

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUSTMINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 4 JANUARY 2018 AT 9AM IN SEMINAR ROOMS 2 & 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL**Voting Members present:**

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

In attendance:

Ms J Dawson – Freedom to Speak Up Guardian (for Minute 7/18/1)
 Miss M Durbridge – Director of Safety and Risk (for Minute 7/18/1)
 Mr D Kerr – Director of Estates and Facilities
 Mr E Rees – LLR Healthwatch Representative (up to and including Minute 15/18)
 Mr N Sone – Charity Finance Controller (for Minute 12/18/2)
 Ms H Stokes – Corporate and Committee Services Manager
 Mrs L Tibbert – Director of Workforce and Organisational Development
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications

ACTION**1/18 APOLOGIES AND WELCOME**

Apologies for absence were received from Professor P Baker, Non-Executive Director. The Trust Chairman welcomed Ms E Doyle (who had commenced in post as Interim Chief Operating Officer on 1 January 2018), to her first Trust Board meeting.

2/18 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.

3/18 MINUTES

Resolved – that the Minutes of the 7 December 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIRMAN**4/18 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 5a (Minute 299/17/3 of 7 December 2017) – the Medical Director outlined how the Trust engaged with bereaved families, and advised that this would be detailed further in the next iteration of the mortality report;
- (b) action 14 (Minute 271/17 of 2 November 2017) – following discussion, it was agreed that the proposed Non-Executive Director site tour should take place after the DCP had been presented to the February 2018 Trust Board;
- (c) action 21a (Minute 281/17 of 2 November 2017) – this action should be reclassified as on track, as a staff survey was planned re: on-site nursery provision. The Director of Workforce and OD agreed to include the date of that survey in the next iteration of the action log, and
- (d) action 32 (Minute 291/16/1 of 1 December 2016) – the Chairman requested that this action be

CFO**DWOD****CFO**

addressed, given its longevity on the log.

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

ALL

5/18 CHAIRMAN'S MONTHLY REPORT – JANUARY 2018

In introducing his monthly report for January 2018 (paper C), the Chairman drew the Trust Board's particular attention to the need to focus on embedding transformation and sustainability at both an organisational and system-wide level, in this 70th anniversary year of the NHS. This would touch on issues of leadership, culture, capability, capacity, ways of working, performance management and accountability, and the ability to be responsive to changing and emerging circumstances. The Chief Executive advised that the next informal Executive Team meeting would be reviewing capacity and capability issues, with a view to completing that work by the end of June 2018 – this review would also be influenced by considerations of what the Trust needed to deliver in 2018-19, noting further January 2018 Trust Board thinking day discussions on UHL's annual priorities for the coming year.

Resolved – that the Chairman's report for January 2018 be noted.

6/18 CHIEF EXECUTIVE'S MONTHLY REPORT – JANUARY 2018

The Chief Executive's January 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 his report as read, the Chief Executive focused particularly on the continued challenging position re: emergency care performance (79.6% for November 2017), which had further worsened since the date of the report. As previously agreed, available comparative data was included in the report. December 2017 had proved very challenging as the usual Christmas Eve discharge levels had not occurred – this was thought to have been mirrored nationally. The significant numbers of flu and respiratory illness cases had also impacted on the Clinical Decisions Unit (CDU) at the Glenfield Hospital. Although pressures now showed some early signs of easing slightly, ambulance handover delays remained very challenging and East Midlands Ambulance Service remained on the highest level of escalation. The Chief Executive thanked all UHL staff for their efforts over the Winter period. The main areas of immediate focus in terms of emergency care performance now included:-

- (1) implementing UHL's new Emergency Department floor management approach from the week beginning 8 January 2018 (on a 18-hour basis, 7 days per week);
- (2) reducing the time between beds becoming available and moving patients into them from CDU and ED, and
- (3) specific actions to maintain momentum at the weekends.

The lack of medical bed capacity also remained a challenging, more long-term issue.

