised on behalf of the Trust for the experiences she had gone through, hoping that she had been assured from the discussion at today's meeting that the Board was listening to the issues raised and acting upon the learning points arising from her experiences.

Resolved – that the patient story relating to a Never Event be received and noted.

In introducing his monthly report at paper J, the Chairman particularly highlighted the uncertainty surrounding the arrangements for Britain's exit from the European Community, the recently published results of the National Patient NHS survey, and the need for UHL to work together with local health

and social care partners (and others) to tackle healthcare issues in the local context. One of the themes identified in the public NHS survey related to external perceptions about workforce shortages and he highlighted the work that UHL was undertaking in respect of developing the 'Team around the Patient', information technology developments, revised patient pathways and partnership working.

The Chief Nurse briefed the Board on potential future shortfalls in nursing and midwifery staffing and the plans to mitigate these shortfalls by increasing the focus upon retention of existing staff (alongside the usual recruitment processes). UHL's overall retention rates were currently better than the national average, but there were some particular pockets where an additional focus was required. The Trust was currently undertaking some joint work with NHS Improvement to improve retention rates. In parallel, the Trust was a forerunner in the Nursing Associate training scheme and work was underway with partner agencies to create a more positive practice environment for trainees, in the hope that this would influence their choice to work in Leicester once they had completed their training.

During discussion on workforce issues, Board members noted that staff accommodation and nursery/crèche provision were both important factors for staff when applying for NHS posts. The Trust's previous in-house nursery provision had been closed some years earlier, and childcare (or flexibility to take annual leave during school holidays) was a recognised contributory factor for staff choosing to become an agency nurse rather than taking up a substantive nursing post. It was also important to recognise the value of European workers to ensure that they felt supported and able to stay in their posts during the Brexit process and beyond. The Director of People and Organisational Development advised that all of the above issues were covered within the Trust's People Strategy, however she was currently liaising with the Chief Executive to review whether the governance process (quarterly Executive Workforce Board and monthly People, Process and Performance Committee meetings) was sufficient to encompass the wide range of issues affecting UHL's workforce.

DPOD

The Director of Strategy and Communications highlighted the range of issues emerging from the National Patient NHS Survey, which included access to GP services within the primary care sector and pressures upon UHL's outpatient services which currently occupied approximately 20% of the Trust's estate. The Leicester and Leicestershire Healthwatch Representative commented upon the scope for closer working and more consistent processes between the Glenfield Hospital and the LRI site, noting in particular the different patient experiences relating to the discharge lounges on each of these sites. Responding to a query from the Director of Strategy and Communications, the Leicester and Leicestershire Healthwatch Representative confirmed that the latest Healthwatch report was expected to be released imminently and that she would be meeting with the Trust Chairman in the near future to discuss the report's findings.

Finally, the Chairman highlighted the formal opening of 2 exhibitions by local artists in the Balmoral Building, encouraging members to visit these exhibitions and commending the work of Ms S Varnham, Arts Heritage Programme Development Officer in facilitating these valued displays. The Medical Director provided his view that the artwork helped to enhance the hospital environment, which was also a factor in improving staff retention. He queried whether there was any opportunity to leverage additional space for more local artists at UHL and he queried whether the artwork displayed at Glenfield Hospital could be refreshed more regularly.

Resolved – that (A) the Chairman's April 2019 report be received and noted as paper J, and

(B) the Director of People and Organisational Development be requested to liaise with the Chief Executive (upon his return from leave) to determine whether the existing workforce governance process was sufficient to encompass the full range of issues currently affecting NHS workforce shortages.

