

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 1 AUGUST 2019 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY****Voting Members present:**

Mr K Singh – Trust Chairman
 Ms V Bailey – Non Executive Director
 Professor P Baker – Non-Executive Director
 Ms R Brown – Chief Operating Officer and Acting Chief Executive
 Col (Ret'd) I Crowe – Non-Executive Director
 Ms C Fox – Chief Nurse
 Mr A Furlong – Medical Director (from part of Minute 161/19/1)
 Ms K Jenkins – Non-Executive Director
 Mr A Johnson – Non-Executive Director
 Mr B Patel – Non-Executive Director
 Mr M Traynor – Non-Executive Director
 Mr P Traynor – Chief Financial Officer

In attendance:

Mr A Carruthers – Acting Chief Information Officer
 Ms L Davies – Director of Leicester Hospitals Charity (for Minute 169/19/1)
 Ms J Dawson – Freedom to Speak Up Guardian (for Minute 162/19/2.2)
 Ms L Gale – Head of Financial Planning and Analysis (for Minute 169/19/2)
 Mr D Kerr – Director of Estates and Facilities
 Ms B Kotecha – Deputy Director of Learning and Organisational Development (on behalf of Ms H Wyton, Director of People and Organisational Development)
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Representative (up to and including Minute 164/19)
 Mr R Manton – Risk and Assurance Manager (for Minute 162/19/1)
 Ms K Rayns – Corporate and Committee Services Officer
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications

ACTION**157/19 APOLOGIES AND WELCOME**

Apologies for absence were received from Mr J Adler, Chief Executive and Ms H Wyton, Director of People and Organisational Development. The Trust Chairman welcomed Ms B Kotecha, Deputy Director of Learning and Organisational Development to the meeting, noting that she was attending on behalf of the Director of People and Organisational Development.

158/19 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.

159/19 MINUTES

Resolved – that, subject to a correction to the Chief Operating Officer's job title under Minute 144/19/3, the Minutes of the 4 July 2019 Trust Board meeting provided at paper A be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN****160/19 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the outstanding actions from the 4 July 2019 and previous Trust Board meetings. Ms V Bailey, Non-Executive Director confirmed that she had held a discussion with Professor P Baker, Non-Executive Director regarding item 1 (Minute 144/19/1 of 4 July 2019 refers), and this action could now be marked as complete.

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

161/19 KEY ISSUES FOR DISCUSSION/DECISION

161/19/1 Staff Story – UHL Improving Operational Performance Programme

The Deputy Director of Learning and Organisational Development introduced paper C, providing an overview of UHL's Improving Operational Performance (IOP) Programme which was implemented in April 2018 in order to support teams to become as effective and efficient as possible. The IOP Programme was fully funded through the Apprenticeship Levy and the training was provided on site by Complete Lean Solutions. Ms W Allibone, Matron in Outpatients and Ms J Dhillon, Point of Care Testing Manager from the Clinical Support and Imaging CMG attended the meeting to present a series of slides showcasing their achievements and experiences as part of the first cohort. Board members noted that they had now completed the programme and applied for their certificates. Additional learners had commenced the programme in October 2018 and they were due to complete the programme later in 2019.

In presenting her slides, Ms Allibone described the improvements that had been made in the dermatology clinic rooms by improving the storage of paperwork and equipment and re-organising the workspace for greater efficiency and effectiveness. She had applied the 5S tool (*Sort – Set in order – Sweep and shine – Standardise – Sustain*) to good effect, instigating a visual board to assist staff with remembering up to 40 clinic codes, and trialling an instant messaging solution to notify staff when a patient had arrived in clinic. The potential non-value added time savings associated with these improvements were estimated to be approximately 62 hours per week. One of the main drivers for the workstream had been to reduce the number of complaints from patients regarding clinic delays.

