

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 5 SEPTEMBER 2019 AT 9AM IN ROOMS A & B, CLINICAL EDUCATION CENTRE, LEICESTER GENERAL HOSPITAL****Voting Members present:**

Mr K Singh – Trust Chairman  
 Mr J Adler – Chief Executive  
 Ms V Bailey – Non Executive Director (from Minute 178/19/4)  
 Ms R Brown – Chief Operating Officer  
 Col (Ret'd) I Crowe – Non-Executive Director  
 Ms K Jenkins – Non-Executive Director  
 Mr A Johnson – Non-Executive Director  
 Mr B Patel – Non-Executive Director (up to and including Minute 178/19/4, and for Minutes 179/19/3 and 179/19/4)  
 Mr M Traynor – Non-Executive Director  
 Mr P Traynor – Chief Financial Officer

**In attendance:**

Mr D Barley – Head of Finance, Women's and Children's CMG (for Minute 179/19/5.3)  
 Dr R Bell – Clinical Lead for Organ Donation (for Minute 178/19/1)  
 Professor A Bolger – EMCHC Head of Service (for Minute 179/19/5.3)  
 Professor N Brunskill – Director of Research and Innovation (for Minute 179/19/3)  
 Mr A Carruthers – Acting Chief Information Officer  
 Mr B Collins – Emergency Planning Officer (for Minute 179/19/2)  
 Ms L Davies – Director of Leicester Hospitals Charity (for Minute 187/19/1)  
 Dr J Gill – Clinical Lead for Organ Donation (for Minute 178/19/1)  
 Mr J Jameson – Acting Medical Director (in the absence of Mr A Furlong Medical Director)  
 Mr V Karavadra – incoming Associate Non-Executive Director (up to and including Minute 182/19)  
 Mr D Kerr – Director of Estates and Facilities  
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Representative (up to and including Minute 182/19)  
 Mr M McCarthy – Director of Clinical Education (for Minute 179/19/4)  
 Ms E Meldrum – Acting Chief Nurse (in the absence of Ms C Fox Chief Nurse)  
 Mr C Moorhouse – Head of Quality Improvement (for Minute 178/19/4)  
 Ms A Morrell – Senior Project Manager (for Minute 179/19/5.3)  
 Ms H Stokes – Corporate and Committee Services Manager  
 Ms N Topham – Reconfiguration Programme Director (for Minute 179/19/5.3)  
 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****174/19 APOLOGIES AND WELCOME**

Apologies for absence were received from Professor P Baker Non-Executive Director, Ms C Fox Chief Nurse, and Mr A Furlong Medical Director. The Trust Chairman welcomed Mr V Karavadra, Associate Non-Executive Director, to the meeting.

**175/19 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.

**176/19 MINUTES**

**Resolved** – that the Minutes of the 1 August 2019 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR  
MAN**

**177/19 MATTERS ARISING FROM THE MINUTES**

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

**178/19 KEY ISSUES FOR DISCUSSION/DECISION**

178/19/1 Patient Story – Organ Donation at UHL

Timed to coincide with National Organ Donation Week, the Acting Medical Director introduced an overview of UHL's organ donation programme, noting that Leicester's Hospitals had facilitated 34 life-changing organ transplants in 2018/19. This was an increase on the previous year, and over the next 2 years it was UHL's hope to be able to continue to increase the number of times donation could be facilitated. The report at paper C also briefed the Trust Board on the April 2020 law change in England re: organ donation (move to a position of deemed consent).

Drs J Gill and R Bell UHL Clinical Leads for Organ Donation, and the Specialist Nurse for Organ Donation attended Trust Board for this item, as did the wife of a patient who had donated his organs in September 2018. She outlined the circumstances leading up to that donation (noting that the family had been aware of his wishes to be an organ donor), and thanked the Trust's organ donation team for their caring and sensitive support at such a difficult time for the family. She also advised that she had had a letter from the recipient of that donation, and that it was wonderful to know that someone had been helped. She also suggested a need for older patients to be made aware that their organs could be donated.