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

- (a) initial observations from the Interim Chief Operating Officer regarding a level of fragility in ED overnight working arrangements and the likely need for some further transformation work;
- (b) a query from Mr A Johnson, People, Process and Performance Committee (PPPC) Non-Executive Director Chair on whether the described 'push' model had yet been implemented and if so whether it was working. In response, the Medical Director and the Chief Nurse advised that it was now in place and was assisting more timely discharge. The model represented a cultural change for staff, and some further work was needed to give staff confidence to use it appropriately. Mr Johnson advised that he would be asking the January 2018 PPPC to review plans to reduce patient 'dwell time', and
- (c) a query from Mr R Moore, Audit Committee Non-Executive Director Chair on whether ward staff were appropriately trained to manage the new approach, involving as it did some transference of risk from the ED front door to other areas of the Trust. In response, and although considering that any risk was small, the Chief Nurse confirmed that appropriate risk assessment processes were in place and that wait times were closely monitored. The Medical Director also commented that the patients leaving the wards were those whom the ward itself had identified as fit to leave.

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The Chief Executive also noted NHS Improvement (NHSI) communications re: winter pressures, including the extension (to 31 January 2018) of the cancellation of all non-cancer elective operations – in addition to the patient impact this would also have financial implications for Trusts, and the relaxation of penalty rules re: mixed sex accommodation. Winter funding communications had also been received from NHSI, which were being discussed further in the private session of this Trust Board.

The Trust Chairman also noted that the Chief Nurse and the Director of Workforce and OD were both leaving the Trust in April 2018 – he thanked them for their contribution to the Trust and congratulated them on their new posts. Work was underway to recruit to their posts, and to the post of Chief Operating Officer.

Resolved – that a review of the steps in place to reduce ‘patient dwell time’ be provided to the January 2018 PPPC.

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7/18 KEY ISSUES FOR DECISION/DISCUSSION

7/18/1 Staff Story – Freedom to Speak Up (F2SU) Guardian

Ms J Dawson attended to update the Trust Board on her work as UHL’s Freedom to Speak Up Guardian (since February 2017), noting that the report at paper E had also been presented to the December 2017 Quality and Outcomes Committee (QOC). The Director of Safety and Risk advised that paper E highlighted the key themes and trends raised to date through Freedom to Speak Up processes (including direct to UHL’s F2SU Guardian or through other tools such as the Junior Doctors’ Gripe Tool and the 3636 Staff Concerns reporting line). She further noted that she and the F2SU Guardian met monthly with the Chief Executive to discuss the issues raised. The national F2SU Guardian’s report recommended that local F2SU Guardians should have greater access to Trust Boards, and the Director of Safety and Risk was therefore suggesting a potential quarterly UHL F2SU update to Trust Board.

UHL’s Freedom to Speak Up Guardian advised that a recently-repeated staff survey indicated greater awareness of her role, and she outlined both the various ways in which she made contact with staff at all levels and her involvement in Trust projects such as Stop the Line. As discussed at the December 2017 QOC, she was also now considering the development of further guidance for managers on how to respond to concerns raised with them by staff. As the Lead Non-Executive Director for F2SU, Mr A Johnson confirmed that he also met quarterly with UHL’s F2SU Guardian, and he noted the benefits for the Trust in having a full-time Guardian. Given likely rising staff expectations that action would be taken in response to concerns raised, he noted the need for the Trust to help the F2SU Guardian communicate appropriately while still retaining her independence; the development of a positive feedback loop was therefore crucial. In discussion on the report (and particularly welcoming the thematic information in table 7.1), the Trust Board noted:-

- (a) comments from Col (Ret’d) I Crowe, QOC Non-Executive Director Chair, that it provided useful human intelligence to triangulate concerns being raised through various channels. F2SU issues flagged through the regular reports to EQB and QOC would be highlighted to the Trust Board via the QOC meeting summaries in the first instance and then via the formal Minutes;
- (b) a query from the Director of Strategy and Communications on how themes from staff exit interviews had previously been captured and acted upon – the Director of Workforce and OD agreed to confirm this to a future PPPC meeting;
- (c) (in response to a query from the Director of Strategy and Communications) that the reference in paragraph 8.2 regarding reported bullying cultures likely stemmed both from the verbatim comments of staff and from the F2SU Guardian’s own perception of what was being reported to her;
- (d) confirmation (in response to a query from the Chief Financial Officer) that the counter-fraud cases were those notified by the Local Counter-Fraud Specialist, rather than being additional instances;
- (e) queries from the Chief Financial Officer on comparative information against which to assess UHL’s position, and on how to take forward the required positive feedback loop. In response, the F2SU Guardian noted that quarterly network data were now being published and advised that she hoped to include comparative data in her next internal quarterly report. It was likely that the

