

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 7 FEBRUARY 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 (from part of Minute 40/19)  
 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 (from Minute 40/19)  
 Mr B Patel – Non-Executive Director  
 Mr M Traynor – Non-Executive Director  
 Mr P Traynor – Chief Financial Officer

**In attendance:**

Ms B Ballinger – Staff Engagement Manager (for Minute 42/19/2)  
 Mr B Collins – Emergency Planning Officer (for Minute 43/19/2)  
 Ms K Khaira – CMG HR Lead (for Minute 42/19/2)  
 Ms K Rayns – Corporate and Committee Services Officer  
 Ms R Vyas – Head of Strategic Development (for Minute 53/19)  
 Mr S Ward – Director of Corporate and Legal Affairs  
 Ms D Waters – General Manager, Medical Records, Outpatients, Booking Centre and Phlebotomy (for Minute 42/19/2)  
 Mr M Wightman – Director of Strategy and Communications (from part of Minute 41/19)  
 Ms H Wyton – Director of People and Organisational Development

**ACTION****36/19 APOLOGIES AND WELCOME**

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

**37/19 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.

**38/19 MINUTES**

The Trust Chairman highlighted an amendment to Minute 10/19/2 of 10 January 2019, noting that Ms K Jenkins, Non-Executive Director had raised her queries about cancer performance at the People, Process and Performance Committee meeting (not the Quality and Outcomes Committee meeting) on 20 December 2018.

**Resolved – that, subject to the amendment to Minute 10/19/2 noted above, the Minutes of the 10 January 2019 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.**

**CHAIR  
MAN**

**39/19 MATTERS ARISING FROM THE MINUTES**

The Director of Corporate and Legal Affairs provided additional information in respect of the following entries on the matters arising log:-

- (a) item 22 (Minute 332/18/2 of 6 December 2018 refers) – the draft Memorandum of Understanding for the Leicestershire Academic Health Partnership had been supported by the UHL/UoL Strategic Partnership Committee on 6 February 2019 with one amendment. An update on this matter would be presented to the 7 March 2019 Trust Board meeting, and

- (b) item 28 (Minute 97/18 of 12 April 2018) – the draft UHL People Strategy was currently being updated to ensure that it aligned with the Trust’s Quality Strategy. The People Strategy was now scheduled for People, Process and Performance Committee (PPPC) consideration on 28 February 2019 and an update would be provided to the 7 March 2019 Trust Board meeting via the PPPC summary. Further discussion on the Trust’s workforce plans would also take place on 4 April 2019, when the Board would be invited to sign off the 2019/20 Annual Operational Plan.

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

**40/19 CHAIRMAN’S MONTHLY REPORT – FEBRUARY 2019**

In introducing his monthly report, the Chairman reflected on the way that the Trust Board conducted its business, including the amount of time it spent on assurance and the need to focus on ensuring sustainability of the health care system for the next decade, as set out in the national Ten Year Plan. There was now a high degree of confidence that UHL was unlikely to receive a sizeable capital allocation in the near future. Instead, the Trust would need to explore other ways of transforming its services using frugal innovation to maximise the limited available financial resources, making existing services more effective and ensuring that all services were supported by a fully aligned workforce model.

The Chairman also referenced the NHS Long Term Plan section of the Chief Executive’s monthly report and the development of the UHL Quality Strategy – all of which would help to ensure a strategic approach to encompass efficiency, productivity and quality within a coherent framework. He invited Board members to comment on any other topics, risks or opportunities which they felt the Trust Board should be focusing upon and to indicate what priority level should be assigned to these themes in terms of future discussions at formal Board meetings, Trust Board thinking days or the appropriate Sub-Board Committees. In response, Trust Board members suggested the following themes for future consideration:-

