

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 1 FEBRUARY 2018 AT 9AM IN  
THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY**

**Voting Members present:**

Mr K Singh – Chairman  
Professor P Baker – Non-Executive Director  
Ms V Bailey – Non-Executive Director (from Minute 30/18)  
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 and Acting Chief Executive  
Mr M Traynor – Non-Executive Director (for Minutes 32/18/1 – 48/18/4 inclusive)  
Mr P Traynor – Chief Financial Officer

**In attendance:**

Mr C Benham – Director of Operational Finance (for Minute 45/18)  
Professor N Brunskill – Director of Research & Innovation (for Minute 35/18/1)  
Mr J Clarke – Chief Information Officer (for Minute 44/18)  
Professor R Green – Consultant (for Minute 32/18/1)  
Mr D Kerr – Director of Estates and Facilities (for Minute 45/18)  
Mrs K Khaira – HR Business Partner (for Minute 32/18/1)  
Mr W Monaghan – Director of Performance and Information  
Mr T Pearce – Major Projects Finance Lead (for Minute 45/18)  
Mr E Rees – LLR Healthwatch Representative (up to and including Minute 40/18)  
Professor D Rowbotham – EMCRN Clinical Director (for Minute 35/18/2)  
Mr N Sone – Charity Finance Controller (for Minute 32/18/2)  
Ms H Stokes – Corporate and Committee Services Manager  
Mrs L Tibbert – Director of Workforce and Organisational Development  
Ms J Tyler-Fantom – Deputy Director of HR (for Minute 45/18)  
Mr S Ward – Director of Corporate and Legal Affairs  
Mr M Wightman – Director of Strategy and Communications

**ACTION**

**26/18 APOLOGIES AND WELCOME**

Apologies for absence were received from Mr J Adler Chief Executive and Ms E Doyle, Interim Chief Operating Officer. The Chairman welcomed Ms V Bailey Non-Executive Director and Mr W Monaghan Director of Performance and Information, to the meeting. Ms Bailey's proposed Board Committee involvement was set out in Minute 49/18/1 below.

**27/18 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

The Chairman declared a familial employment interest in Lakeside Health, noting that it was a distinct entity from the Lakeside Plus organisation holding the ED front door contract. Despite this, if Trust Board wished to discuss ED front door arrangements in any further detail the Chairman would still withdraw from the discussion. In the event, this did not prove necessary.

**28/18 MINUTES**

**Resolved – that the Minutes of the 4 January 2018 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly.**

**CHAIR  
MAN**

**29/18 MATTERS ARISING FROM THE MINUTES**

Paper B detailed the status of previous matters arising and the expected timescales for resolution. The Trust Board noted particular updates on:-

- (a) action 1a (Minute 4/18 of 4 January 2018) – at the Chairman's request, it was agreed that the action plan re: on-site nursery provision would be taken to the April 2018 People Process and

**DWOD**

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Performance Committee (PPPC);

- (b) action 14 (Minute 301/17 of 7 December 2017) – it was confirmed that an update on translating PPI feedback into action was scheduled for the February 2018 Quality and Outcomes Committee (QOC), and
- (c) action 18 (Minute 252/17/2 of 5 October 2017) – at the Chairman’s request, it was agreed to provide an update on reconfiguration discussions re: identifying space at the Glenfield Hospital for the Hope Unit, at the March 2018 Trust Board.

**DSC**

**CFO**

The Chairman also reiterated his wish for Leads to provide specific dates for resolving their actions.

**ALL**

**Resolved – that the actions above be noted and progressed by the identified Lead Officer.**

**ALL**

**30/18**

### **CHAIRMAN’S MONTHLY REPORT – FEBRUARY 2018**

In introducing his monthly report for February 2018 (paper C), the Chairman reiterated his January 2018 comments on the issue of embedding transformation into Trust processes, and on the need for appropriate leadership to deliver that transformation. He also noted his recent involvement in a conference looking at how – 5 years on – the Francis Report had changed leadership in NHS hospitals. UHL’s March 2018 Trust Board thinking day would focus on leadership and transformation issues, including Lean working, organisational development and workforce issues, and key services; colleagues from UHL’s Clinical Management Groups would also be invited to that session.

