

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 6 DECEMBER 2018 AT 9AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Voting Members present:

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

In attendance:

Professor N Brunskill – Director of Research and Innovation (for Minute 332/18/2)
 Ms J Halborg – Head of Nursing, Clinical Support and Imaging (CSI) (for Minute 332/18/1)
 Mrs H Kotecha – Leicester and Leicestershire Healthwatch (up to and including Minute 335/18/3)
 Ms H Leatham – Assistant Chief Nurse (for Minute 332/18/1)
 Ms C Leeds – Meaningful Activities Coordinator (for Minute 332/18/1)
 Mr M Ryan – Interim Director of Urgent and Emergency Care LLR (for Minute 331/18)
 Ms H Stokes – Corporate and Committee Services Manager
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications
 Ms H Wyton – Director of People and OD

ACTION

326/18 APOLOGIES AND WELCOME

Apologies for absence were received from Mr J Adler Chief Executive. The Trust Chairman welcomed Mrs K Jenkins Non-Executive Director to the Trust Board.

327/18 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Chief Financial Officer and Mr A Johnson Non-Executive Director declared their respective roles as Company Secretary and Non-Executive Chair of Trust Group Holdings Ltd. Professor P Baker Non-Executive Director and Dean of the University of Leicester Medical School, declared an interest in the Leicestershire Academic Health Partners item at Minute 332/18/2 below.

328/18 MINUTES

Resolved – that the Minutes of the 1 November 2018 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

CHAIRMAN

329/18 MATTERS ARISING FROM THE MINUTES

The Chief Operating Officer confirmed that a meeting would be arranged in respect of action 4 by the date of the next Trust Board. With regard to action 9, the Chairman advised that any follow-up session with IBM would take place as part of a wider Trust Board thinking day discussion on general strategic issues.

COO

Resolved – that the Trust Board matters arising log be noted as per paper B, and any actions be progressed by the identified lead(s).

LEADS

330/18 CHAIRMAN'S MONTHLY REPORT – DECEMBER 2018

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

(a) the forthcoming national Ten Year Plan for the NHS, and how to translate that national vision in to

- UHL's local context;
- (b) his welcome to Mrs K Jenkins as a UHL Non-Executive Director as of 1 December 2018, after a previous period as a Non-Executive Director between 2010-2014. It was proposed that Mrs Jenkins would serve as Audit Committee Non-Executive Director Chair and also sit on the People, Process and Performance Committee (PPPC) and the Finance and Investment Committee (FIC);
 - (c) the importance of a motivated and dedicated workforce in delivering high quality care to patients and the community. The Chairman had recently attended the Long Service Awards evening honouring more than 100 UHL staff with 25 years or more NHS service;
 - (d) a visit to UHL on 30 November 2018 by the Chair and the Regional Director of NHS Improvement, and
 - (e) his attendance (with staff colleagues) at Leicester City Football Club to pay his respects to the late Chairman Mr Vichai Srivaddhanaprabha, an event also attended by the Duke and Duchess of Cambridge.

DCLA

Resolved – that Mrs K Jenkins Non-Executive Director be endorsed as the Audit Committee Non-Executive Director Chair and a member of the People, Process and Performance Committee and the Finance and Investment Committee.

DCLA

331/18

CHIEF EXECUTIVE'S MONTHLY REPORT – DECEMBER 2018

The Chief Executive's December 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 Chief Operating Officer (as Acting Chief Executive) specifically highlighted the following issues:-

- (i) good performance on quality and operational indicators, including:- a continued reduction in the Trust's mortality rate, achievement of the diagnostics target, no patients waiting longer than 52 weeks (now achieved for 4 consecutive months), improved performance on cancer 2-week waits, continued reductions in RTT times despite demand pressures, achievement of the fractured neck of femur target, and a very positive Friends and Family Test result in ED despite significant demand pressures;
- (ii) further work needed to achieve the cancer 62-day wait target, although the backlog of patients was reducing;
- (iii) continued challenges in ED, recognised as a crucial issue for UHL. The Trust was not yet achieving the trajectory and performance continued to be closely scrutinised. NHS Improvement feedback following its 22 November 2018 winter assurance visit would be circulated to Trust Board members for information, and the Chief Operating Officer noted NHSI's positive views on UHL's winter preparedness. UHL was focusing appropriately on non-admitted performance, and the Chief Operating Officer noted the very high number of attendances by both ambulances and walk-in patients, and
- (iv) the Trust's continued focus on its financial position, which would be discussed in detail at Minute 335/18/3 below.