DPOD

86/19/3 Chief Executive's Monthly Report – April 2019

Ms R Brown, Chief Operating Officer and Acting Chief Executive introduced the Chief Executive's April 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 K. Taking the report as read, the Acting Chief Executive drew members' attention to the following issues:-

(a) recent changes in the management structure of NHS England/NHS Improvement;

- (b) opportunities for UHL to respond to the consultation on 'Implementing the NHS Long Term Plan: Proposals for Possible Changes to Legislation'. A summary of these proposals was provided in section 8.5 of paper K;
- (c) the clinically-led review of NHS Access Standards, noting that any revised proposals would be evaluated in pilot sites over the next 6 months, prior to being rolled out across the NHS in the Spring of 2020. UHL had expressed an interest in becoming one of these pilot sites;
- (d) the establishment of an 'End of Life Taskforce' as a means of raising the profile of this key area of work across the health and social care system;
- (e) the final version of UHL's Quality Strategy was provided at appendix 2 and a summary of the key actions completed during the last month was set out in section 5.2 of paper K. Executive Directors had agreed to establish a new Head of Quality Improvement post. The graphic provided at appendix 3 described the integral nature of patient and public involvement (acting as a golden thread linking UHL's quality priorities and supporting priorities with the Trust's values and the quality improvement approach), and
- (f) continued strong operational performance during month 11 (February 2019) in respect of patient mortality, six week diagnostic waits, 52 week waits, delayed transfers of care, zero 12 hour trolley waits, fractured neck of femur performance, Clostridium Difficile infections, pressure ulcers and staff appraisals. Challenges were still being experienced in the areas of ED 4-hour performance, ambulance handovers and cancer performance.

In discussion on the Chief Executive's April 2019 briefing, Board members:-

- (i) welcomed the interim report setting out proposals for testing changes to the access standards in Mental Health Services, highlighting opportunities to increase partnership working within the healthcare system, noting that UHL's ED should not be the 'place of safety' for someone experiencing a mental health crisis as the busy environment might exacerbate their symptoms;
- (ii) commended those services and CMGs which had contributed towards UHL's recent improvements in waiting times and cancer performance;
- (iii) highlighted the importance of high quality staff engagement within UHL's journey to becoming a provider of 'good' and 'outstanding' services, noting the culture and leadership changes planned, including the establishment of an Expert Reference Group and the development of a Change Network;
- (iv) suggested that staff could be issued with 'pledge' cards highlighting the key elements of the Quality Strategy and agreed that the potential implications of this concept would be discussed at a future Trust Board thinking day;
- (v) highlighted some good practice in respect of ward and departmental notice boards, whereby one half set out the organisational mission statements and the other half described the workstreams being undertaken in that area in order to achieve them;
- (vi) sought additional information regarding actions planned to reduce ambulance handover delays and whether data was available to determine what proportion of ambulance conveyances had been appropriate for an acute healthcare setting. In response, the Chief Operating Officer provided an overview of winter de-briefing workstreams and the system wide changes planned to avoid unnecessary admissions in the winter of 2019/20. The Respiratory Service was seen as a key component of this workstream and a system wide demand and capacity review was being undertaken to inform any proposals;
- (vii) noted that the protocol for Leicestershire's 111 service often defaulted to attendance at UHL's ED and there was some scope to improve system working in order to avoid inappropriate attendances/admissions;
- (viii) commented upon the challenges associated with many of the less-urgent ambulance conveyances arriving in batches at UHL's ED after 10pm and querying whether appropriate healthcare interventions earlier in the day might assist with avoiding unnecessary admissions, and
- (ix) welcomed the recent inclusion of the trend lines and compliance dates within the right hand columns of the Quality and Performance Dashboard provided at appendix 1.

Chair
man

Resolved – that (A) the Chief Executive's April 2019 update report be noted, and the UHL Quality Strategy be endorsed,

(B) consideration to be given to discussing the implementation of a staff 'pledge' card system (to highlight key features of the Quality Strategy) at a future Trust Board thinking day.

