

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 3 MAY 2018 AT 9AM IN ROOMS
2 & 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL**

Voting Members present:

Mr M Traynor – Deputy Chairman
Mr J Adler – Chief Executive
Ms V Bailey – Non-Executive Director
Professor P Baker – Non-Executive Director
Col (Ret'd) I Crowe – Non-Executive Director
Ms E Doyle – Interim Chief Operating Officer
Mr A Johnson – Non-Executive Director
Ms B Kotecha – Acting Joint Director of People and Organisational Development
Ms E Meldrum – Acting Chief Nurse
Mr R Moore – Non-Executive Director
Mr B Patel – Non-Executive Director
Mr P Traynor – Chief Financial Officer

In attendance:

Ms J Bird – Trainee Nursing Associate (for Minute 121/18/1)
Professor N Brunskill – Director of Research & Innovation (for Minute 124/18/1)
Professor S Carr – Director of Medical Education (for Minute 124/18/2)
Mr J Clarke – Chief Information Officer (for Minute 122/18/3)
Ms A Coulson – Nursing Associate Programme Leader (for Minute 121/18/1)
Mr M Howard – Trainee Nursing Associate (for Minute 121/18/1)
Mr J Jameson – Acting Medical Director (in the absence of Mr A Furlong, Medical Director)
Ms H Stokes – Corporate and Committee Services Manager
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Webster – Head of Estates and Property (for Minute 134/18)
Mr M Wightman – Director of Strategy and Communications

ACTION

116/18 APOLOGIES AND WELCOME

Apologies for absence were received from Mr K Singh, Trust Chairman and Mr A Furlong, Medical Director. The Deputy Chairman welcomed Mr J Jameson, Acting Medical Director, Ms B Kotecha, Acting Joint Director of People and Organisational Development and Ms E Meldrum, Acting Chief Nurse to the meeting.

117/18 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

The Chief Financial Officer and Mr A Johnson Non-Executive Director declared their respective roles as Non-Executive Director and Non-Executive Chair of Trust Group Holdings Ltd.

118/18 MINUTES

Resolved – that the Minutes of the 1 March 2018 and 12 April 2018 Trust Board meetings be confirmed as a correct record and signed by the Deputy Chairman accordingly.

**DEPUTY
CHAIR
MAN**

119/18 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for resolution. The Trust Board noted that actions 3 and 3a (Minute 100/18 of 12 April 2018) would be covered in the LLR Sustainability and Transformation Partnership item at Minute 123/18 below.

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

LEADS

120/18 CHIEF EXECUTIVE'S MONTHLY REPORT – MAY 2018

The Chief Executive's May 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

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Board meetings but was accessible on the Trust's external website (also hyperlinked within paper C).

Taking the report as read, the Chief Executive specifically highlighted the following issues:-

- (a) the approach to the LLR Sustainability and Transformation Partnership (STP), which would be covered in Minute 123/18 below, and
- (b) operational capacity planning and emergency care planning, the approach to which would also be discussed in detail at the May 2018 Trust Board thinking day. For 2018-19, UHL was inverting its usual planning approach and – with the agreement of Clinical Commissioning Groups and based on national planning guidance – was therefore taking emergency care capacity requirements as the starting point for its planning. The balance of the remaining capacity would then be allocated to elective activity, and the Trust was therefore reviewing how to bridge any potential elective capacity gaps and also at how to drive down occupancy. The Chief Executive advised that he had written to Clinical Commissioning Groups setting out the level of elective work needing to be sourced from other providers. UHL was also reviewing options to create additional bed capacity on the Leicester Royal Infirmary and Glenfield Hospital sites.

DSC/CE

Both emergency care performance and ambulance handovers had very significantly improved in recent weeks, and the Interim Chief Operating Officer noted the focus on non-admitted breaches as a key area for good progress. This improvement in emergency care performance was broadly mirrored nationally, and the Chief Executive emphasised the need for UHL to maintain momentum on this issue. He also noted the need for continued work to prepare for winter 2018. Non-Executive Directors welcomed the significant positive progress made and thanked all staff involved for their efforts. Non-Executive Directors also commented on the need to maintain system-wide demand-reduction actions.