Ms Dhillon introduced some slides describing the process improvements that she had implemented in the area of blood glucose testing, having led a procurement exercise to introduce a new connected 'smart' meter, helping to reduce delays in locating the equipment and mitigate the risks surrounding, quality control testing and manual transcription of test results into patient notes. The indicative non-value added time savings equated to approximately 42 hours per week (based on an average of 9 patients per day each having 4 tests per day). Ms Dhillon had identified a future Lean proposal surrounding blood gas analyser consumables which would deliver reduced costs per test, standardise storage and implement a robust claims procedure for 'failed' consumables. Ms Dhillon had also been enrolled as an Improvement Agent as part of the Trust's Quality Strategy.

In discussion on the presentations, Trust Board members thanked Ms Allibone and Ms Dhillon for their presentations and their process improvement work, noting that the application of logical and simple Lean techniques had helped them to increase the amount of value-added staff time available and improve patient experience in parallel and it was helpful to hear how the improvements were linked back to the Quality Strategy, through the Improvement Agents network. The following additional comments and queries were raised:-

- (a) Ms V Bailey, Non-Executive Director noted her support of both projects, but highlighted the need to step back and review whether all outpatient clinic visits were necessary and (if so) whether this needed to take place in an acute hospital setting. The Director of Strategy and Communications responded by briefing the Trust Board on the wider review of outpatient service models and the use of technology to deliver patient facing services in a different way. The Leicester and Leicestershire Healthwatch representative noted the need to manage patients' expectations in this respect, noting that some of them travelled significant distances to attend clinics on UHL sites;
- (b) the Chief Financial Officer queried whether Ms Allibone and Ms Dhillon had encountered any barriers or frustrations as part of their improvement projects. In response, Ms Allibone noted that she had encountered some initial staff resistance as part of the cross-CMG work, but staff had soon been persuaded to engage in the project once they saw the benefits and potential savings that could be achieved. Ms Dhillon outlined some of the lessons she had learned relating to the procurement process and she highlighted the scope to capture this learning to prevent future delays in the process for seeking tenders, etc;
- (c) Ms K Jenkins, Non-Executive Director highlighted opportunities to roll out this improvement methodology to other areas within the Trust and she encouraged Trust Board members to be more challenging in this respect. In response, the Chief Operating Officer confirmed that the Executive Team was absolutely committed to delivering quality improvement workstreams and finding new ways of working that led to improved efficiency, effectiveness and patient experience, and

- (d) Mr A Johnson, Non-Executive Director sought and received additional information regarding the timescales for the projects showcased at today's meeting, noting opportunities to reduce the cycle-time of improvements and use cascade training techniques combined with the additional incentive created by visible progress.

Finally, the Trust Chairman thanked the presenters for bringing these issues to the Trust Board's attention via the quarterly presentation of a staff story. He noted the overall ambition for UHL to reach a point where all staff saw themselves as Improvement Agents and shared a common vision for improving the effectiveness and efficiency of UHL's services through the implementation of the Quality Strategy.

Resolved – that the staff story relating to UHL's Improving Operational Performance Programme and the Quality Improvement workstreams be received and noted.

161/19/2

Chairman's Monthly Report – August 2019

In introducing his monthly report at paper D, the Chairman advised that he had written to the parents of Krishan Saujani to thank them for attending the 4 July 2019 Trust Board meeting to discuss the loss of their son and for supporting the Trust with the appropriate learning to make continuous improvements in patient care through the implementation of the Trust's Quality Strategy.

The Chairman's monthly report encouraged the Trust Board to focus on UHL's current and future role within the STP and progress towards becoming an Integrated Care System (ICS), by considering the responses to 5 questions relating to (1) continuous quality improvement, (2) changes in mindsets and behaviours, (3) responses to rising demand in the context of greater efficiency and finite resources, (4) review of delivery models and opportunities to co-produce these with stakeholders, and (5) relationships with patients/service users and local communities. In discussion on these key questions, Trust Board members:-

