

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 7 NOVEMBER 2019 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY****Voting Members present:**

Mr K Singh – Trust Chairman
 Mr J Adler – Chief Executive
 Ms V Bailey – Non Executive Director
 Professor P Baker – Non-Executive Director (up to and including Minute 228/19/2)
 Ms R Brown – Chief Operating Officer
 Col (Ret'd) I Crowe – Non-Executive Director
 Ms C Fox – Chief Nurse
 Mr J Jameson – Deputy Medical Director (on behalf of Mr A Furlong – Medical Director)
 Ms L Gale – Head of Financial Planning and Analysis (on behalf of Mr C Benham – Acting Chief Financial Officer)
 Ms K Jenkins – Non-Executive Director
 Mr A Johnson – Non-Executive Director
 Mr B Patel – Non-Executive Director

In attendance:

Mr V Karavadra – Associate Non-Executive Director
 Mr D Kerr – Director of Estates and Facilities
 Ms M Khiroya – Managing Director/Superintendent Pharmacist, TrustMed Pharmacy (for Minute 227/19/2)
 Ms S King – Training and Development Manager (for Minute 219/19/1)
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Representative (up to and including Minute 222/19)
 Mr T Pearce – Major Projects Finance Lead (for Minute 227/19/1)
 Ms K Rayns – Corporate and Committee Services Officer
 Mr S Ward – Director of Corporate and Legal Affairs
 Ms J Watson – Executive, Prince's Trust (for Minute 219/19/1)
 Mr M Wightman – Director of Strategy and Communications
 Ms R Wilde – Health Care Assistant (for Minute 219/19/1)
 Ms H Wyton – Director of People and Organisational Development

ACTION**215/19 APOLOGIES AND WELCOME**

Apologies for absence were received from Mr A Caruthers, Acting Chief Information Officer; Mr C Benham, Acting Chief Financial Officer; Mr A Furlong, Medical Director, and Mr M Traynor, Non-Executive Director.

The Trust Chairman welcomed Ms L Gale, Head of Financial Planning and Analysis and Mr J Jameson, Deputy Medical Director to the meeting, noting that they were attending on behalf of the Acting Chief Financial Officer and the Medical Director (respectively).

216/19 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

Mr A Johnson, Non-Executive Director declared his interest as Non-Executive Chair of Trust Group Holdings Ltd and the Trust Chairman declared his interest as a Board member of NHS Providers. With the agreement of the Board, the above Trust Board members remained present.

217/19 MINUTES

Resolved – that the Minutes of the 3 October 2019 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN****218/19 MATTERS ARISING FROM THE MINUTES**

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

219/19 KEY ISSUES FOR DISCUSSION/DECISION

219/19/1 Staff Story – Prince's Trust 'Get Into' Programme

The Director of People and Organisational Development introduced a revised version of paper C, providing an overview of the Prince's Trust 'Get Into Hospital Services' Programme which was held twice yearly at UHL. Detailed case studies were appended to the report describing the ways in which the Programme had helped to broaden the knowledge of three young people about roles within the NHS and provided them with opportunities to apply for employment in health and social care on the basis of the work experience and knowledge that they had gained by participating in the Programme. Ms J Watson, Executive from the Prince's Trust, Ms S King, Training and Development Manager and Ms R Wilde, Health Care Assistant attended the meeting for this item.

Ms Watson briefed the Trust Board on the wider work of the Prince's Trust which had been in existence for approximately 42 years, noting that the 'Get Into Programme' was one of the 8 core Programmes which aimed to support young people with securing employment following a 4 week course, noting that each young person was teamed up with a 'Buddy' during their placement at UHL. Upon completion of the course, the Trust celebrated their achievement and commended their voluntary contribution through a formal certificate award. The Programme was followed-up by a 6 month period of additional support in securing employment. The Training and Development Manager advised that the Prince's Trust was entering into a partnership with Health Education England which aimed to help 10,000 young people find work within the NHS.

