UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 2 NOVEMBER 2017 AT 9AM IN ROOMS 2 & 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Voting Members present:
Mr K Singh – Chairman
Professor P Baker – Non-Executive Director
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director
Mr T Lynch – Interim Chief Operating Officer
Mr B Patel – Non-Executive Director
Ms J Smith – Chief Nurse
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer and Acting Chief Executive

In attendance:
Mr C Benham – Director of Operational Finance (for Minute 274/17/3)
Ms J Edyvean – Outpatient Transformation & Reconfiguration Programme Manager (for Minute 276/17/2)
Mr J Jameson – Deputy Medical Director (for Minute 278/17/2)
Mr D Kerr – Director of Estates and Facilities (for Minute 262/17/1)
Ms H Leatham – Assistant Chief Nurse (for Minute 274/17/1)
Ms K McMullan – Patient (for Minute 274/17/1)
Ms C Newton – Extended Scope Pratitioner (for Minute 274/17/1)
Mr T Pearce – Major Projects Finance Lead (for Minute 278/17/2)
Mr E Rees – LLR Healthwatch representative (up to and including Minute 283/17)
Mr A Riddick – Graduate Management Trainee (for Minute 276/17/2)
Ms H Stokes – Corporate and Committee Services Manager
Mrs L Tibbert – Director of Workforce and Organisational Development
Ms N Topham – Reconfiguration Programme Director (for Minute 278/17/2)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Strategy and Communications

ACTION

268/17 APOLOGIES

Apologies for absence were received from Mr J Adler Chief Executive, and Mr R Moore Non-Executive Director.

269/17 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Trust 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.

270/17 MINUTES

Resolved – that subject to the clarification (via the italicised words) of Minute 244/17 to read: "The Trust 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.", the Minutes of the 5 October 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly. **CHAIR MAN**

271/17 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for resolution. It was agreed to confirm the date for the site tour referred to in action 1 (Minute 246/17 of 5 October 2017), noting that was being taken forward by the Reconfiguration Programme Director and the Director of Estates and Facilities' team. The Chief Financial Officer confirmed that he had circulated a **CFO**

briefing note on the national genetics reconfiguration as per action 5 (Minute 250/17/1 of 5 October 2017).

Resolved – that the update on outstanding matters arising and any related actions be noted, and progressed by the identified Lead Officer(s). **NAMED LEADS**

272/17 CHAIRMAN'S MONTHLY REPORT – NOVEMBER 2017

The Chairman's monthly report for November 2017 (paper C) focused particularly on leadership, both in the Trust Board context and beyond, and on a number of immediately pressing issues including emergency care and forthcoming winter pressures. He noted the need to provide assurance to the public that both the Trust and partner organisations had an appropriate and coherent strategy in place for winter 2017, and he requested therefore that the winter plan be presented to the December 2017 Trust Board. **ICOO** The Chairman also reported that he had been invited to be on the judging panel for the 2018 Health Service Journal valuing healthcare awards re: clinical and operational innovation. On behalf of the UHL Trust Board, the Chairman advised that he would be sending condolences to George Eliot Hospital NHS Trust in light of the recent death of their Chairman.

Resolved – that the 2017 winter plan be presented to the December 2017 Trust Board. **ICOO**

273/17 CHIEF EXECUTIVE'S MONTHLY REPORT – NOVEMBER 2017

The Chief Executive's November 2017 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).