- (a) noted the need to develop a common vision and objectives with other healthcare partners and explore opportunities to work differently together to reduce silo working and soften the boundaries between the separate pillars;
- (b) commented upon the challenges associated with creating headroom for such strategic developments within the context of significant operational pressures;
- (c) noted that the CQC inspection team would be attending the Trust Board meetings but expressed disappointment that no arrangements had yet been confirmed for them to attend meetings of UHL's Board Committees. Responding to this point, the Chief Nurse advised that the CQC team had been invited to consider attending other Committees as part of their exploratory work;
- (d) considered what barriers were preventing UHL from working more closely with other healthcare organisations, noting that some personnel and structural changes were currently taking place but there would be limited time for increasing the level of engagement to meet the target date for a shadow ICS by April 2021, and
- (e) received additional information from the Director of Strategy and Communications regarding examples of system-working that was taking place below Board level, such as the frailty workstreams, the pre-consultation business case and the development of a joint 5 year system-wide strategy. The Trust Chairman noted an opportunity to improve the way that such joint working initiatives were reported to the Trust Board to raise awareness.

DSC

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

(B) the Director of Strategy and Communications be requested to consider ways of improving the way that system-wide workstreams were reported to the Trust Board to increase awareness.

DSC

161/19/3

Chief Executive's Monthly Report – August 2019

Ms R Brown, Chief Operating Officer and Acting Chief Executive introduced paper E, providing the Chief Executive's August 2019 monthly update which followed (by exception) the framework of the Trust's strategic objectives. The attached quality and performance dashboard covered the core issues from the monthly quality and performance report. The full version of that report was accessible on the Trust's external website and featured as a hyperlink within paper E. Taking the

report as read, the Acting Chief Executive drew members' attention to the following issues:-

- (a) the summary of actions being taken to improve performance against the 4 hour emergency care standard (as set out in section 5 of paper E), and the longer-term actions that were taking place to address the shortfall in bed capacity to deliver sustainable improvements in performance. Regular reports on emergency care performance continued to be presented to the People, Process and Performance Committee;
- (b) two of the cancer standards had not been met (31 day treatment and 62 day treatment), but progress continued to be made and the number of breaches was showing a reducing trend. Improvements made in the lung and urology cancer pathways were now taking effect;
- (c) diagnostics performance and 52 week waits had remained compliant with the target for the last 10 months and 12 months (respectively);
- (d) infection prevention rates, and pressure ulcers remained within the threshold and there had been no same sex accommodation breaches for the last 3 months;
- (e) fractured neck of femur performance was compliant with the target for the 11th consecutive month;
- (f) stroke performance had recovered in May 2019 to achieve the target to treat 90% of stroke patients on a stroke unit;
- (g) staff appraisals and statutory and mandatory training both stood at 92%;
- (h) the Quality Strategy had been launched and was in the process of being rolled out – a detailed report on progress would be provided to the August 2019 Trust Board meeting;
- (i) NHS England/Improvement (NHSE/I) had provided their feedback on UHL's Operational Plan for 2019/20 and a copy of the letter was provided at appendix 2.

The Acting Chief Executive informed the Trust Board that a small fire had occurred on an unoccupied ward at the Leicester Royal Infirmary on Friday 30 July 2019. She commended the professional response of all staff involved, advising that patients from 7 potentially affected wards had been safely evacuated and returned to their wards following the all-clear. Some off-duty staff had come in from home to assist their teams with the evacuation process. A critical incident had been called but following the excellent support provided by the Fire Brigade, Police and Ambulance Service, the incident had been quickly stood down. A 'hot' debriefing session had been held straight after the incident and a further 'cold' debrief was planned to ensure that all of the learning from this incident was captured.

