

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 6 JUNE 2019 AT 9AM IN SEMINAR ROOMS A AND B IN THE EDUCATION CENTRE AT LEICESTER GENERAL HOSPITAL****Voting Members present:**

Mr K Singh – Trust Chairman
 Mr J Adler – Chief Executive
 Professor P Baker – Non-Executive Director (up to and including Minute 121/19/3)
 Ms R Brown – Chief Operating Officer (excluding Minute 130/19)
 Col (Ret'd) I Crowe – Non-Executive Director
 Ms C Fox – Chief Nurse
 Mr A Furlong – Medical Director
 Ms K Jenkins – Non-Executive Director
 Mr A Johnson – Non-Executive Director (excluding Minute 130/19)
 Mr B Patel – Non-Executive Director
 Mr M Traynor – Non-Executive Director (excluding Minute 130/19)
 Mr P Traynor – Chief Financial Officer

In attendance:

Dr N Archer – Consultant Obstetrician (for Minute 120/19/1)
 Professor N Brunskill – Director of Research and Innovation (for Minutes 121/19/2 and 121/19/3)
 Mr A Carruthers – Acting Chief Information Officer (from part of Minute 120/19/4)
 Ms K Fairbrother – Deputy Chief Operating Officer, CRN (for Minute 121/19/2)
 Ms F Finch – Assistant Volunteer Services Manager (for Minute 120/19/2)
 Ms T Jones – Deputy Director of Communications and Engagement (on behalf of the Director of Strategy and Communications)
 Mr D Kerr – Director of Estates and Facilities (excluding Minute 130/19)
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Representative (until Minute 123/19)
 Ms H Leatham – Assistant Chief Nurse (for Minutes 120/19/1 and 120/19/2)
 Mr K Mayes – PPI and Membership Manager (for Minute 120/19/5)
 Mr R Porter – UHL Volunteer (for Minute 120/19/2)
 Ms K Rayns – Corporate and Committee Services Officer
 Mr N Sone – Financial Controller (for Minute 130/19)
 Mr D Taylor – UHL Volunteer (for Minute 120/19/2)
 Ms J Tyler-Fantom – Deputy Director of Human Resources (on behalf of the Director of People and Organisational Development) (excluding Minute 130/19)
 Mr S Ward – Director of Corporate and Legal Affairs

ACTION**116/19 APOLOGIES AND WELCOME**

Apologies for absence were received from Ms V Bailey, Non-Executive Director, Mr M Wightman, Director of Strategy and Communications and Ms H Wyton, Director of People and Organisational Development.

The Trust Chairman welcomed Ms T Jones, Deputy Director of Communications and Engagement and Ms J Tyler-Fantom, Deputy Director of Human Resources to the meeting, noting that they were attending on behalf of the Director of Strategy and Communications and the Director of People and Organisational Development (respectively).

117/19 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.

118/19 MINUTES

Resolved – that (A) the Minutes of the 2 May 2019 Trust Board meeting provided at paper A1 be confirmed as a correct record and signed by the Chairman accordingly, and

**CHAIR
MAN**

(B) the Minutes of the 24 May 2019 Trust Board meeting (paper A2) be considered during an extended public Trust Board meeting (to be held at 2pm on Thursday 6 June 2019).

**CHAIR
MAN**

119/19 MATTERS ARISING FROM THE MINUTES

Paper B provided a summary of the outstanding actions from the 2 May 2019 and previous Trust Board meetings. The Medical Director provided a verbal progress report in respect of item 21 (Minute 7/19/2 of 10 January 2019 refers), advising that a more general update on UHL's Oral and Maxillo-Facial Surgery (OMFS) Service would be presented to the Trust Board on 6 June 2019.

MD

Resolved – that (A) the Trust Board matters arising log be noted as per paper B, and

(B) the Medical Director be requested to provide an update report on UHL's OMFS Service to the 6 June 2019 Trust Board meeting.

MD

120/19 KEY ISSUES FOR DISCUSSION/DECISION

120/19/1 Patient Story – External Cephalic Version (ECV)

The Chief Nurse introduced paper C, briefing the Trust Board on the ECV service which had been established in 2016 with a view to increasing patient choice within the Maternity Service when babies were presenting as breech during the third trimester of pregnancy. As described in paper C, ECV was a manual procedure which involved turning a single breech baby so that it presented head first (to increase the possibility of vaginal delivery). Dr N Archer, Consultant Obstetrician and Ms H Leatham, Assistant Chief Nurse attended the meeting for this item. A short video was shown describing the experiences of 5 women who had been offered and accepted the opportunity to receive ECV. One of families featured in the video also attended the meeting with their baby, who had been successfully turned from a breech presentation and subsequently delivered vaginally.

