

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 6 FEBRUARY 2020 AT 9AM IN SEMINAR ROOMS 2 AND 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****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
 Ms R Brown – Chief Operating Officer (from part of Minute 38/20/3)
 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 (by conference call for Minutes 34/20 to 39/20, but excluding Minutes 39/20/1, 39/20/2.2 and 39/20/2.3)

In attendance:

Mr A Carruthers – Acting Chief Information Officer
 Ms B Ballinger – Staff Engagement Manager (for Minute 38/20/1)
 Miss M Durbridge – Director of Safety and Risk (for Minute 38/20/1)
 Ms J Dawson – Freedom to Speak Up Guardian (for Minute 38/20/1)
 Ms N Green – Deputy Chief Nurse (observing up to and including Minute 41/20)
 Mr V Karavadra – Associate Non-Executive Director
 Mr D Kerr – Director of Estates and Facilities
 Ms L Lane – Head of Nursing, Clinical Support and Imaging (for Minute 38/20/1)
 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**34/20 APOLOGIES AND ANNOUNCEMENTS**

Apologies for absence were received from Ms K Jenkins, Non-Executive Director and Ms H Kotecha, Leicester and Leicestershire Healthwatch Representative. It was noted that Mr M Traynor, Non-Executive Director would be dialling in by conference phone from 9am to 10.45am.

The Trust Chairman reminded members of Board meeting etiquette, requesting that mobile phones be turned to silent, a focus be maintained on the matters on today's agenda and that the presenters of each report restricted their introductory comments to a maximum of 5 minutes (excluding the staff story where more time was permitted).

35/20 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.

36/20 MINUTES

Resolved – that the Minutes of the 9 January 2020 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN****37/20 MATTERS ARISING FROM THE MINUTES**

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

38/20 KEY ISSUES FOR DISCUSSION/DECISION

38/20/1 Staff Story – Freedom to Speak Up

The Director of People and Organisational Development introduced the Staff Story, advising that the Trust Board heard a Staff or a Patient Story every month with a quarterly focus on Staff Stories and an annual example of a staff member who had accessed the Freedom to Speak up Service.

Miss M Durbridge, Director of Safety and Risk, Ms J Dawson, Freedom to Speak Up Guardian, Ms B Ballinger, Staff Engagement Manager, Ms L Lane, Head of Nursing, CSI and Ms H White, Phlebotomist all attended the meeting for this item. The Director of Safety and Risk briefed Board members on the role of the Freedom to Speak Up Guardian (F2SUG) which had been in place for some two and a half years at UHL, noting that this was the first time that a F2SU staff story had been presented to the Trust Board. She highlighted the positive relationships that the F2SUG had developed with staff, the arrangements for visiting 'hot spots', holding drop-in clinics and feeding relevant observations into the programme of Leadership Walkabouts. The F2SUG also helped to facilitate appropriate resolutions once a concern had been raised.

Paper C described the safety concerns that Ms H White, UHL Phlebotomist had raised surrounding the practice she had observed in UHL's Phlebotomy Service which involved staff using needles and syringes to draw bloods and then transfer the blood into bottles for International Normalised Ratio (INR) tests for patients on Warfarin therapy. Due to her previous experiences of working within the Community Anticoagulation Service, Ms White was aware that this was an out-dated practice which could have serious safety implications for patients. Due to the sensitivity of the INR tests, specific blood bottles were required to stabilise the blood prior to testing. Ms White, then addressed Board members directly, providing her account of the issues that she had observed and her earlier attempts to raise concerns at a departmental level. However, the incorrect practice had continued and (in frustration) she had decided to send an email to the Chief Executive. The Chief Executive had thanked Ms White for raising this issue, requesting the Director of Safety and Risk to review the concerns and arranging for the F2SUG to meet with Ms White to gather any further information.

The F2SUG particularly highlighted the importance of staff being able to speak up about their concerns or issues without the fear of any repercussions. In her experience, there had never been any repercussions for staff at UHL as a result of speaking up – such an event would be a reportable incident (if it occurred). She described the process used to support Ms White and the positive response of the Clinical Support and Imaging (CSI) leadership team which managed the Phlebotomy Service at UHL. The supply of syringes had been removed from the Phlebotomy Rooms and the rationale for this had been explained to all staff. The Head of Nursing, CSI provided assurance that the correct process was reflected in the Standard Operating Procedures and that this was now embedded in practice. To ensure that the incorrect practice was not happening in other areas, a Trust-wide communication was being designed to highlight the correct procedures alongside the patient safety concerns associated with out-dated practices.