The Trust Board thanked the patient's wife for sharing her family's story. In discussion, members:-

- (a) received further detail on the organ donation process, as now provided by the Specialist Nurse Organ Donation, noting the timescales involved and recognising that this was a difficult time for families;
- (b) noted the patient's wife's view that all possible support had been received from the UHL organ donation team;
- (c) noted the awareness-raising activities either planned or already undertaken by the organ donation team, including a presentation to the April 2019 QOC, a stall in the hospital canteens, engagement with the wider local community (noting the shortage of minority ethnic donors), and teaching/education activities. It was vital to give all patients who could donate the opportunity to do so. Mr B Patel Non-Executive Director noted a recent well-attended South Asian Health Foundation organ donation event;
- (d) commented on the need to prepare appropriately (including communication) for the April 2020 law change, and
- (e) were read a letter from a (renal) organ donation recipient, expressing their thanks for that 'amazing, life-changing gift' and explaining how the donation had improved their life.

**Resolved – that the patient story relating to organ donation be noted.**

178/19/2 Chairman's Monthly Report – September 2019

In introducing his monthly report at paper D, the Chairman reiterated the Trust's continued focus on (i) its Quality Strategy, and (ii) immediate priorities including the provision of high quality care and outcomes for patients within an appropriate balance of clinical and other risks. He also outlined his involvement in a number of external events including a round table discussion with members of the Health and Social Care Select Committee (during which he had highlighted the need for capital investment). The Chairman also advised the Trust Board that Mr V Karavadra would be a UHL Associate Non-Executive Director for the next 12 months, as part of a scheme for mentoring potential NHS Non-Executive Directors. Mr Karavadra was present today, and was welcomed to the meeting. He would be mentored by Mr A Johnson Non-Executive Director.

**Resolved – that the Chairman's September 2019 report be noted.**

178/19/3 Chief Executive's Monthly Report – September 2019

The Chief Executive's September 2019 monthly update at paper E followed (by exception) the framework of the Trust's strategic objectives. The attached quality and performance dashboard (a new format of which would be included from October 2019 onwards, reflecting the Trust's increased use of statistical process charts) 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 Trust Board's attention to:-

- (a) continued challenges in meeting the 4-hour ED standard (72% performance for UHL in July [80.6% for LLR as a whole]). Demand pressures had been exacerbated by the July 2019 heatwave which had seen very high attendances in ED and increased admissions across medicine and surgery, compounded by the deficit of medical beds. Paper E outlined the 4 principal actions to address this position ahead of winter 2019, including demand reduction measures; a key focus on the Safe and Timely Discharge workstream; exploring any scope to create additional medical bed capacity over and above the 2 extra wards already in the winter plan (although this was constrained by nurse staffing issues), and immediate enactment of the Trust's Whole Hospital Policy including outlying medical patients into surgical wards – the Trust was endeavouring to minimise the related cancellations of operations;
- (b) an update on potential No Deal EU Exit preparations, which were being led by the Department of Health and Social Care. Within UHL, the Trust's EU Exit group had been reconvened, and was reviewing UHL's preparedness and working through various exercise scenarios, and
- (c) the 2 System Leadership Team (SLT) updates appended to the report, illustrating the level of activity underway.

In specific discussion on ED performance and issues, the Trust Board noted:-

- (i) concerns voiced by Mr A Johnson, People Process and Performance Committee (PPPC) Non-Executive Director Chair, that UHL's ED was seen as a 'first option', rather than accessing other facilities first. He considered that UHL needed to reflect this in its plans. Although noting this point, the Trust Chairman considered that it related to attendances, whereas acuity was driving increased admission rates, and
- (ii) a query from Mr B Patel Non-Executive Director as to why ED performance had not improved over summer, a traditionally less-busy period. The Chief Executive considered that performance was impacted by continued high activity levels and by reduced capacity being available compared to winter. Holiday periods also resulted in pressures on staffing. The Trust Chairman noted the need for assurance that UHL was supporting its staff, and that appropriate tracking continued to be in place re: patient outcomes, and the Chief Executive advised that rapid cycle testing was in place for process improvements.

