

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 5 MARCH 2020 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
 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
 Mr S Lazarus – Interim Chief Financial Officer
 Mr B Patel – Non-Executive Director
 Mr M Traynor – Non-Executive Director

In attendance:

Mr A Carruthers – Chief Information Officer
 Mr D Cordon – Chief Audiologist (for Minute 55/20/1)
 Mr V Karavadra – Associate Non-Executive Director
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Representative (up to and including Minute 58/20)
 Mr D Kerr – Director of Estates and Facilities
 Ms H Leatham – Assistant Chief Nurse (for Minute 55/20/1)
 Ms E Morgan-Jones – Head of Audiology (for Minute 55/20/1)
 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
 Ms H Wyton – Director of People and Organisational Development

ACTION**51/20 APOLOGIES AND ANNOUNCEMENTS**

Apologies for absence were received from Mr J Adler, Chief Executive and Mr M Traynor, Non-Executive Director.

The Trust Chairman announced that Mr A Carruthers, Acting Chief Information Officer had recently been appointed as UHL's substantive Chief Information Officer. He also reminded members of Board meeting etiquette, requesting that mobile phones be turned to silent and that the presenters of each report restricted their introductory comments to a maximum of 5 minutes (excluding the patient story).

52/20 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

Mr A Johnson, Non-Executive Director and Mr S Lazarus, Interim Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively) and, with the agreement of the Board, they remained present.

53/20 MINUTES

Resolved – that the Minutes of the 6 February 2020 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN****54/20 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of progress against matters arising from the 6 February 2020 and previous Trust Board meetings. Particular discussion took place regarding the following entries:-

- Item 1 (Minute 38/20/1 of 6 February 2020 refers) – the Medical Director confirmed that a Trust-wide communication had been circulated to highlight the importance of not using a syringe for

drawing bloods. It was agreed that this action could now be marked as complete and removed from the progress log, and

- Item 14 (Minute 195/19/3 of 3 October 2019 refers) – Trust Board members noted that the proposed governance arrangements for delivering UHL’s Reconfiguration Programme would now be presented to the April 2020 Trust Board thinking day.

Resolved – that the Trust Board matters arising log be received as paper B and the additional verbal updates be noted.

55/20 KEY ISSUES FOR DISCUSSION/DECISION

55/20/1 Patient Story – Leicester Hearing Service

The Chief Nurse introduced paper C, advising that each month the Trust Board focused on either a patient or a staff story and that this process helped to enhance the Trust Board’s understanding of key issues from a patient’s or a staff member’s perspective which helped to inform future decision making. This particular story featured a short video describing the personal experiences of a UHL patient, Ms G Jillet, and the care she had received from the Leicester Hearing Service. Ms H Leatham, Assistant Chief Nurse, Mr D Cordon, Chief Audiologist and Ms E Morgan-Jones, Head of Audiology attended the meeting alongside Ms Jillet for this item.

The video was played to the Trust Board in which Ms Jillet provided her own account of her childhood experiences with hearing loss and her transition into adult services. Following an attack of vertigo, and a further deterioration in hearing she had been re-referred to Leicester’s Hearing Service and provided with stronger hearing aids. However, she was still struggling to cope with daily challenges surrounding her hearing impairment and she suffered from constant ‘musical hallucinations’ which she was not able to control. A detailed scan had revealed a deterioration in her cochlea and a two-way conversation had been held about opportunities for her to receive a cochlea implant as a patient at the Nottingham Implant Centre. This procedure had been undertaken successfully and it was followed by a four-week period of not being able to use hearing aids at all. At the end of the four-week period when the implant had been turned on and she could hear again, Ms Jillet had likened her experience to that of ‘being re-born’. Post-surgery, Ms Jillet still had some difficulties hearing on the telephone and she had not been able to resume singing (due to an inability to judge pitch), but overall she had received exceptional patient care and she was very grateful for the continued support of the staff who worked at the Leicester Hearing Service.

