

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 10 JANUARY 2019 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Voting Members present:

Mr K Singh – Trust Chairman (Chair)
Mr J Adler – Chief Executive
Ms V Bailey – Non-Executive Director
Professor P Baker – Non-Executive Director
Mrs R Brown – Chief Operating Officer
Col (Ret'd) I Crowe – Non-Executive Director
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Ms K Jenkins – Non-Executive Director
Mr A Johnson – Non-Executive Director
Mr B Patel – Non-Executive Director
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer

In attendance:

Mr C Benham – Director of Operational Finance (for Minutes 19/19 and 20/19)
Miss M Durbridge – Director of Safety and Risk
Ms C Ellwood – UHL Chief Pharmacist (for Minute 20/19)
Ms B Hobbs – PwC (for Minute 19/19)
Ms M Khuroya – Superintendent Pharmacist (for Minute 20/19)
Mr D Morris – PwC (for Minute 19/19)
Mr N Sone – Financial Controller (for Minute 12/19/1)
Ms K Rayns – Corporate and Committee Services Officer
Mr G Robinson – PwC (for Minute 19/19)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Strategy and Communications
Ms J Woolley – Charity Finance Manager (for Minute 12/19/1)
Ms H Wyton – Director of People and Organisational Development

ACTION

1/19 APOLOGIES AND WELCOME

Apologies for absence were received from Ms H Kotecha, Leicester and Leicestershire Healthwatch Representative.

2/19 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Chief Financial Officer and Mr A Johnson, Non-Executive Director declared their respective roles as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd.

3/19 MINUTES

Resolved – that the Minutes of the 6 December 2018 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

CHAIRMAN

4/19 MATTERS ARISING FROM THE MINUTES

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

5/19 CHAIRMAN'S MONTHLY REPORT – JANUARY 2019

In introducing his monthly report, the Chairman specifically highlighted:-

- (a) the publication on the national Ten Year Plan for the NHS (on 7 January 2019) including the need to translate this national vision into the local context through Trust Board thinking day sessions and engagement with a wide range of stakeholders;
- (b) the development of plans to respond to Britain's exit from the European Union, including

consideration of the potential impact upon UHL's workforce and the arrangements for maintaining access to medicines and supplies;

- (c) the CQC's focus on quality of services, long term sustainability, efficient use of resources and organisational ability to identify and mitigate risks, and
- (d) the continuing emphasis on capital investment within the LLR health economy and the need for clarity within UHL's future plans for the configuration of services.

Resolved – that the Chairman's January 2019 report be noted.

6/19 CHIEF EXECUTIVE'S MONTHLY REPORT – JANUARY 2019

The Chief Executive's January 2019 monthly update followed (by exception) the framework of the Trust's strategic objectives. As the attached quality and performance dashboard covered core issues from the monthly quality and performance report, the full version of that report was accessible on the Trust's external website and it was hyperlinked within paper D. Taking the report as read, the Chief Executive specifically highlighted the following issues:-

- (a) the recent publication of guidance for contingency planning for a 'no deal' Brexit, advising that UHL would be stepping up its preparations in this respect during February and March 2019;
- (b) publication of the Ten Year Plan for the NHS and the next steps for analysing the implications for Trusts in respect of managing waiting times, etc. One of the most significant changes was the Provider Financial Regime and the detailed guidance on this subject was expected imminently;
- (c) the Trust continued to forecast a £51.8m deficit outturn. In order to deliver this, a range of additional financial controls were being implemented and additional savings were being identified whilst ensuring that clinical quality was maintained for patients;
- (d) the decision by Commissioning colleagues to combine their management structure was welcomed, as this would reduce overhead costs and streamline decision making processes, and
- (e) Emergency Care performance against the 4 hour standard stood at 72.6% and UHL had held its positional nationally.