With regard to the other aspects of the Chief Executive's September 2019 report, Ms K Jenkins Audit Committee Non-Executive Director Chair, sought assurance re: medicines management Brexit issues, and queried what central/local plans were available for the Trust Board to review. The Director of Corporate and Legal Affairs advised that an update would be provided to the October 2019 Trust Board, following NHSI/E workshops on operational guidance. In response to a further query from the Audit Committee Non-Executive Director Chair, the Chief Operating Officer noted clear central advice to Trusts not to stockpile, and she confirmed that UHL would follow its business continuity plan. In response to a query from the PPC Non-Executive Director Chair, the Director of People and OD provided assurance that UHL had plans in place re: settled status staff.

DCLA

In response to a query from Col (Ret'd) I Crowe, Quality and Outcomes Committee (QOC) Non-Executive Director Chair, the Acting Medical Director confirmed that good progress was being made on the Respect programme ahead of its January 2020 go-live date.

**Resolved – that an update on Brexit preparations be provided to the October 2019 Trust Board, including the position re: medicines management.**

DCLA

178/19/4

#### Becoming the Best – Improvement Strategy

The Head of Quality Improvement attended to present the first draft of the implementation plan for UHL's Quality Strategy 2019/20 (as set out in paper F), in support of the Trust's 'Becoming the Best' vision. The Head of Quality Improvement outlined the culture and leadership programme which was a central driver of the Quality Strategy, and confirmed that he was also reviewing how best to measure the impact of that Strategy. He briefed the Trust Board on the plans in hand to build quality improvement capability within the Trust, including partnership working with AQUA, a series of MFI (model for improvement) taster sessions for staff, and 'advanced practitioner training' aimed at developing individuals with existing quality improvement (QI) knowledge. Recruitment to UHL's central QI team was also underway, although the pool of suitable individuals from the health sector was small.

In discussion, the Trust Board:-

- (a) noted a query from the Audit Committee Non-Executive Director Chair on whether the 'Agile' system was also being considered, noting its advantages. The Head of Quality Improvement considered that the rapid cycle testing and collaborative elements of UHL's approach were broadly reflective of Agile, and confirmed that some aspects of Agile could be used where appropriate. A QI reporting tool was being adopted, which would also enable the Trust Board to review progress;
- (b) noted a query from the Audit Committee Non-Executive Director Chair as to whether – at 2 – the 'likelihood' score of the BAF principal risk assessment in paper F was too low, given the gaps identified. Although recognising the commitment to recruiting appropriate staff, she considered that the risk assessment score needed to reflect the current position;
- (c) emphasised the need for a strong supporting team to deliver QI within UHL;
- (d) agreed that monthly updates on progress would be provided to the People, Process and Performance Committee. However, this would be supplemented by Trust Board oversight in the form of inclusion in the Chief Executive's monthly report and a 6-monthly deep dive at Trust Board;
- (e) received assurance (in response to a query) that candidates for the QI team were also being sourced appropriately from the wider private sector;
- (f) noted comments from Mr B Patel Non-Executive Director, on the need for the Quality Strategy to include a clear model of engagement reflecting UHL's diverse community, and for the Strategy also to cover both physical and mental health aspects. Although noting the Head of Quality Improvement's assurance that Patient Partners were involved, the Leicester and Leicestershire Healthwatch representative suggested a need to also liaise with Healthwatch and other patient groups in terms of patient engagement. The Leicester and Leicestershire Healthwatch representative also welcomed the Head of Quality Improvement's commitment to recruiting the best possible QI team in terms of values and approach;
- (g) noted that a dedicated communications lead had been appointed, commencing on 9 September 2019, and
- (h) emphasised that mindsets and behaviours were key to UHL's Quality Strategy.