Ms Wilde provided a verbal presentation describing her own participation in the 12th cohort of the Programme during March 2019 and her roles as a Prince's Trust Ambassador and a UHL Health Care Assistant. Before she had applied for the Programme, Ms Wilde was unemployed, depressed and completely lacking in motivation to seek employment. However, as soon as she had started her placement in the Outpatients Department at Leicester General Hospital, her perspective had changed and she had become motivated to seek work in the NHS as a Health Care Assistant. The course had provided her with the required skills for accessing the NHS Jobs website and submitting applications. Having submitted several applications without success, she had secured an interview at a HCA recruitment day and was advised one week later that she had been successful (having obtained one of the highest interview scores on the day). Ms Wilde was currently enjoying her role and she was being well-supported by the Ward Sister and the Ward Matron to continue to expand her skill base. In the next year, she was hoping to join the Nursing Associate Programme, with an aspiration to becoming a Registered General Nurse within the next 5 years.

Trust Board members thanked the presentation team for attending the meeting and for highlighting the significant value and benefits of the Prince's Trust Programme. In discussion on the staff story, members:-

- (a) commented on the life-long learning outcomes and commended the level of ambition that that the Programme had inspired in the case of Ms Wilde;
- (b) noted that the Chief Executive had attended many of the Prince's Trust award ceremonies, but he never failed to be inspired by the individuals involved and the impact of the Programme on their lives;
- (c) noted the importance of providing young people with confidence to progress their job applications and step over the threshold into paid employment in the context of a competitive job market;
- (d) noted that the NHS was a keystone employer for the Prince's Trust Programme and that the Programme had the capability of accessing hard to reach sectors of the employment market;
- (e) sought and received additional information about the scale of UHL's involvement in the Programme, noting that there were 2 cohorts per year, with each cohort consisting of 13 or 14 young people. One of the rate-limiting factors was the number of suitable placements and buddies, but the aim was to align the Prince's Trust Programme with the Apprenticeship Programme to increase the availability of spaces;
- (f) considered ways in which the Executive Team and the Clinical Management Groups (CMGs) could support the Prince's Trust Programme to increase the availability of spaces. In response, the Chief Operating Officer agreed to explore this further at the Performance Review Meetings with the CMGs;
- (g) commented upon the importance of value-based recruitment and the risk that excessive use of algorithms might prevent some valuable applicants from being interviewed;
- (h) discussed ways in which recruitment open days and careers events in schools could be harnessed to raise awareness of the variety of NHS careers. The Leicester and Leicestershire Healthwatch Representative offered her support in making a UHL recruitment video available to educational establishments (if required), and

COO

- (i) received a briefing from the Chief Nurse on the workstreams being planned to raise awareness of the nursing and midwifery roles, noting that 2020 had been designated as the International Year of the Nurse and the Midwife.

On behalf of the Trust Board, the Trust Chairman thanked the presentation team for attending, confirming UHL's desire to maintain this valued relationship with the Prince's Trust and an ambition to secure a proportion of the additional 10,000 young NHS employees in the future. He particularly thanked Ms Wilde for sharing her personal story and wished her well for her career aspirations in the NHS.

Resolved – that (A) the staff story relating to UHL's involvement in the Prince's Trust Programme be noted, and

(B) the Chief Operating Officer be requested to explore ways in which the CMGs could increase the availability of placements for the Prince's Trust Programme at the next round of CMG Performance Review Meetings.

COO

219/19/2

Chairman's Monthly Report – November 2019

In introducing his monthly report at paper D, the Chairman reflected upon the potential implications of the £450m capital allocation for UHL's Reconfiguration Programme, and the impact upon the local health and social care system and the local patient population. This capital investment would require additional focus on changes in leadership styles, culture, mindsets, behaviours, clinical processes and how patients interact with health services in future. He also drew the Trust Board's attention to the strategic risks related to workforce shortages and the need to identify innovative solutions to respond to these challenges. Amongst other engagements in the last month, the Chairman had engaged with over 50 of UHL's international nurses, attended the annual dinner organised by the Leicestershire Asian Doctors Association and attended a University of Leicester awards ceremony celebrating the academic achievements and contributions to teaching of UHL clinical staff. He also highlighted an opportunity to invite the new Chief People Officer at NHS Improvement to attend a future Trust Board thinking day session.