Resolved – that the 2018-19 planning approach be discussed in further detail at the May 2018 Trust Board thinking day.

DSC/CE

121/18 KEY ISSUES FOR DISCUSSION/DECISION

121/18/1 Staff Story – Trainee Nursing Associates

Paper D set out the experience of 2 Trainee Nursing Associates who had started on the LLR Nursing Associate Programme in January 2017 as part of the national pilot. Both trainees attending for this item (Mr M Howard and Ms J Bird) had initially been employed at UHL as Health Care Assistants before starting the 2-year Foundation Degree in Science qualification. Uniquely, the LLR Nursing Associate Programme had been developed in partnership with De Montfort University – DMU acted as the awarding body for the Foundation Degree while the academic and practice component was delivered by clinical practitioners. The Acting Chief Nurse outlined the background to this exciting new role, and advised that it had attracted interest both locally and nationally.

Both Trainee Nursing Associates attending for this item outlined how they had been encouraged to apply for the Foundation Degree by colleagues, as a means of progressing their careers and – although challenging at times – they welcomed the experience they were gaining. The Acting Chief Nurse advised that following UHL's decision to include Ms Bird on the course, Health Education England had now agreed that the course could be undertaken by part-time staff rather than full-time staff only.

In discussion the Trust Board thanked the staff members for attending and:-

- (a) queried what learning points had emerged from the pilot so far. Despite some challenges experienced in accessing the apprentice levy (which funded the academic element of the course), the Acting Chief Nurse noted the popularity of the course – there was now a waiting list in LLR and it was believed that there was considerable scope to expand the numbers from a demand-perspective. Provided that funding access could be resolved, the 2nd cohort would begin at the end of 2018, and it was hoped to run 2 cohorts per year. On the issue of the apprentice levy, the Acting Joint Director of People and Organisational Development outlined work in hand with the National Skills Academy to enable UHL to access monies available to national training providers. Non-Executive Directors voiced concern that difficulties in accessing monies could adversely affect the number of people able to be trained, and queried whether there might be a potential role for Trust Group Holdings Ltd;
- (b) asked the Trainee Nursing Associates what extra skills/benefits they had gained as a result of

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the course to date. In response, they noted their ability to follow the patient journey through and welcomed the different clinical placements providing hands-on, practical experience. They also considered that the right balance had been struck between the academic and practical elements. They suggested that it might also be useful to run more clinical scenarios as part of the academic element, given that the clinical placements themselves were very busy. Both of the Trainee Nursing Associates emphasised the good level of support available to them from mentors and from the course Programme Leader;

- (c) noted that offering such opportunities to staff was also beneficial from a recruitment and retention perspective, and commented on the scope to offer older and/or part-time staff the chance to develop their careers further;
- (d) commented on the potential scope for Nursing Associates also to help provide health and lifestyle advice to patients, in line with Making Every Contact Count, and
- (e) noted a query from Ms V Bailey Non-Executive Director on the scope to expand the tasks covered in the Nursing Associate role. In response, the Acting Chief Nurse advised that the role was currently under consultation with the Nursing and Midwifery Council, and noted that as the pilot site LLR was pressing for as wide a skillbase as possible. The Acting Chief Nurse was confident that once qualified, the Nursing Associates would be a benefit to the workforce.

Resolved – that the staff story about Trainee Nursing Associates be noted.

121/18/2 Annual Operational Plan (AOP)/Integrated Business Planning 2018-19

Paper D sought Trust Board approval for the final draft of UHL's refreshed Annual Operational Plan 2018-19, as submitted to NHS Improvement on 30 April 2018 (as required). Due to delays in the receipt of national planning guidance, it had not been possible to develop the AOP earlier in the year. The Chief Financial Officer advised that the Trust's stated 2018-19 deficit target of £29.9m within the AOP was not the control total set by NHS England (which UHL had considered to be too challenging). Recognised risks to the AOP £29.9m deficit position included a challenging cost improvement programme of £32m, potential winter costs, and the demand/capacity balance. Additional CMG-level detail would also underpin the corporate-level AOP.