During discussion on the Chief Executive's report, Trust Board members:-

- (i) recorded their appreciation to all of the staff involved in the response to the fire;
- (ii) sought additional information about the cause of the fire, noting in response that an existing ward fridge had been re-plugged in for about 3 hours before the fire started, and that the Trust was in the process of safety-checking other fridges;
- (iii) queried the potential reasons why emergency care performance had been so challenged during the last 7 days, noting in response that patient acuity was higher than normal, especially amongst frail elderly patients. It was thought that the very hot weather was contributing to the position nationally, but Public Health officials were undertaking a 'deep-dive' analysis to verify this. Members noted that similar problems were being experienced in Nottinghamshire and Derbyshire and they expressed concern regarding the Trust's ability to sustain such high activity levels going into the winter period;
- (iv) highlighted the deteriorating trend with average cleanliness audit scores for very high risk areas (as set out in the quality and performance dashboard provided at appendix 1) seeking some further information to explain this deterioration. In response, the Director of Estates and Facilities advised that the deterioration had been attributed (in part) to the increased focus on catering and deep cleaning following CRO incidences, providing assurance that the trend for average cleanliness scores had improved again during July 2019. It was noted that further information was provided in the detailed quality and performance report and that the Quality and Outcomes Committee received regular reports on compliance with cleaning standards, and
- (v) the Trust Chairman noted the significance of the content of the NHSE/I letter provided at appendix 2, noting the need to revisit the issues raised at regular intervals during the remainder of the 2019/20 financial year.

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

The Chief Nurse introduced paper F providing an overview of the maternity staffing review, based on the results of the 2019 Birthrate Plus® acuity tool. Trust Board members noted that nursing and midwifery staffing levels were usually reviewed concurrently twice per year, but on this occasion the midwifery review had been delayed in order to take account of the Birthrate Plus® results. The recommended ratio of births to whole time equivalent midwife for UHL was 23.4 births to 1 midwife and UHL's current ratio stood at 27.6 births to 1 midwife. It was intended to address this shortfall using a phased approach. For the first stage, further investment was required to recruit 20 additional registered midwives and 10 midwifery support workers. This investment was expected to improve UHL's ratio to 25.8 births to 1 midwife.

The Chief Nurse provided assurance that a robust system and escalation process was in place to mitigate the impact of any staffing shortfalls using a collaborative and professional approach to deliver safe midwifery staffing. She also briefed the Trust Board on the development of the midwifery support worker role. Daily actions were in place to maintain safe staffing levels and regular reports were provided to the Executive Quality and Performance Board, and the Quality and Outcomes Committee. Following a successful recruitment campaign, the Trust was likely to fill all of the current midwife vacancies.

In discussion on the report, Board members:-

- (a) welcomed the outcome of the maternity staffing review, commenting upon the outcome of a recent peer review and noting that the quality and experience of maternity staffing was a key consideration alongside the total numbers. In response, the Chief Nurse concurred with this view, advising that UHL was fortunate to have a good balance of experienced staff and newly qualified midwives. Almost all of this year's DeMontfort University cohort had been recruited and a number of others had been recruited from other Universities;
- (b) commented upon the value of analysing benchmarking data with other centres;
- (c) noted the importance of mitigating clinical risks with a particular emphasis on the Strategic Reconfiguration Programme and the future arrangements for creating a single-site maternity service, and
- (d) considered the increased costs of delivering the service model set out in the paper and the scope to re-balance resources by making savings elsewhere. In response, the Trust Chairman re-confirmed the Trust's ambition to deliver high quality patient care within the funding envelope provided.

Resolved – that the briefing on the maternity staffing review be received and noted as paper F.

162/19 ITEMS FOR ASSURANCE

162/19/1 Integrated Risk Report and 2019/20 Board Assurance Framework (BAF)

The Director of Corporate and Legal Affairs introduced paper G, briefing the Trust Board on the process undertaken to develop the 2019/20 Board Assurance Framework (BAF) and providing the current position with each of the principal risks on the BAF. Mr R Manton, Risk and Assurance Manager attended the meeting for this discussion. He provided a short summary of the BAF development work, noting that this had been the subject of discussions at Trust Board thinking days, Executive Planning meetings, Executive Board meetings and the UHL Audit Committee, resulting in the finalised version which was provided at paper G. Assurance was provided that there was a robust and well-established process for the Executive Leads to review and update the risks for which they were the identified Risk Owner prior to the relevant Executive Board meeting. The Executive Boards would then test the effectiveness of the control measures and monitor progress of the mitigating actions. Reports on the BAF would be provided to each meeting of the Audit Committee and the Trust Board would review an updated version of the BAF on a quarterly basis.