COO

In discussion, the Director of Strategy and Communications noted comments from the recent Leicester Health and Wellbeing Scrutiny Commission recognising the difficulties facing UHL in respect of cancer performance and cancelled operations and welcoming the Trust's continued efforts on those issues. The Medical Director particularly welcomed the performance improvement in respect of fractured neck of femur, an update on which was already scheduled for the December 2018 Quality and Outcomes Committee (QOC). The Medical Director also commented on stroke TIA performance – improvement actions had been discussed at the November 2018 QOC and a further review would take place if the anticipated improvements had not occurred by March 2019.

Mr M Ryan, Interim Director of Urgent and Emergency Care LLR attended to present the LLR winter plan and system resilience measures for 2018-19, noting in particular:-

- (1) a reflection on 2017-18 and lessons learned, including the need for appropriate communication between all parties as demand escalated;
- (2) the 5 key system priorities for managing winter pressures and enabling quality, safety and performance, namely [i] *connectivity for operational grip*; [ii] *ambulance handover management*; [iii] *demand management initiatives*; [iv] *hospitals flow, capacity planning and functionality*, and [v]

- discharge;*
- (3) the different approach adopted for 2018-19 including extended access to primary care, targeting of specific patient groups (frail, respiratory, vulnerable) and system-wide collaboration to design new pathways, a focus on reducing long stay patients by 25%, communications which were proactive, planned and preventive, supporting more patients with self-care, and introducing a 'red bag' scheme for care homes, and
 - (4) the increased planning undertaken for winter 2018-19. Although a challenging winter was anticipated, the Interim Director of Urgent and Emergency Care LLR considered that the LLR system was in a stronger position than previously, with more operational grip.

In discussion on the presentation, the Trust Board:-

- (a) noted Non-Executive Director concerns at the level of current system performance, and queries over how to manage current pressure points. In response, the Interim Director of Urgent and Emergency Care LLR noted the intention to build system resilience for the whole year, and considered that the key challenge was how to understand (and therefore be able to address by flexing capacity) the variation in daily demand. He also noted the need for clear and consistent messaging to the public on what services were available and where appropriate care should be sought. The FIC Non-Executive Director Chair commented on the difficulties of changing public behaviours, which was recognised by the Interim Director of Urgent and Emergency Care LLR. The Leicester and Leicestershire Healthwatch representative queried how information was being communicated to the public, and noted her view that inconsistent/confusing messages were being provided by some primary care centres. This point was recognised, and the Chief Operating Officer advised that the A&E Delivery Board had tasked the LLR system communications team to be clear on these issues;
- (b) queried what outcome measures would be used to gauge the success of the plan, and how the successful elements would be identified – noting (in response) that this had been discussed by the A&E Delivery Board. Although recognising the need for improvements in the 4-hour ED target, the Interim Director of Urgent and Emergency Care LLR also noted the need for realism. A review of individual actions/initiatives would take place after winter, to assess their relative impact;
- (c) noted (in response to a query from Mr B Patel Non-Executive Director) comments on the recognised need to make GP services more accessible to care homes via the clinical navigation hub;
- (d) noted a query from Mr B Patel Non-Executive Director on whether primary care had made appropriate provision for discharge transportation for patients going back to care homes. In response, the Interim Director of Urgent and Emergency Care LLR acknowledged the challenges experienced with the TASL contract and advised that TASL was increasing its capacity to align to hospital demand over winter. The PPPC Non-Executive Director Chair agreed that transport was a key issue, and emphasised the need for TASL to deliver the required contract specifications;
- (e) noted comments from the Chairman on the need for consistency in primary care availability over the Christmas and New Year period. The Chairman also queried whether primary care would be undertaking any proactive/early checking of frail patients before winter, to avoid unnecessary hospital attendance/admission. The Interim Director of Urgent and Emergency Care LLR then commented on the longterm strategic aims of the overarching LLR frailty programme;
- (f) noted a query from Ms V Bailey Non-Executive Director on what support was being implemented for carers. In response, the Interim Director of Urgent and Emergency Care LLR noted that a carers' strategy was in place;
- (g) queried what additional response would come from primary care when UHL was at OPEL 3. The Medical Director queried whether an equivalent of the OPEL escalation levels was in place for CCGs/GPs, which the Chief Operating Officer agreed to raise with the A&E Delivery Board;
- (h) noted a query from the QOC Non-Executive Director Chair on the level of system confidence in the plan, noting the need for mutually-supportive behaviours. In response, both the Chief Operating Officer and the Interim Director of Urgent and Emergency Care LLR considered that partners were working closely together, recognising the system co-dependencies.