**MD**

With 2018 being the 70<sup>th</sup> anniversary year of the NHS, UHL’s own plans to mark this anniversary would be discussed at the February 2018 Trust Board thinking day. The Acting Chief Executive considered that staff would appreciate a rolling programme throughout 2018, also focusing on recognising staff roles and contributions.

**Resolved – that the senior management team from each CMG be invited to attend the March 2018 Trust Board thinking day re: transformation and leadership.**

**MD**

**31/18**

### **CHIEF EXECUTIVE’S MONTHLY REPORT – FEBRUARY 2018**

The Chief Executive’s February 2018 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 no longer taken at Trust Board meetings but was accessible on the Trust’s external website (also hyperlinked within paper D).

Taking the report as read, the Acting Chief Executive noted the significant continuing pressure on both the Emergency Department (ED) and the Clinical Decisions Unit (CDU) at the Glenfield Hospital. The Trust also remained concerned about the impact of those pressures on elective activity, and on staff.

High-level feedback had been circulated re: the January 2018 CQC well-led inspection, with the formal report due by 65 days after the date of that inspection. UHL expected to receive a draft report for factual accuracy checking in approximately mid-February 2018, with a very short window for the Trust to respond back to the CQC. In response to a suggestion from the Chairman, the Acting Chief Executive agreed that the draft report would be considered at the February 2018 QOC if the timing of that checking window allowed.

**CN**

In discussion on emergency performance issues, the Trust Board noted:-

- (a) (in response to a query from the Medical Director) confirmation that all but 1 of the surgical cancer patients cancelled had now been treated, with the remaining patient scheduled for 6 February 2018;
- (b) continuing concern voiced by Mr B Patel Non-Executive Director over the pressures on staff. In response to his query, the Acting Chief Executive and the Director of Workforce and OD outlined the various measures in place to support staff, including an increased senior presence, access to Occupational Health and AMICA services, and softer actions such as provision of refreshments. The Medical Director had also reiterated to staff the various ways in which they could raise any concerns;
- (c) a query from Mr A Johnson Non-Executive Director re: ambulance handovers. He commented that EMAS measurements of loss of ambulance time ranked UHL as performing very poorly, and

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he voiced concern that this had not been flagged to either the PPPC or the Trust Board. Although not entirely in agreement with EMAS' assessment of UHL's position, the Acting Chief Executive acknowledged recent delays despite continued improvements since last winter. She also confirmed that UHL received daily reports on lost ambulance hours. As now outlined by the Director of Performance and Information scale was an issue; as UHL was the largest receiver of ambulances in the East Midlands this naturally impacted on the absolute number of lost hours. He agreed to review how this information was presented in the monthly quality and performance report, and to provide a briefing note on this issue to the Chairman;

ICOO/  
DPI

- (d) queries from the LLR Healthwatch Representative on what was driving the increased demand, and on the impact on UHL's financial position. In response, the Chief Financial Officer acknowledged that there was an adverse financial impact, which he would cover in discussion on the month 9 financial position (paper M1 – Minute 36/18/3 refers), and
- (e) comments from the Chairman noting recent media interest in national counting issues re: ED figures.