The Chairman briefed the Trust Board on the purdah rules surrounding the General Election on 12 December 2019 (as set out in the NHS Providers guidance note appended to paper D), noting the importance for staff to keep their personal views distinct. Finally, the Chairman announced that he had recently been reappointed by NHS Improvement as UHL's Chairman until the end of September 2022. On behalf of the Trust Board, the Chief Executive congratulated the Chairman on his reappointment, noting that this decision provided welcome stability within the Trust's structure.

In respect of the Reconfiguration Programme, the Chief Executive briefed the Trust Board on the proposed arrangements to implement a more unified planning process, advising that a substantive report would be presented to the December 2019 Trust Board meeting and that this report would set out the proposed resourcing of the project plan, noting the finite funding that would be made available in this area. He requested that a significant amount of time be allocated on the December 2019 Trust Board agenda for this discussion. Ms V Bailey, Non-Executive Director highlighted opportunities to regenerate the local economy in Leicester through the construction work associated with the Reconfiguration Programme, noting the benefits of economic stability and the mental health benefits of high employment amongst the local population. In response, the Director of Estates and Facilities advised that when he met with large construction companies, he would also be seeking information on their intended approach to addressing local skills shortages through appropriate use of training and development.

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

219/19/3

Chief Executive's Monthly Report – November 2019

The Chief Executive's November 2019 monthly update at paper E followed (by exception) the framework of the Trust's strategic objectives. The quality and performance dashboard was provided at appendix 1 and appendix 2 detailed the 6 new risks rated as 15 or above which had been entered onto the organisational risk register during the reporting period. The Chief Executive particularly drew members' attention to the following key issues and he responded to any comments and queries on each theme as they arose:-

- (1) a summary of the verbal feedback provided by the Care Quality Commission (CQC) following the Well Led Review held on 4 – 6 November 2019 and the prior 4 week programme of core service inspections. The draft CQC report was expected to be received on or around 11 December 2019 for checking of factual accuracy and the final report was likely to be available in the first or second week of January 2020. Overall, the proportion of positive feedback had been greater than the negative feedback, but it was not yet clear how this would translate into CQC ratings once the complex range of metrics were factored in. The Chief Executive thanked all of the staff who had participated in the inspections, noting that they had been well-prepared and helpful towards the inspectors;
- (2) progress with implementing the Trust's Quality Strategy, advising that a 'stock take' meeting was being held during week commencing 11 November 2019, with a specific focus on the key actions, culture and leadership development workstreams and the further work required to embed patient and public involvement;
- (3) UHL's Reconfiguration Programme, noting that the proposed project resourcing arrangements would be included in a report to the December 2019 Trust Board. The Chief Executive described the high level timetable for progressing the Pre Consultation Business Case (PCBC) with a view to commencing the formal consultation on 6 January 2020. The Director of Strategy and Communications briefed the Trust Board on recent developments relating to bed capacity assumptions, in line with activity growth. The final bed numbers would be reviewed and validated by an Executive Board within the next 2 weeks. Ms K Jenkins, Non-Executive Director commented upon the need for the Trust Board and Board Committees to spend a significant amount of time reviewing such assumptions when approving the business cases for the Reconfiguration Programme. In response, the Chief Executive advised that an alternative approach for these discussions was likely to be proposed. The Trust Chairman suggested that the governance aspects of the Reconfiguration Programme be included within the December 2019 Trust Board report, given the requirements for the Trust Board to ensure that the Programme was delivered on time and within budget. The Leicester and Leicestershire Healthwatch Representative requested that members of the public be kept informed on the proposed timetable for formal consultation on the PCBC;
- (4) the Trust's response to continued emergency care pressures and delays in ambulance handovers, advising that the additional winter bed capacity was being opened earlier than planned (where such beds could be safely staffed) and reductions in patient length of stay were being progressed to improve patient flows. In parallel, the A&E Delivery Board was continuing to focus on demand management initiatives and a pilot scheme to support continuing care in nursing homes had proved to be helpful. In specific discussion about urgent and emergency care performance, the following issues were raised:-
 - the arrangements for supporting staff who were coping with severe operational challenges. The Chief Operating Officer outlined a programme of additional measures for supporting the physical and mental well-being of staff during the winter period, and she agreed to share this programme with Trust Board members once it had been finalised with the Well-Being at Work Team. The Director of People and Organisational Development reported an 18% increase in the number of staff seeking counselling through the Well-Being at Work team, advising that a diagnostic workstream was currently taking place to inform the wider Well-Being at Work Programme;
 - the Chief Operating Officer outlined a 'Perfect Day' initiative to be held at the LRI on 20 November 2019 which aimed to remove blockages and problems in patient care as they occurred;
 - UHL's Emergency Department (ED) had recently received a 'Getting It Right First Time' (GIRFT) visit and the outputs of this review would be presented to a future meeting of the People, Process and Performance Committee (PPPC);
 - the Chief Nurse advised that the cleaning process for infected cubicles in ED had been reviewed and amended to include ultra-violet light treatment led by the Infection Control team. This process was noted to be more appropriate for ED cubicles than for general ward environments;
 - a point of care testing process for flu was being implemented in the ED to reduce any delays within the process for diagnosis;
 - the Chief Nurse provided assurance on safety metrics and safe staffing levels within the ED, noting that the IT system now provided a real-time view of staffing levels;
 - the Non-Executive Director Chair of the Quality and Outcomes Committee (QOC)