CE/  
HoQI

CE/  
HoQI

CE/  
HoQI

**Resolved – that (A) regular operational progress reports be provided to PPPC, noting that Trust Board would also remain sighted via the monthly Chief Executive's reports and a 6-monthly deep dive at Trust Board;**

CE/  
HoQI

**(B) a clear model of engagement reflecting UHL's diverse community be included in the Quality Strategy (that Strategy also to cover both physical and mental health issues), and**

CE/  
HoQI

**(C) appropriate liaison take place with Healthwatch and other patient groups (in addition to the Patient Partners) re: patient engagement.**

CE/  
HoQI

## 179/19 ITEMS FOR ASSURANCE

### 179/19/1 Responsible Officer (RO) Annual Report 2018/19 and Statement of Compliance

The Acting Medical Director introduced the (new format) RO Report for 2018/19, noting that it now contained more qualitative detail than previously. As at 31 May 2019, 21 of UHL's 997 doctors had not had their annual appraisal, and the Acting Medical Director confirmed that those 21 appraisals had now all taken place. UHL's appraisal rate compared favourably to that of its peers, and the Medical Director outlined the benefits of the Trust's new appraisal system software in terms of ease of use and improved reporting functionality.

In response to a query from the Audit Committee Non-Executive Director Chair, the Acting Medical Director outlined the processes in place to ensure compliance with appraisal requirements, and the timescales for the various actions. The QOC Non-Executive Director Chair considered that there had been considerable improvements made by UHL in terms of both Consultant job planning and appraisals, and Ms V Bailey Non-Executive Director welcomed assurance now provided by the Acting Medical Director that wider triangulation of issues/concerns also took place, and that interventions were made at an early stage where needed. The Trust Board approved the Responsible Officer annual report 2018/19, took assurance that UHL was fulfilling its RO obligations, and endorsed the signature of the Statement of Compliance.

CHAIR  
MAN

**Resolved – that the Responsible Officer annual report 2018/19 be approved, and the**

CHAIR

**Statement of Compliance signed by the Trust Chairman accordingly.**

MAN

179/19/2

Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2018/19 and NHSE Core Standards Self-Assessment

Mr B Collins, Emergency Planning Officer attended for discussion on UHL's EPRR annual report 2018/19 (paper H1) and on the Trust's annual self-assessment against NHS England's core standards for EPRR (paper H2), as introduced by the Chief Operating Officer. With regard to the annual report, the Trust Board recognised that there had been significant progress on EPRR in the last 12 months, although there had been some delay on certain aspects of the year 1 workplan due to external incidents.

Due to improvements to UHL's EPRR arrangements, the Trust was now 'substantially compliant' with the NHSE core standards for EPRR, compared to 'partially compliant' in 2017/18. The Emergency Planning Officer considered that UHL was on track to achieve full compliance in 2 years (2021/22) as per the 3-year EPRR workplan, and he also noted a positive report from Internal Audit on that workplan. The focus now was on ensuring that robust business continuity plans were in place for all services, and to develop the new Major Incident and Mass Casualty Plan required by NHSI/E. The Trust Board welcomed the work undertaken to date, and recognised the scale of the task ahead. In discussion on papers H1 and H2, the Trust Board:-

