

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 3 JUNE 2021 AT 9AM****Voting Members present:**

Mr J MacDonald – Trust Chair  
 Ms V Bailey – Non-Executive Director and Quality and Outcomes Committee (QOC) Non-Executive Director Chair  
 Professor P Baker – Non-Executive Director  
 Ms R Brown – Acting Chief Executive  
 Col (Ret'd) I Crowe – Non-Executive Director and People, Process and Performance Committee (PPPC) Non-Executive Director Chair  
 Ms C Fox – Chief Nurse  
 Mr A Johnson – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair  
 Mr S Lazarus – Chief Financial Officer  
 Ms D Mitchell – Acting Chief Operating Officer  
 Mr B Patel – Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair  
 Mr M Williams – Non-Executive Director and Audit Committee Non-Executive Director Chair

**In attendance:**

Mr A Carruthers – Chief Information Officer  
 Mr R Cooper – Financial Improvement Director  
 Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement  
 Ms K Gillatt – Associate Non-Executive Director  
 Dr A Haynes – Adviser to the Trust Board (part of meeting only)  
 Mr J Jameson – Deputy Medical Director (on behalf of Mr A Furlong, Medical Director)  
 Mr D Kerr – Director of Estates and Facilities  
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 186/21)  
 Mr I Orrell – Associate Non-Executive Director  
 Mrs 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 – Chief People Officer

**ACTION****179/21 WELCOME AND APOLOGIES**

The Trust Chair welcomed everyone to the meeting, advising that Dr Andy Haynes had joined the Trust as an Adviser to the Trust Board. Dr Haynes would be working in a similar way to the Non-Executive Directors and the Associate Non-Executive Directors, but he was not able to attend today's meeting in full due to a prior commitment. An apology for absence was received from Mr A Furlong, Non-Executive Director and it was noted that Mr J Jameson, Deputy Medical Director was attending on behalf of the Medical Director.

**Resolved – that the appointment of Dr A Haynes as an Adviser to the Trust Board be noted.**

**180/21 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

Mr A Johnson, Non-Executive Director and the Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively). With the agreement of the Trust Board, these individuals remained present.

**181/21 MINUTES**

**Resolved – that the Minutes of the 6 May 2021 virtual Trust Board meeting be confirmed as a correct record and signed by the Chair accordingly.**

**CHAIR****182/21 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the matters arising from the 6 May 2021 Trust Board meeting and

outstanding matters arising from previous Trust Board meetings. The Director of Corporate and Legal Affairs confirmed that the majority of items were either complete or on track to be completed also noting that a few of the completion dates were due to be confirmed outside of the meeting. In respect of items 3a and 3b (Minute 148/21/4 of 6 May 2021 refer), the Trust Chair advised that the issue of improving communications with patients whose surgery had been delayed due to the impact of Covid-19 would be picked up in the discussion on Restoration and Recovery of Clinical Services later on the agenda (Minute 183/21/4 below refers).

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

**183/21 KEY ISSUES FOR DISCUSSION/DECISION**

**183/21/1 Patient Story – Admiral Nurses**

The Chief Nurse introduced the patient story detailing a patient's family/carer experience with a particular focus on the role of the Admiral Nursing Service. Under this service, specialist nurses worked alongside the multidisciplinary teams to improve care for people living with dementia through a relationship-centred approach with families and carers. The story was presented by the Admiral Nurses (Ms S Merrill and Ms M Grundy) on behalf of the patient's daughter. During a number of hospital admissions, the Admiral Nurses had taken the time to know, understand and communicate with the patient, enabling her to engage in meaningful activities and active walking which had (in turn) reduced her anxiety and communications with the clinical teams and the patient's family had been enhanced as a result. Discussion took place regarding the vulnerability and complex needs of patients with severe dementia. Sadly, the patient had deteriorated and passed away on 19 December 2020, but appropriate arrangements had been made for the family to spend time with her in hospital, including overnight stays.

The Acting Chief Executive expressed her pride in the Admiral Nursing Service and the support they were able to provide to patients, families and the clinical teams during the Covid-19 pandemic and more widely, noting the need to support future investment in this service going forwards. Ms V Bailey, Non-Executive Director thanked the presentation team and the patient's family for bringing this story to the Trust Board's attention, noting that the themes of kindness and communications exemplified the Trust's values in terms of supporting each other and team working. The Chief People Officer echoed these comments, noting that the patient's family would always remember this positive experience, noting also that a negative experience in similar circumstances could create long-lasting bad memories for families of dementia sufferers. On behalf of the Trust Board, the Trust Chair thanked everyone for attending, noting that these 'softer' issues made a significant difference to patients and their families at a difficult time in their lives. He thanked the patient's family for sharing their experiences.