CEO

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COO

welcomed the assurance provided in respect of additional bed capacity and safe staffing levels. However, he queried progress with the specific workstream established to review the arrangements for outlying patients. In response, the Chief Nurse advised that the Director of Safety and Risk had met with the Clinical Director, ESM to agree proposals and a report was planned to be presented to the November 2019 meetings of the Executive Quality Board (EQB) and the Quality and Outcomes Committee (QOC). The Deputy Medical Director advised that the additional bed capacity being opened would reduce the need for outlying patients and improve efficiency and safety by keeping patients for each specialty together;

DSR/
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ESM

- assurance was provided that the East Midlands Ambulance Service (EMAS) was fully sighted to the challenges within ED and that they were engaged in capacity meetings and aware of escalations. Processes were in place to keep patients safe whilst they were waiting on ambulances, but every effort was being made to release ambulance teams more quickly;
- Ms V Bailey, Non-Executive Director requested additional information about system level planning in respect of community bed capacity and other interventions which might reduce admissions. She also queried whether an 'early warning' mechanism was in place to escalate any issues arising from the increased acuity of patients in nursing homes. In response, the Chief Executive briefed the Trust Board on the arrangements for redesigning the community model of care, which would incorporate packages of care and the arrangements for patients with multiple co-morbidities, and
- Mr A Johnson, Non-Executive Director commented upon the high level of ED attendances on 4 November 2019, noting that 850 patients was a record number of attendances. He noted the scope for cycle-time improvements in ED to create a 'bottle neck' in other wards and departments, noting the need for further analysis in this area. He also undertook to share with the Chief Operating Officer some information on 'day in the life' techniques which might be helpful.

AJ,
NED

- (5) the Quality and Performance Dashboard (provided at appendix 1), noting that each area of performance was now grouped under the new headings which were consistent with the CQC domains. The Chief Operating Officer drew members' attention to the proportion of quality and safety metrics which were performing well (eg diagnostic 6 week waits, 52 week waits, MRSA and single sex accommodation breaches) noting also that statutory and mandatory training and staff appraisal rates remained compliant;
- (6) UHL's Trainee Nurse Associate Programme which had been highly commended at the 6 November 2019 Health Service Journal Awards. The Trust Chairman paid tribute to this achievement, noting the significant contribution of Ms E Meldrum, Deputy Chief Nurse and her team and the valuable system-level working that had taken place between UHL, the DeMontfort University and the Leicestershire Partnership NHS Trust, and
- (7) the Board Assurance Framework (BAF) and Organisational Risk Register – the Non-Executive Director Audit Committee Chair requested further information regarding the significant changes that had taken place to the BAF during this reporting period (as set out in Section 6.3 of paper E). In response, the Chief Executive confirmed that all of the discussions had been considered in depth at the relevant Executive Boards, but he provided some additional narrative in respect of the following Principal Risks (PRs) and agreed that such narrative would be included within his report each time there was a significant change in the reported risk rating:-
- PR4 (failure to deliver the Quality Strategy to plan) – the risk score had been increased to 12 (moderate) from 8 to reflect delays in recruitment to key resources;
 - PR7 (relating to reconfiguration) had been fully refreshed and the new title was noted to be 'failure to deliver the Trust's site investment and reconfiguration programme within budget'. The current rating was 9 (moderate), and
 - PR9 (failure to meet the financial control total including through improved productivity) had reduced from 16 (high) to 12 (moderate) during September 2019.