Following the video, the Chief Audiologist provided an overview of the service, which delivered in excess of 40,000 episodes of patient care each year. He provided an insight into how lonely some patients felt when they were struggling with hearing loss and how they started to withdraw as they found social interactions more stressful and tiring. This (in turn) had the potential to lead to mental health issues developing. In addition to hearing loss, the service also provided ongoing support to patients with balance conditions and management of tinnitus. They actively promoted awareness of deafness and trained UHL Hearing Champions as part of the Trust-wide Listening into Action work stream ‘Be a Hearing Aid’.

In discussion on the patient story, Trust Board members thanked Ms Jillet for taking the time to record the video and attend today’s meeting to highlight her experiences of the Leicester Hearing Service and the Nottingham Implant Centre. The following comments and queries were raised about the themes highlighted by this patient story:-

- (a) the Chief Operating Officer noted that it was heartening to hear such a ‘good news’ patient story, noting that she was proud to learn about the excellent care that Ms Jillet had received on her patient journey between UHL and Nottingham;
- (b) Ms V Bailey, Non-Executive Director sought additional information about the impact of private sector providers in the community who offered hearing tests, and how UHL’s service could interact with private sector providers. In response, the Chief Audiologist advised that some patients waited for up to 10 years before they decided to take any action about their hearing loss, so any means of escalating issues at an earlier stage were welcome. However, there were issues relating to the variability in the cost and quality of service, which patients would be able to judge for themselves, prior to seeking an NHS referral (where appropriate);
- (c) Col (Ret’d) I Crowe, Non-Executive Director Chair of the Quality and Outcomes Committee sought additional information regarding waiting times and coverage of services out in the

community. In response, it was noted that the service was generally compliant with the 6 week standard for diagnostics and the 18 weeks standard for referral to treatment. The service currently operated 15 clinics, covering a wide range of geographical areas across Leicester, Leicestershire and Rutland, and they were keen to expand the number of clinics, if further suitable venues could be identified;

- (d) the Trust Chairman noted how impressed he had been with this pioneering service when he had visited them some two years earlier and he encouraged Board members to visit the service themselves, and
- (e) Ms K Jenkins, Non-Executive Director Chair of the Audit Committee commended the services provided by the Leicester Hearing Services, particularly for recognising the impact of tinnitus upon people's lives and for the provision of timely (and free) access to hearing services, including provision of batteries for hearing aids.

In summary, the Trust Chairman invited any closing comments from the Head of Audiology, who advised that she felt privileged to work as part of a well-performing patient-centred team. He thanked Ms Jillet and the presentation team for attending today's meeting to support the Trust Board's organisational learning in respect of 'lived' patient experiences.

Resolved – that (A) the Patient Story relating to patient experiences within the Leicester Hearing Service be received and noted, and

(B) Trust Board members be invited to consider visiting the Leicester Hearing Service as part of the Trust Board's programme of Leadership Walkabouts.

**TB
members**

55/20/2

Chairman's Monthly Report – March 2020

In introducing his monthly report at paper D, the Chairman drew the Trust Board's attention to key issues surrounding (a) UHL's role and that of LLR Healthcare Partners in addressing healthcare disparities between different geographical areas, cohorts of populations, life styles and opportunities, and physical and social environments; (b) the future development of statutory provision for system framework governance and Integrated Care Systems, and (c) the need to start questioning traditional assumptions and practices in how service provision is delivered to ensure maximum efficiency and effectiveness going forwards. Despite recent successes with the award of the £450m Reconfiguration Capital funding and the 'good' CQC rating, the Chairman expressed his disappointment that the Trust continued to face challenges relating to finances, workforce risks and some aspects of operational performance, as highlighted in a number of the reports which featured on today's Trust Board agenda.