**Resolved – that the patient story on the Admiral Nursing Service be received and noted as paper C.**

**183/21/2 Chair's Monthly Report – June 2021**

In presenting his monthly report at paper D, the Trust Chair provided a short update on the recruitment process for the Trust's substantive Chief Executive, with interviews expected to be held at the end of June 2020. He congratulated the University of Leicester Medical School in achieving a Shanghai Ranking of 18<sup>th</sup> in the world and 5<sup>th</sup> in the UK, noting the importance of having a world-leading Medical School as part of the Leicestershire Academic Health Partnership. Discussions continued to be held about ways of strengthening the way that UHL's Trust Board worked to ensure that its governance was effective and agile. Some proposals featured later on today's agenda (Minute 183/21/6 below refers) setting out changes in what items were reported to the Trust Board and increasing the transparency surrounding the Trust's performance.

**Resolved – that the Trust Chair's monthly report for June 2021 be received and noted as paper D.**

**183/21/3 Acting Chief Executive Monthly Update – June 2021**

The Acting Chief Executive introduced paper E, providing her monthly update on key issues. Taking the report as read, she advised that the number of Covid-19 patients being treated in Leicester's hospitals had started to increase gradually over the last few days (in line with national

trends) reflecting a rise in Delta variant infections. The vaccination programme continued at pace with additional 'pop-up' vaccination hubs being established in the City of Leicester to focus on the younger non-vaccinated generations of the local population as well as residents of multi-generational households where infections were known to spread more rapidly. The East Midlands Clinical Research Network had written to UHL, conveying their thanks for the Trust's support with research during the Covid-19 pandemic and a copy of this letter was provided at appendix 2. UHL's Children's Intensive Care Unit (CICU) had recently celebrated its 25<sup>th</sup> anniversary and the Acting Chief Executive commended the highly regarded clinical teams for their excellent work in saving and improving the lives of many children over the last 25 years. The Acting Chief Executive invited the Acting Chief Operating Officer, the Chief Nurse and the Deputy Medical Director (in turn) to provide a short overview of the relevant aspects of the quality and performance dashboard, as provided at appendix 1:-

- (a) the Acting Chief Operating Officer reflected upon the recent increases in Emergency Department (ED) attendances, advising that 26 April 2021 had been one of the busiest days since 2019. The proportion of attendances being converted into hospital admissions had reduced, suggesting that not all of these attendances were appropriate. A small increase had been noted in ambulance handover delays, but this was in proportion with the increased number of attendances. A wide range of workstreams were being progressed within the LLR System and with EMAS to address the rise in attendances. These included '111 first', appropriate diversions, same day emergency care, pre-clinic transfers, alternative pathways and partnership working to strengthen discharge arrangements. Cancer performance had been adversely impacted by the second wave of Covid-19. Although six of the national targets had been achieved for March 2021, there was still much work to do to regain the pre-Covid performance;
- (b) the Chief Nurse reported on the broadly positive overall position in respect of nosocomial Covid-19 infections which stood at 1.4% for April 2021. Pressure ulcer incidence reporting had been re-implemented following the second wave of Covid-19 and a pressure ulcer annual report was being prepared for consideration by the Executive Quality Board and the Quality and Outcomes Committee in June 2021. As part of this work, ambitious targets were being set for reducing the incidence of pressure ulcers. An improvement plan was in place to reduce patient falls using a multidisciplinary approach. Qualified nursing vacancies were holding steady at approximately 11.4% and Health Care Assistant vacancies were moving towards a zero vacancy position, and
- (c) the Deputy Medical Director briefed the Trust Board on sustained performance in the area of venous thromboembolism (VTE) risk assessments and the likelihood of further improvements in this area as the e-Meds Programme came on line. Performance against the target to operate on fractured neck of femur patients within 36 hours had improved recently and the month 2 data was expected to demonstrate this improvement.