CE/
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Resolved – that (A) the Chief Executive's monthly briefing report be received and noted as paper E;

(B) the Chief Operating Officer and the Director of People and Organisational Development be requested to share plans for supporting the physical and mental well-being of staff with Trust Board members outside the meeting (when available);

COO/
DPOD

- (C) a report on the ED GIRFT review be presented to the People, Process and Performance Committee (when available);** COO
- (D) the Director of Safety and Risk and the Clinical Director, ESM be requested to present a report on outlying patients to the Executive Quality Board and Quality Outcomes Committee in November 2019;** DSR
CD, ESM
- (E) Mr A Johnson, Non-Executive Director be requested to share with the Chief Operating Officer some information on the 'day in the life' techniques (outside the meeting), and** AJ, NED
- (F) the Chief Executive be requested to arrange for some additional narrative to be included in future iterations of the Chief Executive's briefing report whenever a significant change was made to the Principal Risk scores within the Trust's Board Assurance Framework.** CE/
DCLA

220/19 ITEMS FOR ASSURANCE

220/19/1 Reports from Board Committees

220/19/1.1 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair introduced paper F, summarising the issues discussed at the 24 October 2019 QOC, particularly highlighted the following key issues which were considered at that meeting: (a) the maternity safety update; (b) the update report received from the Deteriorating Adult Patient Board update; (c) the arrangements for reviewing the Trust's Outlying Patients Policy; and (d) the action plan update following the Getting It Right First Time (GIRFT) review of the Dermatology service.

The Trust Board was invited to approve the recommendation relating to the 7 Day Services Self-Assessment which was due for submission to NHS England by the 28 November 2019 deadline (as appended to paper F). In discussion on this item, the Deputy Medical Director briefed the Trust Board on recent changes in the mechanism for collating the data submission with a focused audit of compliance with Clinical Standard 2 (time to Consultant review) for General Surgery and the Clinical Decisions Unit (CDU). Discussion took place regarding the Cardiology care pathway and the challenges associated with meeting this Clinical Standard within the current configuration of services. The Non-Executive Director Audit Committee Chair sought and received additional information regarding the national drivers behind the selection of the Clinical Standards for 7 Day Services. Following discussion, the Trust Board approved the 7 Day Services Self-Assessment for submission to NHS England.

Resolved – that (A) the summary of issues discussed at the 24 October 2019 QOC be received noted as per paper K – Minutes to be submitted to the 7 November 2019 Trust Board, and

(B) the 7 Day Services Self-Assessment be approved for submission to NHS England by the deadline of 28 November 2019.

220/19/1.2 People Process and Performance Committee (PPPC)

The PPPC Non-Executive Director Chair introduced paper G, summarising the issues discussed at the 24 October 2019 PPPC, and seeking Trust Board approval for the 2 recommended items – the Equality, Diversity and Inclusion annual report 2018/19 and the Junior Doctors Guardian of Safe Working quarterly update (both appended to paper G). In discussion on the report, Trust Board members noted that the Trust's new Head of Equality, Diversity and Inclusion was due to commence in post on 11 November 2019. The Non-Executive Director Audit Committee Chair queried whether UHL was an outlier in any areas of its Workforce Race Equality Standards (WRES) data, noting in response that good progress was being made, but the formal survey results were not yet available to provide a comparison. The Chief Executive advised that UHL's ambition for the number of Black and Minority Ethnic Leaders at Band 8a and above was ahead of trajectory. The Trust Board approved the Equality, Diversity and Inclusion annual report 2018/19 and the Junior Doctors Guardian of Safe Working quarterly update as presented in the appendices to paper G.