In discussion on the staff story, Trust Board members thanked Ms White for speaking up and for highlighting her experiences of the F2SU process. The following comments and queries were raised:-

- (a) the Medical Director thanked Ms White for not giving up within the extended process of raising this concern. He raised a question for the wider team, noting that the concern had eventually been raised with the Chief Executive in January 2019 and he queried whether the Trust-wide communications could have been cascaded more quickly. In response, the F2SUG advised that she had wanted Ms White to be involved in developing the wider communications message, but Ms White had been absent from work due to recent surgery. Ms B Ballinger (who would be assuming the role of F2SUG whilst Ms Dawson was away on maternity leave) provided a commitment that the Trust-wide communications process would be completed by the end of February 2020;
- (b) Mr B Patel, Non-Executive Director thanked Ms White for sharing her story with the Trust Board, noting her confident and determined approach. He invited Ms White to highlight any learning from her own experience which might encourage other staff to speak up about any concerns. In response, Ms White spoke highly about the level of support she had received suggesting that she would like to assure other staff that they did not need to fear any repercussions as a result of following the F2SU process. Ms White also provided her consent for this Staff Story to be shared more widely within the Trust in order to highlight and embed the F2SU process;

F2SUG

- (c) Ms V Bailey, who was the linked Non-Executive Director to the F2SU process, commented upon opportunities to embed the learning outcomes from this Staff Story within the Becoming the Best and UHL Quality Strategy workstreams. She noted that this story had detailed one example of an outdated practice, but she highlighted that there might be other similar examples within the Trust. She re-iterated the importance of continuous development/improvements in culture and behaviours to ensure that best practice was embedded at UHL;
- (d) Mr A Johnson, Non-Executive Director commented upon the specific skill-set of Phlebotomists, who seemed able to take blood specimens without causing as much bruising as other clinical staff. Noting that Ms White was not aware of the F2SU process prior to sending her email to the Chief Executive, he queried what more could be done to raise awareness (particularly amongst those staff groups who did not have regular access to computers). In response to this question, the Director of Strategy and Communications was requested to arrange for an additional “Hello my name is ...” poster campaign to be undertaken around the Trust, possibly using photographs of Ms B Ballinger, the incoming F2SUG. The Director of Safety and Risk also advised that the Chief Executive’s briefings contained a reminder to line managers to cascade details of the F2SUG role and advice on how to raise concerns;
- (e) Mr Johnson also sought and received additional information about progress of the F2SU Programme, noting in response that the F2SUG felt well-supported in her full-time position at UHL, and that some of the F2SUGs at other Trusts had to combine this role with other duties. In addition, UHL’s Junior Doctors’ Gripe Tool had been recognised nationally. There had been a lot of media attention on the F2SUG roles which had included some negative comments, but the Programme at UHL was on a journey which was felt to be progressing well;
- (f) the Chief Executive provided his view that the F2SU Programme was working well because of the positive connection with the Patient Safety Team and available access to additional Executive resources as required. His main concerns were the facts that (i) it had taken 8 years for the Trust to listen to the concerns being raised by Ms White and (ii) Ms White had not been made aware of the F2SU role. If line managers had been cascading the information contained in the Chief Executive briefings effectively, then it would not have been necessary for Ms White to email him directly, and
- (g) the Trust Chairman noted the need to provide consistent advice to Non-Executive Directors who might be approached directly by staff wishing to raise a concern. He himself had been approached recently by a member of staff who wanted to raise a personal employment issue. In response to this point, the Director of People and Organisational Development suggested that Non-Executive Directors could offer staff a range of options depending upon the individual circumstances. These might include (i) raising the issue with their line manager, (ii) raising the issue informally via the F2SUG, or (iii) a formal request for investigation by the Human Resources team. The Chief Executive added that the Non-Executive Director role was very important in this respect and Non-Executive Directors should feel able to escalate issues to the F2SUG, or the most appropriate Executive Director, or to himself if the issue was less-clear. The F2SUG provided assurance that a clear process was in place to signpost staff to the correct advice, noting that good communication was important and that staff should always be advised to come back if their concerns were not being appropriately addressed.

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In summary, the Trust Chairman recorded the Trust Board’s appreciation to Ms White for raising her concerns about patient safety in the Phlebotomy Service and for attending today’s meeting to support the organisational learning surrounding the F2SU process. Noting that Ms J Dawson, F2SUG was due to commence her maternity leave on 7 February 2020, the Trust Chairman wished her well and the Chief Executive presented her with some flowers.