In discussion on the Acting Chief Executive's report, the Director of Strategy and Communications highlighted the significance of the increases in ED attendances which had been discussed in some depth at the last Emergency and Specialist Medicine Clinical Management Group Performance Review Meeting. In response, the Acting Chief Operating Officer advised that the Emergency Care Intensive Support Team (ECIST) would be visiting UHL's ED later that day. Part of the solution would be to increase the level of GP assessment at the front door which would allow the Acute specialist resources to focus on the most appropriate patients going forwards. It was widely acknowledged that timely access to primary care services would be key to reducing ED admissions. Finally, the Trust Chair advised that a more integrated performance report would be presented to future Trust Board meetings, which would allow the Board to focus upon the key points. In the meantime, he was pleased to note the continued focus on patient safety and patient experience, noting the need to demonstrate public transparency in this area.

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

183/21/4

#### Restoration and Recovery of Clinical Services

The Acting Chief Operating Officer introduced paper F, describing the significant impact of the Covid-19 pandemic upon patient waiting times and the number of patients now waiting for diagnostics and elective surgery. The paper described the detailed arrangements and processes for restoring and recovering performance in cancer services, urgent elective surgery, diagnostics,

and routine elective surgery. In addition, the Acting Chief Operating Officer provided a short update on the arrangements for communicating with patients on UHL's waiting lists, advising that her previously- scheduled meeting with the Leicester and Leicestershire Healthwatch Chair to discuss the support that Healthwatch might be able to provide in this respect was currently being rearranged. Specialist nurses were facilitating appropriate communications with cancer patients and letters were being sent to patients advising them to re-present to their GP if they felt that their condition had deteriorated since their original referral.

The Director of Strategy and Communications provided an overview of the arrangements for holding a 'Big Conversation' with LLR System colleagues with the aim of implementing a transparent and measured process for managing pressures in respect of capacity and demand. In effect, the 'Big Conversation' was intended to be a re-set of the local NHS and they would be exploring ways to help patients with navigating the system and addressing their hopes, worries and aspirations. Historically, demand for healthcare services had regularly exceeded the System's ability to meet that demand, but now that patients would be waiting for longer a process was required to manage their expectations and keep them safe whilst they were waiting.

Section 5 of paper F identified the key risks associated with the restoration and recovery plans and the proposed next steps were set out in section 7. Trust Board members particularly noted that Intensive Care Unit (ICU) capacity was planned to be increased by six beds, close adherence was being maintained in respect of Infection Prevention and social distancing protocols, the Trust would be continuing to utilise the Independent Sector capacity, and that mutual aid from other centres was being sought to address significant demand and capacity challenges within the Urology service.

In discussion on paper F, the Acting Chief Executive recorded her thanks to the Acting Chief Operating Officer and her team for their significant work, noting the need to be mindful of staff health and wellbeing. The mental health of intensive care staff was a particular area of concern, due to the high pressures they had experienced at the height of the pandemic. UHL had played an important role in supporting other NHS Trusts (in the region and in London) with their Covid-19 response and a Regional Acute Collaborative had been established to ensure that waiting lists were managed equitably as a whole without creating a 'post code lottery' in terms of access to care.

The Trust Chair requested the Acting Chief Operating Officer to present regular update reports to the Trust Board on this important issue. He supported an ongoing focus on improving the communications with patients and protecting staff health and wellbeing. He also queried whether there were any wider implications in respect of the growth in cancer referrals. In response, the Acting Chief Operating Officer advised that the number of cancer referrals had reduced during the height of the pandemic and the increased referrals now being seen were thought to be the 'catch up' effect. The conversion rate between referral and cancer diagnoses was being monitored closely. However, there had been no reduction in the number of referrals for skin cancer all year and these referrals had exceeded the seasonal trajectory in each of the last three months. The proportion of cancer patients not being seen by their GP or dentist in the first instance had also increased.

**Resolved – that (A) the update on the Restoration and Recovery of Clinical Services be received and noted as paper F, and**

**(B) the Acting Chief Operating Officer be requested to present regular updates on the Restoration and Recovery of Clinical Services to the Trust Board.**

**ACOO**

183/21/5

Process for Reviewing Patient Harm

On behalf of the Medical Director, the Deputy Medical Director introduced paper G, describing the approach that UHL had taken to identify the risks to patients, actions taken to reduce harm and the approach to recording any harm that had occurred due to the unintended consequences of diverting clinical capacity to treat Covid-19 positive patients and identification, investigation and learning from hospital-onset health care associated Covid-19 nosocomial infections. The review had primarily been focused upon the higher risk patient cohorts such as cancer patients and the elective priority groups 1 to 4 as defined using the national categorisations framework. A robust and established process was already in place to identify and report any patient harm, but this had been supplemented by an additional process and a clinically-led weekly scheduling session for Operating Theatre capacity had been implemented.