In further discussion on Emergency Care performance, the Chief Operating Officer advised that the first few days of January had been challenging. Despite this, the Trust had not experienced significant delays with ambulance handovers, 12 hour trolley breaches or cancer breaches due to bed constraints. A continued focus was being maintained on the morale of clinical staff and what could be done to support them to manage Winter pressures. The Medical Director supported these comments, adding that UHL's Emergency Care performance felt significantly better than the same period of 2017/18 and he confirmed that elective activity was being maintained. However, there was some 'noise in the system' relating to increasing incidence of H1N1 infections amongst younger sectors of the population, and the associated impact upon ECMO resilience planning.

With regard to other aspects of the Chief Executive's January 2019 report the Trust Board:-

- (1) welcomed the Quality and Performance Dashboard provided at appendix 1 and queried the arrangements for populating the right hand column (to indicate the date by which compliance would be achieved), and **COO**
- (2) commented upon a deterioration in case mix/patient acuity within Emergency Care, requesting that additional NerveCentre patient acuity trend data be included in all Emergency Care reports going forwards. **COO**

Resolved – that (A) the Chief Operating Officer be requested to consider the arrangements for populating the right hand column of the Quality and Performance Dashboard, and **COO**

(B) additional NerveCentre patient acuity trend data be included within all reports on Emergency Care performance going forwards. COO

7/19 KEY ISSUES FOR DISCUSSION/DECISION

7/19/1 Patient Story: Serious Incident

Paper E and the accompanying video presentation focused on the Interventional Radiology Team at Glenfield Hospital and the impact upon staff arising from their involvement in 2 Never Events (wrong site surgery) in May and June 2018. The key learning points arising from the Never Events had been a failure of staff to work as a cohesive team and a lack of leadership when undertaking the checking

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processes. The root causes were subsequently identified as system issues predisposing to human error. Contributory factors had also been identified surrounding the following issues:-

- (a) a lack of focus on the final stage of the safer surgery checklist as some staff continued to carry out other tasks;
- (b) no clearly defined 'stop' moment;
- (c) a lack of clarity of roles and responsibilities during the safer surgery checklist, and
- (d) extra pressure of workload due to a shortage of interventional radiologists.

The Director of Safety and Risk emphasised the key messages for staff regarding the cessation of other activities and the collective attention on the 'stop' moment, highlighting the wealth of information available to staff on the Patient Safety Portal. In discussion on the video, the Trust Board:-

- (i) noted the importance of re-inforcing Safer Surgery message amongst all staff groups, to reduce the likelihood of variability in practice arising from increases in workload and operational pressures;
- (ii) highlighted an opportunity to include a brief thank you messages from the Medical Director and the Chief Nurse at the end of the video; **DSR**
- (iii) commented upon the need to embed sustainable Safer Surgery habits into UHL's culture. The Medical Director advised that one of the 4 annual half day training sessions was devoted to human factors (avoiding non-technical errors), and **MD**
- (iv) requested that the Board's appreciation be passed on to all of the staff involved in recording this video in recognition of their contribution towards sustainable improvements in patient safety culture. **DSR**

Resolved – that (A) consideration be given to incorporating a thank you message from the Medical Director and the Chief Nurse at the end of the video; **DSR**

(B) a link to the finalised video be provided to relevant staff groups, re-iterating the key messages and highlighting the availability of other patient safety videos, and **MD**

(C) the Director of Safety and Risk be requested to contact the members of staff involved in making the video to record the Trust Board's appreciation of their contribution towards sustainable improvements in patient safety culture. **DSR**

7/19/2

Review of Oral and Maxillo-Facial Service (OMFS)

On behalf of the Trust Board, the Trust Chairman commenced this discussion by expressing regret about the standard of care provided to those patients affected by the issues within the Oral and Maxillo-Facial Service (OMFS), providing assurance that the Trust Board was committed to being open about the learning from the external review and very committed to making sustainable improvements to address the concerns raised and restore the service going forwards. He invited the Medical Director and Col (Ret'd) I Crowe, Non-Executive Director member of the OMFS Oversight Group to introduce the report provided at paper F.