- (a) if the Acute sector was not likely to receive sufficient capital investment to transform its services, then the Trust might wish to consider undertaking a market and demand analysis, based on the required service provision and reviewing the services it offered to ensure that healthcare demands could be met on a sustainable basis going forwards;
- (b) long term plans for general practice, including different ways of working with primary care networks (eg primary care engagement in frailty workstreams, the arrangements for managing long term conditions, and their role in managing demand);
- (c) recruitment plans linked to the Quality Strategy and the arrangements for supporting health and social care professionals to navigate more easily between primary and secondary care employers;
- (d) an opportunity for UHL to deliver safe and sustainable services through competency based care models, rather than traditional workforce models;
- (e) opportunities for UHL to improve its workforce planning and workforce efficiency using the Vital Few and Models of Care workstreams as platforms and enabling systems to react differently going forwards;
- (f) development of a unified programme to implement the Quality Strategy, providing a wide range of forums with opportunities to connect with the Strategy, whilst maintaining strong Trust Board engagement and ownership;
- (g) use of the existing management tools (including the Board Assurance Framework) to monitor key risks and tracking and monitoring progress against the Trust’s Strategic Objectives, and
- (h) opportunities for Board to Board system-wide engagement on the subject of the NHS Long Term Plan and the implications for Leicester, Leicestershire and Rutland in terms of the patient journey. A discussion on this matter had taken place at a recent Chief Executives’ meeting and the System Leadership Team (SLT) was currently exploring the option of converting the March 2019 SLT meeting into a Board to Board event – and consideration would also be given to inviting Local Authority and Healthwatch representatives to attend.

**Resolved** – that the Chairman’s February 2019 report be noted.

**41/19 CHIEF EXECUTIVE’S MONTHLY REPORT – FEBRUARY 2019**

The Chief Executive’s February 2019 monthly update followed (by exception) the framework of the Trust’s strategic objectives. 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 featured as a hyperlink within paper D. Taking the report as read, the Chief Executive endorsed the need for system wide dialogue surrounding the NHS Long term Plan and highlighted the intentions for sharing the good practice which had led to continued delivery of the target to treat fractured neck of femur patients within 36 hours.

The Chief Operating Officer briefed the Board on operational performance, noting that elective and cancer performance had not been adversely affected by winter pressures to date and that all of the additional winter capacity had been opened on time and staffed appropriately. Performance against the 4-hour ED target stood at 73.5% which was significantly below the 95% target, but UHL was no longer ranked in the bottom 20% nationally. Delays in ambulance handover were currently causing some concern and a focus was being maintained on working with the ambulance service to reduce these going forwards. In summary, the Chief Executive advised that operational performance was in a much better position than the same period of 2018/19 and that feedback from the Clinical Senate and from NHS Improvement indicated that the Trust was showing a greater level of operational resilience.

In discussion on the Chief Executive's monthly update, Board members sought assurance that joint working arrangements were in place between the Trust and the LLR healthcare community and that they were working together in respect of their winter plans. In response, the Chief Operating Officer confirmed that there was a significant amount of close working in problem solving and supporting other organisations. The arrangements for managing community beds were more robust and a waiting list was now being held to increase utilisation rates of this valued resource.

In respect of the Quality and Performance Dashboard provided at appendix 1 to paper D, members:-

- (a) requested further clarity regarding footnote 1, noting in response that compliance against these identified performance standards was dependent upon available bed capacity, and reliant upon reducing bed occupancy rates and increasing patient flow;
- (b) noted that further work was taking place on populating the right hand column of appendix 1 to indicate when compliance would be achieved against the operational performance standards;
- (c) requested the Chief Financial Officer to consider the arrangements for populating the 'compliant by' column for the financial enablers, and
- (d) queried the December 2023 forecast timescale for meeting the 28% target for BME leadership (at band 8A and above excluding medical consultants), noting in response that this extended deadline had been carefully calculated to take account of pipeline training posts and anticipated staff turnover. A detailed action plan was in place and the Director of People and Organisational Development offered to brief the Chairman on this matter, outside the meeting (if required). In addition, assurance was provided that reports on the Workforce Race Equality Standards (WRES) were provided to the PPPC on a regular basis and that data was being collated through the Staff Friends and Family Test. All Board members were reminded to complete this staff survey if they had not already done so.

**Resolved – that the Chief Executive's February 2019 update report be noted.**

**42/19 KEY ISSUES FOR DISCUSSION/DECISION**

42/19/1 Draft UHL Quality Strategy

Paper E set out the Trust's draft Quality Strategy which described the arrangements for helping UHL to deliver Caring at its Best to every patient, every time – in order to be judged an outstanding organisation. The Chief Executive introduced a slide presentation detailing the fundamental elements that were already in place at UHL, the 6 characteristics of high quality Trusts, areas for improvement, and the need for a unified framework and consistent improvement methodology. This would be delivered through a Quality Strategy Steering Group, a Change Network, and consistent leadership behaviours. Since the slide presentation had been prepared, the draft Quality Strategy had been presented to a variety of audiences. Feedback was being collated and the emerging themes would be built into the final version of the Strategy. This feedback would also be used to inform discussions on the preferred methodology and branding of the quality improvement workstream and further clarity would be provided on the proposed leadership structure. The final version of the UHL Quality Strategy would then be presented to the Trust Board on 7 March 2019.