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

- (1) the Chief Nurse highlighted progress with the national drive to recruit 50,000 more nurses in England, advising that detailed national and regional proposals were being worked up and that she would be influencing this work as the nominated representative for the East Midlands region;
- (2) the Chairman also drew members' attention to today's publication of the National Audit Office report on the NHS Nursing Workforce;
- (3) Professor P Baker, Non-Executive Director and Dean of the Medical School reported a significant increase in the number of local applications for nursing courses;
- (4) Mr A Johnson, Non-Executive Director Chair of the People, Process and Performance Committee commented upon a strategic point in relation to NHS spending as a percentage of Gross Domestic Product, advising that the Ten Year Plan attempted to tackle this but until Government Policy changed, these continued funding constraints would not allow everything to be delivered. The Chairman suggested that this theme be considered at a future Trust Board thinking day, rather than pursuing it now;
- (5) the Chairman provided his view that the current NHS resources were focused in the right areas of demand (eg addressing imbalances within organ donation services) including strategic planning with a greater emphasis on measuring outcomes and prioritising use of resources to ensure equity of access to healthcare services;
- (6) the Director of Strategy and Communications advised that the first meeting of the LLR NHS Executive (which had replaced the System Leadership Team) had been held on 4 March 2020. This group had discussed the need to develop a single LLR performance report providing an overview of key performance issues, and
- (7) Ms V Bailey, Non-Executive Director reminded Board members of her declaration of interest in

relation to her Health and Well-Being Consultancy work. With reference to the Institute of Health Equity's Coventry Marmot City Evaluation, she commented upon the potential scope for UHL to gather transferable organisational learning for Acute Trusts arising from the work undertaken in Coventry to address health inequalities. The Chairman supported Ms Bailey's point and suggested that it might be helpful to invite an external speaker from Coventry to a future Trust Board thinking day to give some insight into the key learning points from an Acute Provider perspective.

Resolved – that (A) the Chairman's March 2020 report be received and noted as paper D, and (B) consideration be given to inviting a speaker from Coventry to attend a future Trust Board thinking day on the theme of addressing health inequalities from an Acute health provider perspective.

Chairman

55/20/3

Chief Executive's Monthly Report – March 2020

Ms R Brown, Chief Operating Officer and Acting Chief Executive introduced the Chief Executive's March 2020 monthly update provided at paper E which followed (by exception) the framework of the Trust's strategic objectives. The quality and performance dashboard was provided at appendix 1, the month 10 quality and performance report was available on the Trust's public website and hyperlinked within the report, and key data arising from the 2019 National Staff Survey was provided at appendix 2. In presenting the report, the Acting Chief Executive drew members' attention to the following key issues:-

- (1) the significant statistical improvements demonstrated by the data arising from the 2019 National Staff Survey, commending the underlying work that had been taking place over the last 12 to 18 months and confirming that the Trust would be continuing on this journey to further improve future staff survey results;
- (2) continued challenges in respect of urgent and emergency care performance. February 2020 data had demonstrated a slight improvement, but ambulance handover delays were still causing some concern and the ambulance escalation area was not working as well as it had previously been hoped. Revised national planning guidance was expected to result in changes to the 2020/21 Annual Operational Plan, with additional capacity wards being kept open and the development of an enhanced medical model going forwards. Resource requirements would be identified on a worst case scenario basis and these would be embedded into the budgets for 2020/21. Further information on this approach was planned to be shared at the Trust Board thinking day on 12 March 2020, and
- (3) section 7 of paper E detailed UHL's arrangements for managing the outbreak of Coronavirus Disease 2019 (COVID-19). The Acting Chief Executive briefed the Trust Board on the increasing number of cases in England and the flexible approach that was being maintained during the 'containment' stage to support home-testing or testing in one of the three local 'isolation pods' (located on the LRI site, at Hinckley and at Loughborough). Any patients testing positively for COVID-19 would be isolated in an acute hospital setting. UHL was well-positioned to support the national approach, with having a dedicated infectious diseases unit and a well-established ECMO service. Further modelling would be taking place over the next 7 days to inform the organisational planning process, but in the meantime the Trust had established command and control, strategic, tactical and operational groups to respond to the situation as it evolved to ensure that all patients were treated in the best and safest way possible. Business continuity plans would be shared with the Trust Board once the modelling work had been completed. Without pre-empting the detailed modelling, the Acting Chief Executive confirmed that UHL would be planning for a significant reduction in staff and would be looking to implement creative ways to support staff through flexible shifts/working patterns and provision of child-care facilities. Weekly staff communications bulletins were being issued and the frequency of these would be increased as and when it became necessary.