- (a) commented that the Trust's response to incidents was very good;
- (b) noted concerns voiced by the Audit Committee Non-Executive Director Chair over IT disaster recovery. In response to a specific query, the Emergency Planning Officer advised that the stated date was the timescale to develop the plans, with testing and validation then to follow. The Acting Chief Information Officer noted the crucial importance of clarifying roles and responsibilities. IT disaster recovery measures were also explicitly documented in the UHL Business Continuity Plan. The Audit Committee Non-Executive Director Chair requested that the Trust Board be sighted to which systems were mission-critical, the impact of any disruption to those systems, and the mitigating plans in place. The Chief Executive suggested that a report be provided to the Audit Committee in the first instance, and it was noted that assurance on orphan systems was being provided to the Audit Committee on 6 September 2019. Appropriate information on mission-critical systems could also be included in the EPRR annual report for 2019/20;
- (c) queried what assurance was available that attendance at the EPRR Board had improved in 2018/19;
- (d) noted a query from Ms V Bailey Non-Executive Director on whether any work had been undertaken to quantify the financial impact of major incidents, and
- (e) noted a suggestion from Ms V Bailey Non-Executive Director that the Safe and Timely Discharge Group review whether/how the discharge triggers/decision-making thresholds would change in the event of a mass emergency (given the requirement to clear a significant number of beds).

ACIO/  
COOCOO/  
EPOCOO/  
EPO

COO

**Resolved** – that (A) the Trust's self-assessment against NHSE's core standards for EPRR be approved as per paper H2;

COO

**(B) a report be provided to the Audit Committee (en route to the Trust Board) re: 'mission-critical' prioritised systems, including the impact of any disruption to those systems and the related mitigating plans;**

ACIO/  
COO

**(C) appropriate information re: (B) above be included in the EPRR annual report 2019/20;**

COO/EPO

**(D) Ms V Bailey Non-Executive Director be advised outside the meeting re: any work done to quantify the financial impact of major incidents, and**

COO/EPO

**(E) consideration be given to asking the Safe and Timely Discharge Group to review whether/how the discharge triggers/decision-making thresholds would change in the event of a mass emergency.**

COO

179/19/3

Research and Innovation Quarterly Update

Professor N Brunskill Director of Research and Innovation, attended to present the research and innovation activity report for September 2019, noting that this was an area which would also be

scrutinised by the CQC. With regard to research performance, as of 28 August 2019 UHL had 863 active studies, and was in League 1 (of 6) in terms of performance in initiating and delivering clinical trials to time and target. Recruitment activity was 30% above 2018/19, and UHL was the highest-performing East Midlands Trust on that metric. The report at paper I also detailed recent and ongoing research and innovation projects, including planning for the 2020 UK CRF Network Conference being held in Leicester. The first Leicestershire Academic Health Partners Board meeting had also now taken place.

In discussion, the Trust Chairman noted the key need to raise awareness of UHL's research and innovation activity and successes, as a teaching Trust. In response to a query from the Chief Executive as to the reason for the recruitment increase, the Director of Research and Innovation noted the impact of large studies such as diabetes/cardiology/respiratory medicine. Ms V Bailey Non-Executive Director welcomed the report, and requested that future iterations also outline which research partners UHL was working with, both inside and outside the NHS. In response to a query from Mr M Traynor Non-Executive Director, the Director of Research and Innovation considered that the Big Data for Health Research project was appropriately resourced.

MD/  
DRI

**Resolved** – that future reports include an outline of with which research partners UHL is working.

MD/  
DRI

179/19/4

Multi-professional Education Quarterly Update

Mr M McCarthy Director of Clinical Education, attended for the quarterly multi-professional education update (presented with the Acting Chief Nurse, as per paper J). In terms of clinical/medical education, he drew the Trust Board's particular attention to:-