The Medical Director provided a high level summary of the sequence of events leading up to the suspension of the service, commencing with a Quality Visit by Health Education England in July 2016, followed by UHL's decision to commission an external review of the OMFS by the Royal College of Surgeons (RCS). The initial RCS review took place in November 2016 and verbal feedback on preliminary findings led to a decision to immediately suspend all resective cancer surgery of the oral cavity and oropharynx (pending a further in-depth clinical records review by the RCS). Following a review of some 73 sets of patient notes extending over a 3-year period, the RCS produced their report in April 2017, concluding that ablative and reconstructive cancer surgery of the oral cavity and oropharynx should continue to be suspended. The RCS report had raised concerns as to whether the patients had been appropriately consented, whether the patients had been offered the best procedure to give them the best possible outcome, and failure rates of the flaps provided were higher than expected.

Paper F also detailed the exercise that had been undertaken to contact those patients affected by these issues (and their GPs), the work of the OMFS Oversight Group, and the process for identifying whether any patient harm had arisen as a direct result of the treatment received. To date, 13 patients were felt to have definitely suffered physical harm, 2 patients had suffered possible harm and 1 patient had suffered potential psychological harm. The issues related to the reconstructive surgery

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and had resulted in patients experiencing difficulties with speech, chewing, swallowing or cosmetic appearance. Face-to-face meetings were being held with these patients and a full and frank apology had been issued.

Col (Ret'd) I Crowe, Non-Executive Director member of the OMFS Oversight Group provided positive feedback on the robust governance processes surrounding the suspension of the service, patient contact exercise and implementation of the recommendations made by the RCS. He also briefed the Board on the development of an 'Assured Service Checklist' which could be applied to each clinical service to ensure that (at least) the minimum standards were being delivered and that appropriate arrangements were in place to maintain oversight.

With respect to restoring the service, 2 new Consultants had been appointed and standard operating procedures, patient information leaflets and governance procedures had been amended. NHS England had approved the gradual restoration of the service with support from an external surgeon. All 23 recommendations arising from the RCS review had been implemented and signed off. It was noted that there would be no dental core trainees within the Department and that Health Education England did not have any plans to re-introduce trainees at the current time.

In further discussion on the report, Trust Board members:-

- (a) commented upon opportunities to assure those patients who had not elected to have their case reviewed that they could request such a review at any point in time (if they decided to do so);
- (b) commended the robust oversight process and the transparency with which it was being handled, requesting that the outcome of the Maintaining High Professional Standards (MHPS) investigation be reported to a future Trust Board meeting (when available);
- (c) queried whether any other UHL services might be experiencing similar types of issues, noting in response that the classic parameters for monitoring performance of clinical services were not flagging as red, and that a regional hub for peer-review of techniques and failure rates would be helpful;
- (d) commented upon opportunities to develop a more systematic approach to reporting the outcomes of the Getting It Right First Time (GIRFT) reviews;
- (e) re-iterated the Board's apologies to the patients involved, providing assurance that all of the actions required to improve the service had been completed and that the learning from this service failure would be embedded within the new UHL Quality Strategy which was due to be launched in February 2019;
- (f) confirmed that the focus on candour and transparency was entirely appropriate under the circumstances, and
- (g) commented upon the need to communicate with staff and key stakeholders on the current position relating to the OMFS service and the proactive work being undertaken to restore the service going forwards.

MD

MD/
DECIP

MD

Resolved – that (A) the Medical Director be requested to report on the outcome of the MHPS investigation (when available);

MD

(B) the Medical Director and the Director of Efficiency and CIP be requested to develop a systematic approach to reporting the outcomes of GIRFT reviews through EQB and QOC meetings, and

MD/
DECIP

(C) the Medical Director be requested to prepare and circulate a staff briefing on the current position re: UHL's OMFS service and the proactive work being undertaken to restore the service.