In discussion on other aspects of the Chief Executive's February 2018 report, the Trust Board noted:-

- (1) comments from Professor P Baker Non-Executive Director urging UHL to consider its aspirations and the scope of its ambition. He considered that the Trust should be aiming to outperform the average (eg in relation to SHMI) – although supporting aspirational targets the Medical Director also noted the need to be realistic however, given current coding issues. The Chairman agreed that the scale of the Trust's ambition on targets and indicators should be discussed at the April 2018 Trust Board thinking day, appropriately informed by demographic and public health data, and with an appropriate local Public Health England representative invited to attend. This discussion could also look at the demand drivers query raised by LLR Healthwatch in point (d) above;
- (2) a query from the QOC Non-Executive Director Chair on how any harm to cancelled cancer patients would be monitored – in response the Director of Performance and Information confirmed that the Trust's agreed 104 day procedure would be used, involving individual review of each such case to assess any harms, and
- (3) a query from Ms V Bailey Non-Executive Director on whether the Trust had already been aware of the insulin issues flagged by the CQC unannounced inspections. The Acting Chief Executive confirmed that there had been known to be challenges, and she advised that detailed action plans were in place.

ALL/  
MD/  
DSC

**Resolved – that (A) the draft CQC report be discussed at the February 2018 QOC (timing of receipt permitting);**

CN

**(B) a Trust Board thinking day be used to discuss the scale of the Trust's ambition on targets and indicators, as per (1) above;**

MD/  
DSC

**(C) the presentation of ambulance handover/cumulative loss of ambulance time information in future monthly quality and performance reports be reviewed, and**

ICOO

**(D) a briefing note on UHL's performance re: cumulative loss of ambulance time be provided to the Chairman prior to his meeting with EMAS.**

DPI

### 32/18 KEY ISSUES FOR DECISION/DISCUSSION

#### 32/18/1 Staff Story – Time to Change Mental Health Pledge

To coincide with national 'Time to Talk' day, paper E from the Director of Workforce and OD outlined how UHL was implementing the 'Time to Change' mental health pledge signed up to by the Trust Board in September 2017. Since the formal launch on 25 September 2017, 39 Time to Change Champions had come forward within UHL to help raise awareness of the initiative, and Time to Change case studies were also featured on the Trust's intranet pages. Ms K Khaira, HR Business Partner advised that non-medical staff appraisals now also included a section on well-being.

Professor R Green, Consultant, attended to present her own mental health story to the Trust Board, and she particularly described how she had benefited from the support of colleagues, Occupational Health support, and from the flexible approach adopted by the Trust regarding her working patterns. However, Professor Green voiced concern over the position of trainees (not only medical), and she considered that more work was needed to make trainees aware of the support available within UHL

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and to counter negative perceptions about how attractive the Trust was as an employer. Although noting the importance of these issues, the Chairman voiced his wish to focus primarily on the specific Time to Change story within paper E, and he commented on the need for both Executive and CMG management to give an appropriate profile/importance to mental health issues.

The Trust Board thanked Professor Green for sharing her story, and noted:-

- (a) a lack of assurance expressed by Mr B Patel Non-Executive Director in light of the resource constraints facing the Trust's Occupational Health service, given the financial and recruitment limitations now outlined by the Director of Workforce and OD. The Audit Committee Non-Executive Director Chair sought assurance that the wider impacts of Corporate service CIPs were being appropriately taken into account when agreeing those schemes – it was agreed to consider this further at the February 2018 Trust Board thinking day. The Chief Financial Officer noted that the 'star chamber' approach used by UHL did enable this wider impact review, and the Trust Board was also reminded of the quality and safety impact assessment of CIPs which was undertaken by the Chief Nurse and the Medical Director; **EDs**
- (b) the need to recognise mental ill-health as a normal issue, and develop an appropriate organisational response to help sufferers. Trust Board members also commented on the need to explore practical ways of improving the work-life balance for staff and to enable flexible, family-friendly working, learning lessons from other organisations including in the private sector;
- (c) a recent Learning in Action (LiA) initiative begun with junior doctors, the results of which could be reported through to the PPPC (with an update also re: non-medical trainees); **MD/  
DWOD**
- (d) the need for the Trust Board to be role models for good, supportive behaviours, and
- (e) the Trust Chairman's suggestion that this agenda item be revisited in 6-12 months, to gauge progress. **DWOD**

**Resolved – that (A) the LiA work programme with medical trainees be reported to the April 2018 PPPC;** **MD/  
DWOD**

**(B) issues re: potential impact of Corporate CIP schemes on the wider Trust, be discussed at the February 2018 Trust Board thinking day, and** **EDs**