COO

The Trust Board welcomed the LLR winter plan 2018-19, noting that it had been adopted by the A&E Delivery Board on 5 December 2018. The Chairman reiterated UHL's commitment to a system-wide approach, and to the need to make a difference for patients.

Resolved – that (A) feedback from NHSI following the winter assurance visit on 22 November 2018 be circulated to Trust Board for information, and

COO

(B) the A&E Delivery Board be advised of the Trust Board's query on whether (equivalents of) OPEL escalation processes were in place for CCGs/GPs.

332/18 KEY ISSUES FOR DISCUSSION/DECISION

332/18/1 Patient Story: "If Only...My Granddad"

Paper E and the accompanying presentation detailed the poor care experience of a gentleman with dementia and his family. The gentleman's granddaughter spoke very movingly about her grandfather and explained the poor care experienced at the LRI in April 2018, including a lack of help to eat and drink, not being seen as an individual, a lack of involvement of either the patient or the family in his care, and a lack of communication with the family before being outlied early in the morning. She felt that her grandfather had not been valued as a person while in hospital, his delirium had not been addressed and he had lost a significant amount of weight.

The Chief Nurse explained that this story was being presented to the Trust Board as it illustrated issues UHL had already identified as needing improvement. Although the majority of dementia care feedback was very positive, there was a small proportion of experience which mirrored the story being presented. Paper E also detailed the steps taken by the Trust to address the 3 key themes from this patient story, namely:-

(i) nutritional provision – following consultation and a pilot exercise, smaller more energy dense meal options had been launched in October 2018, and the 2nd phase of a new finger food menu for dementia patients had concluded in November 2018 (results now being evaluated). A nutrition and hydration audit on 30 (adult) wards was currently underway, one element of which involved the Patient Partners in an observational role. In response to a query from the Leicester and Leicestershire Healthwatch representative on the scope for Healthwatch to be involved in that audit, the Head of Nursing CSI advised that it had already started (November 2018 – February 2019), although Healthwatch involvement would have been welcomed;

(ii) identifying patients with a diagnosis of dementia – the 'Forget-Me-Not' initiative had been launched in 2017, leading to an increase in the number of UHL patients flagged as having dementia. The aim of the scheme was not only to recognise patients with dementia but to ensure that staff responded to that person in a meaningful way. 600 dementia champions were now in place across UHL, and the Trust worked closely with external organisations such as the Alzheimer's Society and internally with UHL's own meaningful activities team, and

(iii) being outlied without family involvement – UHL had recently approved a new policy stating that the family must be involved if dementia patients were outlied.

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

- (a) apologised for the patient and family's poor experience, and thanked them for sharing this story. Professor P Baker Non-Executive Director invited the patient's granddaughter to share her story with medical students, as a further point of learning; **PBNED/ CN**
- (b) noted (in response to a query from Mr B Patel Non-Executive Director) that the family had not been made aware of the Trust's Carers' Strategy;
- (c) noted that progress on UHL's dementia strategy was monitored through the Executive Quality Board and the Quality and Outcomes Committee by the Chief Nurse;
- (d) noted a suggestion from Ms V Bailey Non-Executive Director that the visiting policy might need reviewing, to enable greater involvement of relatives in the care of patients with dementia, and **CN**
- (e) noted comments from the Leicester and Leicestershire Healthwatch representative on the need also to take appropriate account of any language issues for such patients.