MD

7/19/3

Briefing Paper: Planning 2019/20

The Director of Strategy and Communications and the Chief Financial Officer introduced paper G, providing a summary of the planning guidance received to date (provided in appendix A) and outlining the Trust's plans for constructing the Annual Operational Plan (AOP) for 2019/20 in the absence of the detailed provider-specific technical guidance which had not yet been published. The Director of Strategy and Communications highlighted the increased requirements from Clinical Management Groups and Corporate Teams to complete the planning processes and align plans with the wider system plans at short notice to comply with the key deadlines set out in section 4 of the report. At the current time, the draft AOP was provisionally scheduled for Trust Board consideration on 7 February 2019 and consideration was being given to scheduling an Extraordinary Trust Board

meeting on 28 March 2019 to approve the final version.

The Chief Financial Officer advised that 2019/20 was being seen as a transitional year in terms of the expected changes to the National Tariff arrangements. The detailed guidance (which was now expected to be published on either 10 or 11 January 2019) would set out a blended approach towards block contracts and no Provider Sustainability Funding was likely to be applied. 2019/20 was expected to be a challenging year from a funding perspective, due to the implementation of the new guidance and the process for re-balancing the funding between the various sectors of the health care economy. Overall, the Chief Financial Officer welcomed the new guidance and the expected impact that it would have upon financial flows within the NHS. He confirmed that UHL's Financial Strategy would be updated to ensure suitable alignment with the Quality Strategy and the Efficiency Strategy.

In discussion on paper G, the Trust Board noted:-

- (a) a comment on the ever-changing financial environment within the NHS and a query about whether the 2019/20 planning guidance was likely to address the inherent financial deficit for Acute Provider Trusts. In response, the Chief Financial Officer confirmed that (subject to sight of the detailed guidance) the aim would be to return all organisations to financial balance through a collaborative funding process, and
- (b) the need for Boards to be actively involved in the oversight of operational planning to ensure credible, Board-approved plans against which in-year performance could be judged. The Trust Chairman confirmed that this theme would be built into the programme of Trust Board thinking days.

Resolved – that (A) the draft UHL and System Operational Plans 2019/20 be presented to the 7 February 2019 Trust Board for approval, and

DSC

(B) consideration be given to scheduling an Extraordinary Trust Board meeting on 28 March 2019 (if required) to approve the final UHL and System Operational Plans for 2019/20.

**CHAIR/
DCLA**

8/19 RISK MANAGEMENT AND GOVERNANCE – INTEGRATED RISK AND ASSURANCE REPORT

Paper H comprised the 2018/19 integrated risk and assurance report including the Board Assurance Framework (BAF), as at 30 November 2018. As detailed in paper H, 3 new organisational risks scoring 15 or above had been entered onto the risk register in November 2018. These related to pharmacy and physiotherapy staffing levels and clinic capacity within the paediatric asthma service. A thematic analysis of the organisational risk register showed the key risk causation themes as being staffing shortages, and the imbalance between capacity and demand. The Medical Director provided assurance that the Clinical Management Group risk registers were reviewed regularly at the Performance Review meetings and that all new high risks were reviewed at the next available Executive Board meeting.

The Trust Chairman invited the relevant Executive Director leads to brief the Board upon key issues relating to the 3 highest Principal Risks which were currently rated as 20:-

Principal Risk 2 (re: workforce capacity and capability) – the Director of People and Organisational Development briefed the Board on the potential impact of Brexit proposals upon UHL's workforce and the proactive approach to recruitment that was being utilised. In parallel, a focus was also being maintained on retention of staff. The Chief Operating Officer highlighted the additional staffing requirements for winter capacity beds and commended the robust planning and execution of plans which was helping to ensure that safe staffing levels were maintained in all areas;

Principal Risk 3 (re: financial sustainability) – the Chief Financial Officer advised that the report on UHL's month 8 financial performance featured later in the agenda as paper L1. He drew members' attention to the detailed planning for 2019/20 and the longer term financial recovery plans. The current risk rating of 20 was felt to be appropriate at the current time, but this would be re-set as future developments were articulated in line with the new planning guidance, and

Principal Risk 4 (re: emergency care pathway) – the Chief Operating Officer provided assurance that robust plans were in place to deliver the anticipated winter demand for emergency care and that these plans had been reviewed by NHS England and NHS Improvement. To date, the signs were positive and the Trust was not experiencing serious issues relating to delayed transfers of care or stranded patients. The main risk was noted to be the growth in activity within the majors section of

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the Emergency Department, but a 3 day workstream was planned at the end of January 2019 (in conjunction with the Ambulance Service and other healthcare partners) with the aim of reducing unnecessary attendances and admissions to UHL's emergency department.