In introducing the report, the Acting Chief Executive focused particularly on emergency care performance, which was below the 90% trajectory (84% for September 2017 and [subject to validation] 82.7% for October 2017). Daily review meetings were chaired by the Chief Executive, and the People Process and Performance Committee had detailed Board-Committee level oversight of this issue. The Medical Director confirmed that the e-beds system had gone live at the Leicester Royal Infirmary on 1 November 2017, with positive feedback to date. He also advised that he and other clinicians were visiting Luton and Dunstable NHS FT (who had been 'buddied' with UHL to help redesign UHL's emergency care performance) on 3 November 2017. In response to a query from the Chairman, the Medical Director advised that medical capacity was now more appropriately matched to peaks of demand within the ED. Waits to be seen continued to be more pronounced in the evenings and overnight however, and additional shifts had therefore been put in place. This required additional senior decision-making presence. The Medical Director noted good progress in bringing acute medicine into the ED, although the initial reduction in medical admissions had not been sustained through and following the October 2017 half-term week. Overall, the Medical Director considered that the improved processes were working well, but had yet to translate into a significant operational impact on performance. He also noted the opening of the GP Assessment Unit on 13 November 2017. The Chief Nurse advised that due to successful recruitment, evening rotas for Emergency Nurse Practitioners would be filled as of 6 November 2017. The Chairman requested that all of the various improvement initiatives outlined above be captured in the winter planning report to the December 2017 Trust Board. **ICOO**

In further detailed discussion on emergency care, the Interim Chief Operating Officer noted (i) the likely impact of planned changes to 'pathway 3' beds [nationally, all healthcare systems had been asked to review whether emergency care figures were being counted in a consistent way]; (ii) close partnership working with East Midlands Ambulance Service, and (iii) the position in respect of the non-emergency patient transport system provided by Thames Ambulance Service Ltd (as commissioned by LLR CCGs). Mr E Rees, LLR Healthwatch representative noted the level of patient comments and/or concerns voiced to LLR Healthwatch about the TASL provision, and he asked the Trust to continue its close attention to this issue.

The Trust Board welcomed the assurances provided by the update above, and reiterated the need to make the most efficient use of finite resources. Professor P Baker Non-Executive Director requested that comparative ED performance data be included in this section of the Chief Executive's reports in future. For information, the Medical Director advised that UHL's emergency care performance was currently at 120th place amongst NHS Trusts. Although noting the recognised increase in admissions, **ICOO**

the Chairman noted that increases should not be seen as inevitable, with appropriate lessons able to be learned from other Trusts. However, the need to plan for increased demand was also recognised. In response to a query from Mr A Johnson, Non-Executive Director Chair of the People Process and Performance Committee re: the likely remaining skills gap by the end of November 2017, the Medical Director noted the need for a longterm solution to senior decision-making resource needs. Work continued to assess capacity gaps.

The Acting Chief Executive also highlighted the following issues within paper D:-

(a) progress in moving towards being a fully-digital hospital, including an update on the Trust's 'plan B' Paperless Hospital 2020 approach following the rejection of UHL's Electronic Patient Record (EPR) business case. The Trust recognised this to be a key priority for clinical staff, and had bid for national capital monies accordingly – an update would be provided to the Trust Board once the outcome of that bid was known. Col (Ret'd) I Crowe, Non-Executive Director Chair of the Quality and Outcomes Committee emphasised the need for an appropriately agile approach, noting his view that the Trust was unlikely to be able to move to a single integrated service in one step in terms of (eg) outpatient transformation. Mr M Traynor Non-Executive Director Chairman of the Finance and Investment Committee reiterated the need to press robustly for national capital investment, and voiced concern at any significant expenditure on potentially short-term systems. Although recognising the need to avoid any wasted expenditure, the Acting Chief Executive noted that investment had not previously taken place due to awaiting the outcome of UHL's original EPR bid. The Chairman requested that part of the December 2017 Trust Board thinking day be used to consider the capital and revenue position re: estates, medical equipment and IT; **CE** **CFO**

(b) the Trust's decision – following appropriate consideration – to withdraw from the EMRAD consortium, as detailed in internal and external UHL communications on this issue. Work was now underway to provide an appropriate alternative for clinicians. The aim was to protect patient safety and minimise any unnecessary disruption, and the Medical Director noted that there would not therefore be an immediate total withdrawal, and

(c) confirmation that the CQC visit to UHL would take place on 10 -12 January 2018.