In discussion on the report, Ms V Bailey Non-Executive Director reflected upon the potential impact of extended waiting lists from a patient perspective and the need for appropriate messaging to be provided to ensure that patients continued to come forward to their GP if they suspected that they had cancer (as early diagnosis, treatment and prevention continued to be crucial for such patients). The Trust Chair commented upon the importance of communicating with patients whose treatment had been delayed due to Covid-19, recognising that there was more to do in this area outside of the direct contact they had with the clinicians during the prioritisation process. He also highlighted opportunities to explore the implementation of surgical hubs and regional hubs with other Trusts.

Mr B Patel, Non-Executive Director queried whether it would be possible to clarify the various definitions of patient harm, noting his existing assumption that these might be categorised as 'moderate', 'major' or 'death'. In response, the Deputy Medical Director advised that the definitions used by the patient safety team were not as well defined as he would like them to be. For instance, there was currently no category for psychological harm. The Trust Chair noted that some patient harm might be categorised/described as a 'life-changing event'. He asked the Deputy Medical Director to consider this matter further and present some simple category/definitions that could be readily understood by non-clinicians to a future Trust Board meeting. The Director of Strategy and Communications and the Director of Quality Transformation and Efficiency Improvement both offered to support this workstream going forwards.

DMD/  
DSC/  
DQTEI

Col (Ret'd) I Crowe, Non-Executive Director commended the way that UHL was triangulating the data from operational performance, learning from deaths, patient experience and complaints, but he queried how this was being captured and reported upon to ensure that the lessons were being learned and that actions were taking place to support staff and patients. The Deputy Medical Director added that the learning from deaths process also included communications with the next of kin for the deceased patients. The Trust Chair thanked the Deputy Medical Director for presenting this important report, noting that feedback from this review might be required to feed into a forthcoming national enquiry into the Covid-19 pandemic. He summarised the further actions now required in respect of (a) strengthening communications with patients, (b) developing categories/definitions for capturing patient harm (without using personal data), and (c) analysing whether differential care was being provided to different sectors and communities of the local population. In respect of the latter point, the Director of Strategy and Communications reported on the work that Professor N Brunskill, Director of Research and Innovation was leading to analyse differential access and experience through the lens of patient demographics and the index of multiple deprivation. Work in this area had been identified within the 2021/22 Planning Guidance and the Trust remained inquisitive in the exploration and analysis of this theme. The Deputy Medical Director agreed to liaise with the Director of Strategy and Communications and the Director of Research and Innovation in progressing this workstream further outside the meeting.

DMD/  
DSC/  
DR&I

**Resolved – that (A) the update on the process for reviewing patient harm be received and noted as paper G, and**

**(B) the Deputy Medical Director be requested to work with the Director of Strategy and Communications and the Director of Quality Transformation and Efficiency Improvement to develop proposals for defining the categories of patient harm arising from the Covid-19 pandemic, and**

DMD/  
DSC/  
DQTEI

**(C) the Deputy Medical Director be requested to liaise with the Director of Strategy and Communications and the Director of Research and Innovation (outside the meeting) to establish whether differential care was being provided to different sectors and communities of the local population.**

DMD/  
DSC/  
DR&I

183/21/6

Board Development

The Trust Chair introduced paper H, describing the revised Trust Board governance arrangements to be implemented with effect from July 2021, advising that a further paper would be presented to the Trust Board on 1 July 2021 to (a) confirm the Chairmanship and membership of each Board Committee and (b) provide a revised schedule of Trust Board meeting dates for the remainder of 2021/22. The formal terms of reference for each Board Committee would then be submitted to the September 2021 Trust Board for formal ratification. In parallel, a robust programme of Board Development had been implemented and was proceeding supported by Deloitte.

The Director of Estates and Facilities commented upon the need for a very clear structure and lines

of accountability, responsibility and transparency for the new Reconfiguration and Transformation Committee, given the significant impact that transformation could have on every area of UHL's services. He also highlighted the requirements to comply with onward national reporting to the New Hospital Programme. The Trust Chair accepted this point, noting that some of the Committees would have limited changes to their scope, whilst others would require much more detailed consideration of the way that they would operate going forwards. These wider discussions would now take place over the next few weeks, culminating in the updated terms of reference being presented to the Trust Board on 2 September 2021.