Resolved – that (A) the Staff Story relating to a Freedom to Speak Up concern raised within the Phlebotomy Service be received and noted;

(B) the incoming Freedom to Speak Up Guardian be requested to ensure that the Trust-wide communications process sharing the importance of not using a syringe for drawing bloods be completed before the end of February 2020, and

F2SUG

(B) the Director of Strategy and Communications be requested to arrange for an additional ‘Hello my name is ... ‘ poster campaign to be undertaken to increase staff awareness of

DSC

UHL's Freedom to Speak Up Guardian and the process for raising concerns.

38/20/2

Chairman's Monthly Report – February 2020

In introducing his monthly report at paper D, the Chairman drew the Trust Board's attention to the following key issues:-

- (a) the announcement that UHL had been rated as a 'Good' organisation by the Care Quality Commission (CQC), following the inspections held at the end of 2019. This welcome news provided excellent evidence of UHL's leadership and staff commitment to deliver high quality patient services, but the key questions going forwards would be to identify how to sustain this position and how to respond to the challenges in areas which required further improvement ahead of the next inspection;
- (b) the publication of the Paterson Inquiry report, and the arrangements for the Trust Board to receive assurance on the arrangements for implementing the local and national recommendations arising from the Inquiry. In response to a query from the Chief Executive, the Medical Director confirmed that an initial report would be presented to the February Quality and Outcomes Committee (QOC) meeting and that more detailed assurance on the implications of the proposed legislative changes would be submitted to a subsequent meeting. The Non-Executive Director QOC Chair had held an initial conversation with the Medical Director in respect of assured services and the implications for services which were under pressure, noting that one of the key assurance characteristics was a well-functioning Multi-Disciplinary Team (MDT) process;
- (c) the recent publication of the National Audit Office reports on NHS Financial Management and Sustainability and the Review of Capital Expenditure in the NHS;
- (d) discussions held on the topic of Integrated Care Systems at a meeting of NHS Provider Chairs, Commissioner Chairs, Councillors, NHS Confederation, Local Government representatives and NHS Improvement on 5 February 2020. A range of interesting questions had been raised in relation to governance, focusing upon outcomes, and the expected changes in planning guidance which would change the way that the NHS worked from a transactional approach towards a more transformational approach. This theme was due to be considered at a future UHL Trust Board thinking day;

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

- (1) Ms V Bailey, Non-Executive Director noted the recent launch for the Maggie's Centre in Coventry and welcomed the news that the Maggie's Chief Executive had been invited to visit UHL in March 2020 to explore the development of a Maggie's Centre in Leicester, given that the initial UHL discussions on this issue had been held one year previously. Trust Board members noted that the Director of Estates and Facilities had previously worked with Maggie's (and their internationally recognised designer) on another project and they now had some 23 Centres across the country;
- (2) in respect of the Paterson Inquiry report, Mr A Johnson, Non-Executive Director highlighted the importance of distinguishing between re-assurance and assurance, noting the potential issues that might arise between powerful personalities leading services and staff who might be fearful of speaking up against them, and
- (3) following the recent visits by the Chairman and identified Non-Executive Directors to the Alliance activities at Melton and Hinckley Hospitals, Mr A Johnson, Non-Executive Director highlighted opportunities to open outpatient pharmacies at these and other Community-based hospitals. The Trust Chairman responded to this point, noting the potential impact of the NHS Long Term Plan and System changes upon Community-based services and the need to make best use of NHS estate and the services they provided.

Resolved – that the Chairman's February 2020 report be received and noted as paper D.

38/20/3

Chief Executive's Monthly Report – February 2020

The Chief Executive's February 2020 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 the latest version of the month 9 quality and performance report was available on the Trust's public website and hyperlinked within the report. It was noted that a separate Integrated Risk and Assurance report (incorporating the Trust's Board Assurance Framework) featured as paper G on today's Trust Board agenda. In presenting the report, the Chief Executive drew members' attention to the following key issues:-

- (1) the publication of UHL's Care Quality Commission (CQC) report on 5 February 2020 – the overall 'Good' rating was very welcome and he paid tribute to UHL's staff in respect of this achievement, also acknowledging the significant contribution by the Chief Nurse and her team for their excellent work in co-ordinating the inspection process and responding to points of factual accuracy;
- (2) UHL's Quality Strategy: Becoming the Best continued to make good progress and there was a strong evidence base to suggest that this improvement methodology would support the Trust on its journey towards achieving an 'Outstanding' CQC rating in future;
- (3) progress of the Reconfiguration Programme and the Pre-Consultation Business Case which had been recommended for approval by the national 'Oversight Group for Service Change and Reconfiguration' (OGSCR) at the next meeting on 11 February 2020. Further work was now being undertaken in respect of the future bed modelling in readiness for the final assurance panel – the 'Delivery Quality and Performance Committees in Common' (DQPCiC) – which was due to meet in March 2020;
- (4) updated guidance on the Wuhan Novel Coronavirus (WN-CoV) was being received on an almost daily basis. The Trust's Emergency Planning Officer was co-ordinating UHL's preparations in conjunction with the Infection Prevention Team. The latest guidance required UHL to establish a separate assessment area for any patients self-presenting with suspected Coronavirus and this was expected to be in place at the LRI site by the weekend of 8-9 February 2020. Following discussions held at the Chief Executive's briefing session, it had also been agreed to provide an isolated assessment area at the Glenfield Hospital in case any suspected cases of Coronavirus presented at the Clinical Decisions Unit;
- (5) the continued focus on effective medical bed capacity as a key factor for improving urgent and emergency care performance – a task and finish group had been established to drive this co-ordinated workstream, and
- (6) the publication of National Planning Guidance for 2020/21 on 30 January 2020.