<u>Resolved</u> – that (A) the ongoing and planned initiatives to improve emergency care performance be included in the winter planning report being presented to the December 2017 Trust Board; **ICOO**

(B) consideration be given to including information on UHL's emergency care performance comparative to other peer Trusts, in the Chief Executive's monthly report; **ICOO**

(C) a further update on EPR plan B (Paperless Hospital 2020) and the prioritisation of the systems within that solution be provided to the Trust Board once the outcome of the IT capital bid was known, and **CE**

(D) the December 2017 Trust Board thinking day include a review of the revenue and capital positions re: estates/IM&T/ medical equipment. **CFO**

274/17 KEY ISSUES FOR DECISION/DISCUSSION

274/17/1 <u>Patient Story – Cognitive Functional Therapy</u>

The Trust Board heard a moving and powerful story direct from the patient, charting her experience with significant lower back pain. Initially a story of numerous failed interventions impacting adversely on her quality of life, the patient explained the life-changing impact of the cognitive functional therapy (CFT) offered to her at UHL, which within 7 sessions had enabled her to return to work, take up running and martial arts again, and give up her prescription medications. CFT was a pioneering approach to managing lower back pain, and the UHL Physiotherapy Team (including Mr C Newton Extended Scope Practitioner) were the first clinicians to implement this approach within the NHS. Targeting underlying physical, lifestyle, cognitive, emotional and social factors the individualised CFT provided to the patient by the UHL Physiotherapy team had enabled the patient to understand and control her pain, and paper E from the Chief Nurse noted the potential for CFT to improve the care of people with lower back pain and to significantly reduce associated costs. Further research was underway to evaluate CFT, including a planned clinical trial over the next 3 years.

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

(a) noted comments from Professor P Baker Non-Executive Director welcoming UHL's leadership on this approach, and querying how to strengthen the existing evidence base for CFT. He noted the need for a clinical trial of appropriate size and scope to be started as soon as possible, and he suggested that the National Institute for Health Research (NIHR) might potentially be interested in this initiative.
(b) noted Non-Executive Directors' strong support for the therapy offered to the patient, and their emphasis on individualised treatment for patients. Mr B Patel Non-Executive Director queried how to ensure that – where appropriate – patients were offered the choice of CFT; in response the Trust Board was advised of the need to train other physiotherapists in this approach and of discussions with Commissioners accordingly. It was reiterated that CFT embodied a different approach and empowered patients to manage their own pain, and the Extended Scope Practitioner outlined the development of the back pain clinical pathway (linking appropriately to General Practice) which would enable CFT to be accessed earlier in the treatment cycle – he considered it vital that CFT was front-end treatment option pursued through primary care. The Director of Strategy and Communications asked to be kept informed of the progress of that new back pain pathway; **DSC** **CN**
(c) invited the views of Mr C Newton Extended Scope Practitioner on any support required from the Trust Board to help translate CFT into clinical practice;
(d) agreed that QOC should receive an update on the issues within this patient story in 6 months' time, and
(e) thanked the patient, Mr C Newton Extended Scope Practitioner and his colleagues (Ms L Meadows and Mr G Singh) for attending the Trust Board to share this story.

Resolved – that (A) the following information be sought from Mr C Newton, Extended Scope Practitioner outside the meeting:- **DSC/CN**
(1) progress on the lower back pain clinical pathway;
(2) his view on any support required from the Trust Board to help translate CFT into clinical practice, and,

(B) an update be provided in 6 months' time to the Quality and Outcomes Committee. **CN**

274/17/2 East Midlands Congenital Heart Centre (EMCHC) – UHL Response to the NHS England Consultation Document

Paper F updated the Trust Board on the campaign to retain the EMCHC at UHL, noting NHS England's decision date of 30 November 2017. Scenario planning was underway by the Trust, and the Chairman noted the need for UHL's response to the consultation decision (once known) to be reviewed by the Trust Board. The Director of Strategy and Communications reiterated that the service was on target to deliver 375 cases by 31 March 2018, and he also thanked all UHL colleagues for helping EMCHC further improve its productivity. It was planned to hold the 30 November 2017 Board Committee meetings at the Glenfield Hospital, to ensure that there was an appropriate Trust Board presence on that site on the day of the NHSE decision. **DSC** **CCSM**