DPOD

The PPPC Chair also highlighted some of the other key issues considered at that meeting, including

the Becoming the Best update, urgent and emergency care performance, a review of the relevant Principal Risks from the 2019/20 Board Assurance Framework and the discussion on cancer performance held during the joint section of the meeting with QOC members present. The Non-Executive Director Audit Committee Chair commended the concept of reviewing the Principal Risks at the QOC, PPPC and FIC meetings in October 2019, but she noted the need to develop a more consistent approach between these Committees. It was agreed that the Director of Corporate and Legal Affairs and the Audit Committee Chair would discuss this issue further (outside the meeting).

DCLA/
AC
Chair

In respect of cancer performance, the Chief Operating Officer provided assurance that an extensive harms review had been undertaken for any 104 day breaches and that no patient harm had been identified. She also advised that the right actions were being progressed to deliver the required transformation of services through the Cancer Strategy, noting good progress within the lung and gynaecology pathways. Staffing challenges within ENT, Oncology, and Urology were causing concern, especially within Urology where demand was outstripping capacity. Ms V Bailey, Non-Executive Director commented on the more positive aspects of cancer performance noting that the report (as presented) might create an overly negative public perception surrounding cancer performance. The PPPC Chair re-iterated that paper G was a summary of the key issues raised on the basis of exception reporting, and that the detailed Minutes were more likely to make reference to the more positive aspects of cancer performance.

Resolved – that (A) the summary of issues discussed at the 24 October 2019 PPPC be noted as per paper G – Minutes to be submitted to the 7 November 2019 Trust Board,

(B) the Equality, Diversity and Inclusion annual report 2018/19 and the Junior Doctors Guardian of Safe Working quarterly update be approved (as presented in the appendices to paper G), and

DPOD

(C) the Director of Corporate and Legal Affairs and the Non-Executive Director Audit Committee Chair be requested to discuss the arrangements for consistency when the Principal Risks were reviewed at the Board Committees.

DCLA/
AC
Chair

220/19/1.3 Finance and Investment Committee (FIC) and 2019/20 Financial Performance (August 2019)

The FIC Non-Executive Director Deputy Chair introduced paper H1, summarising the issues discussed at the 31 October 2019 FIC, highlighting the discussion on (a) month 6 financial performance; (b) the Capital Programme for 2019/20 and the Committee's awareness of the State of the Nation report and the fact that there was currently insufficient capital within the programme to address all of the known risks; (c) the development of the 5 Year Capital Programme for 2019-2024; (d) high level plans surrounding the Reconfiguration Programme, and (e) the Productivity Improvement Programme. There were no formal recommendations for Trust Board approval.

On behalf of the Acting Chief Financial Officer, the Head of Financial Planning and Analysis introduced paper H2, setting out the Trust's 2019/20 month 6 financial performance, which had been discussed in detail at the 31 October 2019 FIC. Financial performance for month 6 (September 2019) was in line with plan, with UHL having achieved a year to date deficit of £30.2m excluding central Provider Sustainability Funding, Financial Recovery Funding and Marginal Rate Emergency Tariff (£15.8m deficit including PSF/FRF/MRET, which was also in line with plan). She highlighted the key challenges in respect of emergency care activity pressures, the impact of the medical pay award on pay expenditure, CMG performance, Commissioner affordability, the requirement to deliver a balanced control total across the whole LLR System, and the financial impact of the 2018/19 External Audit considerations. Particular discussion took place regarding the additional support which was being provided to the 2 CMGs which were in 'special measures', release of contingency funding in line with plan, dialogue with NHSI/E on System-wide financial performance and contractual challenges with Commissioners.

Resolved – that (A) the summary of issues discussed at the 31 October 2019 FIC be noted as per paper H1 (no recommended items) – Minutes to be submitted to the 7 November 2019 Trust Board, and

(B) the 2019/20 month 6 financial performance be noted as paper H2.

220/19/2 Corporate Trustee Business

220/19/2.1 Charitable Funds Committee (CFC)

Resolved – that the 3 October 2019 CFC Minutes be received and noted by the Trust Board as Corporate Trustee, as per paper I (no recommended items).

221/19 ITEMS FOR NOTING

221/19/1 Declarations of Interest

Resolved – that the Declarations of Interest made by Mr V Karavadra, Associate Non-Executive Director be received and noted as paper J1.