**(C) consideration be given to revisiting this agenda item in 6-12 months to gauge progress.** **DWOD**

32/18/2 Interim Revenue Support Loan Application

The Financial Controller attended to seek Trust Board support for 2 Interim Revenue Support Loan Applications at papers F and (tabled) F1, for £9000k and £17247k respectively. Each application was required to be accompanied by a written Board resolution (appendix A of both papers) agreeing to the loan's terms and conditions (appendix B) and nominating a named officer to sign, manage and execute the Loan Agreement. That named officer for UHL was the Chief Financial Officer. It was noted that paper F was presented for retrospective ratification, having already been signed using Trust Board emergency powers due to the urgent deadline for that application. In response to a query from the Audit Committee Non-Executive Director Chair, the Financial Controller advised that a 3-year repayment period was now normal. In response to a further query from Mr A Johnson Non-Executive Director, the Chief Financial Officer commented on the centrally-recognised need for likely debt restructuring or further loans at the end of that period.

**Resolved – that the interim revenue support loan applications and accompanying Board Resolutions at papers F and F1 be approved, and signed by relevant signatories (noting the retrospective nature of the approval for the application in paper F).** **CFO**

33/18 **RISK MANAGEMENT AND GOVERNANCE – INTEGRATED RISK AND ASSURANCE REPORT**

Paper G comprised the 2017-18 integrated risk report including the new format Board Assurance Framework (BAF), as at 31 December 2017. The report noted that there had been 1 new organisational risk scoring 15 or above in December 2017 (midwifery establishment). The thematic review of risks scoring 15 or above on the risk register continued to indicate workforce shortages and the imbalance between capacity and demand as the principal causal factors – these were appropriately reflected in the BAF. The Medical Director advised that 3 annual priorities were off-track at month-end, with 4 forecasting to be at risk of non-delivery in 2017-18.

Detailed discussion took place regarding IT risk issues, with the Audit Committee Non-Executive

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Director Chair commenting on a perceived lack of visibility. In addition to the recognised IT infrastructure challenges, Non-Executive Directors also commented on the need for greater clarity on how IT issues affected other key (clinical) projects such as Acting on Results – eg the overall scale of the cumulative IT-related risk. The Trust's 2020 Paperless Board was due to hold its first meeting on 1 February 2018, and Ms V Bailey Non-Executive Director urged the need to take appropriate account of primary care issues (the Medical Director confirmed that UHL was also appropriately represented on the LLR-wide IT Board).

In light of the comments above, it was agreed to use a future Trust Board thinking day to discuss strategically what IT improvements were possible in the context of potential minimal investment. The Audit Committee Chair echoed the need to review how improvements could be funded internally, in the absence of clarity over external funding bids. It was also agreed that that the Chief Information Officer's report on the prioritisation of IT capital schemes should be discussed by the Finance and Investment Committee and Trust Board as part of their review of UHL's capital programme (after further review by the Capital Monitoring and Investment Committee and clarification of how the prioritised schemes would benefit clinical quality and safety).

CIO

CIO

In further discussion on the integrated risk and assurance report, the Medical Director advised that although the insulin-related risk (annual priority 1.2.2) was likely to require rewording, further thought was needed on whether to do this before the 2018-19 year started.

**Resolved – that (A) a future Trust Board thinking day be used to discuss what IT improvements were possible in the context of potential minimal investment, and**

CIO

**(B) the Chief Information Officer's report re: prioritisation of IT capital schemes be presented to FIC and Trust Board, reflecting:-**

CIO

- (1) appropriate prior input from the Capital Monitoring and Investment Committee, and**
- (2) how the prioritised schemes would improve clinical safety and quality.**