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

- (a) noting the recent CQC announcement and initial communications, Mr A Johnson, Non-Executive Director sought further information about the intended approach to celebrating the success of the CQC rating more widely. In response, the Director of Strategy and Communications advised that an extensive communications campaign (including social media networks) was being prepared for consideration at a meeting later that day. The Trust Chairman noted the need to ensure that this good news message was heard by people from all sectors of the community, including those areas of the community which were considered to be harder to reach;
- (b) the Chief Nurse briefed Trust Board members on the unusual spike in Clostridium Difficile infections, noting that 11 cases had been reported in December 2019. The year-to-date total now stood at 77 cases which remained below the trajectory threshold of 108 cases;
- (c) Mr B Patel, Non-Executive Director echoed Mr Johnson's comments in item (a) above about celebrating the CQC rating. He also highlighted the in-depth discussions being held on UHL's urgent and emergency care performance at the People, Process and Performance Committee (PPPC) and other forums, indicating that the current performance was not being accepted and much work was taking place to transform the position;
- (d) Professor P Baker, Non-Executive Director noted a deterioration in ED 4-hour performance in December 2019, despite the additional actions that had been put in place to increase capacity

and improve ambulance handover times. He also noted a slight improvement in January 2020, which was less than the level required. He queried what arrangements were planned by the Healthcare System to address the key issues, noting in response that a range of actions had been shared at the 30 January 2020 PPPC meeting. Not all of these actions were expected to deliver 'quick wins' but the Chief Operating Officer, Chief Nurse and Medical Director would be leading the workstreams to focus on the priority areas;

- (e) Col (Ret'd) I Crowe, Non-Executive Director highlighted the impact of emergency care pressures on other areas of the Trust's performance, noting that only 3 of the 7 cancer standards had been compliant in November 2019. 62-day cancer performance in November 2019 stood at 72.4% against the 85% target and the Quality and Outcomes Committee (QOC) was monitoring the position closely. In response, the Chief Operating Officer advised that every effort was being made to minimise the impact upon cancer activity, providing assurance that the only factor currently causing hospital-led cancer cancellations was lack of ITU bed capacity, and
- (f) the Chief Operating Officer briefed Trust Board members on the implementation of a new 70% target for 28 day cancer diagnosis with effect from 1 April 2020. It was noted that UHL's performance was usually above 80% in this area.

Resolved – that the Chief Executive's monthly briefing report be received and noted as paper E.

38/20/4

Nursing Establishment Review – National Quality Board (NQB)

In introducing paper F, the Trust Chairman invited the Chief Nurse to focus on the clinical and professional judgements that had been made to assure the Trust Board that the number of nurses employed by UHL was appropriate to ensure the delivery of safe and sustainable high quality patient care. He advised Trust Board members that a specific focus on recruitment, development and retention of the nursing workforce would be held at the 12 February 2020 Trust Board thinking day.

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The Chief Nurse briefed Trust Board members on the bi-annual nurse establishment review process that had been undertaken in conjunction with each Clinical Management Group (CMG) in accordance with the National Quality Board (NQB) and the NHS Improvement Developing Workforce Safeguards (2018). This process was undertaken twice per year and the timing of this review was designed to align with the 2020/21 business planning round to ensure that any business cases for additional investment were considered and approved in a timely manner. As detailed in the report, the establishment review had confirmed that the roster templates were agreed as correct. The review had also identified the following two areas where further investment in nursing resources was required:-

- Ward 17 at Glenfield Hospital – to comply with the nurse staffing standards for non-invasive ventilation (NIV), and
- Ward 29 at the Leicester General Hospital – to manage the increased capacity and patient acuity within the Surgical Assessment Unit.