The Non-Executive Director Audit Committee Chair noted the need for the Audit Committee and the Trust Board to receive assurance that the existing suites of mitigating controls/actions were being progressed appropriately. She also commented upon the next layer of assurance that would be required to demonstrate that the Trust was striving to implement improved controls which would (in turn) drive the residual risk ratings down even further. A general discussion took place regarding risk appetite and the lengths to which work-around solutions might start to become sub-optimal and more effective controls or preventative measures would become necessary to make best use of the

available resources.

The Trust Chairman invited Trust Board members' views as to whether the 11 principal risks set out in the BAF were agreed as the over-arching risks which UHL should focus upon for 2019/20. In the absence of any material comments, the Trust Board formally approved the content of the refreshed BAF for 2019/20.

Finally, the Trust Chairman sought and received an update on UHL's preparations for Brexit, noting (in response) that the Director of Corporate and Legal Affairs was the designated SRO for this workstream. There had been much preparatory activity undertaken during the early part of 2019, but the monthly Trust Board reports on this subject had been stood down in May 2019. In the light of recent political developments, it was now proposed to re-institute the monthly Trust Board reports, via the Chief Executive's Trust Board briefing. The Director of Corporate and Legal Affairs advised that further guidance on this subject was expected during August 2019 and the Trust would be expected to complete an updated self-assessment in September 2019.

DCLA

Resolved – that (A) the Integrated Risk Report and the content of the 2019/20 Board Assurance Framework be approved as paper G, and

(B) the Director of Corporate and Legal Affairs be requested to include monthly updates on UHL's preparations for Brexit within the Chief Executive's Trust Board briefing.

DCLA

162/19/2 Reports from Board Committees

162/19/2.1 Audit Committee

The Audit Committee Chair introduced paper H, providing the Minutes of the 5 July 2019 Audit Committee meeting and seeking Trust Board approval for the Annual Audit Letter 2018/19 (which was appended to the Minutes). The Annual Audit Letter was formally approved and particular discussion took place regarding the following items:-

CFO

- (a) data quality issues had affected UHL's Venus Thromboembolism (VTE) performance data within the UHL Quality Account for 2018/19. The Medical Director advised that this audit data had been extrapolated from a very small sample and that the manual process for VTE assessment had since been superseded by a mandatory electronic process which was working well. Recent performance had improved from 95% to 98.7%. This issue was being monitored by the Quality and Outcomes Committee;
- (b) the outputs of the estates infrastructure review had not yet been factored into UHL's IM&T business continuity and disaster recovery plans, but an update report on this issue was expected to be submitted to the September 2019 Audit Committee;
- (c) the Internal Auditors and the External Auditors had been requested to meet and agree areas where greater alignment could be achieved between their respective audit plans. Patient Experience was identified as a potential weakness in the 2019/20 Internal Audit Plan, but it was noted that the Quality and Outcomes Committee would be reviewing the existing arrangements and highlight any concerns to the Audit Committee, and
- (d) the Director of Corporate and Legal Affairs was working with the Local Counter Fraud Specialist to ensure that the governance arrangements and terms of reference for the Fraud Risk Group were suitable and sufficient.

Resolved – that the Minutes of the 5 July 2019 Audit Committee meeting be received and noted as paper H and the recommended item (Annual Audit Letter 2018/19) be approved.

CFO

162/19/2.2 Quality and Outcomes Committee (QOC)

The QOC Chair introduced paper I, summarising the key issues considered at the 25 July 2019 QOC and seeking Trust Board approval for the 2 recommended items (NHS Resolution maternity incentive scheme self-assessment and the Freedom to Speak Up Annual Report for 2018/19). Copies of these 2 reports were appended to the meeting summary for ease of reference. In respect of the maternity incentive scheme self-assessment, a comprehensive suite of assurance/evidence had been submitted to the July 2019 QOC meeting for each of the 10 Standards and QOC had been assured (as far as reasonably possible) that this evidence was sufficiently robust. The self-assessment was formally approved and the Chief Nurse recorded her thanks to the staff involved in gathering and presenting this evidence.