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national F2SU Guardian would also publish comparative information. With regard to internal feedback to staff, various possible mechanisms were being explored including newsletters and use of social media forums;	(DSR/ F2SUG)
(f) a request that future F2SU Guardian updates also include progress on/proposed action to address any recommendations	MD (DSR/ F2SUG)
(g) the need to consider how best to continue raising the profile internally of UHL's F2SU Guardian, and	DSC
(h) the Trust Chairman's desire for UHL to be an exemplar on this issue – he queried therefore how far UHL's approach was an innovative one, and how UHL measured against the recommendations from the national F2SU Guardian.	MD (DSR/ F2SUG)
The Trust Chairman advised that the quarterly F2SU reports to QOC should continue, with further thought needed on the proposal of a future report direct to the Trust Board (need for, nature, and timing issues). The quarterly QOC reports would be placed at the start of that agenda to enable Mr A Johnson Non-Executive Director to attend (as he was not a member of QOC).	CCSM
<u>Resolved</u> – that (A) confirmation of how themes from staff exit interviews were monitored/ followed up be provided to a future PPPC;	DWOD
(B) the quarterly F2SU report to QOC be placed at the beginning of that agenda, to enable Mr A Johnson, Non-Executive Director Lead for Freedom to Speak Up, to attend;	CCSM
(C) future F2SU reports also cover:-	MD (DSR/ F2SUG)
(1) whether (and if so how) UHL's approach to F2SU was innovative;	
(2) how UHL measured up against the national F2SUG's proposals/recommendations;	
(3) relevant comparative information from elsewhere;	
(4) progress made in addressing any internal recommendations contained within the reports;	
(D) consideration be given as to whether – and if so at what frequency – there should also be a F2SU Guardian report direct to the Trust Board, and	CHAIR MAN/ DCLA
(E) consideration be given to how best to promote the role of UHL's F2SUG within the Trust.	DSC

7/18/2

Step Into Health Pledge

Paper F sought Trust Board support for UHL to sign the Step Into Health Pledge, a national programme offering information and access on career pathways in the NHS to those leaving the Armed Forces. Signing the Pledge would reiterate UHL's commitment to the Armed Forces Covenant, maximise opportunities to recruit from a skilled and motivated workforce, and also provide valuable supporting evidence for any future UHL nomination for a Gold Employer Recognition Award (Silver currently held by the Trust). The Pledge was strongly supported by both Executive and Non-Executive Directors, and if approved would be signed by the Director of Workforce and OD and Col (Ret'd) I Crowe Non-Executive Director on behalf of the Trust. Mr A Johnson Non-Executive Director emphasised the need for UHL also to develop its own, proactive plan for interaction with organisations such as the Regional Resettlement Centres (eg Cottesmore locally), given that the Pledge was not a UHL-generated document.

DWOD/
ICNED

Taking the Pledge approach as a starting model, the Director of Strategy and Communications proposed exploring the scope to widen the concept further, to cover other local communities currently under-represented in UHL's workforce. This was supported by the Trust Chairman, who commented on the need to adopt appropriate segmented marketing approaches as part of becoming an employer of choice. Contact should also be made with the groups being targeted, to discuss how such a model/Pledge might look for their communities. The Chief Financial Officer also commented on the need for clarity on the mutual benefits of such an approach, and on the need to dedicate an appropriate level of resource. It was agreed to present proposals accordingly to a future PPPC en route to the Trust Board.

DWOD

Resolved – that (A) the signing of the Step into Health Pledge be approved as per paper F;

DWOD/
ICNED

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(B) the scope to widen the concept of the SitH Pledge to other communities (eg faith/minority/hard to reach groups under-represented in UHL's workforce) be explored, with proactive proposals to be presented accordingly to a future PPPC en route to the Trust Board (including clarity on the mutual benefits of such a Pledge, and the likely resourcing needed), and

DWOD

(C) a robust programme of interaction be developed with (eg) Regional Resettlement Centre (RRC) Cottesmore.

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ICNED

8/18 RISK MANAGEMENT AND GOVERNANCE – INTEGRATED RISK REPORT

Paper G comprised the 2017-18 integrated risk report including the new format Board Assurance Framework (BAF), as at 30 November 2017. The report noted that there had been no new organisational risks scoring 15 or above in November 2017. 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 2 annual priorities were off-track at month-end, with 3 forecasting to be at risk of non-delivery in 2017-18.