Following the video presentation, Dr Archer provided an overview of the ECV service, briefing the Trust Board on progress with increasing the number of women being offered the service and improving the success rate to achieve the national average of 50%, as recommended by national guidelines. By improving patient choice in this area, the Trust had been able to reduce the number of caesarean sections undertaken where breech presentation was the primary indication. In addition, where it had not been possible to turn the baby, appropriate patients were being supported to proceed with breech vaginal deliveries. In the longer term, it was planned to expand the service further by developing a skilled team (including Midwives and Obstetricians) proficient in these techniques and available 24 hours per day, 7 days per week. In all cases, patients were offered appropriate information, counselling and support. Recent patient feedback clearly identified that patients felt involved in the decision-making and felt in control of their treatment plans, which (in turn) led to high levels of patient satisfaction.

In discussion on the video presentation and the ECV service more generally, the following comments and questions were raised:-

- (a) the family which featured in the video expanded upon the patient benefits of the ECV service, recommending that it be rolled out more widely and offered to all suitable patients, with a view to reducing unnecessary caesarean sections. They also highlighted the availability of less-than-helpful information on the internet, which might deter some patients from choosing ECV in future. In response, assurance was provided that UHL's patient information was being updated to provide patients with accurate information about the ECV procedure (particularly relating to the availability of pain relief). The patient information leaflet was provided to the relevant patients through their Midwife clinics and Obstetrician appointments. In addition, a patient information video was being prepared which would show the procedure being carried out, and
- (b) Professor P Baker, Non-Executive Director commended the development of this service, noting the importance of reducing caesarean section rates and opportunities to reverse the trend of workforce de-skilling through appropriate case selection, and provision of clinical training opportunities and simulation exercises for Midwives and Junior Doctors.

In summary, the Trust Chairman thanked the patients and the UHL team for their video presentation, highlighting progress with the ECV service in improving patient choice in the event of a breech pregnancy and the benefits of good quality communications and provision of patient information to improve the quality of care and the overall patient experience at UHL.

Resolved – that the patient story relating to the ECV service be received and noted.

120/19/2

Volunteer Services Annual Report 2018

The Chief Nurse introduced paper D, the UHL Volunteer Services Annual Report for 2018, providing an overview of the valuable services provided by UHL's Volunteer Services and how these services linked into the Trust's values to support staff and patients at Leicester's Hospitals. Ms F Finch, Assistant Volunteer Services Manager, Mr D Taylor, UHL Volunteer and Mr R Porter, UHL Volunteer attended the meeting for this item. On behalf of the Trust Board, the Trust Chairman took this opportunity to record the Trust Board's appreciation of the significant contribution that UHL's volunteers made towards improving patient experience in a wide variety of ways, some of which were showcased within paper D. He encouraged Trust Board members to attend the forthcoming Volunteer events and drop in sessions to be held in the coming weeks.

In discussion on the report, Mr B Patel, Non-Executive Director commented upon the positive contribution that the 'meet and greet' volunteers had on improving the experiences of patients and relatives visiting UHL's sites. Members noted that the 'meet and greet' volunteers (and the buggy drivers) were often the first people that patients met at UHL and this had a significant impact on their patient experience, especially when they had travelled a long way to attend their appointments and were feeling anxious and worried about their appointment or a relative's condition. It was noted that some volunteers had been providing their services for as long as 30 years. Discussion took place regarding the VALE project volunteers who provided company, mealtime assistance and complimentary therapies for patients who were approaching the end of their lives whilst in hospital. A 12-week foundation programme – the Pears Young Volunteers Project – had been implemented for volunteers between the ages of 16 to 21.

The Chief Executive sought and received additional information about volunteer recruitment trends and any limitations on the number of volunteer roles that could be supported. In response, it was noted that the Trust did not have to advertise for volunteers as there was a constant supply of willing applicants from the younger age groups. However, there were many volunteering options for retired people, eg the National Trust and Age UK which made this age group slightly more challenging to recruit. The total number of volunteers was constrained by the capacity to train and support them, but the optimum number of meal assistance volunteers per ward was 21 in order to provide a consistent 7 day rota. There was currently a waiting-list for the role of volunteer buggy driver. Finally, the Chief Executive commented upon the excellent way in which the Annual Report was presented and he queried the arrangements for disseminating the information more widely, noting (in response) that key sections were being used in UHL's social media posts. The Chairman thanked the presentation team for attending to highlight the work of the Volunteer Services to the Trust Board.