Following his presentation, the Chief Executive invited Board members to comment on the Strategy and the intended approach and provide their commitment to making the strategy a success. He also

invited members to comment on anything that might have been overlooked and identify any risks that might hinder success. In providing their comments, Board members were supportive of the proposed approach and provided their commitment to making the Strategy a success. During this discussion, the following comments and queries were particularly noted:-

- (a) a comment about the existing arrangements for patient partners at UHL which could not be seen as a substitute for direct patient engagement. In response, the Director of Strategy and Communications acknowledged the need for UHL to understand its own business through the lens of both staff and patients;
- (b) the need for careful communications surrounding the additional funding for resources to deliver the quality improvement programme – at a time when there was limited funding available for investment in services and strict recruitment controls were in place. It was suggested that social media could play a significant role in this area if it was resourced appropriately;
- (c) the need to identify any causes for a lack of consistency in behaviours through inquiry-led types of conversations (eg what was driving the 15% non-compliance with sepsis guidelines to prescribe antibiotics within the first hour of treatment);
- (d) the scope to review the size and configuration of services offered by UHL and how the Trust might influence these within the wider LLR healthcare system. In response, the Director of Strategy and Communications advised that UHL was starting to hold such conversations within the LLR region and that some time had been set aside at the 14 March 2019 Trust Board thinking day to review service development plans;
- (e) concerns that the Trust might be setting itself too many priorities and a suggestion that it might be helpful if the final priorities for 2019/20 were printed onto ‘pledge cards’ which would assist staff with remembering them and adhering to them;
- (f) a comment on the importance of high quality leadership and behaviours, and team working to drive out any unwarranted variations in practice;
- (g) the need to maintain a flexible approach, recognising the cultural changes that were required would not be achieved overnight;
- (h) a suggestion that the wording surrounding the personal commitment required to make the Strategy a success should be expanded to focus upon a sustained approach, adequately resourced, trained in methods and how to use them, high impact leadership, person-centred, front-line engagement, relentless focus, transparency and collaboration (without boundaries);
- (i) highlighted a risk that the supporting UHL functions such as Finance, HR, Facilities and management tools might not be fully aligned to deliver the Strategy in a coherent way;
- (j) commented upon the exciting opportunities that a Unified Programme of Improvement would bring in terms of combining quality, efficiency and financial improvement, although this would not be without risk. Potential risks might include resourcing, re-purposing of staff roles, overly-ambitious timescales and processes, and resistance to change/transformation arising from the improvement work;
- (k) a comment about opportunities to streamline the Quality Schedule and align it with the Quality Strategy and further opportunities to improve the way that the Trust measured for improvement, increasing the amount of information available to teams and moving away from the traditional RAG-rating between 2 points of data, and
- (l) concerns that the NHS environment was ever-changing and there was a risk that the Quality Strategy could lose focus as a result of future changes in NHS guidance.

The Trust Chairman thanked everyone for their comments, confirming that any further feedback would be welcome and that this should be submitted to the Chief Executive directly by email. The Chief Executive confirmed that this discussion had been very helpful in providing areas for additional focus. He confirmed that the arrangements for patient and public involvement would be made more explicit in the final version which would be submitted to the Trust Board on 7 March 2019.

ALL

CE

**Resolved – that (A) any further feedback on the draft Quality Strategy be sent to the Chief Executive by email, and**

ALL

**(B) the final version of the UHL Quality Strategy be presented to the Trust Board on 7 March 2019.**

CE

42/19/2

Staff Story – Time to Change

Further to Minute 32/18/1 of 1 February 2018, paper F provided a progress update on the arrangements for implementing and embedding Time to Change at UHL. Board members noted that 78 Time to Change Champions had now volunteered to help make mental health a normal topic of

conversation in the workplace at UHL, but it was hoped to recruit a Champion for each area of the Trust. A wide range of guidance, advice, and training was available to assist line managers with supporting the mental health of their team members. A Listening into Action event had been held to help identify the year 2 priority actions and work was continuing to promote the management of mental health issues, changing the language used around this sensitive subject to avoid the stigma that had previously been associated with such conversations. To support this, the Trust was currently exploring the development of Executive/Senior Leadership Champions and Mental Health First Aiders, with the aim of providing equal support for mental and physical health, developing a Charter and a Plan and reducing the waiting time for appointments with AMICA. A range of pledges had been provided by Executive and Non-Executive Directors and arrangements were being made to share these on Insite (the Trust's intranet).