In discussion on the AOP 2018-19, the Trust Board noted:-

- (a) comments from the Deputy Chairman on the need to begin planning in quarter 1 for any elective capacity shortfall, rather than wait until later in the year. The Chief Executive recognised this need, hence his letter to CCGs as per Minute 120/18 above;
- (b) the view of the QOC Non-Executive Director Chair that from a quality perspective, the AOP was well-balanced between ambition and realism. As QOC Non-Executive Director Chair, Col (Ret'd) I Crowe would look to ensure that quality improvements were appropriately driven through 2018-19;
- (c) comments from the Chief Executive on the need to recognise that the new planning approach (and therefore the AOP) would impact on the length of time waited by some elective patients (excluding cancer patients). The Trust recognised that this would impact on the experience of individual patients;
- (d) that the Plan recognised that insufficient capital was available for the IT and estates aspirations. The Chief Financial Officer clarified, however, that UHL had allocated almost double the amount of capital for IT schemes in 2018-19 as in 2017-18, and he reiterated the intention to target that IT investment to clinical and quality system improvements;
- (e) a comment from Mr A Johnson Non-Executive Director on whether paper D reflected the 26 April 2018 FIC discussions around the use of the independent sector for elective capacity (as detailed in the summary of that meeting at paper O below);
- (f) concerns expressed over whether the use of the term "significant risk" in the AOP covering report was appropriate. Following discussion and although recognising both the need for further system-level actions and the potential impact on elective patients referred to above, it was agreed that the risk should be described as being still outstanding rather than "significant". The Chief Executive emphasised that the AOP was the appropriate plan and reduced risk, although a certain element of risk still remained, and
- (g) clarification from the Deputy Chairman for members of the public present that due to the 30 April 2018 NHSI submission date, the draft AOP had already been discussed in considerable detail at Board Committee stage.

DSC

Resolved – that retrospective approval be given to the final draft of UHL's refreshed Annual

DSC

Operational Plan 2018-19, noting the Trust Board’s view that there were outstanding risks rather than ‘significant’ risks (as currently stated in the covering report).

122/18 RISK MANAGEMENT AND GOVERNANCE

122/18/1 Integrated Risk and Assurance Report – 2017-18 closedown position

Paper F comprised the 2017-18 integrated risk report including the Board Assurance Framework (BAF), as at 31 March 2018. There had been 3 new organisational risks scoring 15 or above entered onto the risk register in March 2018, as detailed in paper E. As for previous months, 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 – together with delivery of the financial plan these were appropriately reflected in the highest rated principal risks on the BAF.

This 2017-18 closedown report showed that 11 of the 22 2017-18 annual priorities had not been delivered as at year-end. As mentioned at the April 2018 Trust Board, a new approach was being adopted in 2018-19 whereby the BAF would focus on 7 strategic risks, namely: (i) quality standards of safety and care; (ii) workforce gaps; (iii) emergency care pathway; (iv) financial planning; (v) fit for the future IM&T infrastructure; (iv) sustainability and transformation partnerships, and (vii) estates compliance. As the 2017-18 closedown report, paper F was therefore the last time that the Trust Board would see the BAF in its old format.

Although supporting the need for a less unwieldy version, the Audit Committee Non-Executive Director Chair queried how to retain the richness of the previous BAF format while moving to the new streamlined version, given that the 2017-18 closedown performance showed the continued need to monitor those issues which had not been delivered. The Acting Medical Director advised that the 1 May 2018 Executive Quality Board had discussed how to rate the risks and ensure appropriate oversight. As previously reported, the annual priorities would now be managed separately to the BAF, with Trust Board oversight of that process being through a quarterly update appended to the Chief Executive’s report.

DSC

The QOC Non-Executive Director Chair noted the need to assess how UHL’s action plan in response to the January 2018 CQC inspection would impact on the risks within the new BAF, to ensure a holistic approach. Although recognising this point, the Chief Executive commented on the need also to monitor UHL’s position against the CQC standards as a whole.

Resolved – that (A) the integrated risk and assurance report 2017-18 closedown position be noted, and

(B) an update on delivery of the 2018-19 annual priorities be provided to the Trust Board on a quarterly basis, appended to the Chief Executive’s report.