**Resolved – that (A) the proposals for Trust Board Governance be received and approved as set out in paper H;**

**(B) a further report be presented to the Trust Board on 1 July 2021 to confirm the Chairmanship and membership of each Board Committee and to provide an updated Trust Board meeting timetable for the remainder of 2021/22, and**

Chair

**(C) the Terms of Reference for each of the Board Committees be presented to the Trust Board on 2 September 2021 for ratification.**

Chair

## 184/21 ITEMS FOR ASSURANCE

### 184/21/1 Roadmap to Sustainable Financial Improvement – Assurance Report

The Acting Chief Executive introduced paper I describing the development of UHL's Roadmap to sustainable financial improvement and the proposed actions and eventual outcomes that would demonstrate 'good' financial governance and (in turn) support the Trust's ambition to exit NHS England/Improvement's Financial Special Measures Programme. The Trust Board had reviewed previous iterations of this assurance report in the private session of previous meetings and this was the first time that the report had been considered in the public domain. Section 2 of the Executive Summary described five potential risks to delivery, one of which was RAG-rated as red and four were rated as amber and the Acting Chief Executive provided a short progress update against each of these risks:-

- (a) delays in the delivery of the restated 2019/20 balance sheet and production of the 2020/21 accounts (red) – the data cleansing exercise was progressing well and it was hoped that the 2019/20 balance sheet and the 2020/21 Annual Accounts would be presented to the 2 December 2021 Trust Board for approval;
- (b) restructure of the finance function (amber) – an additional resource had been put in place to lead the restructure process and designated support from the People Services Directorate was in place to support the associated management of change process;
- (c) longer-term financial recovery plans given the complexities of the National Planning Guidance arising from the Covid-19 pandemic – a Trust Board workshop was planned for August 2021 to review the position in more detail;
- (d) a lack of clear links with the System-wide financial recovery planning – ongoing work was taking place to align UHL's long term financial plan with the System financial recovery plan, and
- (e) progress of the Trust's control environment against the 'grip and control checklist' being hampered by competing demands on the team – the priority focus areas were currently being reviewed and progress updates would be presented to future meetings of the Financial Recovery Board and Audit Committee.

The Chief Financial Officer, the Non-Executive Director FIC Chair and the Non-Executive Director Audit Committee Chair confirmed their agreement with the current status of the Roadmap, advising that they had no additional information to highlight to Trust Board members at the current time. The Trust Chair expressed his hope that the Trust could move on from these financial governance issues by the Autumn of 2021 and focus more closely on delivering a financial recovery plan and cost improvement programme which was fully understood and owned by the unitary Trust Board. Arrangements were being made for a series of Trust Board 'deep dive' reviews into the financial recovery plan, and this process would include suitable arrangements to ensure public transparency and engagement with the LLR Integrated Care System (ICS), of which UHL was an integral component.

**Resolved – that (A) the Roadmap to Sustainable Financial Improvement be received and noted as paper I;**

**(B) regular updates on the progress of the Roadmap to Sustainable Financial Improvement be presented to the public Trust Board meetings, and** ACE

**(C) a series of Trust Board ‘deep dive’ reviews into UHL’s Financial Recovery Plan be held with suitable arrangements being made to ensure public transparency and oversight by the LLR ICS.** CFO

184/21/2 Reports from Virtual Board Committee Meetings

184/21/2.1 Audit Committee

The Non-Executive Director Audit Committee Chair introduced paper J1, providing the Minutes of the Audit Committee meeting held on 17 May 2021. He particularly highlighted the Committee’s discussion on the findings of the Internal Audit Review of Payroll, noting the progress that had been made in respect of service provider relationships and increased automation of processes. Some areas for improvement had been identified in respect of control account reconciliations, starter and leaver processes and payroll provider assurance, but progress of the action plan to address these was being monitored by the People Process and Performance Committee going forwards. The Chief People Officer advised that she and her team had welcomed the findings of this review, outlining the improvements that had taken place within the Payroll Service over the last few years, noting that payroll accuracy now stood at 99%. She confirmed that the management response to each of the findings was being prioritised appropriately and embedded in the wider plans for the workforce efficiency workstream.

