

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF AN EXTRAORDINARY MEETING OF THE TRUST BOARD, HELD ON THURSDAY  
19 JANUARY 2017 AT 2PM IN ROOMS A & B, EDUCATION CENTRE,  
LEICESTER GENERAL HOSPITAL**

**Voting Members present:**

Mr K Singh – Chairman  
Mr J Adler – Chief Executive  
Professor P Baker – Non-Executive Director  
Dr S Crawshaw – Non-Executive Director  
Col (Ret'd) I Crowe – Non-Executive Director  
Mr A Furlong – Medical Director  
Mr A Johnson – Non-Executive Director  
Mr R Moore – Non-Executive Director  
Mr B Patel – Non-Executive Director  
Ms J Smith – Chief Nurse  
Mr M Traynor – Non-Executive Director  
Mr P Traynor – Chief Financial Officer

**In attendance:**

Mr C Benham – Director of Operational Finance  
Mr G Distefano – Head of Strategic Planning  
Mr D Henson – LLR Healthwatch Representative  
Mr W Monaghan – Director of Performance and Information  
Ms H Stokes – Senior Trust Administrator  
Mrs L Tibbert – Director of Workforce and Organisational Development  
Mr S Ward – Director of Corporate and Legal Affairs  
Mr M Wightman – Director of Marketing and Communications

**ACTION**

**27/17 APOLOGIES AND WELCOME**

Apologies for absence were received from Mr R Mitchell, Chief Operating Officer. The Trust Chairman welcomed Mr W Monaghan Director of Performance and Information to the meeting.

**28/17 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

The Chairman declared an interest in the Lakeside House practice which currently provided ED front door arrangements at UHL. He confirmed that he would absent himself from the meeting if members wished to discuss ED front door arrangements in any further detail during the Annual Operational Plan 2017-19 discussion in Minute 30/17 below. In the event, it was not necessary for him to withdraw from the discussion.

**29/17 MINUTES AND MATTERS ARISING**

**Resolved – that the Minutes and matters arising log of the 5 January 2017 Trust Board meeting be submitted to the 2 February 2017 Trust Board.**

STA

**30/17 DRAFT ANNUAL OPERATIONAL PLAN 2017-19**

The latest iteration of the Trust's draft Annual Operational Plan (AOP) for 2017-19 was presented for approval at paper A. In an update from the required December 2016 submission, the AOP now also reflected the contract settlement reached with

Commissioners. A letter from UHL's Chief Executive to NHS Improvement was also appended to paper A for approval – this letter highlighted the key risks associated with the planning assumptions which underpinned the AOP 2017-19; these risks related particularly to demand and capacity, and also to capital. In introducing the plan for approval, the Chief Executive and the Head of Strategic Planning also advised that the AOP did not involve meeting the control total. In terms of the activity assumptions within the AOP, the Head of Strategic Planning drew the Trust Board's attention to the impact of planning scenario 2 (reflecting the contract plan).

The Chief Financial Officer outlined the Trust's financial position as at month 9, which would be reported in further detail to both the 26 January 2017 UHL Integrated Finance Performance and Investment Committee (IFPIC) and to the February 2017 Trust Board. Given the financial challenge of delivering the 2016-17 control total, the Trust Board was invited to consider whether the £26.7m improvement proposed for 2017-18 in paper A was deliverable.

In discussion on the draft AOP 2017-19, Non-Executive Directors:-

- (a) queried the scope to use the cost improvement programme (CIP) process to drive cost savings; it was agreed to discuss this further with the Chief Operating Officer, recognising the benefits of aligning the two processes; **CFO**
- (b) voiced some surprise that the Emergency Floor scheme did not feature more prominently in the plan. In response, given the prescribed format of the AOP the Head of Strategic Planning suggested that further detail on the Emergency Floor could be included in any public-facing summary of the plan. The Chief Executive commented that Emergency Floor risks would also be appropriately captured in the Board Assurance Framework; **HoSP**
- (c) requested that a cashflow forecast appendix be added to the AOP. In agreeing to this request, the Chief Financial Officer also agreed to circulate the finalised AOP to Trust Board members including the detailed underpinning financial templates which were required for submission but which were not currently shown in paper A. In response to a further Non-Executive Director query, the Chief Financial Officer confirmed that those templates included a balance sheet; **CFO**
- (d) queried what changes needed to be introduced to deliver the 2017-18 financial plan – in response, the Chief Financial Officer commented on the need for further Executive-level consideration of a more focused turnaround approach in respect of efficiency and cost reduction;
- (e) queried what level of cash support was required (and available) based on the income and expenditure assumptions within the plan. In response, the Chief Financial Officer reiterated previous comments on the national uncertainty re: access to cash, and advised that the Trust planned to write to NHS Improvement regarding cash and working capital requirements, and
- (f) were advised that the challenges of delivering the Annual Operational Plan would be detailed in the Chief Executive's letter to NHS Improvement as appended to paper A.

The Trust Board also noted comments from the LLR Healthwatch representative, who welcomed the clarity of the AOP 2017-19. He also queried what degree of flexibility there was within the plan to reflect in-year changes outside the Trust's control (eg such as national capital availability). In response, the Head of Strategic Planning advised that the plan represented a position in time and would require changing if the underlying assumptions also changed. The Chief Financial Officer further commented that some aspects within the plan were more flexible than others, and he confirmed (in response to a Healthwatch query) that PF2 was not factored into the plan.