Resolved – that (A) once known, the Trust's response to NHS England's decision re: EMCHC be reviewed by the Trust Board, and **DSC**

(B) the 30 November 2017 Board Committee meetings be held at the Glenfield Hospital. **CCSM**

274/17/3 5-Year Financial Strategy

In line with good practice, paper G from the Chief Financial Officer presented a full refresh of UHL's financial strategy, incorporating updates for the audited 2016-17 final accounts, the 2017-18 annual operational plan, STP assumptions, STP UHL capital bids, the interim ICU outline business case, and the October 2017 FIC comments on the strategy which had led to a key risks section being included. The Chief Financial Officer noted that not all of those key risks were within the Trust's control. The key changes to UHL's financial strategy were also detailed in paper G, and included the movement of the Long Term Financial Model baseline by 1 year to 2017-18, and movement (as previously reported) of the completion of the reconfiguration capital programme to 2022-23. The next formal update was due in 6 months and was subject to confirmation of the Trust's second capital bid for the whole of the reconfiguration programme.

Noting the 5-year financial strategy trajectory section, Mr A Johnson Non-Executive Director commented on the need to review the document appropriately before any inclusion in discussions with NHS Improvement re: 2018-19 financial positions. The Chief Financial Officer agreed with this suggestion, and considered that a further refresh was likely ahead of year end. Noting the integral element of the 3-to-2 site strategy within UHL's reconfiguration programme, the Chairman requested that the Board Committees consider the issue of consultation by UHL on its reconfiguration programme (including the timing of that consultation) ahead of a further discussion at the Trust Board. Although acknowledging the proposed Spring 2018 STP consultation date (as per paper I below), and recognising the need to work appropriately with other organisations, the Chairman noted his view on the Trust Board's right as a sovereign Board to discuss such UHL issues, including timing, more widely. He also noted the need to clarify to the public that the proposals within the reconfiguration programme were contingent on appropriate resourcing being made available. Although recognising these points, the Director of Strategy and Communications reiterated the interlinked nature of the UHL and wider LLR STP plans – he also noted his view that UHL had been transparent about its plans. The Chairman further requested that, if available, Non-Executive Directors attend the meeting of LLR Boards scheduled for 28 November 2017. **DSC/ CFO**

In further discussion, Mr E Rees LLR Healthwatch representative queried the statement on the coversheet to paper G that there were no PPI implications of the report, and he also queried the nature of the consultation if a 3-to-2 decision had already been reached. Both the Chief Financial Officer and the Chairman reiterated that the 3-to-2 approach was driven by clinical service need.

<u>Resolved</u> – that (A) 5-year financial strategy be endorsed as presented and progressed accordingly; **CFO**

(B) the document be appropriately reviewed and refreshed before any inclusion in discussions with NHS Improvement re: 2018-19 financial positions, and **CFO**

(C) Trust Board Committees consider the position re: UHL reconfiguration consultation en route to a December 2017 Trust Board discussion (including the timeline for the LLR-wide consultation). **DSC/ CFO**

270/17 RISK MANAGEMENT AND GOVERNANCE

275/17/1 <u>Integrated Risk Report</u>

Paper H comprised the 2017-18 integrated risk report including the new format Board Assurance Framework (BAF), as at 30 September 2017. The report also summarised any new organisational risks scoring 15 or above in September 2017 (5) - thematic review of the CMG risk registers identified workforce shortages and an imbalance between demand and capacity as the principal causal factors.

A number of changes had been introduced following the mid-year review of how the BAF was administered, including the use of an updated in-month and year end tracker to show whether the specific annual priorities were on/off track for delivery. The Chairman queried the omission of IT from the list of factors featured in the highest scoring BAF risks, and the Medical Director confirmed that IT would be included (where appropriate) in future iterations. **MD** The Medical Director also noted the need to review how the existing IM&T risk register aligned with the BAF. **MD**

Although welcoming the changes made, Mr A Johnson Non-Executive Director PPPC Chair reiterated his concerns that the year end risk scores were too optimistic. He considered that the narrative descriptions of the risks were more realistic than the ascribed scores. In further discussion, the Acting Chief Executive welcomed the Trust's increased focus on strategic risks.