**Resolved – that the Minutes of the 17 May 2021 Audit Committee meeting be received and noted as paper J1.**

184/21/2.2 Quality and Outcomes Committee (QOC)

Paper J2 summarised the issues covered during the virtual QOC meeting held on 27 May 2021. The Non-Executive Director QOC Chair sought and received Trust Board approval of the Learning from Deaths quarterly report (as appended to paper J2). As set out in the report, UHL had a well-functioning process for learning from deaths and this included Maternity Services. National proposals had been announced in respect of rolling out the Medical Examiner process to include all patient deaths in the community with Acute Trusts acting as the host for this service. Deep-dive reviews of six diagnoses groups were being undertaken, the first three of which were now complete (septicaemia, acute bronchitis and senility and organic mental disorders), but no concerns relating to clinical pathways or clinical management had arisen. A comprehensive report on the findings of the deep-dive reviews would be presented to a future QOC meeting once the remaining three reviews had been completed.

In addition, QOC had discussed the assurance process for the Chief Nurse and the Medical Director to review cost improvement and service transformation plans to ensure that there were no adverse effects for patients or staff. QOC also received and noted annual reports relating to Safeguarding, Care of Patients with a Learning Disability at UHL and the New and Interventional Procedures Advisory Group (NIPAG), for which the Non-Executive Director QOC Chair expressed her thanks to the relevant services for the work involved in producing these. The Chief Nurse commented on the Infection Prevention Board Assurance Framework, noting that some patients were reluctant to come into hospital for clinical appointments or procedures due to their concerns about potential Covid-19 transmission. She reminded Board members that the Care Quality Commission (CQC) had undertaken a robust confirm and challenge process in this area and that UHL had been compliant with all 11 areas of assurance. UHL had since chosen to revisit that process and added more recent health and safety guidance for staff and she was pleased to report that it was still considered that the Trust had good assurance against each area. Reporting on this issue was taking place on a quarterly basis through the Executive Quality Board and QOC. Finally, the Trust Chair sought information about the arrangements for sharing the Learning from Deaths information with other Trusts, noting in response that UHL was a leading member of the regional forum which had been established for this purpose, and that the reporting mechanisms themselves also had a process for sharing data between NHS Trusts.

**Resolved – that (A) the summary of public issues discussed at the 27 May 2021 QOC meeting be received and noted as paper J2, and**

**(B) the Learning from Deaths quarterly report be approved (as appended to paper J2).**

184/21/2.3 People, Process and Performance Committee (PPPC)

Paper J3 summarised the issues covered during the virtual PPPC meeting held on 27 May 2021. The Non-Executive Director PPPC Chair advised that there were no recommended items and the report would be taken as read, unless there were any comments or queries arising.

**Resolved – that the summary of public issues discussed at the 27 May 2021 PPPC meeting be received and noted as paper J3.**

184/21/2.4 Finance and Investment Committee (FIC)

The FIC Non-Executive Director Chair introduced paper J4, providing a summary of the issues covered during the virtual FIC meeting held on 27 May 2021. He sought and received Trust Board approval for the following recommended items: (1) the 2021/22 draft financial plan for April 2021 to September 2021 (half one), and (2) the 2021/22 draft capital plan in the sum of £80.3m. Both of these reports were appended to the FIC summary for completeness. He also highlighted the Committee's discussion on the arrangements for critical infrastructure risk management and the month 1 2021/22 financial position, noting that the Chief Financial Officer would provide a separate briefing on the month 1 position later in the agenda (Minute 184/21/2.5 below refers).

CFO

**Resolved – that (A) the summary of public issues discussed at the 27 May 2021 FIC meeting be received and noted as paper J4, and**

**(B) the recommended items (relating to the 2021/22 draft financial plan April 2021 to September 2021 and the 2021/22 draft capital plan) be approved (as appended to paper J4).**

CFO

184/21/2.5 2021/22 Month 1 Financial Position

The Chief Financial Officer introduced paper J5, providing the monthly financial performance report for month 1 (April 2021), noting that the actual position (inclusive of top up funding) reflected a £0.1m surplus which was £0.3m favourable to the planned position. The Trust had maintained a strong cash position and continued to pay its suppliers on time. He highlighted that the April to September 2021 financial plan reflected national guidance based on the actual expenditure during quarter 3 of 2020/21 with appropriate adjustments made for inflation, cost improvements and System funding. Capital funding expenditure of £4.1 had been committed in month 1, reflecting an underspend against plan of £0.6m.