COO

COO

In discussion on the Chief Executive's monthly update, Trust Board members commented on the following aspects of the report:-

- (a) the Director of People and Organisational Development briefed Board members on proposed changes to the Staff Survey questions for 2020. Professor P Baker, Non-Executive Director and Dean of the Medical School commented upon the value of the NHS Staff Survey historical

trend analysis data which had been built up over a period of many years. Discussion also took place regarding the delayed publication of the NHS People Plan which was now expected in either April or May 2020;

- (b) Ms V Bailey, Non-Executive Director commended the continued good progress of the Reconfiguration Programme, noting that the Pre-Consultation Business Case (PCBC) had now been recommended for the final stage of national approval, the Delivery, Quality and Performance Committees in Common (DQPCiC). In respect of the COVID-19 outbreak, Ms Bailey highlighted the need to focus on post-recovery actions at an early stage to prepare for the 'recovery' phase; **COO**
- (c) Mr A Johnson, Non-Executive Director Chair of the People, Process and Performance Committee highlighted: (i) the need to celebrate the Trust's achievement of a 'good' CQC rating with staff, not forgetting the remarkable nature of this achievement within the current context of operational and financial pressures, suggesting that a celebration event should be planned in the near future. The Trust Chairman supported this point, noting the need to sustain this CQC rating and build upon it to achieve UHL's ambition of securing an 'outstanding' CQC rating, and (ii) the need for everyone to observe enhanced hand-hygiene regimes and he queried the scope to provide additional alcohol hand sanitiser dispensers at the entrance to all buildings and within meeting rooms. The Chief Nurse responded that she would feed Mr Johnson's points into the COVID-19 tactical group, also reminding Board members that soap and water provided an effective solution and it was important to moisturise hands as well; **CN/MD**
CN
- (d) the Chief Nurse invited Board members to consider whether all face-to-face meetings were essential during the COVID-19 outbreak. Professor P Baker, Non-Executive Director and Dean of the Medical School concurred with the Chief Nurse's view, highlighting opportunities to hold virtual meetings as a more intelligent solution. The Chief Operating Officer had already asked the Director of Corporate and Legal Affairs to explore the governance requirements surrounding alternative meeting solutions. The Chief Information Officer confirmed that plans were already being developed to increase the use of technology to hold on-line meetings and expand the level of home working. Arrangements were being made to bring forward the timescales associated with these plans; **DCLA**
CIO
- (e) in further discussion about alcohol hand-sanitiser, the Interim Chief Financial Officer relayed an observation about staff and public expectation that dispensers should be provided at every hospital entrance and in all public areas of the hospitals (such as restaurants) in order to protect patients and public as far as reasonably possible. In response, the Chief Nurse and the Acting Chief Executive highlighted potential issues with unattended dispensers being stolen (due to a lack of availability in the shops), and the frequency with which some dispensers might need to be replenished in areas with a particularly high footfall (noting that an empty dispenser would convey a poor message to staff and public alike);
- (f) Col (Ret'd) I Crowe, Non-Executive Director Chair of the Quality and Outcomes Committee raised the following points: (i) expressing concern about the challenges surrounding cancer performance, noting that the existing action plan didn't appear to be 'moving the needle' sufficiently, and (ii) highlighting the potential impact of the COVID-19 outbreak upon the consultation timescales for UHL's Reconfiguration Programme. In response to Col (Ret'd) Crowe's comments on cancer performance, the Chief Operating Officer briefed the Trust Board on the 'fresh eyes' approach being led by Ms F Lennon, Deputy Chief Operating Officer and highlighted the successful implementation of the Optimal Lung Pathway which had driven the recent improvement in UHL's lung cancer performance (which was now in the upper quartile nationally). She also commented on the adverse impact of activity increases in a small number of services, providing assurance that these services were receiving additional external support (where required), and
- (g) Ms K Jenkins, Non-Executive Director Chair of the Audit Committee highlighted some examples of business continuity best practice arrangements being made by other organisations in the light of the COVID-19 outbreak. These included (i) formal 'call trees' for disseminating information, (ii) physical testing of home working facilities, (iii) a clear delegation matrix for decision making in the event that key staff were away ill, and (iv) guidance on who staff should contact if they are ill and their line manager **was** not at work. Ms Jenkins also raised a question about UHL's performance with statutory and mandatory training and staff appraisals. In response, the Director of People and Organisational Development advised that the full year 2019/20 target for

statutory and mandatory training was not now expected to be achieved, partly due to low take-up of the cyber security e-learning package. Ms Jenkins requested that a plan to deliver these targets in 2020/21 be presented to a future meeting of the People, Process and Performance Committee.