Resolved – that the Volunteer Services Annual Report 2018 be received and noted.

120/19/3

Chairman's Monthly Report – June 2019

In introducing his monthly report at paper E, the Chairman particularly highlighted:-

- (a) the potential implications of the wider changes mooted in the Long Term Plan for UHL and the local health and social care system, noting the increased emphasis on system working alongside the responsibility for each organisation to maintain an independent Trust Board;
- (b) the work of the Chief Executive and the Executive Directors in implementing UHL's Quality Strategy and aligning the key workstreams throughout UHL's diverse organisation. He drew members' attention to the forthcoming 'Becoming the Best' focus groups;
- (c) UHL's receipt of Veterans accreditation, recording his appreciation to Col (Ret'd) I Crowe, Non Executive Director and the Director of People and Organisational Development in this achievement;
- (d) aspects of equality and diversity that had been demonstrated on International Nursing Day, supported by Dr B Simon, BAME Voice Chair, and Mr B Patel, Non-Executive Director, and
- (e) his own election as a Trustee by NHS Providers in the category of Acute Services Chair.

In discussion on the report, the Chief Executive briefed the Trust Board on progress of system working in Leicester, Leicestershire and Rutland (LLR), noting a degree of ambiguity in the current transitional plans and the possible exploration of a System Accountability Framework arrangement going forwards. He also congratulated the Trust Chairman on his appointment to the NHS

Providers Board, noting the important opportunity that this would provide in respect of influencing decision making and gathering national intelligence.

Resolved – that the Chairman’s June 2019 report be received and noted as paper E.

120/19/4

Chief Executive’s Monthly Report – June 2019

The Chief Executive introduced paper F, providing his June 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 F. Taking the report as read, the Chief Executive drew members’ attention to the following issues:-

- (a) the growing number of quality and performance indicators which featured in the ‘good news’ section of the report (including continued improvements with fractured neck of femur care and patient harms). Whilst ambulance handover delays above 60 minutes still featured in the ‘bad news’ section of the report, there was an improving trend and 74 fewer hours had been lost to delays in April 2019 when compared to March 2019;
- (b) progress with the implementation of the UHL Quality Strategy (including an appointment to the Head of Quality Improvement post and progress with the appointment to the Head of Communications post). The Quality Strategy was currently in its ‘soft launch’ phase, but the full launch would be taking place from mid-June 2019 ahead of the school summer holidays, supported by team briefings, a dedicated toolkit and visual communications;
- (c) further work that was taking place to finalise the development of the 2019/20 Board Assurance Framework (BAF). The Director of Corporate and Legal Affairs had met with Ms K Jenkins, Non-Executive Director Chair of the Audit Committee earlier that morning to brief her on the revised arrangements. The BAF was expected to be populated and presented to the Audit Committee meeting on 5 July 2019. In response, Ms K Jenkins, Non-Executive Director advised that it was crucial that the Executive Directors were all comfortable with the risks on the BAF to ensure that they were the right risks to focus upon and that arrangements were in place to monitor them in a robust manner. The Director of Safety and Risk and the Risk and Assurance Manager were working with the Lead Directors to populate the key control measures and the organisation would then be required to confirm whether it was comfortable with the residual risks, once the mitigating actions had been completed. It was planned to fully populate one of the Principal Risks in this way and then to use this as an example proforma for the remaining Principal Risks. She proposed that the 2019/20 BAF be considered at each meeting of the Audit Committee, and that it be presented to the Trust Board on a quarterly basis. The Chief Executive supported this proposal, and
- (d) the Chief Executive invited the Chief Operating Officer to brief the Trust Board on current Urgent and Emergency Care performance. It was noted that winter activity levels had not yet subsided and the level of growth in April and May 2019 had been between 8% and 10%. However, the Trust had been able to close 2 of the additional winter capacity wards and release the associated staff to support gaps in other areas. The first draft of the Winter Plan for 2019/20 had been presented to the People, Process and Performance Committee (PPPC) on 30 May 2019. A UHL de-brief of the 2018/19 Winter Plan had been undertaken and the lessons learned had been built into the 2019/20 plan. A System-wide 2018/19 de-brief was being scheduled for the end of June 2019. Members noted that System-wide discharge processes had been working well and the number of stranded patients had reduced, but the overall number of Emergency Department (ED) attendances remained too high and this issue would be raised at the next meeting of the A&E Delivery Board.