34/18

### **LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION UPDATE**

Paper H updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme. Public consultation on the LLR STP was now envisaged for July 2018, after proposed consideration of the refreshed iteration at the CCG Boards in February 2018 and the UHL Trust Board in March 2018. However, transformational discussions re: an alternative contracting system also needed to progress at an appropriate pace – an item was scheduled accordingly for the February 2018 Trust Board thinking day. The Chairman noted the need for any iteration presented to the March 2018 Trust Board to be the final draft of the LLR STP, rather than one needing any further amendments ahead of public consultation. He also emphasised the need for the accompanying covering report to set out any reasons which would prevent UHL from undertaking earlier consultation on its own reconfiguration programme (clarity to be sought accordingly from the Senior Responsible Officer for the LLR STP). In response to a further query from Ms V Bailey Non-Executive Director, the Director of Strategy and Communications considered that UHL's reconfiguration programme and the development of cross-organisational clinical pathways were intrinsically linked.

DSC

With regard to UHL's own reconfiguration programme, the Chief Financial Officer confirmed that a decision on the Trust's £397.5m reconfiguration bid was still awaited. Work continued internally, however, to prepare for the schemes within the programme. At the Chairman's request, the Chief Financial Officer agreed to provide a briefing paper to FIC outlining the various potential public and private funding sources open to UHL, taking appropriate account of the Trust's non-FT status.

CFO

**Resolved – that (A) clarity be sought from Mr T Sanders LLR STP SRO on issues which would prevent UHL undertaking consultation prior to July 2018 on the Trust's own reconfiguration plans, and**

DSC

**(B) a briefing paper be provided to FIC on the various potential public/private funding sources open to UHL (as a non-FT).**

CFO

35/18

### **RESEARCH AND INNOVATION**

35/18/1

Research & Innovation 2017-18 Quarter 3 Update

Professor N Brunskill, Director of Research & Innovation attended to present paper I, the 2017-18 quarter 3 update on research and innovation within UHL. The previous actions to increase study recruitment rates were now bearing fruit, with a 10% increase in recruitment compared to 2016-17. UHL therefore remained in League 1 for this indicator, and continued to perform well in delivering high quality research as judged by NIHR and CRN data. With a 2.5% increase, UHL was the only EM acute Trust with a forecast increase in CRN funding for 2018-19, which was welcomed. Paper I also set out a number of key R&I initiatives underway, including UHL's bid to host the UKCRF Network annual conference in 2019, which would be a major undertaking. The 5-year UHL-UoL Joint Strategy was also appended to paper I, with UHL delivery to be led by the Medical Director. The Director of Research & Innovation also particularly noted the proactive steps being taken by the Trust's new research communications lead to enhance external-facing comms on R&I issues.

In discussion on the report, the Trust Board:-

- (a) queried progress on the longstanding efforts to locate the Hope Unit at the Glenfield Hospital. Although part of the reconfiguration programme there was no immediate solution available – as per Minute 28/18 above the Chief Financial Officer had agreed to pursue this and provide an update to the March 2018 Trust Board. The Medical Director clarified that the challenge related to finding appropriate space in a clinical area;
- (b) requested a progress update on the appointment of a Chair in General Medicine;
- (c) noted comments from Ms V Bailey Non-Executive Director on the need to publicise both medical and non-medical research work done by the Trust, across all disciplines and staff groups. An example of this would be to publicise the forthcoming (April 2018) appointment of a Lead Nurse for Research. In discussion, Professor P Baker Non-Executive Director advised that significant joint work was underway between the Trust and the University of Leicester to promote and foster multidisciplinary research;
- (d) noted comments from the Chairman on the need for an appropriately flexible approach within the UHL-UoL Joint Strategy, without an over-reliance on one specific type of organisational structure, and
- (e) agreed to repeat on an annual basis the December 2018 Trust Board thinking day on research/innovation/training/education.