The Chief Nurse particularly highlighted graph 3 showing reductions in nursing vacancy rates up to the end of November 2019. Graph 4 illustrated UHL's March 2019 Model Hospital data for Registered Nurses retention, which demonstrated that UHL was in the top quartile nationally. The retention rate for Health Care Assistants (HCAs) stood at 80% in March 2019.

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

- (a) Professor P Baker, Non-Executive Director sought and received additional information in respect of the data being presented in graph 1, noting in response that the Care Hours per Patient Day (CHPPD) data was a new measure implemented by Model Hospital and that it was calculated on the basis of actual numbers of nurses in post rather than the agreed establishment levels;
- (b) Col (Ret'd) I Crowe, Non-Executive Director expressed surprise that only two areas had been identified for further investment in nursing resources, given the future demands on the nursing workforce in terms of increased skills and competencies. In response, the Chief Nurse highlighted the benefits of setting correct establishments in line with budgets each year and

ensuring that additional investment was signed-off prior to implementation. Trust Board members also noted that future development of the nursing workforce would be one of the areas for focus at the 12 February 2020 Trust Board thinking day;

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- (c) the Director of Strategy and Communications commended the reduction in nursing vacancies illustrated in graph 3, noting that the number of vacancies had reduced by 150 in just over 12 months. The Chief Nurse provided her view that this trend indicated that the additional focus on nurse recruitment was gaining traction and delivering to good effect;
- (d) Ms V Bailey, Non-Executive Director commended this report, noting that trends in nurse staffing retention rates provided an important early indicator (either positive or negative) in relation to the quality of services;
- (e) the Chief Executive advised that the reduction in nursing vacancies was more remarkable when it was considered that the nursing establishments had increased in parallel over the same period of time. On a more negative note, he highlighted the scale of financial cost pressures that the Trust was currently managing, noting that many of these related to quality and safety driven clinical imperatives. He noted the importance of sighting the Trust Board to all of the difficult discussions being held in respect of financial pressures within UHL and the wider healthcare system;
- (f) the Trust Chairman highlighted the need for the Trust Board to focus on key parts of the workforce and the financial strategy to achieve financial sustainability, recognising the links with patient quality and safety, budgetary constraints and the decisions that would need to be taken in respect of investment in resources;
- (g) Mr A Johnson, Non-Executive Director commented upon the need to identify the theoretical costs of achieving full nurse staffing up to the establishment levels, and to identify whether this was affordable. He also highlighted the higher cost of using bank and agency staffing to achieve the required fill-rates. The Trust Chairman agreed that this was an important point requesting that it be built into the discussions at next week's Trust Board thinking day;
- (h) Mr S Lazarus, Interim Chief Financial Officer commented that UHL's CHPPD data of 5.4 compared favourably with the peer group average, whilst noting that the national average was some 20% lower. Following discussion, it was agreed that UHL's data and the peer group average would both reflect the impact of additional training requirements relating to teaching hospital Trusts, and
- (i) the Director of People and Organisational Development drew members' attention to the wider success story and the benefits of the additional focus on nursing recruitment and retention over the last 18 months, noting the positive effect that this had had upon the Trust's CQC rating and the staff survey results (which were due to be shared with the Trust Board imminently).

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Resolved – that (A) the Nurse Establishment Review (National Quality Board) be received and noted as paper F, and

(B) the Chief Nurse be requested to arrange for the 13 February 2020 Trust Board thinking day presentation on the Nursing Workforce to focus on recruitment, development and retention and the comparative costs of bank and agency nurse staffing.

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39/20 ITEMS FOR ASSURANCE

39/20/1 Integrated Risk Report and 2019/20 Board Assurance Framework (BAF)

Further to Minute 196/19/2 of 3 October 2020, the Director of Corporate and Legal Affairs introduced paper G, providing the quarterly update on the Trust's current position in respect of risk controls and assurance, including the 2019/20 BAF which was provided at appendix 1. In presenting the report, the Director of Corporate and Legal Affairs provided assurance that all risks continued to be reviewed by the Senior Responsible Officers (SROs) and the relevant Executive Boards and he particularly highlighted the following key issues:-

- (a) the risk score for Principal Risk 9 (*failure to meet the financial control total including through improved productivity*) had increased from 16 to 20 during the reporting period and

- strikethrough had been used to increase transparency surrounding the amendments made;
- (b) the Audit Committee continued to 'pressure test' individual sections of the BAF – a constructive discussion on Principal Risk 5 (*failure to recruit, develop and retain a workforce of sufficient quantity and skills*) had been held at the 24 January 2020 Audit Committee and a range of further actions had been identified which would be progressed by the Director of People and Organisational Development and her colleagues;
 - (c) in respect of the Organisational Risk Register, work continued with the Clinical Management Groups (CMGs) via the Performance Review Meetings to drive a review of the longer standing risks which were set out in appendix 2. A similar approach had recently been agreed for the Corporate Directorates at an Executive Planning Meeting, and
 - (d) during the Care Quality Commission Well Led Review, UHL's risk management process and BAF had been identified as a sound system with good oversight of any associated quality and safety issues.