- (a) the outcomes of the 2019 GMC National Trainee Survey – as a Trust overall UHL was not a negative outlier for any of the survey indicators, and had maintained its ranking of 3<sup>rd</sup> for 'overall satisfaction' in the East Midlands region. A response was being developed for Health Education England on any UHL specialty outliers – in response to concerns voiced by the QOC Non-Executive Director Chair, the Director of Clinical Education advised that this response would be shared with the UHL Medical Director and Deputy Medical Director, and with the Post-Graduate Dean. Any red flags would also be picked up at the performance review meetings held with CMGs by Executive Directors. In terms of the (non-mandatory and low response rate) trainer survey, UHL was a negative outlier for trainer resources and ranked 6<sup>th</sup> overall for satisfaction in the East Midlands region, and
- (b) the limited job opportunities available for the Physician Associates who would shortly complete their training, as they could not prescribe. The Trust Board voiced concern at this situation, and agreed that the Director of People and OD should be involved in discussions planned by the Deputy Chief Nurse and Deputy Medical Director to develop a workforce strategy re: Physicians' Associates, for presentation to the Executive People and Culture Board. It was clarified that skillmix considerations were the issue rather than financial aspects, but Non-Executive Directors voiced concern that these had not been pre-empted.

DCN/  
DPOD/  
DCE

With regard to the nursing education elements of the report, the Acting Chief Nurse highlighted in particular:-

- (1) the June 2019 graduation of the first cohort of Nursing Associates, who were now working across Leicestershire in a range of healthcare environments. The Leicestershire School of Nursing Associates was now preparing for a Nursing and Midwifery Council approval event on 17 and 18 September 2019 – once formally approved it was planned to train up to 150 apprentice Nursing Associates per year. This would be a unique training model and had been shortlisted for an award. The QOC Non-Executive Director Chair welcomed UHL's working relationship with DMU in respect of Nursing Associates;
- (2) the Trust's continued proactive recruitment of registered learning disability and mental health nurses for adult and children's services;
- (3) development of the 'clinical coaches' return and retire initiative, with approximately 20 in place at the moment, and
- (4) work on a pilot project with the University of Leicester Medical School to support a small number of first year medical students to achieve the clinical competencies to work as Bank HCAs by December 2019.

**Resolved** – that the Deputy Chief Nurse and Deputy Medical Director develop a workforce strategy re: Physicians' Associates, for presentation to the Executive People and Culture

DCN/  
DCE/

**Board, and include the Director of People and OD in those discussions.**179/19/5 Reports from Board Committees179/19/5.1 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair introduced paper K, summarising the issues discussed at the 29 August 2019 QOC. The quarterly learning from deaths report was appended to that summary, for Trust Board approval. The Acting Medical Director noted the positive comments received from a partner at Dr Foster re: the robustness of UHL's mortality processes. The Acting Medical Director further noted that UHL had recently met with the newly-appointed Regional Medical Examiner, to provide information/advice. The Trust Chairman confirmed that the learning from deaths report had been discussed in detail by QOC.

With regard to CRO (carbapenemase resistant organism), the QOC Non-Executive Director Chair noted plans to provide a briefing at a future Trust Board thinking day, once national Public Health England guidelines were received.

**Resolved – that the summary of issues discussed at the 29 August 2019 QOC be noted as per paper K (and the learning from deaths quarterly update be approved as recommended) – Minutes to be submitted to the 3 October 2019 Trust Board.**

MD

179/19/5.2 People Process and Performance Committee (PPPC)

The PPPC Non-Executive Director Chair introduced paper L, summarising the issues discussed at the 29 August 2019 PPPC. He emphasised the exceptional level of ED attendances recently; the challenges this presented were compounded by rising acuity. The PPPC Non-Executive Director Chair also commented on the East Midlands Cancer Strategy, which had been discussed in the joint session held with QOC members. Discussion of cancer outcomes had then taken place in the 29 August 2019 QOC meeting, as now confirmed by the QOC Non-Executive Director Chair.