Ms J Dawson, UHL Freedom To Speak Up (F2SU) Guardian attended the meeting to support the discussion on the F2SU annual report for 2018/19, commenting upon the significant Corporate-level support that she received in her role as an externally-appointed designated full-time Guardian and advising that the Trust had recently been nominated for a Health Service Journal award for the Junior Doctors Gripe Tool. She also highlighted the value of her joint working arrangements with the Head of Chaplaincy and the Leicestershire Partnership NHS Trust F2SU Guardian. Ms V Bailey, Non-Executive Director requested that consideration be given to responding to the letter from the National F2SU Guardian, confirming the level of Corporate support that was provided to UHL's Guardian. The Trust Board formally approved the F2SU annual report for 2018/19.

DPOD

During a wider discussion on UHL's Freedom to Speak Up process assurance was provided that open channels of communication existed for Ms Dawson to liaise with any of the Executive Directors in respect of specific concerns and that regular dialogue was held (in advance) in respect of any key changes or initiatives that were likely to affect staff. It was noted that 'customer satisfaction' surveys were undertaken and that the majority of staff who had raised a concern would do so again. The Trust Chairman encouraged all Trust Board members to participate in UHL's reverse mentoring scheme, but the Audit Committee Non-Executive Director Chair queried whether this scheme was being made available to Board members from a BAME background. In response, it was noted that the scheme should be available to all Trust Board members (without any exclusions) and the Deputy Director of Learning and Organisational Development undertook to ensure that this was the case.

DDL0D

The QOC Chair also highlighted the following issues for the Trust Board's attention, noting that these reports were also appended to the QOC summary:-

- a) the final report on UHL's Oral and Maxillo-Facial Surgery (OMFS) Service which confirmed that all of the recommendations from the Royal College of Surgeons had been implemented (with the exception of those relating to trainees, as the Department did not currently have any trainees). The Task and Finish Group had been stood down following provision of significant assurance that the service had been turned around with appropriate staffing changes and robust reporting of patient outcomes. The surgical techniques which had contributed to a 50% flap failure rate were no longer used and an open and transparent dialogue had taken place with the patients adversely affected by this service. It was also noted that arrangements were being made to re-introduce higher surgical trainees with effect from September 2019, and
- b) the following 5 annual reports which had all been considered and approved at the July 2019 QOC:-
 - o Patient Experience annual report 2018/19;
 - o Infection Prevention annual report 2018/19;
 - o Dementia Strategy end of year report 2018/19;
 - o Safeguarding Children and Adults annual report 2018/19, and
 - o Learning disability annual report 2018/19.

Resolved – that (A) the summary of issues discussed at the 25 July 2019 QOC be noted as per paper I (and the 2 recommended items be approved) – Minutes to be submitted to the 5 September 2019 Trust Board;

CCSO

(B) the Director of People and Organisational Development be requested to respond to the National Freedom to Speak Up Guardian confirming the level of Corporate support that was provided to UHL's Freedom to Speak Up Guardian, and

DPOD

(C) the Deputy Director of Learning and Organisational Development be requested to ensure that UHL's reverse mentoring scheme was accessible to all Trust Board members (with no exclusions).

DDL0D

162/19/2.3 People Process and Performance Committee (PPPC)

The People, Process and Performance Committee Chair introduced paper J summarising the issues discussed at the 25 July 2019 PPPC, drawing members' attention to the Becoming the Best Culture and Leadership workstream, Urgent and Emergency Care Performance, Cancer Performance, and the national issue surrounding HMRC changes to lifetime and annual pension tax allowances. In discussion on this latter point, the Chief Operating Officer and the Medical Director briefed the Trust Board on the potential impact for UHL, noting that some very senior staff had been

declining to work additional voluntary shifts (above their contracted sessions) due to potentially high levels of taxation. To date, some 34 operating lists had been cancelled at UHL as a result of these staffing issues. A more detailed analysis of the potential impact was being undertaken and this would be presented to a future PPPC meeting.