The Audit Committee Non-Executive Director Chair voiced concern that although 2 of the 3 main risks (ED and finances) were discussed very regularly at the Trust Board, the 3rd main risk relating to workforce issues was not equally visible at Trust Board level, and he noted the need to remedy this. The Director of Strategy and Communications also noted the need to cover paybill and recruitment/retention issues. In light of a suggestion that certain of the workforce reports scheduled for PPPC could also then go to Trust Board, the Chief Executive noted the need to avoid merely duplicating the work of that Board Committee – it was agreed therefore that the Chairman and Director of Corporate and Legal Affairs would review how best to keep the Trust Board appropriately and cohesively sighted to workforce risks and issues. It was further noted that the Board Committee workprogrammes would in any event require updating once the 2018-19 annual priorities were agreed.

CHAIR
MAN/
DCLA

Mr A Johnson Non-Executive Director requested that the BAF clearly identify which issues were inside, and which were outside, the Trust's control, as this would then enable appropriate escalation of issues not entirely within the Trust's gift.

MD

In response to a query from the Trust Chairman, the Medical Director suggested that the new 2020 Paperless Board review the content and scoring for IT risk issues. The Trust Board discussed whether IM&T should be seen as a strategic risk or an enabler, given its crucial position in relation to other risks. The Chief Executive further noted the need to discuss how much of the Trust's capital and revenue was dedicated to IM&T, and to prioritise projects appropriately within the IT capital programme itself.

MD

Resolved – that (A) consideration be given to how best to keep the Trust Board appropriately sighted to workforce risks and developments, noting the wish to avoid duplicating the work of PPPC;

CHAIR
MAN/
DCLA

(B) the BAF reflect more clearly whether issues were inside or outside the Trust's control, and

MD

(C) the 2020 Paperless Board review IT risks and risk scores.

MD

9/18 LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION UPDATE

Paper G updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme. The January 2018 Trust Board thinking day would review the refreshed LLR STP ahead of proposed public consideration at the CCG Boards in February 2018 and the UHL Trust Board in March 2018. Although Spring 2018 public consultation was still envisaged, some further work was likely to be required on the various sequencing steps leading up to that consultation. In discussion, the Chief Executive noted proposals from the CCGs to move to a single management team, with one Accountable Officer. There was no timescale for this development as yet.

DSC

With regard to UHL's own reconfiguration programme, paper G sought Trust Board approval for an amendment to the Outline Business Case for the (renamed) scheme 'relocation of ICU capacity and

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associated specialties from the LGH site', noting the increased cost of circa £500k from the OBC originally approved in November 2017 (due to NHSI recently advising that Public Dividend Capital [PDC] would be used to fund the scheme rather than interest-bearing loans). This amendment was approved as presented.

CFO

A decision on the Trust's £397.5m reconfiguration bid was still awaited, and this would be pursued again with NHSI in the coming weeks. In response to a query from the Trust Chairman, the Chief Financial Officer confirmed that the DCP scheduled for February 2018 Trust Board assumed receipt of the full amount of capital funding. Good progress continued on the Emergency Floor project phase 2, and an update on related workforce issues would be included in the February 2018 monthly Trust Board update.

CFO

Resolved – that (A) the revised draft LLR STP be considered at the public session of the March 2018 Trust Board;

DSC

(B) the amendment to the OBC for the (renamed) scheme 'relocation of ICU capacity and associated specialties from the LGH site', noting the increased cost of circa £500k from the OBC originally approved in November 2017 be approved, and

CFO

(C) the next iteration of the reconfiguration report include an update on workforce requirements for the Emergency Floor phase 2.

CFO

10/18 QUALITY AND PERFORMANCE

10/18/1 Quality and Outcomes Committee (QOC)

Paper I summarised the issues discussed at the 21 December 2017 QOC, highlighting the Freedom to Speak Up Guardian's report as per Minute 7/18/1 above.

Resolved – that the summary of issues discussed at the 21 December 2017 QOC be noted as per paper I (no recommended items) – Minutes to be submitted to the 1 February 2018 Trust Board.