In further discussion on the integrated risk report, Board members:-

- (a) commented upon the common factor within several of the risk register entries relating to provision of IT equipment and services and the need for additional investment in this area. In response the Medical Director briefed the Board on the development of NerveCentre and other schemes which were in progress in relating to electronic prescribing, bar code scanning and acting on results, and
- (b) noted that this was a key document for consideration by the UHL Audit Committee. In addition, the Audit Committee would need to understand the process used for calculating future target risk scores and the actions planned to achieve them. The Medical Director confirmed that this data was provided in other iterations of the BAF.

Resolved – that the integrated risk and assurance report for November 2018 be noted.

9/19 LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION PROGRAMME – MONTHLY UPDATE

Paper I updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme, focusing this month on:-

- (a) the distribution of feedback from the STP public engagement events, covering themes such as travel and access, acute based services, access to GPs, social care position, and bed capacity;
- (b) dialogue and engagement with local authorities to ensure that they were updated on the proposals and plans, The Director of Strategy and Communications agreed to circulate a copy of the report which was due to be considered by the Leicestershire County Council Overview and Scrutiny Committee in January 2019 to Board members for information; **DSC**
- (c) the process for accessing capital requirements to support UHL's Reconfiguration Programme. There was currently no indication of the date when any announcements would be made regarding the larger wave 4 schemes, but access to the ICU funding element within the overall programme was progressing according to plan.

In discussion on the monthly update report, the Trust Board:-

- (i) requested that feedback from the STP programme of outreach work be captured and disseminated accordingly; **DSC**
- (ii) commented upon the positive level of engagement to date, noting that further clarity was required regarding wider patient and public engagement;
- (iii) noted the impact of reconfiguration and increased use of technology upon UHL's outpatient services (including the associated footfall trends on each hospital site);
- (iv) highlighted opportunities for more joined-up working with the Clinical Commissioning Groups and the Leicestershire Partnership NHS Trust in developing plans and strategies (including the scope to schedule potential Board to Board discussions);
- (v) agreed that the UHL Audit Committee would undertake a review of the identified risks in relation to Reconfiguration Programme Interdependencies (as referenced in section 5 of the report), and **CFO**
- (vi) thanked all of the staff who had been involved in supporting the public engagement events.

Resolved – that (A) a copy of the report due to be considered by the Leicestershire County Council Overview and Scrutiny Committee in January 2019 be circulated to Board members for information (outside the meeting); **DSC**

(B) the Director of Strategy and Communications be requested to consider the arrangements for capturing and disseminating any feedback from the STP programme of outreach work, and **DSC**

(C) a review of the identified risks relating to Reconfiguration Programme Interdependencies be presented to a future meeting of the UHL Audit Committee. **CFO**

10/19 QUALITY, PERFORMANCE AND FINANCE

10/19/1 Quality and Outcomes Committee (QOC)

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Paper J summarised the issues discussed at the 20 December 2018 QOC and sought Trust Board approval for the Freedom to Speak Up (F2SU) vision, strategy and plan (as appended to paper J). UHL was fully committed to promoting an open and transparent culture where all staff felt safe and confident to Speak Up and raise any concerns and this was being measured through F2SU reporting trends, exit interviews, bi-annual F2SU staff surveys and analysis of the relevant NHS staff survey responses. The Trust Chairman thanked Ms V Bailey and Mr A Johnson, Non-Executive Directors for their input as the existing and previously nominated F2SU Non-Executive Directors (respectively). Ms Bailey endorsed the vision, strategy and plan, noting the need to make it an integral part of UHL's Quality Strategy. The Director of People and Organisational Development advised that the ongoing Cultural and Leadership Development Programme might lead to some future changes in the measures by which the F2SU vision was monitored (eg in the next 18-24 months).