DSC

122/18/2 Progress Update on the Development of the Facilities Management LLP (FM LLP)

Paper G from the Chief Financial Officer outlined the progress being made towards establishing the Facilities Management Limited Liability Company. A project board was in place ahead of the formal October 2018 go-live, and a detailed project plan and timetable would be presented to the Trust Board in June 2018.

CFO

Resolved – that a detailed project plan and timetable for the FM LLP be presented to the June 2018 Trust Board.

CFO

122/18/3 2017-18 Data Security Protection Requirements – NHSI Return

Paper H sought Trust Board approval for the Trust’s 2017-18 Data Security Protection Requirements return, required to be submitted to NHS Improvement by 11 May 2018. The return set out UHL’s position against a set of 10 data and cyber security standards, showing no non-compliant sections. Where the Trust was partially compliant, paper H advised that full compliance would be achieved by quarter 2 of 2018-19. Attending for this item, the Chief Information Officer advised that key areas had been prioritised and that he was content with the residual remaining risk. In discussion on the proposed return, the Trust Board:-

(a) noted the current ‘amber’ rating on leadership obligation 1 (People), and queried whether GDPR

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should be a Board-level issue (and if so, who should lead on that). Noting that guidance on this issue varied, the Director of Corporate and Legal Affairs advised that within UHL Executive Director leadership on the different elements was split between himself, the Chief Information Officer and the Medical Director. The Chief Executive considered that there was a need to clarify this issue further, noting the Deputy Chairman's comments above;

CE

- (b) was advised that the existing Information Governance Toolkit would be replaced in 2018-19 by the Data Protection and Security Toolkit;
- (c) noted a query from Ms V Bailey Non-Executive Director on how the Trust Board could obtain assurance that the risks in paper H were monitored and tested. She also noted that the paper did not describe the balance of risk. The Audit Committee Non-Executive Director Chair shared these concerns, and considered that paper H presented a somewhat optimistic picture. He considered that further detail was required, with greater embedding into the Trust's governance processes – in response, the Chief Information Officer advised that the nature of the return was constrained by the very specific questions asked in the standards;
- (d) noted comments from the QOC Non-Executive Director Chair that the areas of partial compliance were the high risk areas. Given the fast-moving pace of cyber security issues, he considered that paper H represented a snapshot in time rather than ongoing assurance. He also commented on the limited capital investment available to the Trust, and
- (e) noted comments from the Chief Executive on high-level central announcements re: monies for NHS cyber security and electronic prescribing – no detail was yet available.

CIO

Following the discussion above and in light of the 11 May 2018 submission requirement, it was agreed to approve the NHSI return in principle, and delegate authority to the Chief Executive and the Chief Information Officer to update the submission by identifying a lead Executive with senior level responsibility for data and cyber security. A report on the issues in bulletpoint (c) above would be discussed at a future Audit Committee.

CE/CIO

CIO

Resolved – that (A) the Trust's return re: the 2017-18 Data Security Protection Requirements be approved in principle, and authority be delegated to the Chief Executive and the Chief Information Officer to update the submission ahead of 11 May 2018 by identifying a lead Executive with senior level responsibility for data and cyber security, and

CE/

CIO

(B) a report on the issues in bulletpoint (c) above be provided to a future Audit Committee.

CIO

122/18/4 NHS Provider Licence Self-Certification

Paper I invited Trust Board approval for UHL's self-certifications in respect of conditions G6 and FT4 of the NHS Provider Licence, for signature by the (Deputy) Chairman and Chief Executive. In response to a query from Mr A Johnson Non-Executive Director, the Director of Corporate and Legal Affairs confirmed that UHL did comply with the standards. Ms V Bailey Non-Executive Director requested that the self-certifications in G6 be amended to reflect the context of NHSI/E relaxation re: waiting lists.

DCLA

Resolved – that subject to reflecting the context of NHSE/I relaxation re: waiting lists in condition G6, the self-certifications in respect of the NHS Provider Licence conditions G6 and FT4 be approved for signature.