DPOD

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

(B) the Chief Operating Officer be requested to:-

- (i) provide a briefing on changes to operational planning process for 2020/21 re additional capacity wards and the enhanced medical model at the Trust Board thinking day on 12 March 2020;
- (ii) share business continuity plans with Trust Board members, once the COVID-19 modelling work had been completed;
- (iii) arrange for post COVID-19 recovery plans to be considered at an early stage in preparation for the recovery phase;

COO

COO

COO

(C) the Chief Nurse and Medical Director be requested to explore the scope to hold a celebration event to recognise the efforts of staff which had contributed to UHL’s ‘good’ CQC rating;

CN/MD

(D) the Chief Nurse be requested to provide feedback to the COVID-19 tactical group re: the comments raised at today’s meeting about the availability of hand sanitiser;

CN

(E) the Director of Corporate and Legal Affairs be requested to explore the governance requirements surrounding virtual and on-line meetings as a potential alternative to public Board meetings during the COVID-19 outbreak, and

DCLA

(F) the Chief Information Officer be requested to accelerate the timescales associated with technological solutions for on-line meetings and expanded use of home-working.

CIO

55/20/4

Trust Board Committee Governance

The Trust Chairman introduced paper F, seeking Trust Board approval of the proposed new Chairs and Vice-Chairs of the Board Committees (as set out in the table below). These proposed changes had been the subject of discussions between the Chairman and the Non-Executive Directors:-

Board Committee	Chair	Vice-Chair
Audit Committee	Ms K Jenkins*	Col (Ret’d) I Crowe*
Charitable Funds Committee (CFC)	Mr B Patel*	Mr A Johnson*
Finance and Investment Committee (FIC)	Mr A Johnson	Mr M Traynor
People, Process and Performance Committee (PPPC)	Col (Ret’d) I Crowe	Mr B Patel
Quality and Outcomes Committee (QOC)	Ms V Bailey	Prof P Baker
Remuneration Committee	Mr K Singh*	Mr M Traynor*

**denotes no change*

The proposed changes were approved for implementation with immediate effect and the Trust Chairman recorded his appreciation to Mr M Traynor, Mr A Johnson, and Col (Ret’d) I Crowe for their significant contributions in chairing FIC, PPC and QOC (respectively). He also thanked Ms K Jenkins and Mr B Patel for remaining in their roles as Chairs of the Audit Committee and CFC (respectively) and he welcomed Ms V Bailey and Professor P Baker to their new roles as Chair and Vice-Chair of QOC (respectively).

DCLA

Resolved – that the proposed changes to the Chairs and Vice-Chairs of UHL’s Board Committees be approved (as set out in paper F and the above table) for immediate implementation.

DCLA

56/20

ITEMS FOR ASSURANCE

56/20/1

Reports from Board Committees

56/20/1.1

Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair introduced paper G, summarising the issues discussed at the 27 February 2020 QOC, noting that there was one formal recommendation for the Trust Board's approval – the Learning from Deaths quarterly report – which was also appended to the summary. He invited the Medical Director to provide a short overview of the salient points from the report. Board members noted that UHL's Summary Hospital Mortality Index (SHMI) had further reduced to 96 for the 12 month period October 2018 to September 2019 and the Hospital Standardised Mortality Ratio (HSMR) stood at 95. The Medical Examiner process was demonstrating strong performance with 98% of adult deaths in quarters 1 to 3 having been screened. The Medical Director also advised that the reporting template had been refreshed to identify any additional learning points. QOC had also reviewed maternity safety data and retrospective perinatal mortality statistics (which were reported 2 years behind). A focused piece of work was being undertaken to review a small cluster of perinatal mortality and a report was due to be presented to the Mortality Review Committee once this work was complete. The Trust Board approved the Learning from Deaths quarterly report as appended to paper G.