In discussion on the Chief Executive’s June 2019 briefing, Board members:-

- (i) commented upon the impact of patients not being able to secure bookable appointments at GP surgeries and walk-in centres, and the success of the new ED facility, noting that these factors had all influenced the number of ED attendances over the winter period and had possibly created a pattern of learned behaviour going forwards,
- (ii) noted that external expertise (such as Public Health) was being sought to analyse ED attendance data to determine whether patients could be seen more appropriately in primary care;
- (iii) highlighted the duty of care to ensure that NHS resources were being used appropriately and the need to challenge the accountable individuals to ensure that robust and smart actions were

- being implemented to achieve reductions in unnecessary ED attendances;
- (iv) highlighted the impact of expected changes to the Primary Care Network in July 2019, which might further exacerbate the position with ED attendances;
 - (v) commented that the ED activity projections might be unrealistic, given the timescale for achieving the relevant improvements to primary care services and the need to implement additional training, and
 - (vi) summarised the issues which were currently being escalated to the A&E Delivery Board, accepting that a wide range of actions were already being implemented to reduce activity, but they did not appear to be supporting any reduction at the current time.

Resolved – that the Chief Executive’s June 2019 update report be received and noted as paper F.

120/19/5

Revised Patient and Public Involvement Strategy

Further to Minute 96/19/4 of 2 May 2019, the Deputy Director of Communications and Engagement and the PPI and Membership Manager introduced paper G providing the final version of the revised Patient and Public Involvement (PPI) Strategy which had been amended to adopt an explicit focus upon a ‘Co-Production’ model of participation. The report invited the Board to consider and support the establishment of a ‘Hospital Improvers’ Programme (to complement the ‘Improvement Agents’ initiative being implemented as part of the Quality Strategy). Section 13 of the report set out the indicative resource implications which would include a Band 4 PPI Support Officer role and the cost of implementing the ‘Hospital Improvers’ Programme. Subject to the Trust Board’s approval, it was proposed to evaluate the revised PPI Strategy and review it again after the first 12 months.

In discussion on the report, Board members:-

- (a) approved the revised PPI strategy and the establishment of the ‘Hospital Improvers’ Programme (as set out in paper G), commenting that this document now aligned more closely with the Trust’s Quality Strategy; **DSC**
- (b) queried whether the additional resources were being targeted in the right area and whether a restructure might be needed. For example, if a concern was raised about wheelchair access to a particular part of the hospital, how would such concerns be fed into the Trust and how would progress be monitored and feedback provided;
- (c) reiterated a continued concern about the arrangements for increasing UHL’s engagement with patients from ‘hard to reach’ communities;
- (d) highlighted opportunities to distinguish between the roles of Patient Partners and PPI and clarify the inter-relationship with the Patient Involvement and Patient Experience Assurance Committee (PIPEAC). In response, the Chief Nurse advised that the PIPEAC terms of reference were being reviewed to increase the level of alignment with UHL’s PPI team;
- (e) supported the additional post in the PPI team, noting that an additional non-pay budget allocation of £10k had been made available to the PPI team to be deployed as required; **DSC**
- (f) received assurance provided by the Chief Executive that appropriate arrangements were being put in place to monitor and test the PPI engagement aspects for all new business cases and service developments;
- (g) requested that a further progress report on the implementation of the PPI strategy be presented to the Trust Board after 6 months (in December 2019); **DSC**
- (h) noted that a primary focus would be developed in respect of the Quality and Safety Priorities, and that it would be unreasonable to expect to have expert PPI representation within all UHL projects from the outset;
- (i) suggested that a PPI annual report would be helpful and that this could be based on a similar format to the Volunteer Services Annual Report (considered earlier in the agenda as paper D), and **DSC**
- (j) requested that consideration be given to preparing and circulating more widely a concise overview of the UHL Quality Strategy (eg key bullet points) as part of the arrangements for the full launch of the Quality Strategy. **CE**

Resolved – that (A) the final version of the Patient and Public Involvement Strategy and the additional resources (as set out in paper G) be approved; **DSC**

(B) the Director of Communications and Engagement be requested to:-

- (i) arrange for a 6-month progress report on the implementation of the PPI Strategy to be presented to the Trust Board in December 2019;** **DSC**

(ii) consider producing a PPI Annual Report (based on a similar format to the Volunteer Services Annual Report), and **DSC**

(C) the Chief Executive be requested to arrange for a concise overview of the UHL Quality Strategy to be prepared and circulated as part of the full launch of the Quality Strategy. **CE**