Chair
man

Paper L set out a proposal for the System Leadership Team (SLT) to establish a LLR Sustainability and Transformation Partnership Group and appoint an Independent Chair of this group. The terms of reference for the proposed group were provided at appendix 1. In presenting the report, the Acting Chief Executive recorded her support of the proposal, noting the timely opportunities that it would provide for improving system-wide planning and increased system working. In discussion on the report, Board members:-

- (a) welcomed the proposal, adding a note of caution in relation to lessons learned from early implementers of Integrated Care Systems and the complex nature of the associated governance systems;
- (b) commented on the need to develop improved working relationships within the system and future opportunities to review thresholds of clinical risk to ensure that patients with multiple co-morbidities were being cared for in the right place, supported by the right patient pathways;
- (c) expressed concern about the tenure of the Independent Chair post being for only one year, suggesting that the short-term nature of the post might deter high calibre candidates with the right skill-sets from applying;
- (d) queried whether there was any scope to include representation from community groups within the membership of the Partnership Board (in addition to the voluntary sector representatives already included);
- (e) commented upon opportunities to clarify the accountability arrangements and strengthen the language used in the terms of reference under the section on 'Responsibilities';
- (f) received assurance that the proposed STP Group was only one part of the system's intended governance architecture, and that further proposals would be forthcoming to establish appropriate governance arrangements within the LLR system;
- (g) commented on the branding of the Better Care Together Programme and the need to develop robust relationships and a culture to support difficult conversations being held between the various organisations;
- (h) noted that each organisation (as a Sovereign Body) would retain their respective roles in key decision-making;
- (i) commented that the role of the Independent Chair could not be seen as a substitute for the roles of Trust Boards, Chairs, Executive and Non-Executive Directors, noting that the relationship between the Partnership Group, the SLT, the Independent Chair and the Accountable Officer would require some further clarification, and
- (j) commented upon perceived weaknesses regarding the proposed membership of the Partnership Group, and the amount of off-line work that would need to be undertaken between the quarterly meetings.

In summary, the Trust Chairman suggested that it would be helpful to create an opportunity for all Boards within the LLR system to meet and consider issues of common interest. He also agreed to discuss this matter further with the Chief Executive (upon his return from leave) and arrange for a summary of the UHL Trust Board's comments to be provided to the System Leadership Team.

**Chair-
man**

Resolved – that (A) the proposal to establish a LLR Sustainability and Transformation Partnership (STP) Group be received and noted as paper L, and

(B) the Trust Chairman be requested to discuss the STP Group proposals further with the Chief Executive and arrange for a summary of the Board's comments on the proposals to be provided to the SLT.

**Chair-
man**

86/19/5 Annual Operational Plan 2019/20 and LLR System Plan 2019/20

The Director of Strategy and Communications introduced paper M, setting out the final version of UHL's Annual Operational Plan (AOP) for 2019/20, noting the requirements to comply with the prescribed layout and template and highlighting the importance of the narrative provided within the introduction section and the paragraph relating to long term sustainability and plans to reconfigure sites and services. The LLR System Plan for 2019/20 was still being finalised and was not available for consideration at this meeting, but he provided assurance that the development of the LLR System Plan had (so far) been congruent with UHL's AOP process, although one of the key differences related to the quantum of Quality, Innovation, Productivity and Prevention (QIPP) assumptions.

The Chief Financial Officer briefed Board members on the reasons for the variation in QIPP assumptions which included Commissioner affordability and the mature nature of UHL's approach to

thematic cost improvements for 2019/20, aligned with the Quality Strategy and the robust methodology adopted for activity planning and budget setting. In terms of system working, 2019/20 was likely to be a transitional year, but the future working arrangements between partner organisations were likely to ensure that UHL was fairly paid for the clinical activity undertaken. As set out in Chapter 6, the Trust had submitted a planned income and expenditure deficit plan of £48.7m for 2019/20. This figure excluded MRET funding, Provider Sustainability Funding (PSF) and Financial Recovery Funding (FRF) and was in line with the Trust's control total. The Chief Financial Officer recommended the financial target to the Board for approval.

Further discussion took place regarding the key changes between this version of the AOP, the process for agreeing trajectories for improving operational performance with the Regulators, opportunities for system wide productivity and efficiency savings and the process for aligning frailty care pathways and end of life care pathways. Following due consideration, the Trust Board approved UHL's final AOP 2019/20 for submission to NHS Improvement by midday on 4 April 2019.