Resolved – that (A) consideration be given to reviewing UHL's policy on visiting hours, and **CN**

(B) the story (as presented in person) be shared with medical students. **PBNED**

332/18/2 Leicestershire Academic Health Partners

Building on discussions at previous Trust Board thinking days, the Director of Research and Innovation sought Trust Board approval to establish a more formal strategic partnership to replace the current informal arrangements that UHL and Leicestershire Partnership NHS Trust (LPT) each had

Trust Board Paper A

with the University of Leicester. The aim of such a strategic partnership outlined in paper F would be to strengthen the academic underpinning of healthcare delivery across LLR. The report had also been presented to the LPT Executive Team in November 2018, and Professor P Baker Non-Executive Director confirmed the agreement of the University of Leicester's leadership team.

As detailed in paper F, the proposed Leicestershire Academic Health Partners (LAHP) would require some financial support and key posts. The report outlined the proposed initial per annum contribution per partner, with the expectation that LAHP would be self-sustaining financially and profit-generating by 3 years' time. Although recognising that some financial contribution was needed, the Trust Board commented on the scope to review existing partnerships and commitments and potentially therefore utilise some existing funding streams. The PPPC Non-Executive Director chair also queried whether a memorandum of understanding would be presented for Trust Board approval.

Following discussion, the Trust Board gave its in-principle support for the Leicestershire Academic Health Partners proposal and requested a further update in February 2019 to cover:-

- (1) financial issues including the scope for any commercial opportunities, and an assessment of continuing with/moving away from other existing partnerships, and
- (2) governance issues including the memorandum of understanding.

MD/
DRI

Resolved – that in-principle support be given to the LAHP proposal, with a further report to be presented to the Trust Board in February 2019 covering the issues in (1) and (2) above.

MD/
DRI

333/18 RISK MANAGEMENT AND GOVERNANCE – INTEGRATED RISK AND ASSURANCE REPORT

Paper G comprised the new format 2018-19 integrated risk and assurance report including the Board Assurance Framework (BAF), as at 31 October 2018. As detailed in paper G, 4 new organisational risks scoring 15 or above had been entered onto the risk register in October 2018. A thematic analysis of the organisational risk register showed the key risk causation themes as being staffing shortages, and the imbalance between capacity and demand. Managing financial pressures was also recognised on the risk register as a key enabler. The Medical Director considered that the highest rated principal risks were appropriately identified on the report, given the discussions at this Trust Board meeting – in response to a query, the Executive Leads for those 3 principal risks rated at 20 confirmed that those scores remained appropriate.

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

334/18 LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION – MONTHLY UPDATE

Paper H updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme. The Director of Strategy and Communications confirmed that feedback from the wider engagement events would be provided to the LLR Senior Leadership Team (SLT). In discussion on those events, Mr B Patel Non-Executive Director sought assurance that the questions posed at those events and the responses would be published on the Better Care Together website, as had been promised at the time. He also commented on the need for a clearer understanding (by all parties) of the definition of "consultation" and noted the need to move towards co-production rather than engagement. These comments were echoed by the PPPC Non-Executive Director Chair, who reiterated the need to engage regularly with the public. The Leicester and Leicestershire Healthwatch representative queried how to reach the wider public, beyond those who routinely attended such events, and questioned how widely the events had been promoted. The QOC Non-Executive Director Chair also commented on the need for more integrated, system-focused presentations. The Chairman thanked members for these comments, and asked that they be fed back to the SLT accordingly.

DSC

With regard to UHL's reconfiguration programme, the Chief Financial Officer confirmed that feedback on the ICU full business case was still awaited from the Department of Health and Social Care. The timescale for the Pre-Consultation Business Case (PCBC) process was detailed in paper H – although the endpoint of 12 March 2019 remained the same, certain steps would now take place after Christmas rather than before. The Chairman also drew the Trust Board's attention to paragraph 12 of paper H, which detailed a meeting held by UHL with the Leicester and Leicestershire Healthwatch Chair to discuss the reconfiguration programme and how to engage and involve people from Leicester and Leicestershire's diverse ethnic communities.

Resolved – that the SLT be advised of the Trust Board’s comments/feedback on the wider reconfiguration events (including the need for the questions posed and responses to those questions to be published on the BCT website as agreed) – Minute 338/18 below also refers.