<u>Resolved</u> – that (A) IT be included (as appropriate) in the list of themes covered by the highest rated BAF risks, and **MD**

(B) the alignment between the IT project risk register and the BAF be reviewed. **MD**

276/17 LLR STP AND UHL RECONFIGURATION PROGRAMME UPDATE

Paper I updated the Trust Board on the LLR Sustainability and Transformation Partnership (STP) and on UHL's own reconfiguration programme. A decision continued to be awaited on the Trust's £397.5m national capital bid from Autumn 2017, and the report advised that phase 2 of the Emergency Floor scheme was progressing well. In respect of the LLR STP, the Director of Strategy and Communications advised that he was happy to raise any points on behalf of Non-Executive Directors unable to attend the 28 November 2017 meeting of LLR Boards. In discussion, the Chairman requested sight of the SLT document referenced in paper I. **NEDs** **DSC**

<u>Resolved</u> – that (A) Non-Executive Directors unable to attend the 20 November 2017 meeting of LLR Boards be requested to pass any points they wished to be raised at that meeting to the Director of Strategy and Communications, and **NEDs**

(B) a copy of the SLT draft paper "Moving towards an accountable care system in LLR" be sent to the Chairman for information. **DSC**

276/17/2 <u>Outpatient Transformation</u>

Paper J from the Director of Strategy and Communications updated the Trust Board on UHL's outpatient transformation programme. Outpatients constituted the single biggest point of UHL patient contact (875,000 outpatients each year) and it was recognised that both process and patient experience improvements were needed. However, it was also recognised that improving and transforming outpatients was a huge task – it was therefore proposed initially to use 2 core specialties [ENT and cardiology] to focus efforts on getting the basics right and reviewing clinical processes, before rolling out the programme more widely. Work was also in hand with the Trust's Chief Information Officer on the enabling IT aspects of the programme, and Mr M Traynor FIC Non-Executive Director Chair noted the key need to improve the IT systems in place.

Col (Ret'd) I Crowe, QOC Non-Executive Director Chair welcomed the proposed approach, noting that outpatients transformation and improvement were long overdue. He emphasised the need for tangible benefits, measurable key performance indicators, and a focused timetable. Mr A Johnson, PPPC Non-Executive Director Chair commented on the ambitious nature of the programme, and supported the key need to resource the project appropriately. He further suggested a need to reiterate key basic standards to staff, such as ensuring that clinics ran on time. It was recognised that clinical and operational leadership would be crucial to the success of the programme, and the Chairman requested that this element be appropriate reflected in the programme. In response to a query from Mr B Patel Non-Executive Director, it was agreed to provide an update to QOC in 6 months' time and then at regular intervals thereafter. Mr Patel also emphasised the need to appropriately involve patients in the improvement process, and he suggested that the Joint Reference Group could be helpful in that. **DSC** **DSC**

The Medical Director emphasised both the scale of the programme, and the crucial need to ensure that fundamental operational processes were sustainably addressed. He also noted the need to change the mindset within outpatients on what constituted a 'good' outpatient appointment/contact. Professor P Baker Non-Executive Director commented on the length of the paper presented to Trust Board (although the appendices were for information only), and noted the risk of the outpatients transformation programme being impacted by factors beyond its control. Recognising the ambitious timescale to the end of March 2018, the Acting Chief Executive nonetheless welcomed the exciting initiatives outlined in paper J and acknowledged the need to work appropriately with LLR partners and still maintain that momentum.