Resolved – that (A) the final UHL Annual Operational Plan for 2019/20 (including the 2019/20 Financial Plan) be approved for submission to NHS Improvement (as set out in paper M), and

(B) copies of the LLR System Plan for 2019/20 be circulated to Board members for information once it became available. DSC

87/19 ITEMS FOR ASSURANCE

87/19/1 Integrated Risk and Assurance Report

Paper N comprised the 2018/19 integrated risk and assurance report including the Board Assurance Framework (BAF), as at 28 February 2019. As detailed in paper N, there had been no new principal risks entered and no changes to the risk ratings for the principal risks during this reporting period. The four highest-rated principal risks related to workforce (PR2), delivery of the financial control total (PR3), emergency care pathway (PR4), and estate infrastructure (PR6) – all of these were currently rated at 20. Five new organisational risks scoring 15 or above had been entered onto the risk register during February 2019 and these related to ITAPS and CHUGGS financial performance, staffing levels in the Immunology Service, winter capacity ward staffing issues, and appropriate fixing of cardiac monitors to prevent them falling from their mountings.

Paragraph 2.5 set out the arrangements for the development of the 2019/20 BAF, which had commenced with a risk identification exercise at the March 2019 Trust Board thinking day, following which the draft principal risk themes had been tested and confirmed with Clinical Management Groups and the Executive Performance Board. A follow-up discussion was planned for the 11 April 2019 Trust Board thinking day to consider the current and target risk ratings and the appropriate reporting arrangements going forwards. MD

Resolved – that (A) the integrated risk and assurance report for February 2019 be received and noted, and

(B) a review of the draft Principal Risks for 2019/20 (including the current and target risk ratings) be undertaken at the Trust Board thinking day on 11 April 2019. MD

87/19/2 Brexit – UHL No Deal EU Exit Preparations

Further to Minute 63/19/2 of 7 March 2019, the Director of Corporate and Legal Affairs briefed the Trust Board on the continued preparations being undertaken both locally and nationally to prepare for a potential no deal exit from the European Union with a particular focus on maintaining essential patient services, workforce continuity, medication supplies and supplies of goods and services (amongst others). Daily situation reports were being co-ordinated by the Emergency Planning and risk teams, supported by the subject matter experts where necessary. Weekly conference calls and meetings were being held with partner agencies and local task and finish groups continued to meet regularly. There were no significant issues expected to affect UHL at the current time, but well-established processes were in place (enhanced where appropriate) to flag any risks relating to shortages in supplies or services.

During the discussion on this item, members noted an anecdotal report from Birmingham in respect of anticipated shortages in epilepsy and neuralgia medication. In response, assurance was provided

that the Trust's Deputy Chief Pharmacist was actively engaged in the task and finish group and had not flagged this as an issue. The Medical Director briefed Board members on the 'just in time' principle adopted to distribute some medications (eg low molecular weight Heparin) and the centralised supply routes which were used to ensure continuity. Mr M Traynor, Non-Executive Director also provided assurance relating to the Government's robust and responsive arrangements for analysis and escalation of emerging issues in relation to Brexit.

Resolved – that (A) the briefing on preparations for a potential no deal EU exit be noted, and (B) the Director of Corporate and Legal Affairs be requested to present a further update to the 2 May 2019 Trust Board meeting and brief the Trust Board on any emerging issues that might arise in the interim period.

DCLA

87/19/3 East Midlands Clinical Research Network (EMCRN) Quarterly Update

Further to Minute 13/19 of 10 January 2019, Professor D Rowbotham, Clinical Director, EMCRN attended the meeting to introduce paper O, providing an overview of performance, major achievements, challenges and risks relating to the Network. Year-to-date performance against the recruitment objective stood at 118% and there was a good level of confidence that the year-end target of 52,000 study participants would be met. The proportion of commercial studies recruiting to time and target stood at 81% against the 80% target, meaning that the Network was currently ranked second out of the 15 Networks nationally. A flat budget had recently been confirmed for 2019/20 with no current provision to cover the annual pay uplift. This was considered to be challenging, but assurance was provided that the proposals for 2019/20 were achievable on this basis.