It was the view of the Chief Financial Officer that UHL should submit a less ambitious deficit plan than the £26.7m currently proposed in paper A, recognising that such a move would also impact on the figure proposed for 2018-19. Following discussion on the potential range

to be considered, the Trust Board agreed that UHL's year-end positions for 2017-18 and 2018-19 should be amended to £29.8m and £24.9m respectively. At the request of Mr A Johnson Non-Executive Director it was also agreed to include appropriate wording in the Chief Executive's letter to NHS Improvement recognising the scale of the challenge facing UHL and stating that there were risks to delivery.

CFO/  
CE

In further discussion on the plan the Trust Board noted:-

- (i) that the AOP made it clear that UHL could not sign up to the 2017-18 control total;
- (ii) comments from the Chief Executive re: the performance trajectories within planning scenario 2 – following these comments it was agreed to amend that section of the plan to:-
  - show quarterly compliance with the 62-day cancer waits target;
  - clarify the wording regarding the new Emergency Floor impact, to reflect that there would be no immediate benefit;
- (iii) that the performance figures had not yet been agreed with Commissioners (it was confirmed however that the CCGs had received sight of them);
- (iv) the need for resulting further work on the LLR STP, given the recognised challenge of aligning the 2 plans. The Chief Executive advised that System Leadership Team discussions on the morning of 19 January 2017 had agreed the need for a refresh of the LLR STP to reflect contract agreements, and
- (v) the Trust Chairman's request that Executive Directors consider how to ensure that future medical workforce investment decisions were appropriately 'future proofed' in the context of new ways of working and care pathway developments.

CFO

DWOD/  
MD

Following due consideration and subject to the comments above, the Trust Board endorsed the draft UHL Annual Operational Plan 2017-19 and the accompanying letter to NHS Improvement. Once appropriately updated and finalised, the Trust Board delegated authority to the Chief Executive and Chief Financial Officer to submit the AOP 2017-19 to NHS Improvement as required.

CE/  
CFO

**Resolved – that (A) discussions be held with the Chief Operating Officer re: the scope to use the cost improvement programme (CIP) process to drive cost savings;**

CFO

**(B) the draft AOP and the Chief Executive's accompanying letter to NHS Improvement to be endorsed:-**

CFO

**(i) subject to:-**

- addition of the cash flow appendix;
- amendments to the performance trajectories;
- amendment of the 2017-18 and 2018-19 year end positions to £29.8m and £24.9m respectively;
- inclusion in the letter of appropriate wording re: the scale of the challenge facing UHL and stating that there are risks to delivery;

**(ii) noting that the performance figures had not yet been agreed with CCGs;**

**(iii) noting the need for resulting further work on the LLR STP;**

**(C) once finalised, authority be delegated to the Chief Executive and Chief Financial Officer to submit the AOP 2017-19 to NHS Improvement as required, and circulate the document to Trust Board members in full for information (including the detail of the underlying financial templates required in the submission);**

CE/  
CFO

**(D) consideration be given to including more detail on the Emergency Floor development in any public-facing summary/version of the AOP 2017-19, and**

HoSP

**(E) consideration be given to how to ensure that future medical workforce investment decisions were appropriately ‘future proofed’ in the context of new ways of working and care pathway developments.** DWOD/MD

### 31/17 QUESTIONS FROM THE PRESS AND PUBLIC ON BUSINESS TRANSACTED AT THE MEETING

A public attendee queried the level of internal Clinical Management Group (CMG) buy-in to the AOP, noting the need for Trust-wide support to deliver the assumptions. In response, the Chief Financial Officer described the meetings held with both clinical and managerial CMG representatives by the Finance, Operations and Strategy teams – it had now been agreed to re-run those sessions following contract agreement and ahead of April 2017 implementation. Informal dialogue also took place with CMGs on a daily basis.

**Resolved – that the position be noted.**

### 32/17 ANY OTHER BUSINESS

#### 32/17/1 Medical Student Feedback

Professor P Baker, UHL Non-Executive Director and Dean of the University of Leicester Medical School, advised that he would collate feedback from a recent medical student event and present it to a future Trust Board. Members agreed that it would be helpful if this item coincided with one of the scheduled quarterly updates on multiprofessional education and training.

PBNE/MD

**Resolved – recent medical student feedback be presented to a future Trust Board (to coincide with the quarterly update on multi-professional education and training).**

PBNE/MD

### 33/17 DATE OF NEXT TRUST BOARD MEETING

**Resolved – that the next Trust Board meeting be held on Thursday 2 February 2017 from 9am in Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.**

The meeting closed at 3.02pm

Helen Stokes – **Senior Trust Administrator**

#### Cumulative Record of Attendance (2016-17 to date):

##### Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	16	14	88	A Johnson	16	16	100
J Adler	16	16	100	R Mitchell	16	12	75
P Baker	13	11	85	R Moore	16	15	94
S Crawshaw	2	2	100	B Patel	12	10	83
I Crowe	16	15	94	J Smith	16	15	94
S Dauncey	4	3	75	M Traynor	16	16	100
A Furlong	16	13	81	P Traynor	16	16	100
A Goodall	3	2	67				

##### Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Henson	11	11	100	L Tibbert	16	15	94
N Sanganeer	5	2	40	S Ward	16	15	94
				M Wightman	16	13	81