10/18/2 People Process and Performance Committee (PPPC)

Paper J summarised the issues discussed at the 21 December 2017 PPPC, including emergency care performance, EMRAD, Lean working, workforce metrics (highlighting the disparity between the UHL's current establishment and planned whole time equivalents), the Workforce Equality and Diversity Monitoring report for 2016-17, and a performance update on the new payroll contract. The meeting had also included a joint session with QOC members to review the November 2017 quality and performance report in detail, with deep dives on RTT performance (18 and 52 weeks), 62-day cancer performance, and cancelled operations.

Trust Board noted the intention for further discussion by the Executive Performance Board re: Lean working (including potential use of the Apprentice levy), and members queried whether the resourcing and workforce requirements were realistic.

Resolved – that that the summary of issues discussed at the 21 December 2017 PPPC be noted as per paper J (no recommended items) – Minutes to be submitted to the 1 February 2018 Trust Board.

10/18/3 Finance and Investment Committee (FIC) and 2017-18 Financial Performance (November 2017)

Paper K summarised the issues discussed at the 21 December 2017 FIC, including the Trust's financial position including performance against the 2017-18 cost improvement programme (see paper K1 below), progress on the e-rostering contract, UHL's EBITDA position, the programme for business case approvals, an update on the IBM contract performance and a Procurement Strategy update noting the welcomed news that UHL had achieved Level 2 accreditation against the NHS Standards of Procurement. The December 2017 FIC also recommended the award of the 2-year interpretation and language contract for Trust Board approval.

DWOD

In response to a query from the Chief Executive, the Chief Financial Officer advised that a further report on the PC replacement programme would come to the January 2018 FIC. He noted that

CFO
(CIO)

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resourcing the replacement programme also required further discussion with the Chief Information Officer.

Paper K1 presented the Trust's month 8 financial position, which had been discussed in detail at the December 2017 Finance and Investment Committee meeting as mentioned above. In terms of headline financial performance, as of month 8 UHL had achieved a year to date deficit of £24.2m which was in line with plan. Although significant risk continued to be associated with the remaining months of 2017-18, particularly in terms of CIP delivery and Finance and Technical actions, the scale of that risk had not worsened. CIP delivery remained slightly off-plan (£1.662m adverse to plan), with the possibility of under-achievement in 2017-18 as a whole and an effect on the 2018-19 programme of approximately £3.5m. UHL remained compliant with the NHSI cap on agency expenditure. The Chief Financial Officer also welcomed the fact that – with the exception of the national issue re: sepsis coding – all 2017-18 contract queries had now been resolved with Commissioners.

Noting that pay runrates were not being sufficiently brought back into line, the Chief Financial Officer confirmed that he would report to the January 2018 FIC on how pay costs had risen over the last 2-3 years (showing trends and themes) and the planned measures to address this going forward. The Trust Chairman noted his wish for appropriate granular information on pay and workforce issues.

CFO

Winter pressures and related elective cancellations would have an inevitable financial impact (whether through staffing expenditure or loss of income), a report on which would be provided to the January 2018 and reported through that summary to the February 2018 Trust Board.

CFO

Resolved – that (A) the summary of issues discussed at the 21 December 2017 FIC be noted as per paper K, and the recommended award of the interpretation and language 2-year contract be approved – Minutes to be submitted to the 1 February 2018 Trust Board;

DWOD

(B) a further update on the pc replacement programme be provided to the January 2018 FIC;

CFO
(CIO)

(C) a report on how pay costs had risen over the last 2-3 years (showing trends and themes) be provided to the January 2018 FIC, and

CFO

(D) a report re: the impact of winter elective cancellations on income and staffing costs be provided to the January 2018 FIC and February 2018 Trust Board via the FIC summary.

CFO

11/18 REPORTS FROM BOARD COMMITTEES

11/18/1 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 30 November 2017 QOC be received and noted (paper L – no recommendations).

11/18/2 People Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 30 November 2017 PPPC be received and noted (paper L1 – no recommendations).

11/18/3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 30 November 2017 FIC be received and noted (paper L2 – no recommendations).

12/18 CORPORATE TRUSTEE BUSINESS

12/18/1 Charitable Funds Committee (CFC)

Paper M comprised the Minutes of the 7 December 2017 Charitable Funds Committee, noting a recommended item to approve the 2016-17 charitable funds annual accounts and annual report (Minute 12/18/2 below also refers).

CFO

Resolved – that the Minutes of the 7 December 2017 Charitable Funds Committee be received and noted, and Trust Board approval as Corporate Trustee be given to the 2016-17 charitable funds annual accounts and annual report.