The QOC Non-Executive Director Chair also highlighted the Committee's discussion on Emergency Department (ED) checklists (as referred to QOC following the Audit Committee's consideration of the recent 'medium risk' Internal Audit review). An electronic solution for ED checklists was due to be implemented in May 2020 and a further report would be presented to QOC in June or July 2020 to monitor progress with the implementation arrangements.

In discussion on paper G, Ms V Bailey, Non-Executive Director commented upon the additional work that was being undertaken to improve understanding surrounding the impact of UHL's depth of coding. She also commended the impressive work that was being undertaken in respect of implementing Schwartz Rounds at UHL, noting the significant benefits for staff culture.

Finally the QOC Non-Executive Director Chair thanked the Chief Nurse, Medical Director and Director of Estates and Facilities for their support during his tenure as QOC Chair.

Resolved – that the summary of issues discussed at the 27 February 2020 QOC be received and noted as per paper G – Minutes to be submitted to the 2 April 2020 Trust Board – and the recommended item (Learning from Deaths quarterly report) be approved.

56/20/1.2

People Process and Performance Committee (PPPC)

The PPPC Non-Executive Director Chair introduced paper H, summarising the issues discussed at the 27 February 2020 PPPC, noting that there were two formal recommendations for the Trust Board's approval – the Freedom to Speak Up quarter 3 report and the proposal for UHL to become a preferred partner to host Military Consultants. Both of these reports were approved (as set out in the meeting summary and the appendices to paper H). He also highlighted the Committee's consideration of the Streamlined Emergency Care report, noting a slight reduction in Emergency Department attendances alongside a continued increase in the number of admissions. Winter capacity wards were fully utilised, but despite the pressures UHL's national ranking against the 4 hour ED target had been held or improved upon. Whilst the Committee had not accepted the current level of performance, members had understood the efforts being made to improve the position. However, there was no assurance that the Trust would be able to meet the 4 hour ED target and it had been a long while since this had been achieved. Finally, he advised that he had enjoyed his time as Chair of PPPC since August 2017 and he thanked the Director of People and Organisational Development, Chief Operating Officer and Chief Information Officer for their support.

In discussion on paper H, Ms K Jenkins, Non-Executive Director Chair of the Audit Committee commented upon the scope to move UHL's Freedom to Speak Up function into a more independent state (in respect of the arrangements for taking calls and conducting investigations).

Resolved – that the summary of issues discussed at the 27 February 2020 PPPC be noted as per paper H – Minutes to be submitted to the 2 April 2020 Trust Board – and the recommended items be approved (Freedom to Speak Up quarter 3 report and proposal for UHL to become a preferred partner to host Military Consultants).

56/20/1.3

Finance and Investment Committee (FIC) and 2019/20 Financial Performance (January 2020)

The FIC Non-Executive Director Vice-Chair introduced paper I1, summarising the issues discussed

at the 27 February 2020 FIC, noting that there were no recommended items. He particularly highlighted the Committee's consideration of the 2019/20 Capital Programme which was still expected to be delivered by the end of the financial year. The content of the 2020/21 draft Capital Programme would be kept under continual review as it developed and a draft version was scheduled for the March 2020 FIC meeting. There were no questions raised on this report.

The Interim Chief Financial Officer introduced paper I2, setting out the Trust's 2019/20 month 10 financial performance, which had been discussed in detail at the 27 February 2020 FIC. As detailed in the Executive Summary, the Interim Chief Financial Officer had undertaken a detailed review of UHL's balance sheet in response to concerns identified during the 2018/19 external audit. As a result, the Trust was anticipating to make a material prior-year adjustment to its 2018/19 financial statements and this adjustment was now reflected in the month 10 reported position – a year to date deficit of £65.5m excluding Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF) and Marginal Rate Emergency Tariff (MRET). However, at a national level this adjustment would fall below the threshold of materiality and the total impact of the adjustment was likely to be visited in full during the 2019/20 financial year. In view of this information, the accountancy firm PwC had been engaged by NHS England/NHS Improvement (NHSE/I) to carry out an independent review to investigate the reliability of the forecast outturn for 2019/20. This review had just commenced and it was expected to take approximately 8 weeks.