121/19 ITEMS FOR ASSURANCE

121/19/1 Reconfiguration Programme Quarterly Update

The Chief Financial Officer introduced paper H, briefing the Trust Board on progress of the Sustainability and Transformation Partnership Capital Bid, and the continued development of the Interim ICU scheme and the relocation of the East Midlands Congenital Heart Centre (EMCHC) from Glenfield Hospital to the Leicester Royal Infirmary. The report also describe the arrangements for undertaking a UUHL travel plan, to agree a strategy for minimising the impact of travel associated with the transfer of activity between hospital sites. Particular discussion took place regarding the severe national constraints surrounding NHS capital, progress of the restructuring of NHS England and NHS Improvement, and the non-viability of PFI options as a potential alternative funding solution. As an interim measure, the Trust continued to focus upon the provision of clinically safe and sustainable solutions for the next 5 to 10 years and maintaining appropriate communications with staff, public and stakeholders.

The Deputy Director of Communications and Engagement briefed Trust Board members on the STP local engagement sessions which had been paused during two successive periods of Purdah. Local engagement conversations were due to restart shortly and a video was being prepared to support this workstream. Whilst the formal consultation process on the Pre-Consultation Business Case was not permitted to commence, it was agreed that a commencement date would be requested. In discussion on the highest scoring risks within the Reconfiguration Programme Risk Register, Ms K Jenkins, Non-Executive Director and Audit Committee Chair requested further clarity to be provided regarding the mitigating controls.

Resolved – that (A) the quarterly progress update on UHL’s Reconfiguration Programme be received and noted as paper H, and

(B) further clarity on the mitigating controls for the highest scoring risks be presented to a future Trust Board meeting. **CFO**

121/19/2 East Midlands Clinical Research Network (EMCRN) Annual Delivery Plan 2019/20

Ms K Fairbrother, EMCRN Deputy Chief Operating Officer attended the meeting to present paper I, seeking Trust Board approval of the EMCRN Annual Delivery Plan (as the Host Organisation for the National Institute of Health (NIHR) Clinical Research Network East Midlands. The Executive Performance Board had considered and approved the Annual Delivery Plan on 28 May 2019, and the document had been considered by the CRN East Midlands Partnership Group and submitted to the NIHR Coordinating Centre. However, there was still an opportunity for the Trust Board to raise any significant changes at this point. Noting that the format of the report followed the established reporting templates, the Deputy Chief Operating Officer reported on the positive achievements of the CRN during 2018/19 and the Medical Director expressed his confidence in the robust monitoring process that was in place.

In discussion on the report, Professor P Baker, Non-Executive Director suggested that the established reporting format was not the most helpful way to present this information to the Trust Board and he suggested that it would be helpful to provide a more ‘user-friendly’ summary (to accompany future reports) which drew out the key achievements or any areas where additional assurance was required.

Resolved – that (A) the CRN East Midlands Annual Delivery Plan for 2019/20 be approved (as presented in paper I); **MD**

(B) consideration be given to providing an accompanying summary for future reports, drawing out the key issues for the Trust Board to consider, and **MD**

(C) the next quarterly EMCRN update be presented to the Trust Board on 4 July 2019 (to **MD**

include the 2018/19 Annual Report and a short presentation).

121/19/3

Research and Innovation (R&I) Quarterly Update – June 2019

Professor N Brunskill, Director of Research and Innovation introduced paper J, briefing the Trust Board on UHL's current R&I performance against the target metrics, projects under development, new challenges and potential threats. Trust Board members noted that cumulative recruitment into portfolio clinical trials in 2018/19 had exceeded the 2017/18 performance by 31%. As part of the arrangements for enhancing the profile of R&I activity at UHL, the Trust had hosted an International Clinical Trials Day on 20 May 2019 which had been attended by approximately 60 school children. The NIHR Leicester Clinical Research Facility (LCRF) would also be hosting the 2020 UK CRF Conference based on the theme of 'Research for All: Enabling Equal Access to Clinical Research'.

Trust Board members noted that new research indicators had been implemented for inclusion in the Care Quality Commission's monitoring and inspection programme and a 'mystery shopper' exercise had been carried out in order to test general staff awareness of research opportunities at UHL. Following completion of this exercise, a range of recommendations had been compiled which would now be implemented in consultation with the reception staff and the relevant management teams. Appendix 3 to paper J provided an update on the action log to comply with the CQC readiness criteria for 'well-led research'. The job description for the Director of the Academic Health Partnership had been approved and it was expected that the formal Memorandum of Understanding would be signed in the summer of 2019, with the first meeting being held soon afterwards.