<u>Resolved</u> – that (A) subject to including wording on the importance of appropriate leadership, the outpatient transformation programme (including the 'making every contact count' approach) be endorsed, and included as an annual priority for 2018-19; **DSC**

(B) patients be appropriately involved in the outpatient transformation work, noting the potential use of the Joint Reference Group in this regard, and **DSC**

(C) an update on outpatient transformation be provided to the Quality and Outcomes Committee in 6 months' time (and at regular intervals thereafter). **DSC**

277/17 QUALITY AND PERFORMANCE

277/17/1 Quality and Outcomes Committee (QOC)

New format paper K summarised the issues discussed at the 26 October 2017 QOC, noting that there were no items recommended for Trust Board approval. In response to a query from the Trust Chairman re: the forthcoming CQC inspection, the Chief Nurse advised that it was not yet clear whether the CQC would liaise separately with non-UHL groups, although under its new inspection regime the CQC had increased its contact with patient and stakeholder groups.

Resolved – that (A) the summary of issues discussed at the 26 October 2017 QOC be noted as per paper K (Minutes to be submitted to the 7 December 2017 Trust Board).

277/17/2 People Process and Performance Committee (PPPC)

New format paper L summarised the issues discussed at the 26 October 2017 PPPC, noting that Committee's support for implementation of the UHL 'Lean' initiative (and its recommendation accordingly for Trust Board endorsement), and highlighting the June 2017 regrading of grade 3/4 pressure ulcers. In introducing the report, the PPPC Non-Executive Director Chair also noted discussions on training data. **CFO/ ICOO**

The QOC Non-Executive Director Chair requested that future summaries explicitly badge the monthly quality and performance report review as a joint session held between QOC and PPPC. He also noted that a report on the 2 avoidable MRSA cases would be presented to a future QOC. **CCSO** **CN**

Resolved–that (A) the summary of issues discussed at the 26 October 2017 PPPC be noted as per paper L, and any recommended items endorsed accordingly (Minutes to be submitted to the 7 December 2017 Trust Board) and taken forward by the relevant lead officer; **CFO/ ICOO**

(B) future summaries clarify that the monthly quality and performance report discussion was a joint session with QOC, and **CCSO**

(C) a report on the 2 avoidable MRSA cases be presented to the December 2017 Quality and Outcomes Committee. **CN**

277/17/3 Finance and Investment Committee (FIC), and 2017-18 Financial Performance (September 2017)

New format paper M summarised the issues discussed at the 26 October 2017 FIC, noting the recommendation for Trust Board approval of the ICU outline business case (OBC). The ICU OBC had been discussed in detail by FIC and the Chief Financial Officer confirmed that it was in line with UHL's reconfiguration programme and was included in the £30.8m capital bid already approved by NHS Improvement. Paper M also contained a hyperlink to the ICU OBC in full. More broadly, it was noted cash issues had also been discussed in detail at the October 2017 FIC. **CFO**

The Chief Financial Officer then presented the Trust's financial position as at September 2017, as detailed in paper M1. The year-to-date deficit of £25.8m was in line with plan, but – as previously reported – there was significant risk associated with quarters 2-4 of 2017-18 particularly in terms of CIP delivery due to the increasing savings profile through the year. To date, £16.1m of the total 2017-18 £44.2m CIP had been delivered, which was also in line with plan. However, £4.98m of the £44.2m 2017-18 CIP was yet to be identified, representing a risk to the programme and to the overall delivery of the income and expenditure plan. Escalation meetings continued with the CMGs concerned. A further report would be discussed in the private session of this Trust Board meeting. The Chairman noted the need for discussion on how future CIP schemes would move from transactional to transformational in nature, and the Chief Financial Officer noted the planned attendance of the NHSI regional Carter lead for part of the January 2018 Trust Board thinking day.

Resolved – that (A) the summary of issues discussed at the 26 October 2017 FIC be noted as per paper M (Minutes to be submitted to the 7 December 2017 Trust Board), and the recommendation to approve the ICU OBC be endorsed accordingly and taken forward by the relevant lead officer, and **CFO**

(B) the financial position as at 30 September 2017 be noted as per paper M1.

278/17 REPORTS FROM BOARD COMMITTEES

278/17/1 Quality and Outcomes Committee (QOC)

Resolved – that the 28 September 2017 QOC Minutes be received (paper N), noting that any recommendations had been approved at the 5 October 2017 Trust Board.