Ms D Waters, General Manager, attended the meeting to share her personal story of mental health issues whilst working at UHL, highlighting the severity of her illness back in 2007 and the amount of time that she had taken away from the workplace to recover. Ms Waters had since returned to work in a senior management role (with appropriate medication and reasonable workplace adjustments in place) and she had not required any further time-off due to mental health issues in the last 8 years. However, she provided her view that she would have felt able to return to work sooner, if more contact with the Trust had been maintained whilst she was away ill and if she had received the support she had needed to return to work in a more timely manner. Sometimes, all that was needed was for a line-manager or colleague to check whether someone was feeling okay and then take the time to really listen to their response.

In discussion on the staff story, the Trust Board:-

- (a) considered the associated costs of staff sickness due to mental health issues (39,210 days between September 2017 and August 2018) which would broadly equate to between £3m and £4m and queried whether adequate resources were being invested in tackling mental health issues to reduce this figure;
- (b) commended the significant contribution that Ms Waters had made to the Outpatients Transformation Project;
- (c) commented upon the impact that changes to employees' home-lives could have on their working lives and the need to maintain a healthy work-life balance;
- (d) noted the importance of providing short 'time out' opportunities to support individuals and prevent emerging mental health issues from developing to a point of crisis;
- (e) welcomed the idea of advising line managers on the types of life-style changes that might trigger mental health issues and offering practical ways to start conversations with colleagues about their mental health;
- (f) commended the resilience of staff at UHL, noting that the amount of time lost in mental health related sickness was lower than Trusts in Derby and Nottingham;
- (g) commented on the importance of not overlooking apparently small issues which might develop into more serious issues if not addressed in a timely manner;
- (h) requested additional information about the two-day training course to become a Mental Health First Aider, noting that this was funded by the LLR health economy and that the course would help trainees to tackle key issues such as anxiety, depression, suicidal thoughts and psychosis using a similar approach to that used by physical First Aiders, and
- (i) considered the impact of sickness targets upon individuals who were affected by mental health issues, noted that all HR targets were being reviewed for 2019/20, and that the sickness policy had recently been reviewed and the process for managers to use discretion to increase the sickness absence targets for identified individuals had been reinforced.

In summary, the Chairman thanked Ms Waters for attending the meeting to share her own story of mental health issues and he provided assurance that the Trust Board was absolutely committed to delivering cultural changes around this important subject and to ensuring that this cultural change was cascaded throughout the whole of the organisation.

**Resolved** – that (A) the Time to Change progress update and the staff story be received and noted, and

(B) Board members' Time to Change mental health pledges be shared via the Trust's intranet system (Insite).

DPOD/  
SEM

43/19/1 Integrated Risk and Assurance Report

Paper G comprised the 2018/19 integrated risk and assurance report including the Board Assurance Framework (BAF), as at 31 December 2018. As detailed in paper G, three new organisational risks scoring 15 or above had been entered onto the risk register during December 2018. These related to medical staffing gaps in Allergy Services, nursing vacancies in Specialist Medicine and staffing levels in the home oxygen service. A thematic analysis of the organisational risk register showed the key risk causation themes as being workforce shortages, including nursing and medical staff. The Medical Director advised of progress in addressing the extreme operational risk outlined in section 3.2 of paper G (re: Paediatric Cardiac Anaesthetic vacancies), advising that since the report had been written, a meeting had been held with NHS England and this risk had been downgraded from a risk score of 25 to 20. He provided further assurance that medium term plans were in place to continue to reduce this risk.

In respect of the future arrangements for risk management plans, a Trust Board thinking day session was planned in the near future to consider the Trust's risk appetite and how this would be linked with the present risk scoring methodology. As part of this process, formal target risk ratings and timescales for achieving them would be agreed for all of the principal risks on the BAF. The Audit Committee Chair queried at what point the timelines would be known for rolling out these changes, noting in response that discussions would be held with the Director of Safety and Risk and that an update would be provided to the 8 March 2019 Audit Committee.