In discussion on the Trust's month 10 financial performance, the following comments and questions were raised:-

- (a) the Trust Chairman reiterated that the report set out the current financial position, subject to the outcome of the independent review being undertaken by PwC. Noting that the key risks were set out on page 14 of the report, he invited the Interim Chief Financial Officer **to identify** whether there were any particular issues he wished to draw to the Board's attention. In response, the Interim Chief Financial Officer advised that (i) the review of the balance sheet was the most significant factor and had the most scope to influence the final reported position (ii) realistic discussions had been held with the CMGs surrounding delivery of their control totals, (iii) a fixed income deal had been agreed with the Clinical Commissioning Groups, and (iv) a further discussion was required in respect of Specialised Commissioning income;
- (b) Ms V Bailey, Non-Executive Director requested information about additional funding for the budgetary impact of COVID-19 preparations, noting in response that UHL had submitted the required financial submissions and was expecting funding to be released imminently. Acute NHS Trusts had been encouraged to submit independent bids rather than combined bids with healthcare partners, and
- (c) Ms V Bailey, Non-Executive Director also raised a question about Commissioner affordability and where any discussions were being held about the risks relating to a balanced financial position for the whole of the LLR healthcare system. In response, the Director of Strategy and Communications advised that this aspect had been discussed at the LLR NHS Executive meeting on 4 March 2020 and he provided assurance that the Chief Financial Officers of each organisation met regularly as a group. The Interim Chief Financial Officer added that an agreement had been reached in respect of the 2019/20 financial position and negotiations in respect of the 2020/21 financial plan were progressing well. Noting this information, Ms Bailey commented that Non-Executive Directors were not yet sighted to this information as there was currently no forum for them to engage at a System level. The Director of Strategy and Communications highlighted a proposal to convene an LLR Partnership Board which would include Non-Executive and Lay Member involvement, noting that the CCG Joint Chief Executive was planning to submit a proposal to the respective organisations' Boards in this respect.

ICFO

Resolved – that (A) the summary of issues discussed at the 27 February 2020 FIC be noted as per paper I1 (no recommended items) – Minutes to be submitted to the 2 April 2020 Trust Board, and

(B) the 2019/20 month 10 financial performance be noted as paper I2, and

(C) the Interim Chief Financial Officer be requested to arrange for appropriate discussions to be held in respect of proposals for a year-end agreement with Specialised Commissioners.

ICFO

57/20

ITEMS FOR NOTING

57/20/1

Reports from Board Committees

57/20/1.1 Audit Committee

The Non-Executive Director Audit Committee Chair introduced paper J1 providing the Minutes of the 24 January 2020 Audit Committee. She provided clarity that the changes to the UHL accounting policies which were endorsed by the Audit Committee and approved by the Trust Board on 6 February 2020 (removal of the *de minimis* policy for system generated accruals and the reduction in *de minimis* from £15k to £5k for manual accruals) would not have any impact on UHL's accounts for 2019/20, but these changes would resolve the position in future years. She also drew members' attention to the Audit Committee's discussion on outstanding actions arising from Internal Audit reviews. There were no questions raised on paper J1.

Resolved – that the Minutes of the 24 January 2020 Audit Committee be received noted as per paper J1 (noting that the recommended item – review of prime financial and accounting policies – was approved by the Trust Board on 6 February 2020).

57/20/1.2 Quality and Outcomes Committee (QOC)

Resolved – that the 30 January 2020 QOC Minutes be received and noted as per paper J2 (no recommended items).

57/20/1.3 People, Process and Performance Committee (PPPC)

Resolved – that the 30 January 2020 PPPC Minutes be received and noted as per paper J3 (no recommended items).

57/20/1.4 Finance and Investment Committee (FIC)

Resolved – that the 30 January 2020 FIC Minutes be received and noted as per paper J4 (no recommended items).