**Resolved – that the summary of issues discussed at the 29 August 2019 PPPC be noted as per paper L (no recommended items) – Minutes to be submitted to the 3 October 2019 Trust Board.**

179/19/5.3 Finance and Investment Committee (FIC) and 2019/20 Financial Performance (July 2019)

The FIC Non-Executive Director Chair introduced paper M, summarising the issues discussed at the 29 August 2019 FIC. A key area of focus at the meeting had been the consideration – and endorsement – of the Full Business Case for phase 1 of the Children's Hospital project (co-location of the East Midlands Congenital Heart Centre [EMCHC]), which was attached to paper M accordingly for Trust Board approval. The FIC Non-Executive Director Chair confirmed that FIC had taken assurance from both the numbers and the timescale set out in the Full Business Case. The Chief Financial Officer supported the Full Business Case and advised that FIC had reviewed the revenue consequences as well as the service implications. The Director of Estates and Facilities advised that project change control processes had been strengthened following the Emergency Floor phase 1 and 2 programme review, and voiced his confidence that the project would be brought in on budget. UHL's own internal capital resource remained a backstop, but the Chief Financial Officer reiterated the extremely constrained nature of that resource.

The Trust Chairman thanked all those involved in the project, including the Director of Strategy and Communications as Senior Responsible Officer. The Director of Strategy and Communications advised that this was a crucial development in further raising UHL's profile as a specialist provider of tertiary services. The Trust Board approved the Children's Hospital project (co-location of the East Midlands Congenital Heart Centre [EMCHC]) Full Business Case as appended to paper M.

DSC

The Chief Financial Officer then presented paper M1, setting out the Trust's 2019/20 month 4 financial performance, which had been discussed in detail at the 29 August 2019 FIC. Financial performance for month 4 (July 2019) was in line with plan, with UHL having achieved a year to date deficit of £22.5m excluding central Provider Sustainability Funding, Financial Recovery Funding and Marginal Rate Emergency Tariff (£13.4m deficit including PSF/FRF/MRET, which was also in line with plan). Underlying performance was in line with plan, with over-performance in Emergency and Specialist Medicine offset by the marginal cost to deliver the additional activity. With regard to the

Trust's productivity improvement programme (PIP), as at month 4 UHL had delivered efficiencies of £7.1m which was £0.2m favourable to plan. The Chief Financial Officer also advised the Trust Board that UHL was bidding for emergency capital funding – including for the decontamination scheme – a response was not anticipated before September 2019.

The Chief Financial Officer outlined a number of emerging challenges, with 5 of the CMGs (including Estates and Facilities) showing a variance and 7 of the CMGs reporting risks to the year-end position. Deep dives of their financial position would now be undertaken with CMGs. Non-elective activity had been higher than expected over the summer, with resulting pressures on the Trust in terms of both activity and finance.

The Audit Committee Non-Executive Director Chair queried the reasons for the worse than expected CMG financial performance – in response, this was felt to be multifactorial, hence the need for the planned deeper discussions at the next round of performance review meetings with CMGs. FIC would also continue to review the position monthly. The Audit Committee Non-Executive Director Chair sought further assurance on what controls were in place (ie whether all those from quarter 4 of 2018/19 were still being applied), and – if not – what the triggers would be for implementing central controls. In response, the Chief Executive advised that while the aim was for CMGs to be responsible and accountable, central controls were available if required. The Chief Financial Officer confirmed that recommendations would be made to the Executive Boards and the Financial Recovery Board following the performance review meetings.

**Resolved** – that (A) the summary of issues discussed at the 29 August 2019 FIC be noted as per paper M (and the Children's Hospital project [co-location of the East Midlands Congenital Heart Centre EMCHC] Full Business Case be approved as recommended) – Minutes to be submitted to the 3 October 2019 Trust Board, and

DSC

(B) the 2019/20 month 4 financial performance be noted.

179/19/6 Corporate Trustee Business

179/19/6.1 Charitable Funds Committee (CFC)

**Resolved** – that the 1 August 2019 CFC Minutes be noted by the Trust Board as Corporate Trustee, as per paper N (no recommended items).