The Trust Chairman re-iterated that the purpose of the BAF was to ensure that all principal risks which might threaten the Trust's Strategic Objectives were being effectively managed, noting that the risk score for Principal Risk 5 (re: Information Management and Technology) had reduced from 16 to 12 during December 2018.

**Resolved – that (A) the integrated risk and assurance report for December 2018 be noted, and**

**(B) an update on the timelines for agreeing formal target risk ratings for each principal risk on the BAF (and timescales for achieving them) be presented to the Audit Committee on 8 March 2019.**

MD/  
DSR

43/19/2 Brexit – UHL No Deal EU Exit Preparations (Risk Assessment)

Paper H briefed the Trust Board on the preparations being undertaken both locally and nationally to prepare for a potential no deal exit of the European Union on 29 March 2019. A risk assessment had been undertaken and a copy of this was provided at appendix A. The paper was taken as read and the Director of Corporate and Legal Affairs briefed the Board on the next steps, which would involve working with the Local Resilience Forum to test business continuity plans and attendance at the NHS England Roadshow event in Leicester on 15 February 2019. A further update on the Trust's preparations for a no deal EU exit would be provided to the 7 March 2019 Trust Board meeting.

In discussion on paper H, Mr A Johnson Non-Executive Director, commented upon the current focus on medicines and supplies, and received confirmation that the arrangements for servicing of equipment were also being taken into account. He also sought assurance that the Trust was communicating with its workforce in respect of the EU Settlement Scheme. The Chief Executive noted an opportunity to strengthen the communications process with those members of UHL's EU workforce drawn from the EU, using social media outlets where appropriate. He also requested that the Director of People and Organisational Development make contact with a particular member of staff (name to be provided outside the meeting) to seek feedback on the types of issues that were important to members of the UHL workforce drawn from the EU.

**Resolved – that the briefing on preparations for a potential no deal EU exit be noted and a further update be presented to the 7 March 2019 Trust Board meeting.**

43/19/3 Staff Flu Vaccination Take-Up Winter 2018

The Director of People and Organisational Development introduced paper I, setting out progress with UHL's staff influenza vaccination campaign, confirming that the minimum target of 75% had been achieved and that it was likely that the final figure would be in the region of 80%. This would place UHL amongst the top performing Trusts nationally and she commended the contributions that the

Peer Vaccinators and the Influenza Steering Group had made in successful delivery of the CQUIN target. During the discussion on this item, the Trust Board:-

- (a) noted that the particular strain of influenza this year had impacted on younger patient profiles;
- (b) expressed concern that the target for all Board members to receive their flu vaccination and to publicise this fact had not yet been achieved. As set out in a payslip message in November 2018, all staff who had received the vaccination elsewhere had been requested to advise Occupational Health accordingly, so that their records could be updated. The Chief Executive requested that a formal review of Board members' vaccination status be undertaken in order to meet this target;
- (c) commented upon opportunities to recruit additional Peer Vaccinators in future years and the need to avoid peak holiday dates when setting up the Peer Vaccinator training sessions, and
- (d) queried whether there was any easy way of identifying staff that had been vaccinated, such as a small badge.

**Resolved – that (A) the update on the Staff Flu Vaccination Campaign be noted, and**

**(B) the Director of People and Organisational Development be requested to arrange for a review of Board members' flu vaccination status.**

DPOD

**44/19 LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION PROGRAMME – MONTHLY UPDATE**

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

- (a) the agreement to appoint a single Accountable Officer across the 3 CCGs, with interviews scheduled for 26 March 2019;
- (b) progress of the Pre Consultation Business Case (PCBC), and the submission of supplementary information on 6 November 2018, and
- (c) delays in the PCBC approvals programme, due to national changes both politically and with the merger of NHS England and NHS Improvement.

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

**45/19 QUALITY, PERFORMANCE AND FINANCE**

**45/19/1 Quality and Outcomes Committee (QOC)**

Paper K summarised the issues discussed at the 31 January 2019 QOC and sought Trust Board approval for the 7 Day Services Self-Assessment Board Assurance Framework and the Cancer Performance reports for Quarters 1 and 2 of 2018/19 (as appended to paper K). Assurance had been received that no patient harm had arisen from the 104 day cancer breaches. The factors affecting this area of performance had included late patient referrals, robotic surgery capacity, appointment capacity and process improvements. Board members noted that all discussions on cancer performance would now be held during the joint PPPC and QOC session on a quarterly basis. Ms V Bailey, Non-Executive Director particularly commended the Breast Screening Service for their work in reducing the backlog to zero despite a 14.4% increase in Symptomatic Breast referrals against the same period in 2017/18.