During discussion on the report, the Trust Chairman advised that the 12 March 2020 Trust Board thinking day was expected to focus on risk management issues including the organisation's risk tolerance/appetite. This session was due to be facilitated by PwC and would include a review of the 2019/20 BAF with a view to populating the draft 2020/21 BAF. The BAF was seen as a 'living document' and would form the basis for discussion on the emerging risks for 2020/21. Responding to a query raised by the Trust Chairman, the Director of Corporate and Legal Affairs agreed to liaise with PwC regarding any pre-reading material that might be circulated ahead of the March 2020 Trust Board thinking day.

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The Chief Executive requested that a discussion on target risk ratings be held at this Trust Board thinking day session, as these were expected to be continually refined rather than being suddenly forecast to change in the final quarter of the financial year. Ms V Bailey, Non-Executive Director commented upon the scale and pace of transformation required within the context of the Trust's challenging financial position and the potential impact upon UHL's risk tolerance, noting the need to recognise both anticipated and unanticipated consequences of any transformation workstreams. Mr A Johnson, Non-Executive Director noted that a comprehensive narrative explanation was required to support any future changes to the target risk ratings, suggesting that the target score should not be changed unless the rationale for the change was clearly articulated. He also noted some scope for potential confusion between 'goals' and 'targets' in the context of risk ratings.

Resolved – that (A) the Integrated Risk report and 2019/20 BAF be received and noted as paper G, and

(B) the Director of Corporate and Legal Affairs be requested to liaise with PwC to ascertain whether any pre-reading material would be circulated in advance of the 12 March 2020 Trust Board thinking day.

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39/20/2 Reports from Board Committees

39/20/2.1 Audit Committee

On behalf of the Non-Executive Director Audit Committee Chair, Col (Ret'd) I Crowe, Non-Executive Director Deputy Audit Committee Chair introduced paper H, summarising the issues discussed at the 24 January 2020 Audit Committee. He particularly highlighted the following key issues:-

- (a) the Audit Committee's review of prime financial and accounting policies which included the removal of the *de minimis* policy for system generated accruals and the reduction in *de minimis* from £15k to £5k for manual accruals – this proposal had been endorsed by the Audit Committee and was recommended for Trust Board approval. The Interim Chief Financial Officer provided additional supporting information about the proposed processes for manual and automated accruals, which he advised would be more in line with the process adopted by the majority of other Trusts and were likely to be welcomed by the External Auditors. The Trust Board approved these changes;
- (b) the issue of outstanding actions arising from Internal Audit reviews – of the 14 actions outstanding 4 had since been closed, 4 more were due to be closed at the next Executive Planning Meeting which left 6 actions outstanding. In response to a query from the Trust Chairman, the Chief Executive provided his assurance that each of the 6 outstanding recommendations would be closed down prior to the 6 March 2020 Audit Committee;

- (c) the Internal Audit review of safety checks in the Emergency Department had identified a number of recommendations arising from the manual nature of the checklists which were likely to be addressed once the electronic checklist process was implemented in May 2020. Trust Board members noted that the Quality and Outcomes Committee (QOC) would be taking ownership of the issues raised during the Internal Audit review and that an interim report would be presented to the February 2020 QOC meeting with a specific focus on the safety measures currently in place. QOC would then receive a follow up report in May or June 2020 on the new electronic system, and
- (d) following the Audit Committee's deep dive into Board Assurance Framework (BAF) Principal Risk 5 (*failure to recruit, develop and retain a workforce of sufficient quantity and skills*), the People, Process and Performance Committee (PPPC) Non-Executive Director Chair had agreed to undertake a bi-monthly review of Principal Risk 5 at PPPC with a specific focus on 'barriers to recruitment' and the resources required to deliver the UHL People Strategy.

In discussion on the Audit Committee summary, Ms V Bailey, Non-Executive Director challenged whether Trust Board members considered it sufficient for the Audit Committee to cross-refer the items detailed in points (c) and (d) above to QOC and PPPC (respectively) or whether it might be necessary to arrange for more immediate transformational action was required to be undertaken. In response, Trust Board members requested that the Audit Committee Non-Executive Director Chair (who was not present at today's meeting) be requested to consider this point. Col (Ret'd) I Crowe, Non-Executive Director QOC Chair provided assurance that QOC had accepted this referral and would be reviewing the interim and follow-up reports as indicated in point (c) above.