57/20/2 Corporate Trustee Business57/20/2.1 Charitable Funds Committee (CFC)

The Non-Executive Director CFC Chair introduced paper K providing the Minutes of the 6 February 2020 CFC meeting. Noting that Mr D Gorrod, Patient Advisor would be stepping down his attendance at CFC meetings in the near future, the Non-Executive Director CFC Chair recorded his appreciation to Mr Gorrod for his contribution to this Committee as a non-voting Patient Adviser representative.

Resolved – that the 6 February 2020 CFC Minutes be received and noted as per paper K (no recommended items).

58/20 **QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

The following questions were raised in relation to the business on today's Trust Board agenda:-

- (1) a question about whether the Trust had considered re-providing on-site creche facilities as a means to improving recruitment to vacant nursing posts. A similar question had been raised previously on this subject and the requester was keen to learn whether the option had been considered and rejected or whether it was still considered to be a viable solution going forwards. In response, the Director of People and Organisational Development advised that the Trust had not ruled this option out, but it had been identified that further work was required as part of the People Plan to establish whether it would be feasible. The Trust Chairman noted that childcare arrangements were an important factor that many nurses took into account when they chose to work in the agency sector. Previously, UHL had operated in-house on-site nurseries and some Trusts chose to outsource their nursery provision. The Director of Estates and Facilities advised that UHL already provided childcare vouchers as a staff incentive. At his previous Trust in Leeds, there had been three creches, but it had proven difficult to maintain the standards required by OFSTED with respect to the availability of outdoor space for physical and recreational activities, and

- (2) a query about the potential intended location of any 'drive-through' testing facilities for COVID-19, if this became a requirement in the future, bearing in mind the traffic constraints in and around the LRI site. In response the Chief Operating Officer provided assurance that such testing facilities would be provided out in the community away from any of the main hospital sites.

Resolved – that the above comments and questions be noted.

59/20 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 60/20 to 66/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

60/20 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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.

61/20 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 6 February 2020 Trust Board meeting (paper L) be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

62/20 CONFIDENTIAL MATTERS ARISING REPORT

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

63/20 KEY ISSUES FOR DISCUSSION/DECISION

63/20/1 Confidential Report from the Interim 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 could be prejudicial to the effective conduct of public affairs.

64/20 ITEMS FOR ASSURANCE

64/20/1 Reports from Board Committees

64/20/1.1 People, Process and Performance Committee (PPPC)

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

64/20/1.2 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 could be prejudicial to the effective conduct of public affairs.

65/20 ITEMS FOR NOTING

65/20/1 Reports from Board Committees

65/20/1.1 Audit Committee (AC)

Resolved – that the confidential 24 January 2020 AC Minutes be received as per papers P1 and P2, noting that the recommended items were approved by the Trust Board on 6 February 2020).

65/20/1.2 Quality and Outcomes Committee (QOC)

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

65/20/1.3 Finance and Investment Committee (FIC)

Resolved – that the confidential 30 January 2020 FIC Minutes be noted as per paper P4 (no recommended items).

65/20/2 Corporate Trustee Business

65/20/2.1 Charitable Funds Committee

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.

66/20 ANY OTHER BUSINESS

66/20/1 Confidential Verbal Report by the Chief Operating Officer

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.

66/20/2 Confidential Verbal Report by the Chairman

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.

67/20 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 2 April 2020 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 1.15pm

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	17	17	100	A Furlong	17	14	82
J Adler	17	14	82	K Jenkins	17	13	76
C Benham (from 1.11.19 to 12.12.19)	2	0	0	A Johnson	17	16	94
V Bailey	17	15	88	S Lazarus (from 12.12.19)	5	4	80
P Baker	17	10	59	B Patel	17	17	100
R Brown	17	15	88	M Traynor	17	12	71
I Crowe	17	15	88	P Traynor (until 31.10.19)	10	9	90
C Fox	17	14	82				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	17	14	82	V Karavadra (from 5.9.19)	9	9	100
D Kerr	17	16	94	S Ward	17	16	94
H Kotecha	13	10	77	M Wightman	17	15	88
				H Wyton	17	14	82