**Resolved – that the month 1 financial performance report be received and noted (as paper J5).**

**185/21 ITEMS FOR NOTING**

185/21/1 Quarterly Sealings Report – 1 January 2021 to 31 March 2021

**Resolved – that the quarterly sealings report for 1 January 2021 to 31 March 2021 be received and noted as paper K.**

185/21/2 Minutes of the LLR Integrated Care System Board

**Resolved – that the Minutes of the LLR Integrated Care System Board meetings held on 16 March 2021 and 30 April 2021 be received and noted as papers L1 and L2 (respectively).**

185/21/3 Minutes of the Virtual Board Committee Meetings – April 2021

185/21/3.1 Quality and Outcomes Committee (QOC)

**Resolved – that the public Minutes of the 29 April 2021 QOC meeting be approved as per paper M1.**

185/21/3.2 People, Process and Performance Committee (PPPC)



**Resolved** – that the public Minutes of the 29 April 2021 PPPC meeting be approved as per paper M2.

185/21/3.3 Finance and Investment Committee (FIC)

**Resolved** – that the public Minutes of the 29 April 2021 FIC meeting be approved as per paper M3.

186/21 **QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

**Resolved** – that no questions were raised in advance for a response during this virtual meeting.

187/21 **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 188/21 to 195/21), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

188/21 **DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

Mr A Johnson, Non-Executive Director and the Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively). With the agreement of the Trust Board, these individuals remained present.

189/21 **CONFIDENTIAL MINUTES**

**Resolved** – that the confidential Minutes of the 6 May 2021 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR  
MAN**

190/21 **CONFIDENTIAL MATTERS ARISING REPORT**

**Resolved** – that the confidential Trust Board matters arising log be received as paper O.

191/21 **KEY ISSUES FOR DISCUSSION/DECISION**

191/21/1 Confidential Report from the Chief People 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.

192/21 **ITEMS FOR ASSURANCE**

192/21/1 Reports from Board Committees

192/21/1.1 Audit Committee

**Resolved** – that the confidential Minutes and the private and confidential Minutes of the 17 May 2021 Audit Committee meeting be received and noted as papers Q1 and Q2.

192/21/1.2 Finance and Investment 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.

192/21/1.3 Remuneration 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.

## 193/21 REPORTS FROM EXECUTIVE GROUPS

193/21/1 Executive Strategy Board (ESB)

**Resolved** – that the action notes arising from the ESB meeting held on 4 May 2021 be received and noted as paper T.

## 194/21 ITEMS FOR NOTING

194/21/1 Reports from Board Committees

194/21/1.1 Quality and Outcomes Committee (QOC)

**Resolved** – that the confidential Minutes of the 29 April 2021 QOC meeting be received as paper U1, noting that any recommended items were approved by the Trust Board on 6 May 2021.

194/21/1.2 Finance and Investment Committee (FIC)

**Resolved** – that the confidential Minutes of the 29 April 2021 FIC meeting be received as paper U2, noting that any recommended items were approved by the Trust Board on 6 May 2021.

## 195/21 ANY OTHER BUSINESS

**Resolved** – that no items of additional business were discussed.

## 196/21 DATE OF NEXT TRUST BOARD MEETING

**Resolved** – that the next Trust Board virtual meeting be held on Thursday 1 July 2021 from 9am.

The meeting closed at 12.54 pm

Kate Rayns, Corporate and Committee Services Officer

## Cumulative Record of Attendance (2021/22 to date):

### Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J MacDonald (from 19.4.21)	3	3	100	C Fox	5	4	80
				A Furlong	5	2	40
K Singh (until 16.4.21)	2	2	100	A Johnson	5	5	100
V Bailey	5	5	100	S Lazarus	5	5	100
P Baker	5	4	80	D Mitchell	5	5	100
R Brown	5	5	100	B Patel	5	5	100
I Crowe	5	5	100	M Williams	5	5	100

### Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	5	5	100	I Orrell	5	5	100
M Durbridge (from 6.5.21)	3	3	100	S Ward	5	5	100
K Gillatt	5	3	60	M Wightman	5	5	100
D Kerr	5	5	100	H Wyton	5	3	60
H Kotecha	5	5	100				