DPOD/
COO

Resolved – that (A) the summary of issues discussed at the 25 July 2019 PPPC be noted as per paper J (no recommended items) – Minutes to be submitted to the 5 September 2019 Trust Board, and

(B) a report on the national changes in pension tax allowances and the corresponding impact upon UHL's activity plans be presented to a future PPPC meeting.

DPOD/
COO

162/19/2.4 Finance and Investment Committee (FIC) and 2019/20 Financial Performance (June 2019)

The Non-Executive Director FIC Chair introduced paper K providing a summary of the issues discussed at the 25 July 2019 FIC, noting that month 3 (June 2019) financial performance had remained broadly on target (as had the months of April and May 2019). The Trust continued to focus on (a) modelling the impact of the issues raised in the Annual Audit Letter for 2018/19, (b) developing a balanced capital programme for 2019/20 and for the subsequent 5 years, and (c) mitigating the impact of the additional £3m CIP target for 2019/20 as required by NHS Improvement/NHS England (NHSI/E) following the adjustment made to the 2018/19 Statutory Accounts.

The Chief Financial Officer presented paper K1, setting out the Trust's Month 3 2019/20 financial performance, which had been discussed in detail at the 25 July 2019 Finance and Investment Committee meeting. Financial performance for month 3 (June 2019) remained on target and financial performance for quarter 1 was in line with plan (£10.7m deficit including central Provider Sustainability Funding, Financial Recovery Funding and Marginal Rate Emergency Tariff). This was partly due to the increased alignment between actual pay expenditure and funded establishment. Performance against the Cost Improvement Programme (CIP) was £0.3m favourable to plan and it was expected that the full year target of £26.6m would be delivered.

The Chief Financial Officer highlighted the key risks associated with the unmitigated forecast which were being driven by CMG performance and ability to deliver their year-end control totals, capacity pressures, the additional improvement requested by NHSI/E, and the potential cost pressures from applying the recommendations in the 2018/19 Audit Findings Report. Other risks included the phasing of the CIP target, unpredictable winter activity levels and system-wide collaboration with Commissioners. Discussion took place regarding CMG performance for the year-to-date and the Chief Operating Officer advised that a series of Performance Review Meetings had been scheduled with each CMG to review their forecast outturn and any areas of potential variance to plan.

Resolved – that the summary of issues and month 3 financial performance report discussed at the 25 July 2019 FIC be noted as papers K and K1 (no recommended items) – Minutes to be submitted to the 5 September 2019 Trust Board.

162/19/3 Corporate Trustee Business

162/19/3.1 Charitable Funds Committee (CFC)

Resolved – that the Minutes of the 6 June 2019 CFC be noted as per paper L (no recommended items).

163/19 ITEMS FOR NOTING

163/19/1 LLR System Leadership Team Minutes

Resolved – that the Minutes of the System Leadership Team meeting held on 20 June 2019 be received and noted as paper M.

163/19/2 Sealings Report for Quarter 1 2018/19

Resolved – that the Minutes quarterly sealings report for 1 April 2019 to 30 June 2019 be received and noted as paper N.

163/19/3 Reports from Board Committees

163/19/3.1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 27 June 2019 QOC be received and noted as per paper O1 (the 4 recommended items having been approved at the 4 July 2019 Trust Board).

163/19/3.2 People, Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 27 June 2019 PPPC be received and noted as per paper O2 (the 2 recommended items having been approved at the 4 July 2019 Trust Board).

163/19/3.3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 27 June 2019 FIC be received and noted as per paper O3 (the recommended item having been approved at the 4 July 2019 Trust Board).