CFO

12/18/2 Leicester Hospitals Charity Annual Accounts and Annual Report 2016-17

Further to Minute 12/18/1 above, paper N comprised the full 2016-17 annual accounts and Trustee's Annual Report for Leicester Hospitals Charity. The report also presented the Audit Highlights Memorandum and Management Letter, and a draft copy of the Management Representation Letter.

Resolved – that the Leicester Hospitals Charity annual accounts and Trustee's Annual Report 2016-17 be approved by the Trust Board as Corporate Trustee as presented, and the required statements signed accordingly.

CFO
and
relevant
signatori
es

13/18 TRUST BOARD BULLETIN – JANUARY 2018

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

(1) Minutes of the 16 November 2017 LLR System Leadership Team.

14/18 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) a query on whether any discussions had taken place with the private sector to provide additional emergency bed capacity, as there was no mention of this in the LLR STP. In response, the Chief Executive advised inclusions in the STP were an issue for the STP Senior Responsible Officer rather than for UHL – he also advised that NHS use of additional such capacity would more usually relate to elective capacity rather than to emergency. Following comments by the Medical Director, the Trust Chairman requested that the issue of potential partnership working on activity be discussed at a future Trust Board thinking day.

CHAIR
MAN

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

LEADs

15/18 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 16/18 to 25/18), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

16/18 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Trust Chairman confirmed that he had received a redacted set of Minutes for the private session of the 7 December 2017 Trust Board, omitting part of Minute 312/17. Mr A Johnson Non-Executive Director and the Chief Financial Officer declared their interests in Minute 20/18/1 below – it was agreed that these were non-pecuniary interests and did not require them to withdraw from the discussion.

17/18 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 7 December 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIR
MAN

18/18 CONFIDENTIAL MATTERS ARISING REPORT

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

19/18 REPORT FROM THE CHAIRMAN

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

20/18 REPORTS FROM THE CHIEF FINANCIAL OFFICER

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

21/18 REPORTS FROM BOARD COMMITTEES

21/18/1 Quality and Outcomes Committee (QOC)

Resolved – that the confidential Minutes of the 30 November 2017 QOC be received and noted (no recommendations) as per paper T.

21/18/2 People Process and Performance Committee (PPPC)

Resolved – that the confidential Minutes of the 30 November 2017 PPPC be received as per paper T1, noting that any recommendations had been approved through the confidential summary presented to the 7 December 2017 Trust Board.

21/18/3 Finance and Investment Committee (FIC)

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.

21/18/4 Remuneration Committee

Resolved – that the Minutes of the 7 December 2017 Remuneration Committee be received and noted (no recommendations) as per paper T4.

22/18 CORPORATE TRUSTEE BUSINESS

22/18/1 Charitable Funds Committee (CFC)

Resolved – that the confidential Minutes of the 7 December 2017 Charitable Funds Committee be received and noted by the Trust Board as Corporate Trustee (no recommendations) as per paper U.

23/18 CONFIDENTIAL TRUST BOARD BULLETIN – JANUARY 2018

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

24/18 ANY OTHER BUSINESS

24/18/1 Mesothelioma UK

Col. (Ret'd) I Crowe confirmed that he had attended the opening of the new Mesothelioma UK offices on 15 December 2017, noting that UHL had been thanked for its input.

Resolved – that the position be noted.

24/18/2 Councillor E White, Leicestershire County Council

The Trust Board noted the recent death of Leicestershire County Councillor E White, and agreed that the Trust Chairman would send the Trust's condolences.

Resolved – that a letter of condolence be sent as detailed above.

CHAIR
MAN
CHAIR
MAN

25/18 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 1 February 2018 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12.15pm

Helen Stokes – Corporate and Committee Services Manager

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

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	11	11	100	T Lynch	7	7	100
J Adler	11	11	100	R Mitchell	3	2	67
P Baker	11	10	91	R Moore	11	10	91
S Crawshaw	3	1	33	B Patel	11	11	100
I Crowe	11	11	100	J Smith	11	9	82
E Doyle	1	1	100	M Traynor	11	11	100
A Furlong	11	10	91	P Traynor	11	10	91
A Johnson	11	10	91				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
L Tibbert	11	11	100	E Rees	9	6	67
S Ward	11	11	100				
M Wightman	11	10	91				