**Resolved – that the summary of issues discussed at the 31 January 2019 QOC be noted as per paper K, and the recommended items be approved (7 Day Services Board Assurance Framework and Cancer Performance for Quarters 1 and 2 2018/19) – Minutes to be submitted to the 7 March 2019 Trust Board.**

CCSO

**45/19/2 People Process and Performance Committee (PPPC)**

Paper L summarised the issues considered at the 31 January 2019 PPPC. As outlined in the January 2019 PPPC summary, the PPPC had noted that the actions being taken to improve Urgent and Emergency Care performance were the right actions and they were helping to improve the resilience of the service. The Chief Operating Officer advised that the proposed arrangements for using the Balmoral X-Ray waiting area to increase the pace of flow had been revised and that a further update on this matter would be presented to the February 2019 PPPC meeting as part of the

Urgent and Emergency Care report.

**Resolved** – that the summary of issues discussed at the 31 January 2019 PPPC be noted as per paper L (no recommended items) – Minutes to be submitted to the 7 March 2019 Trust Board.

45/19/3 Finance and Investment Committee (FIC) and 2018-19 Financial Performance (December 2018)

Paper M summarised the issues discussed at the 31 January 2019 FIC.

Paper M1 presented the Trust's 2018/19 month 9 financial position, which had been discussed in detail at the January 2019 Finance and Investment Committee meeting. UHL had achieved a year to date deficit of £53.2m, excluding Provider Sustainability Funding (PSF), which was £29.9m adverse to plan driven by the cessation of the FM LLP and the crystallisation of the unmitigated Financial Recovery Board risk, together with financial deterioration with the CMGs. Including PSF, the Trust had achieved a year to date deficit of £50.9m representing a £41.9m adverse to plan position due to non-recognition of PSF as a result of the impact of FM LLP from quarter 2. However, the Trust remained on plan to deliver its 2018/19 forecast outturn and a copy of a recent externally-led financial analysis had been shared with the Regulators for assurance purposes.

**Resolved** – that (A) the summary of issues discussed at the 31 January 2019 FIC be noted as per paper M (no recommended items) – Minutes to be submitted to the 7 March 2019 Trust Board, and

CCSO

(B) the 2018/19 month 9 financial position be noted.

46/19 **REPORTS FROM BOARD COMMITTEES**

46/19/1 Audit Committee

Paper N1 provided the Minutes of the Audit Committee meeting held on 11 January 2019. The Audit Committee Chair drew members' attention to the following key issues:-

- (a) the process for monitoring outstanding recommendations arising from Internal Audit and External Audit reviews and the intention of the Audit Committee to focus on these at the 8 March 2019 meeting;
- (b) the process for agreeing technical adjustments with the External Auditors ahead of the year-end audit of the 2018/19 accounts;
- (c) development of the 2019/20 Board Assurance Framework, including the intended review of the content and format of the report, the reliance upon the Executive Boards in reviewing the Principal Risks and the planned programme of 'deep dives' to be undertaken by the Audit Committee;
- (d) the timescales for issuing the audit opinion on the Leicester Hospitals Charity Accounts and Annual Report for 2017/18, and
- (e) the reports received by the Audit Committee in respect of contract management, General Data Protection Regulations (GDPR) compliance, and UHL's Policy and Guideline process.

In discussion on item (d) above, the Chief Financial Officer noted that delays had been experienced during the first 3 audits undertaken by Grant Thornton as the Trust's new External Auditor. The causes and learning points arising from each of these audits had been discussed in some depth with Grant Thornton, and it was expected that the 2018/19 audits would proceed in a more timely manner.

**Resolved** – that the Minutes of the 11 January 2019 Audit Committee be received and noted as per paper N1.

46/19/2 Quality and Outcomes Committee (QOC)

Paper N2 provided the Minutes of the QOC meeting held on 20 December 2018. The QOC Chair highlighted Minute 221/18 item (iii) which detailed progress with the governance and management of VTE, commending the pace that was being applied in to the work of the VTE Task and Finish Group.

**Resolved** – that the Minutes of the 20 December 2018 QOC be received and noted as per paper N2 (the recommended item having been approved at the 10 January 2019 Trust Board).



46/19/3 People, Process and Performance Committee (PPPC)

**Resolved** – that the Minutes of the 20 December 2018 PPPC be received and noted as per paper N3 (no recommended items).