The QOC Chair also drew the Board's attention to the arrangements for sustaining improved performance for fractured neck of femur patients and the work of the VTE task and finish group. He advised that any further updates on the CQC report 'Under Pressure' (relating to ED safety) would be referred to the People Process and Performance Committee in future.

Resolved – that the summary of issues discussed at the 20 December 2018 QOC be noted as per paper J, and the recommended item be approved (Freedom to Speak Up vision, strategy and plan) – Minutes to be submitted to the 7 February 2019 Trust Board.

CCSO

10/19/2

People Process and Performance Committee (PPPC)

Paper K summarised the issues considered at the 20 December 2018 PPPC. That meeting had recommended that the Trust Board approve the Guardian of Safe Working quarterly report for the period 1 September 2018 to 30 November 2018, as appended to paper K. As outlined in the December 2018 PPPC summary, the PPPC had noted that specific interventions had been put in place to address the upward trend in exception reports and been re-assured by the relatively lower number of junior doctor vacancies.

At its December 2018 meeting, PPPC had also considered urgent and emergency care performance, UHL's winter plan for 2018/19, cancer performance, and progress with the Annual Integrated Leadership Programme for 2018/19. In discussion on the cancer performance report, Ms K Jenkins Non-Executive Director clarified that the comments she had raised at QOC related to the impact for those cancer patients who were not treated within the 104 day standard and how soon they were treated following such a breach. The Chief Operating Officer undertook to liaise with Ms Jenkins (outside the meeting) to consider any changes to the reporting mechanism which would capture the data she was seeking.

COO

Resolved – that (A) the summary of issues discussed at the 20 December 2018 PPPC be noted as per paper K, and the recommended item be approved (Guardian of Safe Working quarterly report for the period 1 September 2018 to 30 November 2018) – Minutes to be submitted to the 7 February 2019 Trust Board, and

CCSO

(B) the Chief Operating Officer be requested to liaise with Ms K Jenkins, Non-Executive Director to consider any changes to the cancer reporting mechanism which would capture additional data relating to the patient impact of cancer breaches.

COO

10/19/3

Finance and Investment Committee (FIC) and 2018-19 Financial Performance (November 2018)

Paper L summarised the issues discussed at the 20 December 2018 FIC. The Non-Executive Director FIC Chair particularly highlighted the significant improvements in the amount of clinical coding that was being undertaken from the case notes, the quarterly update on the IBM contract (including opportunities to develop this contract further), and the success of the Leicester Business Festival workshop event held at the Leicester General Hospital in November 2018.

Paper L1 presented the Trust's 2018/19 month 8 financial position, which had been discussed in detail at the December 2018 Finance and Investment Committee meeting. UHL had achieved a year to date deficit of £46.9m, excluding Provider Sustainability Funding (PSF), which was £27.1m adverse to plan driven by the cessation of the FM LLP (£13m) and the crystallisation of the unmitigated Financial Recovery Board risk (£4.3m), together with financial deterioration with the CMGs. Including PSF, the Trust had achieved a year to date deficit of £44.6m representing a £36.9m

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adverse to plan position due to non-recognition of PSF as a result of the impact of FM LLP from quarter 2. The report advised that UHL had submitted a revised deficit forecast of £51.8m in month 7, which represented the full year impact of FM LLP (21.9m) and the risk assessment of the underlying forecast (£8.7m). The remaining risk of between £3m and £10m was planned to be addressed through increased pay controls and proactive management of risks and opportunities to secure the best financial outturn for the Trust without compromising patient quality and safety.