AC
Chair

Resolved – that (A) the summary of issues discussed at the 24 January 2020 Audit Committee be received noted as per paper H – Minutes to be submitted to the 5 March 2020 Trust Board;

(B) the proposed removal of the *de minimis* policy for system generated accruals and the reduction in *de minimis* from £15k to £5k for manual accruals [as set out in point (c) above] be approved for adoption, and

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(C) the Non-Executive Director Audit Committee Chair be requested to consider whether it was sufficient to cross-refer the issues covered under points (c) and (d) above to QOC and PPPC (respectively) or whether more immediate transformational action was required.

AC
Chair

39/20/2.2 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair introduced paper I, summarising the issues discussed at the 30 January 2020 QOC, noting that there were no formal recommendations for the Trust Board's approval. He particularly highlighted the discussion on the Patient and Public Involvement Strategy and the decision made that future reports on this matter would be presented to the joint PPPC/QOC meetings, given that Patient Partners were present for this session and that PPPC had oversight of the Quality Strategy process.

Resolved – that the summary of issues discussed at the 30 January 2020 QOC be received noted as per paper I – Minutes to be submitted to the 5 March 2020 Trust Board.

39/20/2.3 People Process and Performance Committee (PPPC)

The PPPC Non-Executive Director Chair introduced paper J, summarising the issues discussed at the 30 January 2020 PPPC, noting that there were no formal recommendations for the Trust Board's approval. He particularly highlighted the Committee's consideration of (a) Urgent and Emergency Care performance; (b) cancer performance, and (c) the Becoming the Best Programme. In discussion on the Becoming the Best Programme, he noted that progress was on track and that it was beginning to deliver an impact. A Design Consolidation Event had been held on 4 February 2020, but one of the key outputs (in his view) would be to assess the Trust's requirements and to determine whether the Programme was achieving this aim. The Director of People and Organisational Development advised that some 60 people had received Quality Improvement training and some 32 improvement initiatives had commenced. A follow-up discussion was planned for the 13 February 2020 Trust Board thinking day.

Resolved – that the summary of issues discussed at the 30 January 2020 PPPC be noted as per paper J – Minutes to be submitted to the 5 March 2020 Trust Board.

39/20/2.4 Finance and Investment Committee (FIC) and 2019/20 Financial Performance (December 2019)

Speaking via the conference phone, the FIC Non-Executive Director Chair introduced paper K1, summarising the issues discussed at the 30 January 2020 FIC, highlighting the challenging financial position in respect of elective activity and delivery of the year-end control total. The Committee had held an in-depth debate about the Productivity Improvement Programme, noting the range of good initiatives that were coming through the pipeline. In respect of the 2019/20 Capital Programme, the Trust Chairman sought assurance in respect of the Trust's ability to spend the remainder of the available capital funding prior to the end of the Financial Year. In response, the Director of Estates and Facilities confirmed that the Capital Monitoring and Investment Committee had reviewed all of the capital sub-group plans and had agreed the position for 2019/20.

The Interim Chief Financial Officer introduced paper K2, setting out the Trust's 2019/20 month 9 financial performance, which had been discussed in detail at the 30 January 2020 FIC. He particularly noted that (a) agency staffing expenditure was on track to achieve the agency cap set by NHSE/I; (b) the Cost Improvement Programme was on track to deliver the full target of £26.6m; (c) the year-to-date deficit of £49.5m (excluding Provider Sustainability Funding, Financial Recovery Funding and Marginal Rate Emergency Tariff funding) was currently £10.4m adverse to plan, and (d) an agreement had been reached with the CCGs to settle all patient care income challenges and the value was now fixed for the remainder of the 2019/20 financial year.

The Trust Chairman highlighted the relevance of the Board Assurance Framework (BAF) report provided at paper G and the update provided in relation to Principal Risk 9 (the risk of failure to meet the financial control total including through improved productivity), advising that the Interim Chief Financial Officer was currently leading a review of the Trust's balance sheet following the 2018/19 External Audit. The Trust Chairman then invited any particular comments or questions on the month 9 financial performance. In response, the following comments were raised:-

- (a) the Chief Executive advised that his monthly briefing to the Trust's leadership community had emphasised the need for adherence to the revised financial control totals for all Corporate Directorates and Clinical Management Groups;
- (b) the Chief Operating Officer queried whether the Trust would soon be in a position to reach an agreed settlement with Specialised Commissioners. The Chief Financial Officer provided assurance that he would be seeking to reach an agreement at the earliest possible opportunity and that a recommendation was due to be presented to the Financial Management Board on 11 February 2020, and
- (c) the Director of People and Organisational Development commended UHL's achievement of maintaining agency staffing expenditure below the required level, advising that not many Trusts were achieving this nationally. However, she also reported that the NHSE/I agency ceiling would be reducing further for the 2020/21 financial year and that this was expected to increase pressure in this area.