DCLA/

DEP

CHAIR/

CE

123/18 **LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION UPDATE**

Paper J updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme. As previously reported, an informal NHS England review of the STP pre-consultation business case (PCBC) had identified a number of areas for further work including bed numbers and workforce assumptions. The April 2018 SLT had subsequently set up a small subgroup to develop proposals accordingly – the first draft (discussed at the A&E Delivery Board on 2 May 2018) involved focusing on the frail elderly cohort of patients, as the largest users of NHS services, and would shortly be presented to the LLR STP Senior Responsible Officer. It was recognised that appropriate scale and pace were needed on the proposals, to strengthen both the PCBC and access national capital for reconfiguration. Further to Minute 100/18 of 12 April 2018, Professor P Baker Non-Executive Director reported on his positive meeting with the SLT to discuss greater inclusion of innovation within the STP. Professor Baker also commented on the perceived lack of STP infrastructure available to support the SRO.

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Mr B Patel Non-Executive Director emphasised the need for key partners to buy-in to the new frailty work focus, and voiced concern that patients would continue to attend UHL due to a lack of appropriately redesigned alternative care pathways. Although supporting the direction of travel, he was not assured of the likelihood of change arising from this work. Mr R Moore Non-Executive Director supported the need for the different approach outlined, but queried whether it was radical enough and suggested that UHL might need to review its own role in delivering the required change. Although recognising these points, the Director of Strategy and Communications noted the crucial nature of the 9 May 2018 SLT meeting in obtaining system-wide buy-in and commitment. He also reiterated the crucial need strengthen the PCBC in order to access national capital. Mr A Johnson Non-Executive Director considered that UHL should take a leadership role and prompt a system-wide discussion on the vision and resourcing of the STP – he queried, however, whether that vision was in fact clear. Ms V Bailey Non-Executive Director echoed these points and queried whether UHL might perhaps adopt an interim leadership role during the proposed management reconfiguration at CCG level. In light of UHL's new 2018-19 planning approach, she also queried whether a Trust Board thinking day discussion was needed on how to reduce elective demand.

DEP
CHAIR/
DSC/
CE

In terms of the UHL reconfiguration programme, the Chief Financial Officer confirmed that the ICU Outline Business Case had been approved by NHSI's National Resources Committee. The Final Business Case was scheduled for Trust Board consideration in June 2018. Phase 2 of the Emergency Floor was now only weeks away from opening (8 June 2018) – the building had been handed over to UHL and the Interim Chief Operating Officer was now the SRO for the project. The project board was meeting weekly in the run-up to go live. The Chief Executive suggested that it would be useful for the May 2018 People Process and Performance Committee (PPPC) to receive a presentation on the EF phase 2 models of care.

CFO

Resolved – that (A) consideration be given to holding a Trust Board thinking day discussion on the implications (for elective activity) of the 2018-18 planning approach, and

DEP
CHAIR/
DSC/CE

(B) the Emergency Floor phase 2 team be invited to present the models of care to the May 2018 PPPC.

CFO

124/18 EDUCATION, TRAINING, RESEARCH AND INNOVATION

124/18/1 Research & Innovation 2017-18 – Quarter 4 Report

Professor N Brunskill, Director of Research & Innovation, presented the 2017-18 quarter 4 update on research and innovation activity within UHL. The report confirmed that UHL was performing well in delivering high quality research (as judged by NIHR and LCRN data), with study recruitment ahead of 2016-17 levels. UHL's 2018-19 budget from the Clinical Research Network was £4,295,887, representing a 4.83% increase on 2017-18 – as budget allocations were linked to performance this uplift further underlined UHL's good achievements. The Director of Research & Innovation also commented on the successful Leicester's Research Live Conference held on 27 February 2018 and attended by more than 250 delegates. The joint UHL-University of Leicester (UoL) Strategy on research and innovation was due for discussion at the June 2018 Trust Board thinking day.

MD/
PBNE

A number of largescale research projects were in development as per section 6 of the report, including the development of plans for a Midlands Health Alliance. The Deputy Chairman queried what geographical area this covered, and Professor P Baker Non-Executive Director outlined the background to the initiative which aimed to add NHS organisations to the current University membership. In further discussion on the report, the Trust Board noted:-

- (a) a query from the Chief Executive on the 100,000 Genomes Project, which would end in October 2018. In response the Director of Research & Development noted the lack of national infrastructure for delivering the results of the project back to clinicians – this was a national rather than a local issue and UHL was monitoring the situation closely;
- (b) that a location had been identified at the LRI for the Hope Unit, by transferring some related administrative functions into the Robert Kilpatrick Clinical Sciences Building and thus freeing up space for the Hope clinical functions in the Osborne Building, and
- (c) that the delay in installing a new MRI scanner at the Glenfield Hospital had now been resolved.