Agency staffing expenditure remained below the required NHS Improvement agency staffing threshold and the forecast outturn against the £51.5m cost improvement programme target stood at £49.8m (reflecting a gap of £1.7m with £7.9m being driven by the cessation of the FM LLP). In respect of financial performance for the 7 CMGs and the Facilities Directorate, 4 of these were considered to be off-track and the remaining 4 were delivering their plan (or improving upon it). Appropriate levels of support and scrutiny were being applied and each CMG and Directorate had been issued with a letter confirming the Trust's expectations at the end of quarter 4. Formal responses were required by the end of that week. In parallel, the Trust had commissioned a short external review of UHL's financial recovery plans and the outputs of that review were due to be considered during the private session of today's Trust Board meeting.

Resolved – that (A) the summary of issues discussed at the 20 December 2018 FIC be noted as per paper L (no recommended items) – Minutes to be submitted to the 7 February 2019 Trust Board, and

CCSO

(B) the 2018/19 month 8 financial position be noted.

11/19 REPORTS FROM BOARD COMMITTEES

11/19/1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 29 November 2018 QOC be received and noted as per paper M1 (the recommended item having been approved at the 6 December 2018 Trust Board).

11/19/2 People Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 29 November 2018 PPPC be received and noted as per paper M2 (no recommended items).

11/19/3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 29 November 2018 FIC be received and noted as per paper M3 (no recommended items).

12/19 CORPORATE TRUSTEE BUSINESS

12/19/1 Charitable Funds Committee (CFC)

Mr B Patel, Non-Executive Director Chair of the Charitable Funds Committee introduced papers N1 and N2, providing the Minutes of the meeting held on 6 December 2018. That meeting had recommended that the Trust Board (as Corporate Trustee) approve the Leicester Hospitals Charity Annual Report and Accounts 2017/18 (circulated as paper N2), subject to any comments that might be raised at the Audit Committee on 11 January 2019. The Financial Controller and the Charity Finance Manager attended the meeting for this discussion.

In discussion on the Annual Report and Accounts, Ms K Jenkins Non-Executive Director Chair of the Audit Committee sought and received additional information regarding the delays in the audit timetable, which had meant that the audit work had not been completed in time for the December 2018 meeting of the Charitable Funds Committee. The Director of Corporate and Legal Affairs drew members' attention to the Committee's proposal to review the audit timetable for the 2018/19 Charity Accounts to ensure that sufficient time was made available for the relevant approvals processes to be undertaken in the correct sequence (Charitable Funds Committee, Audit Committee and then Trust Board). A wider discussion took place regarding the timeliness of the audit process, appropriate prioritisation of resources, and speed of response to audit queries. The Chief Financial Officer confirmed that there was scope for both UHL and the External Auditors to deliver improvements and he advised that he would be writing to the Auditors to set out his expectations for the 2018/19 audit

process.

Finally, the Audit Committee Chair sought and received an explanation of the reasons for an increase in creditors between 2016/17 and 2017/18, noting that this related to an unpaid invoice for building works which had since been authorised and paid.

Resolved – that (A) the Minutes of the 6 December 2018 Charitable Funds Committee be received and noted as per paper N1, by the Trust Board as Corporate Trustee, and **CCSO**

(B) the recommended item be approved (Leicester Hospitals Charity Annual Report and Accounts 2017/18) as per paper N2, by the Trust Board as Corporate Trustee, subject to any comments that might be raised by the Audit Committee on 11 January 2019. **CCSO**

13/19 **TRUST BOARD BULLETIN – JANUARY 2019**

Resolved – the following papers circulated with the January 2019 Trust Board Bulletin be noted:-

- (1) East Midlands Clinical Research Network quarterly update report (paper 1);
- (2) Clinical Education quarterly update (paper 2), and
- (3) Quarterly Sealings report for quarters 2 and 3 of 2018/19 (paper 3).