46/19/4 Finance and Investment Committee (FIC)

**Resolved** – that the Minutes of the 20 December 2018 FIC be received and noted as per paper N4 (no recommended items).

47/19 TRUST BOARD BULLETIN – FEBRUARY 2019

**Resolved** – that it be noted that there were no bulletin items for February 2019 Trust Board.

48/19 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 comment about the positive step changes demonstrated within the draft UHL Quality Strategy and the crucial requirement to make patient and public involvement an integral part of all future developments. In response to a query, the Chief Executive agreed to consider including Patient Adviser representation on the Quality Strategy Steering Group;
- (2) a query on the timeline for the Interim ICU solution and whether it would be possible to publish this timeline on the external website to increase transparency in this area. In response, the Director of Strategy and Communications advised that the Joint Health Overview and Scrutiny Committees were being kept informed of progress but he undertook to provide an update on the Trust's website, and
- (3) a query whether the Trust's Clinical Management Group (CMG) structure was still considered to be fit for purpose or whether the Trust should consider moving to a Directorate structure. In response, the Chief Executive confirmed that the Trust had reviewed and re-confirmed its CMG structure approximately 1 year previously.

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

LEADS

49/19 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 50/19 to 57/19), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

50/19 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL 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.

51/19 CONFIDENTIAL MINUTES

**Resolved** – that the confidential Minutes of the Trust Board meetings held on 10 and 15 January 2019 be confirmed as correct records and signed by the Chairman accordingly.

CHAIR  
MAN

52/19 CONFIDENTIAL MATTERS ARISING REPORT

**Resolved** – that the confidential matters arising log be noted.

53/19 JOINT REPORT FROM THE DIRECTOR OF STRATEGY AND COMMUNICATIONS AND 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.

**54/19 REPORTS FROM BOARD COMMITTEES**

54/19/1 Audit Committee

**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.

54/19/2 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.

54/19/3 Finance and Investment Committee (FIC)

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

54/19/4 Remuneration Committee

**Resolved** – that the 10 January 2019 and 17 January 2019 Remuneration Committee Minutes be noted as papers R6 and R7 respectively (no recommendations).

**55/19 CONFIDENTIAL TRUST BOARD BULLETIN**

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

**56/19 ANY OTHER BUSINESS**

56/19/1 Agenda Timings

Professor P Baker, Non-Executive Director commented on the 3 key issues considered at today's Trust Board meeting, suggesting that some of these discussions might have benefited from additional time being allocated to them.

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

56/19/2 Brexit – UHL No Deal EU Exit Preparations

Mr A Johnson, Non-Executive Director queried whether UHL should consider including the Brexit-related risks within the Board Assurance Framework. In response, the Director of Corporate and Legal Affairs confirmed that the risks associated with Brexit already featured on the Trust's organisational risk register, although this could potentially develop as a Principal Risk in future.

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

56/19/3 Awards

The Chief Nurse and Col (Ret'd) I Crowe, Non-Executive Director highlighted UHL's achievements in respect of the following areas:-

- (a) shortlisted for 4 categories within the Patient Experience Network National Awards;
- (b) Palliative Care Team had won Leicester Mercury Team of the Year;
- (c) Nursing Associate agenda discussed at the House of Commons, and
- (d) Radiology had won an award for Post Mortem CT scanning.

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

56/19/4 Confidential Report by the Chief Executive

**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.

**57/19 DATE OF NEXT TRUST BOARD MEETING**

**Resolved** – that the next Trust Board meeting be held on Thursday 7 March 2019 from 9am in the Seminar Rooms A and B, Education Centre, Leicester General Hospital.

The meeting closed at 1.18pm

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	17	15	88	A Furlong	17	15	88
J Adler	17	15	88	K Jenkins	4	3	75
V Bailey	17	13	77	A Johnson	17	16	94
P Baker	17	13	77	E Meldrum	10	9	90
R Brown	12	12	100	R Moore	13	10	77
I Crowe	17	16	97	B Patel	17	16	94
E Doyle	5	5	100	J Smith	1	1	100
C Fox	6	6	100	M Traynor	17	16	94
				P Traynor	17	16	94

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
B Kotecha/J Tyler-Fantom	6	6	100	S Ward	17	16	94
H Kotecha	4	2	50	M Wightman	17	16	94
L Tibbert	1	1	100	H Wyton	10	8	80