In discussion on the report, the following comments and queries were raised:-

- (a) a comment that reporting UHL's clinical research performance ranking position as 13th out of 206 Trusts might be considered disingenuous, given that not all of these Trusts were comparable teaching Trusts;
- (b) a positive comment about the approach used by the Research and Innovation Directorate to tackle any important issues;
- (c) a request for additional clarity to be provided in future reports about the actions planned or being taken to address the areas of the action plan which were RAG-rated as red in appendix 3;
- (d) an appreciation of the helpful presentation which had been provided to the Trust Board thinking day on 9 May 2019 and the need to increase the amount of publicity surrounding positive news stories in areas of R&I;
- (e) a query regarding the process for updating UHL's Intellectual Property Policy, noting in response that this had been presented to the Finance and Investment Committee in April 2019. Some further comments were awaited from Non-Executive Director colleagues, and then the Chief Financial Officer would be providing the Committee's feedback to the Medical Director and the Director of Corporate and Legal Affairs, and
- (f) a suggestion that an additional focus on UHL's research activity might make patients more receptive to participating in research trials. The Chief Nurse suggested that consideration be given to the inclusion of some standard information on clinical research within UHL's patient information leaflets.

Resolved – that (A) the quarterly update on Research and Innovation be received and noted as paper J, and

(B) the Director of Research and Innovation be requested to include additional clarity in future reports on the actions planned or being taken to address those areas of the CQC readiness actions log which were currently RAG-rated as red.

DR&I

121/19/4

Reports from Board Committees

121/19/4.1

Audit Committee

Paper K provided the Minutes of the 24 May 2019 Audit Committee. The Non-Executive Director Audit Committee Chair provided a short overview of the additional External Audit work that had been taking place to finalise the Statutory Accounts for 2018/19 since that meeting of the Audit Committee. She expressed her disappointment that this audit work had not been completed on time, noting that the Audit Committee had endorsed the Statutory Accounts 2018/19 for Trust Board, subject to completion of the audit and any post balance sheet transactions. Members noted that the updated Statutory Accounts for 2018/19 were due to be considered at the extended public

Trust Board meeting to be held from 2pm on Thursday 6 June 2019.

Resolved – that (A) the Minutes of the Audit Committee meeting held on 24 May 2019 be received and noted as paper K, and CCSO

(B) the updated Statutory Accounts for 2018/19 be considered for Trust Board approval at today’s Trust Board meeting to be held from 2pm on Thursday 6 June 2019 (Minute 130/19 below refers). CCSO

121/19/4.2 Quality and Outcomes Committee (QOC)

The QOC Chair introduced paper L, summarising the key issues discussed at the 30 May 2019 QOC, and seeking Trust Board approval for the 2 recommended items (UHL Quality Account 2018/19 and the May 2019 Mortality Report), both of which were appended to the meeting summary for ease of reference. The QOC Chair also highlighted the Quarter 4 Freedom to Speak Up update, noting that consideration was being given to revising the Trust’s Grievance Policy to become a ‘Resolution Policy’ and that the outcome of these discussion would be reported to a future meeting of the People, Process and Performance Committee.

Resolved – that (A) the summary of issues discussed at the 30 May 2019 QOC be noted as per paper L (and the 2 recommended items be approved) – Minutes to be submitted to the 4 July 2019 Trust Board, and CCSO

(B) the Director of People and Organisational Development be requested to report on the outcome of discussions on the Trust’s Grievance Policy to a future meeting of the People, Process and Performance Committee. DPOD

121/19/4.3 People Process and Performance Committee (PPPC)

The People, Process and Performance Committee Chair introduced paper M summarising the issues discussed at the 30 May 2019 PPPC and advising that there were no formal recommendations for Trust Board approval arising from this meeting. He drew members’ attention to the detailed sections on improvements to discharge processes and the deep dive on cancer performance (which featured during the joint session with QOC members). He provided assurance that the PPPC would continue monitoring the improvements in discharge process on a regular basis.

The Chief Executive updated the Committee on the management arrangements for the TTO Project relating to discharge medication, noting that this project would be pursued rigorously under two of the Trust’s Quality Priorities (Streamlined Emergency Care and Safe and Timely Discharge)

Resolved – that the summary of issues discussed at the 30 May 2019 PPPC be noted as per paper M (no recommended items) – Minutes to be submitted to the 4 July 2019 Trust Board.

121/19/4.4 Finance and Investment Committee (FIC) and 2019/20 Financial Performance (April 2019)

Paper N provided a detailed summary of the issues discussed at the 30 May 2019 FIC, noting that there were no recommended items for Trust Board approval.