The Medical Director drew the Board's attention to paragraph 2.3 of paper O, describing ongoing delays with UHL's payment of invoices from the Network's suppliers and partners. This was causing some concern and an appropriate entry had been added to the Network's risk register (entry #46 in section 4.2 of the report refers). Discussion took place regarding the potential reputational damage for UHL as the Host organisation and Board members sought and received assurance that this issue would be appropriately escalated for resolution. It was agreed that monitoring of the accounts payable performance would be undertaken and that the outputs would be presented in future iterations of the EMCRN update report. In addition, the Chief Financial Officer advised that the EMCRN funding was ring-fenced and should not be affected by UHL's other cash flow issues. He agreed to put in place a weekly mechanism to prevent delays in Network payments and provided assurance that visibility of the Network accounts payable performance would be maintained through the monthly cash report to the Finance and Investment Committee.

CD,
EMCRN

CFO

Resolved – that (A) the Clinical Director, EMCRN be requested to include UHL accounts payable performance data in future iterations of the EMCRN report, and

CD,
EMCRN

(B) the Chief Financial Officer be requested to implement a weekly process to prevent delays in paying EMCRN invoices and to provide visibility on this issue through the monthly Cash Report to the Finance and Investment Committee.

CFO

87/19/4 Reports from Board Committees

87/19/4.1 Audit Committee

Paper P provided the Minutes of the 8 March 2019 Audit Committee. The Audit Committee Chair briefed members on the key issues discussed, noting that good progress was being made with populating the matters arising log with specific target dates. In respect of the follow-up internal Audit Review of the Red2Green, the Chief Operating Officer advised that a set of new priorities had been agreed for improving discharge processes and the Red2Green workstream was only one of the tools being used to deliver the required improvements. The number of outstanding audit actions had reduced to one. Reports on compliance with CQC standards, the Annual Governance Statement and the Head of Internal Audit Opinion were all expected to be presented to the 24 May 2019 Audit Committee. The Trust Chairman reminded members that an Extraordinary Trust Board meeting had been scheduled for 24 May 2019, to approve the Annual Report and Accounts for 2018/19.

Resolved – that the Minutes of the 8 March 2019 Audit Committee meeting be received and noted.

CCSO

87/19/4.2 Quality and Outcomes Committee (QOC)

Paper Q summarised the issues discussed at the 28 March 2019 QOC and sought Trust Board approval for the Aseptic Unit Capacity Plan (as appended to paper Q). The QOC Chair also highlighted the discussion on UHL's draft Quality Account which was due to be circulated to external partners on 5 April 2019. The final version would be presented to the public Trust Board meeting for approval on 6 June 2019.

Resolved – that the summary of issues discussed at the 28 March 2019 QOC be noted as per paper Q, and the recommended item be approved (Aseptic Unit Capacity Plan) – Minutes to be submitted to the 2 May 2019 Trust Board.

CCSO

87/19/4.2 People Process and Performance Committee (PPPC)

The People, Process and Performance Committee Chair introduced paper R summarising the issues discussed at the 28 March 2019 PPPC and seeking Trust Board approval for the Gender Pay Gap report 2018/19 and the Junior Doctors' Guardian of Safe Working quarterly update (as appended to paper R). He also highlighted the Armed Forces Covenant update which was appended to the report and thanked Col (Ret'd) I Crowe, Non-Executive Director for his contribution in this respect. Finally, he drew members' attention to Urgent and Emergency Care performance, noting a spike in ED attendances and opportunities to work with other healthcare partners to reverse this trend ahead of the winter period in 2019/20.

Ms V Bailey, Non-Executive Director noted the recent establishment of the 'UHL differently able voice' staff support network, suggesting that it would be helpful for the Director of People and Organisational Development to undertake a review of UHL's performance against all the protected equality and diversity characteristics. The Trust Chairman confirmed that consideration would be given to holding a future Trust Board thinking day session on UHL's performance against the equality and diversity protected characteristics.