180/19 **ITEMS FOR NOTING**

180/19/1 LLR System Leadership Team Minutes

**Resolved** – that the Minutes of the System Leadership Team meeting held on 18 July 2019 be noted as paper O.

180/19/2 Trust Board and Board Committee Meeting Dates 2020/21

**Resolved** – that the calendar of Trust Board, Trust Board thinking day and Board Committee meeting dates for January 2020 – March 2021 be endorsed, as listed in paper P.

180/19/3 Reports from Board Committees

180/19/3.1 Quality and Outcomes Committee (QOC)

**Resolved** – that the 25 July 2019 QOC Minutes be noted as per paper Q1 (the 2 recommended items having been approved at the 1 August 2019 Trust Board).

180/19/3.2 People, Process and Performance Committee (PPPC)

**Resolved** – that the 25 July 2019 PPPC Minutes be noted as per paper Q2 (no recommended items).

180/19/3.3 Finance and Investment Committee (FIC)

**Resolved** – that the 25 July 2019 FIC Minutes be noted as per paper Q3 (no recommended

items).

**181/19 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

Further to the discussions in Minute 178/19/1 above, one of the public attendees outlined their own experience of waiting for a transplant, and voiced their hope that the April 2020 law change would improve the number of organs available. They congratulated UHL on its amazing transplant team and support arrangements.

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

**182/19 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 183/19 to 190/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**183/19 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. With the agreement of the Trust Board, they remained present.

**184/19 CONFIDENTIAL MINUTES**

**Resolved** – that the confidential Minutes of the 1 August 2019 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR  
MAN**

**185/19 CONFIDENTIAL MATTERS ARISING REPORT**

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

**186/19 KEY ISSUES FOR DISCUSSION/DECISION**

186/19/1 Confidential Report from the Chief Financial Officer

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

**187/19 ITEMS FOR ASSURANCE**

187/19/1 Reports from Board Committees

187/19/1.1 Quality and Outcomes Committee (QOC)

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

187/19/1.2 People, Process and Performance Committee (PPPC)

**Resolved** – that the confidential summary of the 29 August 2019 PPPC meeting be noted as per paper U2 (no recommended items) – Minutes to be submitted to the 3 October 2019 Trust Board.

**CCSM**

187/19/1.3 Finance and Investment Committee (FIC)

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

187/19/1.4 Remuneration Committee

**Resolved** – that the 1 August 2019 Remuneration Committee Minutes be noted as per paper U4.

187/19/5 Corporate Trustee Business187/19/5.1 Report from the Director of Strategy and Communications

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

187/19/5.2 Charitable Funds Committee (CFC)

**Resolved** – that the confidential 1 August 2019 CFC Minutes be noted by the Trust Board as Corporate Trustee, as per paper W (no recommended items).

**188/19 ITEMS FOR NOTING**188/19/1 Reports from Board Committees188/19/1.1 Finance and Investment Committee (FIC)

**Resolved** – that the confidential 25 July 2019 FIC Minutes be noted as per paper X (the recommended item having been approved at the 1 August 2019 Trust Board).

**189/19 ANY OTHER BUSINESS**189/19/1 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 could be prejudicial to the effective conduct of public affairs.

**190/19 DATE OF NEXT TRUST BOARD MEETING**

**Resolved** – that the next Trust Board meeting be held on Thursday 3 October 2019 from 9am in Seminar Rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 1.35pm

Helen Stokes – Corporate and Committee Services Manager

**Cumulative Record of Attendance (2019/20 to date):****Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	8	8	100	A Furlong	8	7	88
J Adler	8	6	75	K Jenkins	8	7	88
V Bailey	8	6	75	A Johnson	8	7	88
P Baker	8	3	38	B Patel	8	8	100
R Brown	8	6	75	M Traynor	8	7	88
I Crowe	8	8	100	P Traynor	8	7	88
C Fox	8	6	75				

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	8	7	88	S Ward	8	8	100
D Kerr	8	7	88	M Wightman	8	7	88
H Kotecha	7	5	63	H Wyton	8	6	75