221/19/2 Quarterly Sealings Report - June to September 2019

Resolved – that the quarterly sealings report for June to September 2019 be received and noted as paper J2

221/19/3 LLR System Leadership Team Minutes

Resolved – that the Minutes of the System Leadership Team meeting held on 19 September 2019 be noted as paper J3

221/19/4 Reports from Board Committees

221/19/4.1 Quality and Outcomes Committee (QOC)

Resolved – that the 26 September 2019 QOC Minutes be noted as per paper K1 (no recommended items).

221/19/4.2 People, Process and Performance Committee (PPPC)

Resolved – that the 26 September 2019 PPPC Minutes be noted as per paper K2 (no recommended items).

221/19/4.3 Finance and Investment Committee (FIC)

Resolved – that the 26 September 2019 FIC Minutes be noted as per paper K3 (no recommended items).

222/19 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following question was raised in respect of the business transacted at the meeting:-

- whether the Trust was planning to issue guidance to staff on the rules surrounding the forthcoming General Election, and a concern that an additional focus on the NHS might be used as a way of deflecting media attention from Brexit. In response, it was confirmed that specific guidance would be issued to all UHL staff, advising them of the need to differentiate between their professional and personal views and the need to avoid wearing uniforms in the event that they planned to participate in any political activities.

Resolved – that the position be noted.

223/19 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 224/19 to 231/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

224/19 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson, Non-Executive Director declared his interest as Non-Executive Chair of Trust Group

Holdings Ltd. Professor P Baker declared his interest in the item of business being considered under Minute 227/19/3 below (as the University of Leicester Pro-Vice-Chancellor and Head of the College of Life Sciences, Dean of Medicine). With the agreement of the Trust Board, they remained present.

225/19 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 3 October 2019 and 10 October 2019 Trust Board meetings (papers L1 and L2) be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

226/19 CONFIDENTIAL MATTERS ARISING REPORT

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

227/19 KEY ISSUES FOR DISCUSSION/DECISION

227/19/1 Confidential Reports from the Director of Strategy and Communications and the Acting Chief Financial Officer

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

227/19/2 Confidential Report from the Non-Executive Director Chair of TGH

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

227/19/3 Confidential Report from the Acting Chief Financial Officer

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

227/19/4 Confidential Report from the Director of Corporate and Legal Affairs

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.

228/19 ITEMS FOR ASSURANCE

228/19/1 Reports from Board Committees

228/19/1.1 Remuneration Committee

Resolved – that the Minutes of the 10 October 2019 Remuneration Committee be received and noted as paper Q1 (no recommended items).

228/19/1.2 Finance and Investment Committee (FIC)

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

228/19/2 Corporate Trustee Business

228/19/2.1 Charitable Funds Committee (CFC)

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.

229/19 ITEMS FOR NOTING

229/19/1 Reports from Board Committees

229/19/1.1 Quality and Outcomes Committee (QOC)

Resolved – that the confidential 26 September 2019 QOC Minutes be noted as per paper S1 (no recommended items).

229/19/1.2 Finance and Investment Committee (FIC)

Resolved – that the confidential 26 September 2019 FIC Minutes be noted as per paper S2 (no recommended items).

230/19 ANY OTHER BUSINESS

230/19/1 Verbal requests from Ms V Bailey, Non-Executive Director and 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.

230/19/2 Verbal request 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.

231/19 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 5 December 2019 from 9am in Seminar Rooms A and B, Education Centre, Leicester General Hospital.

The meeting closed at 1pm

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	11	11	100	C Fox	11	9	82
J Adler	11	9	82	A Furlong	11	9	82
C Benham (from 1.11.19)	1	0	0	K Jenkins	11	10	91
V Bailey	11	9	82	A Johnson	11	10	91
P Baker	11	6	55	B Patel	11	11	100
R Brown	11	9	82	M Traynor	11	9	82
I Crowe	11	9	82	P Traynor (until 31.10.19)	10	9	90

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	11	9	82	V Karavadra (from 5.9.19)	4	4	100
D Kerr	11	10	91	S Ward	11	11	100
H Kotecha	9	7	78	M Wightman	11	9	82
				H Wyton	11	9	82