MD  
(DR&I)

MD  
(DR&I)

MD/  
PBNE

**Resolved – that (A) the Director of Research & Innovation be requested to seek an update from the joint UHL-UoL group re: the Chair in General Medicine;**

MD

**(B) appropriate publicity be given to the appointment of a Lead Research Nurse, and**

MD

**(C) the 2017 Trust Board thinking day re: research/ innovation/teaching/training be repeated annually.**

MD/  
PBNE

35/18/2 East Midlands Clinical Research Network (EMCRN) 2017-18 Quarter 3 Update

Professor D Rowbotham, EMCRN Clinical Director attended to present the 2017-18 quarter 3 update on the work of the EMCRN (paper J). Although UHL's hosting of the Network had already been extended for a further 3 years, as previously requested the report now also contained information on (i) the advantages to UHL of hosting the EMCRN; (ii) EMCRN costs and financial impact on UHL; (iii) comparative regional performance statistics, and (iv) an impact analysis of the research projects supported by EMCRN. EM continued to perform well as a region and was currently exceeding its forecast in terms of overall recruitment figures. The Network's recent face-to-face review with NIHR had been extremely positive and reflected well on UHL as the host Trust.

EMCRN would benefit from a 2.6% budget increase in 2018-19, due both to a new efficiency weighting and to changes to the London weighting formula. The EMCRN Clinical Director advised that the EMCRN would now also be involved in the delivery phase of the 100,000 Genomes Project. In response to a query from the Director of Strategy and Communications, the EMCRN Clinical Director outlined the Network's various involvement in public health projects including the "Lunchbox trial", and Professor P Baker Non-Executive Director emphasised the importance of engaging with public health.

**Resolved – that the 2017-18 quarter 3 update on EMCRN be noted.**

36/18 **QUALITY AND PERFORMANCE**

36/18/1 Quality and Outcomes Committee (QOC)

Paper K summarised the issues discussed at the 25 January 2018 QOC, highlighting that the Imaging Investigation Rejection working group had now concluded its work. The QOC Non-Executive Director Chair also particularly noted the quarterly cancer performance update including harms review (62-day breach analysis and 104-day harms papers appended to the summary) and commented on continuing delays due to network tertiary referral issues.

**Resolved** – that the summary of issues discussed at the 25 January 2018 QOC be noted as per paper K (no recommended items) – Minutes to be submitted to the 1 March 2018 Trust Board.

36/18/2 People Process and Performance Committee (PPPC)

Paper L summarised the issues discussed at the 25 January 2018 PPPC, particularly noting the detailed discussions on emergency care performance and the Committee's support for the new ED Floor Manager role – PPPC had noted its assurance that although national ED targets were not currently being met, the actions in place were likely to lead to improved performance over the next 3 months. In discussion, the Acting Chief Executive commented that working pressures were not experienced by ED staff alone, and she recognised the efforts made by UHL staff across all areas and disciplines.

The January 2018 PPPC also recommended the 2016-17 Workforce Equality and Diversity Monitoring Report for Trust Board approval, as appended to the summary. That report was now approved accordingly, for publication on UHL's external website.

DWOD

**Resolved** – that that the summary of issues discussed at the 25 January 2018 PPPC be noted as per paper L (Minutes to be submitted to the 1 March 2018 Trust Board), and the 2016-17 Workforce Equality and Diversity Monitoring Report be approved by the Trust Board and published on the Trust's external website accordingly.

DWOD

36/18/3 Finance and Investment Committee (FIC) and 2017-18 Financial Performance (December 2017)

Paper M summarised the issues discussed at the 25 January 2018 FIC, including the Trust's financial position and progress on the 2017-18 Cost Improvement Programme (see paper M1 below), development of the Trust's draft financial plan 2018-19 (which would be presented to the March 2018 Trust Board), and a presentation on the Trust's vision for a new Welcome Centre in a new main entrance at the LRI Windsor Building. Mr B Patel Non-Executive Director, queried whether an appropriate level of patient and public involvement was factored in to the Welcome Centre project – the Chief Financial Officer welcomed this point (which could be applied to all reconfiguration schemes) and agreed to raise it with the Director of Estates and Facilities. The Director of Strategy and Communications also queried whether appropriate 'public space' would be incorporated into the development, to accommodate stakeholders and other partner organisations.