14/19 **QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

The following questions/comments were raised in respect of the business transacted at the meeting:-

- (1) a request for additional assurance to be included within future Board reports on issues such as Never Events (paper E) and the OMFS report (paper F) describing any actions being taken to prevent such issues arising again in future; **MD**
- (2) a query on the delays within the approvals process for the Interim ICU business case – in response the Chief Financial Officer advised that the normal Department of Health governance processes could be complex and could include inherent delays which were sometimes challenging to reconcile. However, progress was being made and the funds would soon be made available to draw down upon, and
- (3) a comment that some staff might be wary of speaking up/raising concerns in case it affected their future career prospects at UHL, and a suggestion that UHL might consider implementing an arm's length survey process to remove this barrier and empower staff to raise their concerns more freely. In response, the Director of People and Organisational Development re-iterated the role of the Freedom to Speak Up Guardian and confirmed that any changes in F2SU culture would be monitored through the National Staff Survey.

Resolved – that any actions arising from the comments/queries above be progressed by the relevant named lead. **LEADS**

15/19 **EXCLUSION OF THE PRESS AND PUBLIC**

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 16/19 to 27/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

16/19 **DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

Mr A Johnson Non-Executive Director, and the Chief Financial Officer declared their interests in Minute 20/19 below. Ms V Bailey and Professor P Baker, Non-Executive Directors noted that they had family members who worked for PwC and declared an interest in the business at Minute 19/19 below. It was agreed that they would not be required to absent themselves from the discussion on these items.

17/19 **CONFIDENTIAL MINUTES**

Resolved – that the confidential Minutes of the 6 December 2018 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly. **CHAIRMAN**

18/19 CONFIDENTIAL MATTERS ARISING REPORT

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

19/19 REPORT FROM THE CHIEF FINANCIAL OFFICER

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

20/19 REPORT FROM THE TGH LTD CHAIR

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests.

21/19 REPORT FROM THE DIRECTOR OF STRATEGY AND COMMUNICATIONS

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

22/19 REPORT FROM THE DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests.

23/19 REPORTS FROM BOARD COMMITTEES

23/19/1 Quality and Outcomes Committee (QOC)

Resolved – that the 29 November 2018 QOC confidential Minutes be noted as per paper V1 (no recommended items).

23/19/2 People Process and Performance Committee (PPPC)

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

23/19/3 Finance and Investment Committee (FIC)

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests.

24/19 CORPORATE TRUSTEE BUSINESS

24/19/1 Charitable Funds Committee (CFC)

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

25/19 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – that any papers circulated for the January 2019 confidential Trust Board Bulletin be received and noted.

26/19 ANY OTHER BUSINESS

26/19/1 Length of Trust Board papers

Trust Board Paper A

Professor P Baker, Non-Executive Director re-iterated his concerns regarding the length of some Trust Board reports, noting in response that these comments would be considered at a future Trust Board thinking day involving Board Intelligence.

DCLA

Resolved – that Professor Baker’s comments on the length of Trust Board papers be considered at a future Trust Board thinking day.

DCLA

26/19/2 Report from the Chief Financial Officer

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of commercial interests.

27/19 **DATE OF NEXT TRUST BOARD MEETING**

Resolved – that the next Trust Board meeting be held on Thursday 7 February 2019 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 1.52pm

Kate Rayns
Corporate and Committee Services Officer

Cumulative Record of Attendance (2018/19 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	15	13	87	A Furlong	15	13	87
J Adler	15	13	87	K Jenkins	2	2	100
V Bailey	15	12	80	A Johnson	15	14	94
P Baker	15	12	80	E Meldrum	10	9	90
R Brown	10	10	100	R Moore	13	10	77
I Crowe	15	14	94	B Patel	15	14	94
E Doyle	5	5	100	J Smith	1	1	100
C Fox	4	4	100	M Traynor	15	14	94
				P Traynor	15	14	94

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
B Kotecha/J Tyler-Fantom	6	6	100	S Ward	15	14	94
H Kotecha	3	2	67	M Wightman	15	14	94
L Tibbert	1	1	100	H Wyton	8	6	75