DPOD

Chairman

Resolved – that (A) the summary of issues discussed at the 28 March 2019 PPPC be noted as per paper R, and the recommended items be approved (Gender Pay Gap report 2018/19 and Junior Doctors' Guardian of Safe Working quarterly update) – Minutes to be submitted to the 2 May 2019 Trust Board,

(B) the Director of People and Organisational Development be requested to review UHL's performance against all of the protected equality and diversity characteristics, and

DPOD

(C) consideration be given to holding a future Trust Board thinking day session on UHL's performance against the protected equality and diversity characteristics.

Chairman

87/19/4.3 Finance and Investment Committee (FIC) and 2018-19 Financial Performance (January 2019)

Paper S provided a detailed summary of the issues discussed at the 28 March 2019 FIC. The FIC Chair briefed Board members on the Leicester City Mayor's intention to conduct a consultation exercise in respect of implementing a workplace parking levy scheme (similar to the scheme in Nottingham). The Estates and Facilities Directorate was currently reviewing the potential impact for UHL if such a scheme was to be implemented and NHS Trusts were not made exempt. It was agreed that the FIC Chair would work with the Director of Corporate and Legal Affairs to respond to the consultation exercise. The Medical Director undertook to arrange for this issue to be reflected in future discussions on the Board Assurance Framework (until the outcome of the consultation was announced).

FIC
Chair/
DCLA

MD

Paper S1 presented the Trust's 2018/19 month 11 financial position, which had been discussed in detail at the 28 March 2019 Finance and Investment Committee meeting. UHL had achieved a year to date deficit of £61.2m, excluding Provider Sustainability Funding (PSF), which was £33.4m adverse to plan driven by the cessation of the FM LLP and the crystallisation of the unmitigated Financial Recovery Board risk, together with financial deterioration with the CMGs. Including PSF, the Trust had achieved a year to date deficit of £58.8m representing a £50.5m adverse to plan position due to non-recognition of PSF as a result of the impact of FM LLP from quarter 2. The Trust remained on plan to deliver its 2018/19 forecast outturn of £51.8m and the key risks and mitigations were set out on page 23 of the report.

The Chief Financial Officer reported verbally on the anticipated performance for the financial year-end, noting that the initial draft reports were expected to be available within the next week. Quarter 4 operational delivery had remained within plan, the sale of surplus land at Glenfield Hospital had been achieved within the required timescale, the CIP target was expected to be delivered in full and agency pay expenditure remained below the mandated threshold. During discussion on the financial performance report, members:-

- (a) re-iterated a request made at the 28 March 2019 FIC meeting (seeking visibility of the profiling of income and expenditure profiles by month). The Chief Financial Officer confirmed that this was planned to be provided to the next FIC meeting;
- (b) sought additional information about over-performance in clinical activity including whether any of this activity was outsourced to private providers, and whether there were any plans to repatriate such clinical activity. In response, the Chief Operating Officer provided assurance that she would be meeting with the CMG management teams to clarify whether any of this activity could be repatriated or delivered through the Alliance pillar, and
- (c) received additional information (in response to a query by the Audit Committee Chair) on the progress of outstanding items from the interim external audit. The Chief Financial Officer advised that Grant Thornton (the Trust's External Auditors) were currently working in the Trust with a focus on debtors and asset lives/valuations. All available documentation relating to the sale of surplus paddock land had been shared with External Audit and weekly meetings were being held to ensure that any emerging issues were resolved without delay.

On behalf of the Trust Board, the Acting Chairman recorded his thanks to the Chief Financial Officer for his significant contributions during this challenging financial year. In turn, the Chief Financial Officer acknowledged the support of the Chief Executive in Chairing the Financial Recovery Board and thanked the CMGs and Corporate Directorates for delivering their forecast control totals. He also noted the importance of maintaining robust financial controls during the first quarter of 2019/20.

Resolved – that (A) the summary of issues and month 11 financial performance report discussed at the 28 March 2019 FIC be noted as papers S and S1 (no recommended items) – Minutes to be submitted to the 2 May 2019 Trust Board, and

(B) the FIC Chair be requested to liaise with the Director of Corporate and Legal Affairs to respond to the Workplace Parking Levy consultation exercise, and

FIC
Chair/
DCLA

(C) the Medical Director be requested to arrange for the implications of a potential Workplace Parking Levy issue to be reflected in future discussions on the Board Assurance Framework.