CFO

Paper M1 presented the Trust's month 9 financial position, which had been discussed in detail at the January 2018 Finance and Investment Committee meeting as mentioned above. In terms of headline financial performance, as of month 9 UHL had achieved a year to date deficit of £26.3m (excluding tranche 1 of the winter funding monies) which was in line with plan. However, the Trust had experienced higher than expected elective cancellations, with a related likely significant impact on the month 10 financial position (possible impact of £6-10m) – this was beyond the risk and impact already planned for in 2017-18, and was not necessarily offset by the income generated by the additional activity. The Trust was undertaking a detailed specialty-level assessment of the financial impact, and had advised NHSI regionally of the position. The Chief Financial Officer advised that UHL would take all appropriate actions to mitigate the risk, with a view to be taken at month 10 re: the likelihood of the Trust achieving its stated 2017-18 forecast financial position. In response to a queries from Ms V Bailey Non-Executive Director, the Chief Financial Officer advised that the risk being faced by other local EM Trusts proportionately was broadly in line with UHL's, and he noted that he was not aware of any national steer to Commissioners to use the private sector for RTT activity. The Chief Financial Officer also advised that UHL had been prudent in its planning re: tranche 2 of the winter funding, as the Trust did not expect to meet the predicated ED target of 90% in quarter 4 of 2017-18. He further noted that quarter 3 financial figures had not yet been released nationally.

Following FIC queries, further analysis of the December 2017 pay position would be circulated to FIC

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members before its February 2018 meeting. In further discussion on the month 9 financial position, the Audit Committee Non-Executive Director Chair queried whether External Audit had yet confirmed their view on UHL's technical and financial improvement provisions – it was agreed to confirm the position to the March 2018 Audit Committee.

CFO

Paper M1 also advised that £24.7m of the 2017-18 £44.2m CIP had been delivered as at month 9, which was £2.6m adverse to plan. £5.2m of the total remained unidentified, representing a risk to the programme – escalation meetings continued with the CMGs concerned.

**Resolved** – that (A) the summary of issues discussed at the 25 January 2018 FIC be noted as per paper M – Minutes to be submitted to the 1 March 2018 Trust Board;

(B) the Chief Financial Officer be requested to advise the Director of Estates and Facilities and the reconfiguration team of the Trust Board's comments on:-

CFO

- (1) the need for appropriate patient and public input to the LRI Welcome Centre (and all other reconfiguration schemes);
- (2) the benefit of appropriate 'public space' within the Welcome Centre (eg for stakeholders and other partner organisations), and

(C) External Audit feedback re: UHL's proposed 2017-18 technical and financial improvement provisions be reported to the March 2018 Audit Committee.

CFO

### 37/18 REPORTS FROM BOARD COMMITTEES

#### 37/18/1 Audit Committee

**Resolved** – that the Minutes of the 12 January 2018 Audit Committee be received and noted (paper N – no recommendations).

#### 37/18/2 Quality and Outcomes Committee (QOC)

**Resolved** – that the Minutes of the 21 December 2017 QOC be received and noted (paper N1 – no recommendations).

#### 37/18/3 People Process and Performance Committee (PPPC)

**Resolved** – that the Minutes of the 21 December 2017 PPPC be received and noted (paper N2 – no recommendations).

#### 37/18/4 Finance and Investment Committee (FIC)

**Resolved** – that the Minutes of the 21 December 2017 FIC be received and noted (paper N3 – recommended item approved at the 4 January 2018 Trust Board).

### 38/18 TRUST BOARD BULLETIN – FEBRUARY 2018

**Resolved** – the following papers be noted as circulated with the February 2018 Trust Board Bulletin:-

- (1) Trust sealings report for 2017-18 (quarter 3) and
- (2) Minutes of the 21 December 2017 LLR System Leadership Team.