164/19 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

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

165/19 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 166/19 to 171/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

166/19 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Chief Financial Officer and Mr A Johnson, Non-Executive Director declared their respective interests as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd and Mr M Traynor, Non-Executive Director declared his role with the Cabinet Office as Small Business Crown Representative. With the agreement of the Trust Board, they remained present.

167/19 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the Trust Board meeting held on 4 July 2019 (paper P) be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

168/19 CONFIDENTIAL MATTERS ARISING REPORT

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

169/19 KEY ISSUES FOR DISCUSSION/DECISION

169/19/1 Confidential 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 would be prejudicial to the effective conduct of public affairs.

169/19/2 Confidential Report from the Chief Financial Officer

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

170/19 ITEMS FOR ASSURANCE

170/19/1 Reports from Board Committees

170/19/1.1 Audit Committee

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.

170/19/1.2 Finance and Investment Committee (FIC)

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

170/19/1.3 Remuneration Committee

Resolved – that the Minutes of the Remuneration Committee meetings held on 4 and 11 July 2019 be received and noted as papers T3 and T4.

170/19/2 Corporate Trustee Business

170/19/2.1 Charitable Funds Committee (CFC)

Resolved – that the confidential Minutes of the 6 June 2019 CFC meeting be received and noted as paper U.

171/19 ITEMS FOR NOTING

171/19/1 Reports from Board Committees

171/19/1.1 Quality and Outcomes Committee (QOC)

Resolved – that the confidential 27 June 2019 QOC Minutes be noted as paper V1 (no recommended items).

171/19/1.2 People, Process and Performance Committee (PPPC)

Resolved – that the confidential 27 June 2019 PPPC Minutes be noted as paper V2 (no recommended items).

171/19/1.3 Finance and Investment Committee (FIC)

Resolved – that the confidential 27 June 2019 FIC Minutes be noted as paper V3 (no recommended items).

172/19 ANY OTHER BUSINESS

172/19/1 Secret Garden at Glenfield Hospital

Col (Ret'd) I Crowe and Mr B Patel, Non-Executive Directors reported verbally, briefing the Trust Board on the development of the 'Secret Garden' project at Glenfield Hospital which had recently featured in a Channel 5 television programme. They both commended this project, noting the opportunities that it would provide for future patient benefit and the Trust Board recorded its appreciation to all the staff involved in this project.

Resolved – that the verbal report on the 'Secret Garden' project at Glenfield Hospital be noted.

172/19/2 Junior Doctors Court of Appeal Ruling

Col (Ret'd) I Crowe, Non-Executive Director highlighted some recent media coverage of a Court of Appeal ruling relating to Junior Doctors' rest breaks and he queried whether UHL might have some exposure in this area. In response, the Medical Director confirmed that the position was under

DPOD

review and that a report on this issue would be presented to a future People, Process and Performance Committee (PPPC) meeting.

Resolved – that a report on UHL’s potential exposure in relation to Junior Doctor break times and the Derby test case be presented to a future PPPC meeting. DPOD

172/19/3 Becoming the Best

The Director of Strategy and Communications showed Trust Board members one of the ‘Becoming the Best’ booklets, which described what the Trust was seeking to achieve through the Quality Strategy, in terms of improving the delivery of safe and sustainable services. He encouraged members to take copies of this booklet at the end of the meeting and to use this as a starting point for engaging with stakeholders and networks in their day to day interactions.

Resolved – that the verbal information regarding the ‘Becoming the Best’ booklets be noted.

173/19 **DATE OF NEXT TRUST BOARD MEETING**

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

The meeting closed at 1.16pm

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

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

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	7	7	100	A Furlong	7	7	100
J Adler	7	5	72	K Jenkins	7	6	86
V Bailey	7	5	72	A Johnson	7	6	86
P Baker	7	3	43	B Patel	7	7	100
R Brown	7	5	72	M Traynor	7	6	86
I Crowe	7	7	100	P Traynor	7	6	86
C Fox	7	6	86				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	7	6	86	S Ward	7	7	100
D Kerr	7	6	86	M Wightman	7	6	86
H Kotecha	6	5	83	H Wyton	7	5	72