335/18 QUALITY, PERFORMANCE AND FINANCE

335/18/1 Quality and Outcomes Committee (QOC)

Paper I summarised the issues discussed at the 29 November 2018 QOC and sought Trust Board approval for the quarterly learning from deaths report as appended to paper I. As detailed in that report, UHL’s HSMR and SHMI were now both 95, with crude mortality remaining at 1.1%. Additional resource had now been agreed for the Structured Judgement Review process, which was welcomed. The Medical Director advised that in quarter 1 of 2018-19 there had been 1 death which was considered to be ‘more likely than not’ due to problems in care (death classification 1) – there were a further 7 deaths where problems in care had been judged to be unlikely to have contributed to the death (death classification 2). The Medical Director noted that the National Patient Safety Director (Professor A Fowler) was visiting UHL on 20 December 2018 for a patient safety conference and to discuss the ‘Leicester model’ Medical Examiner process (which was closely mirrored by the national roll-out). In response to a query from Ms V Bailey Non-Executive Director, the Medical Director advised that work had begun to triangulate learning from deaths, Serious Incidents, and near misses, which was welcomed by the Trust Board.

Resolved – that the summary of issues discussed at the 29 November 2018 QOC be noted as per paper I, and the recommended item be approved (quarterly learning from deaths report) – Minutes to be submitted to the 10 January 2019 Trust Board.

335/18/2 People Process and Performance Committee (PPPC)

Paper J summarised the issues considered at the 29 November 2018 PPPC. As detailed in paper J, whilst not assured of delivery of the ED 4-hour target, PPPC was assured that UHL was focusing on the right remedial actions. A relentless focus was needed, coupled with appropriate rigour in demanding performance from partners such as DHU. With regard to cancer performance, the PPPC Chair noted that Committee’s assurance of achieving the targets in the next 2-3 months as planned. PPPC also continued to focus on CMG accountability.

Resolved – that the summary of issues discussed at the 29 November 2018 PPPC be noted as per paper J (no recommended items) – Minutes to be submitted to the 10 January 2019 Trust Board.

335/18/3 Finance and Investment Committee (FIC) and 2018-19 Financial Performance (October 2018)

Paper K summarised the issues discussed at the 29 November 2018 FIC, particularly the Trust’s financial position for 2018-19 including the impact of not proceeding with the Facilities Management LLP and the resulting quarter 2 reforecast position.

Paper K1 presented the Trust’s 2018-19 month 7 financial position, which had been discussed in detail at the November 2018 Finance and Investment Committee meeting. UHL had achieved a year to date deficit of £45.0m (excluding Provider Sustainability Funding [PSF]), which was £23.6m adverse to plan driven by the impact of not proceeding with the FMLLP (£14m) and the crystallisation of the unmitigated Financial Recovery Board risk (£6.6m). Including PSF, the Trust had achieved a year to date deficit of £42.7m representing a £31.1m adverse to plan position due to non-recognition of PSF as a result of the impact of FM LLP from quarter 2. As reported to the Trust Board in November 2018, the financial position and forecast now included the underlying impact of not proceeding with FMLLP (valued at a full-year adverse impact of £21.9m).

Following the publication of the national quarter 2 financial figures, UHL was under continued scrutiny and recognised the crucial need to achieve the best possible financial delivery outcome for 2018-19. The Trust was planning some consultancy work on its 2018-19 financial forecast with an external audit firm. For the benefit of public attendees, the Chief Financial Officer noted that in the national quarter 2 figures published the week prior to this Trust Board meeting, UHL was identified as having the largest provider variance to plan both at quarter 2 and year-end (the majority of which was due to the impact of not proceeding with the FM LLP). The Chief Financial Officer further clarified, however, that UHL did not have the largest variance in either absolute or proportion terms.

With regard to the Clinical Management Groups, Executive Directors were now meeting weekly with 4 CMGS who were off-trajectory – performance was also monitored through the Financial Recovery Board and the monthly CMG Performance Review Meetings.

Resolved – that (A) the summary of issues discussed at the 29 November 2018 FIC be noted as per paper K (no recommended items) – Minutes to be submitted to the 10 January 2019 Trust Board, and

(B) the 2018-19 month 7 financial position be noted.

336/18 REPORTS FROM BOARD COMMITTEES

336/18/1 Audit Committee

In the absence of the Audit Committee Non-Executive Director Chair, Mr M Traynor FIC Non-Executive Director Chair highlighted the Audit Committee's discussions on security management, noting the Trust's significant investment in CCTV.

Resolved – that the 2 November 2018 Audit Committee Minutes be received and noted as per paper L1 (no recommended items).