### 39/18 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following questions/comments were raised in relation to the items discussed:-

- (1) support for the Trust Board's open discussion on mental health issues in Minute 32/18/1 above;
- (2) a query as to whether the Trust was comfortable with the terms and conditions associated with the interim revenue support loan applications in Minute 32/18/2 above. In response, the Chief Financial Officer confirmed that the Trust had reviewed the loan terms and conditions on previous occasions and assessed the risks accordingly, particularly when first introduced.



**Resolved** – that the comments/queries above be noted, and any actions be taken forward by the identified Lead Officer.

LEADS

#### 40/18 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 41/18 to 49/18), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

#### 41/18 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director and the Chief Financial Officer declared their interests in Minute 45/18 below – it was agreed that these were non-pecuniary interests and did not require them to withdraw from the discussion.

#### 42/18 CONFIDENTIAL MINUTES

**Resolved** – that the confidential Minutes of the 4 January 2018 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIR  
MAN

#### 43/18 CONFIDENTIAL MATTERS ARISING REPORT

**Resolved** – that the confidential matters arising report be received and noted.

#### 44/18 REPORT FROM THE CHIEF INFORMATION OFFICER

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

#### 45/18 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.

#### 46/18 REPORTS FROM BOARD COMMITTEES

##### 46/18/1 Audit Committee

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

##### 46/18/2 People Process and Performance Committee (PPPC)

**Resolved** – that the confidential summary of the 25 January 2018 PPPC be received as per paper T1 (no recommendations) – Minutes to be submitted to the 1 March 2018 Trust Board.

##### 46/18/3 Finance and Investment Committee (FIC)

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

##### 46/18/4 Remuneration Committee

**Resolved** – that the Minutes of the 4 January 2018 Remuneration Committee be received and noted (no recommendations) as per paper T4.

#### 47/18 CONFIDENTIAL TRUST BOARD BULLETIN – FEBRAURY 2018

**Resolved** – that any papers circulated with the February 2018 confidential Trust Board Bulletin be received and noted.

**48/18 ANY OTHER BUSINESS****48/18/1 Ms V Bailey Non-Executive Director – Board Committee Membership**

The Trust Chairman advised that Ms Bailey would be a member of the Quality and Outcomes Committee, in addition to sitting (with all other Non-Executive Directors) on the People Process and Performance Committee and the Remuneration Committee.

**Resolved – that the membership of those Committees be amended accordingly.**

**CCSM****48/18/2 Report From the Director of Workforce and OD**

**Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of data protection (personal data).**

**48/18/3 Query from Col (Ret'd) I Crowe Non-Executive Director**

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

**48/18/4 NHS 70<sup>th</sup> Anniversary**

Professor P Baker Non-Executive Director invited colleagues to suggest suitable speakers for a potential joint UoL-UHL debate event to mark the 70<sup>th</sup> Anniversary of the NHS.

**ALL**

**Resolved – that any speaker suggestions be passed to Professor P Baker Non-Executive Director.**

**ALL****48/18/5 Report from the Medical Director**

**Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of data protection (personal data).**

**49/18 DATE OF NEXT TRUST BOARD MEETING**

**Resolved – that the next Trust Board meeting be held on Thursday 1 March 2018 from 9am in Rooms A & B, Clinical Education Centre, Leicester General Hospital.**

The meeting closed at 1.51pm

Helen Stokes – **Corporate and Committee Services Manager**

**Cumulative Record of Attendance (2017-18 to date):****Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	12	12	100	A Johnson	12	11	92
J Adler	12	11	92	T Lynch	7	7	100
V Bailey	1	1	100	R Mitchell	3	2	67
P Baker	12	11	92	R Moore	12	11	92
S Crawshaw	3	1	33	B Patel	12	12	100
I Crowe	12	12	100	J Smith	12	10	83
E Doyle	2	1	50	M Traynor	12	12	100
A Furlong	12	11	92	P Traynor	12	11	92

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
L Tibbert	12	12	100	E Rees	10	7	70
S Ward	12	12	100				
M Wightman	12	11	92				