278/17/2 **People, Process and Performance Committee (PPPC)**

Resolved – it be noted that the 28 September 2017 PPPC Minutes would be submitted to Trust Board once available. **CCSO**

278/17/3 Finance and Investment Committee (FIC)

Resolved – that the 28 September 2017 FIC Minutes be received and noted (paper O) – no recommendations.

279/17 CORPORATE TRUSTEE BUSINESS

279/17/1 Charitable Funds Committee (CFC)

Paper P comprised the Minutes of the 5 October 2017 Charitable Funds Committee, noting the recommended Trust Board approval for the charitable funds grant applications at Minute 39/17/1. **CFO**

Resolved – that the 5 October 2017 Charitable Funds Committee Minutes be received as per paper P, and any items recommended for Trust Board approval be endorsed and taken forward by the relevant lead officer.

280/17 TRUST BOARD BULLETIN – NOVEMBER 2017

Resolved – it be noted that there was no November 2017 Trust Board Bulletin.

281/17 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 request for the Trust to consider also using the triangulated patient experience report as a measure of patient experience re: outpatient transformation; **DSC**
(2) a welcome for the public discussion on EMRAD as per Minute 273/17 above;
(3) a request for the headline information re: emergency care performance to be included in the Chief Executive's monthly report – eg including attendance and admission trends. It was agreed to consider the appropriate level of information to be included on this issue, providing appropriate public transparency while not duplicating the report re: emergency care performance provided to PPPC, and **CHAIR MAN/ CE**
(4) a question as to whether UHL had considered the provision of an on-site nursery to aid recruitment and retention of staff. The Chairman requested that the Director of Workforce and OD and the Chief Nurse review this suggestion. **DWOD/ CN**

Resolved – that any actions above be noted and taken forward by the relevant Lead Officer. **NAMED LEADS**

282/17 REVIEW OF WHETHER ALL APPROPRIATE PRIORITIES HAD BEEN COVERED AT THIS MEETING

As at the previous Trust Board, the Chairman sought views from colleagues on whether all appropriate UHL priority issues had been covered at this Trust Board meeting. No omissions were identified.

Resolved – that the position be noted.

283/17 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 284/17 to 292/17), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

284/17 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Chairman reiterated his declaration of interest as per Minute 269/17 above.

285/17 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 5 October 2017 Trust Board be confirmed as a correct record and signed by the Chairman accordingly. **CHAIR MAN**

286/17 CONFIDENTIAL MATTERS ARISING REPORT

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

287/17 REPORTS FROM THE CHIEF FINANCIAL OFFICER

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

288/17 REPORTS FROM BOARD COMMITTEES

288/17/1 Quality and Outcomes Committee (QOC)

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

288/17/2 People Process and Performance Committee (PPPC)

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

288/17/3 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.

288/17/4 Remuneration Committee

Resolved – that the 5 October 2017 Remuneration Committee Minutes be received and any recommendations endorsed (paper X).

289/17 CORPORATE TRUSTEE BUSINESS

289/17/1 Charitable Funds Committee (CFC)

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

290/17 CONFIDENTIAL TRUST BOARD BULLETIN

Resolved – it be noted that there was no November 2017 confidential Trust Board Bulletin.

291/17 ANY OTHER BUSINESS

291/17/1 Report from the Director of Workforce and OD

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.

292/17 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 7 December 2017 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 1.05pm

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	9	9	100	T Lynch	6	6	100
J Adler	9	8	89	R Mitchell	3	2	67
P Baker	9	9	100	R Moore	9	8	89
S Crawshaw	3	1	33	B Patel	9	9	100
I Crowe	9	9	100	J Smith	9	7	78
A Furlong	9	8	89	M Traynor	9	9	100
A Johnson	9	8	89	P Traynor	9	8	89

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
L Tibbert	9	9	100	E Rees	7	5	
S Ward	9	9	100				
M Wightman	9	8	89				