336/18/2 Quality and Outcomes Committee (QOC)

Resolved – that the 25 October 2018 QOC Minutes be received and noted as per paper L2 (no recommended items).

336/18/3 People Process and Performance Committee (PPPC)

Resolved – that the 25 October 2018 PPPC Minutes be received and noted as per paper L3 (the recommended item having been approved at the 1 November 2018 Trust Board).

336/18/4 Finance and Investment Committee (FIC)

Resolved – that the 25 October 2018 FIC Minutes be received and noted as per paper L4 (no recommended items).

337/18 TRUST BOARD BULLETIN – DECEMBER 2018

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

(1) SLT minutes from 16 August 2018 and 18 October 2018.

338/18 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 query on how other local Universities would be made aware of the work of the LAHP;
- (2) comments echoing the experiences of the patient story, and inviting UHL to consider issues such as waiving carpark charges for relatives visiting dementia patients and the need to ensure appropriate physiotherapy was provided to dementia patients, and **CN**
- (3) comments on the low attendance at the wider engagement events and the need to review the promotion, timing and venues of such events. The Chairman requested that these comments be included in the feedback to the SLT mentioned in Minute 334/18 above. **DSC**

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

339/18 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 340/18 to 347/18), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

340/18 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director, and the Chief Financial Officer declared their interests in Minute 343/18 below. It was agreed that they would not be required to absent themselves from the discussion on that item.

341/18 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 1 November 2018 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

342/18 CONFIDENTIAL MATTERS ARISING REPORT

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

343/18 REPORT FROM THE CHIEF FINANCIAL OFFICER

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

344/18 REPORTS FROM BOARD COMMITTEES

344/18/1 Audit Committee

Resolved – that the 2 November 2018 Audit Committee confidential Minutes be noted as per paper P1 (no recommended items).

344/18/2 Quality and Outcomes Committee (QOC)

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.

344/18/3 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.

344/18/4 Finance and Investment Committee (FIC)

Resolved – that the 25 October 2018 FIC confidential Minutes (the recommended item having been approved at the 1 November 2018 Trust Board) and the 29 November 2018 FIC confidential summary (no recommended items) be received and noted – Minutes of the 29 November 2018 FIC to be submitted to the 10 January 2019 Trust Board.

345/18 CONFIDENTIAL TRUST BOARD BULLETIN

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

346/18 ANY OTHER BUSINESS

346/18/1 Director of Performance and Information

The QOC Non-Executive Director Chair voiced his thanks to Mr W Monaghan, Director of Performance and Information, who was shortly leaving the Trust.

Resolved – that the position be noted.

346/18/2 Deputy Chief Nurse

The Chief Nurse advised that Ms C Ribbins, Deputy Chief Nurse was being seconded to the role of Chief Nurse at West Leicestershire CCG, for a 6-month period from 10 December 2018. Joint communications would be issued by the Trust and the CCG.

Resolved – that the position be noted.

346/18/3 Report from the Chief Operating Officer

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

346/18/4 Report from the Chief Operating Officer

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

346/18/5 Annual Priorities 2019-20

In response to a query from the PPPC Non-Executive Director Chair, the Chief Operating Officer provided assurance that work was underway on the annual planning cycle and priorities for 2019-20. The FIC Non-Executive Director Chair advised that FIC received regular reports on the annual planning process, and the Chief Financial Officer advised that UHL was planning in advance of the national guidance being issued.

Resolved – that the position be noted.

347/18 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 10 January 2019 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12.59pm

Helen Stokes – Corporate and Committee Services Manager

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

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	14	12	86	A Furlong	14	12	86
J Adler	14	12	86	K Jenkins	1	1	100
V Bailey	14	11	79	A Johnson	14	13	93
P Baker	14	11	79	E Meldrum	10	9	90
R Brown	9	9	100	R Moore	13	10	77
I Crowe	14	13	93	B Patel	14	13	93
E Doyle	5	5	100	J Smith	1	1	100
C Fox	3	3	100	M Traynor	14	13	93
				P Traynor	14	13	93

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
B Kotecha/J Tyler-Fantom	6	6	100	S Ward	14	13	93
H Kotecha	3	3	100	M Wightman	14	13	93
L Tibbert	1	1	100	H Wyton	7	5	71