The Chief Financial Officer presented paper N1, providing the Trust’s Month 1 2019/20 financial performance, which had been discussed in detail at the 30 May 2019 Finance and Investment Committee meeting. As expected, the Trust had achieved a year-to-date financial deficit of £10.3m, excluding Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF) and Marginal Rate Emergency Tariff (MRET). Including PSF/FRF/MRET, the Trust had achieved a year-to-date deficit of £8.2m which was in line with plan. The planning and budget-setting processes for 2019/20 had all been completed and work was continuing to review and clarify the links between staffing costs and establishment. A blended tariff arrangement had been implemented for emergency over-performance which would now be funded at a marginal rate. The efficiency savings target for 2019/20 was £26.6m and this would be delivered through a themed approach which aligned with the Quality Strategy. Finally, the Chief Financial Officer highlighted ongoing financial pressures within the System-wide health economy and the risk that these might affect relationships with Commissioners going forwards. Whilst there was some scope for some local collaborative working within this context, the emphasis would be to deliver UHL’s financial control total in the first

instance.

Mr A Johnson, Non-Executive Director requested that the Chief Financial Officer arranged for robust financial forecasting and monitoring to be undertaken out throughout the year to avoid the need for reinstating the Financial Recovery Board actions in the latter part of the year. He noted the need to implement additional financial targets in order to build some contingency into the financial planning process. In response, the Chief Financial Officer confirmed that the financial reporting process going forwards would include more analysis of services and an ambition to over-deliver the efficiency savings target to build in more headroom.

Resolved – that the summary of issues and month 1 financial performance report discussed at the 30 May 2019 FIC be noted as papers N and N1 (no recommended items) – Minutes to be submitted to the 4 July 2019 Trust Board.

122/19 ITEMS FOR NOTING

122/19/1 LLR System Leadership Team Minutes

Resolved – that the Minutes of the System Leadership Team meeting held on 21 March 2019 be received and noted as paper O.

122/19/2 Reports from Board Committees

122/19/2.1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 25 April 2019 QOC be received and noted as per paper P1 (no recommended items).

122/19/2.2 People, Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 25 April 2019 PPPC be received and noted as per paper P2 (the recommended item having been approved at the 2 May 2019 Trust Board).

122/19/2.3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 25 April 2019 FIC be received and noted as per paper P3 (no recommended items).

123/19 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 query about the scope to re-instate the previous arrangements whereby a representative from Primary Care was in regular attendance at UHL Trust Board meetings. In response, the Trust Chairman noted that the previous GP Representative (who had been nominated by the Clinical Commissioning Groups) had stepped down from this role due to other time commitments. Trust Board members received assurance that appropriate dialogue was being held in other forums between UHL's Non-Executive Directors and CCG Lay Representatives and that consideration was also being given to arranging System-wide focus groups or seminar events to consider issues of common interest, and
- (2) the Leicester and Leicestershire Healthwatch Representative advised that Healthwatch was intending to re-arrange a 'question time' event with social care and public health partners. This event had previously been postponed and it was now hoped to convene separate events for Leicester City, East Leicestershire, and West Leicestershire (respectively).

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

LEADS

124/19 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 125/19 to 129/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

125/19 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.

126/19 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 2 May 2019 (paper Q) be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

127/19 CONFIDENTIAL MATTERS ARISING REPORT

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

128/19 ITEMS FOR ASSURANCE

128/19/1 Reports from Board Committees

128/19/1.2 Finance and Investment Committee (FIC)

Resolved – that the confidential summary of issues considered at the 30 May 2019 FIC meeting be received and noted as paper S.

129/19 ITEMS FOR NOTING

129/19/1 Reports from Board Committees

129/19/2.1 People, Process and Performance Committee (PPPC)

Resolved – that the confidential 25 April 2019 PPPC Minutes be noted as paper T1 (no recommended items).

129/19/2.2 Finance and Investment Committee (FIC)

Resolved – that the confidential 25 April 2019 FIC Minutes be noted as paper T2 (no recommended items).

130/19 REVISED ANNUAL ACCOUNTS 2018/19

130/19/1 Minutes of the Extraordinary Trust Board Meeting held on 24 May 2019

Paper A2 provided the Minutes of the Extraordinary Trust Board meeting held on 24 May 2019. The Audit Committee Chair confirmed that these Minutes were an accurate reflection of the position as at 24 May 2019, highlighting that the Trust Board's approval of the 2018/19 Annual Accounts had been subject to the completion of the outstanding audit work (see Minute 130/19/2 below).