ICFO

Resolved – that (A) the summary of issues discussed at the 30 January 2020 FIC be noted as per paper K1 – Minutes to be submitted to the 6 February 2020 Trust Board;

(B) the 2019/20 month 9 financial performance be noted as paper K2; and

(C) the Interim Chief Financial Officer be requested to present recommendations for a year-end agreement with Specialised Commissioners to the Financial Management Board on 11 February 2020.

ICFO

40/20 **ITEMS FOR NOTING**

40/20/1 LLR System Leadership Team Minutes

Resolved – that the Minutes of the System Leadership Team meeting held on 19 December 2019 be noted as paper L1

40/20/2 Sealings Report – Quarter 3 2019/20

Resolved – that the Quarterly Sealings Report for 1 October to 31 December 2019 be received and noted as paper L2.

40/20/3 Reports from Board Committees

40/20/3.1 Quality and Outcomes Committee (QOC)

Resolved – that the 19 December 2019 QOC Minutes be noted as per paper M1 (no recommended items).

40/20/3.2 People, Process and Performance Committee (PPPC)

Resolved – that the 19 December 2019 PPPC Minutes be noted as per paper M2 (noting that the recommended item relating to the Junior Doctors Guardian of Safe Working Quarterly update report was approved by the Trust Board on 9 January 2020).

40/20/3.3 Finance and Investment Committee (FIC)

Resolved – that the 19 December 2019 FIC Minutes be noted as per paper M3 (noting that the recommended item relating to the UHL Procurement and Supplies Strategy for 2019-2022 was approved by the Trust Board on 9 January 2020).

41/20 **QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

Resolved – that no comments or questions were raised by members of the press and public at this meeting.

42/20 **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 43/20 to 49/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

43/20 **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.

44/20 **CONFIDENTIAL MINUTES**

Resolved – that (subject to the correction of a minor typographical error on page 3 of paper N3), the confidential Minutes of the 9 January, 13 January and 22 January 2020 Trust Board meetings (papers N1 to N3) be confirmed as correct records and signed by the Chairman accordingly.

CHAIR
MAN

45/20 **CONFIDENTIAL MATTERS ARISING REPORT**

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

46/20 **KEY ISSUES FOR DISCUSSION/DECISION**

46/20/1 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 could be prejudicial to the effective conduct of public affairs.

46/20/2 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.

47/20 ITEMS FOR ASSURANCE

47/20/1 Reports from Board Committees

47/20/1.1 Audit 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.

47/20/1.2 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.

47/20/1.3 Finance and Investment Committee (FIC)

Resolved – that the summary of confidential issues considered at the 30 January 2020 FIC meeting be received and noted as paper S3.

47/20/1.4 Remuneration Committee

Resolved – that the 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.

48/20 ITEMS FOR NOTING

48/20/1 Reports from Board Committees

48/20/1.1 Quality and Outcomes Committee (QOC)

Resolved – that the confidential 19 December 2019 QOC Minutes be noted as per paper T1 (no recommended items).

48/20/1.2 People, Process and Performance Committee (PPPC)

Resolved – that the confidential 19 December 2019 PPPC Minutes be noted as per paper T2 (no recommended items).

48/20/1.3 Finance and Investment Committee (FIC)

Resolved – that the confidential 19 December 2019 FIC Minutes be noted as per paper T3 (no recommended items).

49/20 ANY OTHER BUSINESS

49/20/1 Confidential Verbal Report by the Trust 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.

49/20/2 Confidential Report by the Chief Executive and the Chief Nurse

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.

50/20 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 5 March 2020 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12.47pm

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	16	16	100	A Furlong	16	13	81
J Adler	16	14	88	K Jenkins	16	12	75
C Benham (from 1.11.19 to 12.12.19)	2	0	0	A Johnson	16	15	94
V Bailey	16	14	88	S Lazarus (from 12.12.19)	4	3	75
P Baker	16	9	56	B Patel	16	16	100
R Brown	16	14	88	M Traynor	16	12	
I Crowe	16	14	88	P Traynor (until 31.10.19)	10	9	90
C Fox	16	13	81				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	16	13	81	V Karavadra (from 5.9.19)	8	8	100
D Kerr	16	15	94	S Ward	16	15	94
H Kotecha	12	9	75	M Wightman	16	14	88
				H Wyton	16	13	81