MD

87/19/5 Corporate Trustee Business

87/19/5.1 Charitable Funds Committee (CFC)

Resolved – that the recommended item arising from the 7 February 2019 CFC meeting be approved as per paper T.

CFO

88/19 ITEMS FOR NOTING

88/19/1 Reports from Board Committees

88/19/1.1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 28 February 2019 QOC be received and noted as per paper U1 (no recommended items).

88/19/1.2 People, Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 28 February 2019 PPPC be received and noted as per paper U2 (the recommended item having been approved at the 7 March 2019 Trust Board).

88/19/1.3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 28 February 2019 FIC be received and noted as per paper U3 (no recommended items).

88/19/2 Quarterly Sealings Report

Paper V advised that no sealings had been undertaken during quarter 4 of 2018/19. However, the Director of Corporate and Legal Affairs advised that the legal documentation relating to the sale of surplus paddock land had been sealed in the final week of March 2019, and he undertook to arrange for a refreshed report to be submitted to the Trust Board meeting on 2 May 2019.

Resolved – that an updated summary of the quarter 4 sealings be presented to the Trust Board on 2 May 2019.

89/19 **QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

The following questions/comments were raised in respect of the business transacted at the meeting:-

- (1) a question about failures in the process for booking follow-up outpatient appointments within Ophthalmology and Urology Services and whether it would be possible for patients to book their follow-ups at the time of their existing appointments. In response, the Chief Operating Officer undertook to contact the requester about this issue outside the meeting, due to patient confidentiality issues, and
- (2) a comment about the additional layer of administrative processes that might be associated with the proposed STP Group (paper L and Minute 86/19/4 above refers) and a suggestion that a dedicated phone line and more integrated system working might be a better proposal. The Acting Chair sympathised with the requester's viewpoint and requested the Director of Corporate and Legal Affairs to include this comment in the feedback due to be provided to the System Leadership Team.

COO

DCLA

Resolved – that any actions arising from the comments/queries above be progressed by the relevant named lead.

LEADS

90/19 **ANY OTHER BUSINESS**90/19/1 Confidential Report by the Medical 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.

90/19/2 Confidential Report by 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.

90/19/3 Confidential Report by 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.

90/19/4 Confidential Report by Ms V Bailey, 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.

90/19/5 East Midlands Congenital Heart Centre (EMCHC)

The Chief Operating Officer reported verbally to advise that the EMCHC had treated 384 cases during 2018/19 and had therefore exceeded the NHS England target to treat 382 cases. A modest celebration event was planned to mark this significant achievement. Assurance was provided that robust activity and capacity planning was underway to deliver 416 cases during 2019/20 (to ensure

that the service remained clinically sustainable).

Resolved – that the information be noted.

90/19/6 Length of Trust Board Papers

Professor P Baker, Non-Executive Director noted the repetitive nature of his comments about reducing the length of Trust Board papers, advising that in future he would raise positive comments about any papers which met the expectations for concise/succinct reports which were less than 7 pages in length. No such reports were commended on this basis for today's meeting.

Resolved – that the position be noted.

91/19 **DATE OF NEXT TRUST BOARD MEETING**

Resolved – that the next Trust Board meeting be held on Thursday 2 May 2019 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12.29pm

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	1	1	100	A Furlong	1	1	100
J Adler	1	0	0	K Jenkins	1	1	100
V Bailey	1	1	100	A Johnson	1	1	100
P Baker	1	1	100	B Patel	1	1	100
R Brown	1	1	100	M Traynor	1	1	100
I Crowe	1	1	100	P Traynor	1	1	100
C Fox	1	1	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	1	1	100	S Ward	1	1	100
D Kerr	1	1	100	M Wightman	1	1	100
H Kotecha	1	1	100	H Wyton	1	1	100