Resolved – that the Minutes of the Extraordinary Trust Board meeting held on 24 May 2019 be received and noted as paper A2.

130/19/2 Revised Annual Accounts 2018/19

Further to the Audit Committee and the Trust Board meetings held on 24 May 2019, paper U1 provided an overview of the findings arising from additional External Audit work undertaken and the identification of errors relating to prepayments which were likely to take the Trust close to its overall materiality level of £16.7m. In order to allow the External Auditors to sign off the 2018/19 Annual Account (unqualified), a £3m adjustment (increase) in the expenditure position was required. In effect, this would mean transferring expenditure allocated for 2019/20 into the 2018/19 financial year. Paper U2 provided the revised Annual Accounts for the year ended 31 March 2019, and

papers U3 and U4 provided Grant Thornton's Addendum Audit Findings Report and Letter of Representation (respectively).

Subject to the Trust Board's approval, it was proposed to enact this adjustment and UHL had been liaising with NHS Improvement with a view to making a revised submission on 6 June 2019. The Chief Financial Officer advised that he had spoken with NHS Improvement earlier that day and they had agreed with the proposed re-submission, recognising that the circumstances leading to this adjustment were not particularly unusual in the current national context. However, it was expected that an equal and opposite amendment would be enacted in respect of the Trust's control total for 2019/20. The Chief Executive sought assurance that NHS Improvement had been fully sighted to the nature of the changes being proposed to the 2018/19 Annual Accounts. In response the Chief Financial Officer confirmed that the revised information provided to NHS Improvement had been accurate and complete.

The Chief Financial Officer provided assurance that a detailed review was taking place to understand the reasons why these adjustments had been necessary and what changes in internal financial processes (especially in the area of pre-payments) would be required going forwards to prevent a similar occurrence in future years. The outputs of this review would be submitted to the 5 July 2019 Audit Committee. The Audit Committee Chair expanded upon this point, advising that she had also requested a summary of balance sheet adjustments and a summary of any Policy changes which might impact upon UHL's financial outturn.

CFO

The Trust Board particularly considered the additional paragraphs 22 to 24 on page 3 of the Letter of Representation (paper U4) and took the view that paragraphs 23 and 24 should be adopted but paragraph 22 should be removed as the points it contained were already covered in paragraph 24. Subject to External Audit's agreement with the proposal to remove paragraph 22, the Trust Board provided delegated authority to the Chief Executive to sign the Letter of Representation on behalf of the Trust Board.

CFO/CE

The Medical Director sought and received some additional clarity surrounding the identified errors surrounding pre-payments, noting in response that goods and services covering a two year period had been paid for during 2018/19 and then the expenditure had been wrongly apportioned over two financial years. There was no suggestion that payments had been duplicated but this type of transaction should have been made contractually more explicit from the outset. The Audit Committee Chair requested that an amendment be made to paper U1, to clarify that the Trust Board had approved the financial statements on 24 May 2019 subject to Audit. She also sought and received confirmation that a further review of the Remuneration Report had taken place to ensure the accuracy of the information contained in that report.

Resolved – that (A) the Chief Financial Officer and the Chief Executive be requested to sign/re-sign the necessary documents and certificates to enable the 2018/19 Annual Accounts to be re-submitted to NHS Improvement on 6 June 2019;

CFO/CE

(B) the Chief Financial Officer be requested to liaise with External Audit to consider and sign-off the proposed amendment to the Letter of Representation to enable the Chief Executive to sign the finalised version;

CFO

(C) the Chief Financial Officer be requested to amend his covering report (paper U1) to clarify that the Trust Board's approval of the 2018/19 Annual Accounts was subject to completion of the Audit, and

CFO

(D) the outputs from the review of the 2018/19 Audit process be presented to the Audit Committee on 5 July 2019.

CFO

131/19 ANY OTHER BUSINESS

Resolved – that no items of any other business were noted.

132/19 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 4 July 2019 from 9am in Seminar Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 2.35pm

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	4	4	100	A Furlong	4	4	100
J Adler	4	3	75	K Jenkins	4	4	100
V Bailey	4	3	75	A Johnson	4	4	100
P Baker	4	2	50	B Patel	4	4	100
R Brown	4	3	75	M Traynor	4	3	75
I Crowe	4	4	100	P Traynor	4	4	100
C Fox	4	4	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	4	3	75	S Ward	4	4	100
D Kerr	4	3	75	M Wightman	4	3	75
H Kotecha	4	4	100	H Wyton	4	3	75