Resolved – that the joint UHL-UoL research and innovation strategy be discussed at the June 2018 Trust Board thinking day.

MD/
PBNE

Professor S Carr, Director of Medical Education presented the medical elements of the 2017-18 quarter 4 update on multi-professional education and training. She drew the Trust Board's particular attention to some positive results from the March 2018 UHL post-graduate survey (in which 80% of respondents had said that they would recommend their post to a colleague) and to the 2017 Foundation career destination report which showed that 61% of LNR Foundation School trainees progressed into specialist training in the UK – the highest % in the country. The Director of Medical Education also noted that a joint UHL-UoL "Grand Round" would begin on 4 May 2018 – the launch of the UHL Medical Educator Awards would also be announced at that event. The Deputy Chairman noted the need to ensure appropriate publicity for those awards, and he advised the Director of Medical Education to liaise with the Director of Strategy and Communications and Professor P Baker Non-Executive Director accordingly.

MD/
DME

However, paper L also noted challenges around visa delays impacting on the recruitment of Trust grade doctors, and winter pressures affecting access to/provision of post-graduate training. It was also noted that HEEM planned to revisit both Cardiology and Respiratory on 4 May 2018 as part of its ongoing monitoring – significant work had been undertaken in those areas but there was still potentially some room for improvement. The QOC Non-Executive Director Chair sought assurance that training issues in cardiorespiratory did not indicate other potential challenges in those service areas – in response, the Acting Medical Director confirmed that there were no service delivery or patient safety concerns in cardiorespiratory. The Chief Executive commented that recent significant investment in improving the infrastructure at the Glenfield Hospital would help address training issues.

In respect of undergraduate medical education, paper L welcomed the University of Leicester Medical School's successful bid for 30 new medical student places, and noted that introduction of the School's new curriculum from March 2018 was progressing well.

Professor P Baker, Non-Executive Director and Dean of the University of Leicester Medical School, welcomed the significant improvement in the % of medical students now staying on in the region, currently standing at 31% compared to 17% 2 years previously. It was hoped that the National Student Survey figures due out soon would also show an improvement. Professor Baker also noted his hopes for the potential outcome of discussions to disaggregate SIFT monies from main CMG budgets. In further discussion, Ms V Bailey Non-Executive Director noted the crucial need to strengthen the Trust's relationship with GP trainees. In response to a comment from the Deputy Chairman, the Director of Medical Education advised that the red elements within the education quality improvement plan at appendix 1 related primarily to funding constraints.

With regard to non-medical education and training, the Acting Chief Nurse advised that despite slight over-recruitment for the September 2017 adult and child nursing programmes, De Montfort University's recruitment for its March 2018 adult nursing programme had been below target by 40 students, and it appeared that the loss of the NHS Bursary was impacting on older students. Nursing and Midwifery Council approval events were scheduled for the week beginning 14 May 2018 re: the University of Leicester's undergraduate programmes for nursing and midwifery. If successful, the University of Leicester hoped to recruit to both of its programmes in September 2018. Paper L also advised that the Trust was leading a strategy aiming to increase the number of clinical nursing placements across LLR, and had received funding from Health Education England to fund that unique initiative. The report also updated the Trust Board on progress on Nursing Associates, and set out the Trust's initiatives to value its clinical registered nursing workforce, including the 'retire, return and retain' scheme for prospective retiring nursing staff and the reintroduction of the title of "Senior Staff Nurse".

The Deputy Chairman noted that NUH had reported a significant increase in interest in nursing careers following its involvement in the "Hospital" programme, and he queried whether UHL had experienced any similar increase.

AJDPOD

In response to a query from Ms V Bailey Non-Executive Director re: other clinical staff groups, it was agreed to circulate a recent EWB report on pharmacy workforce retention and recruitment initiatives.

CCSM

Resolved – that (A) contact be made with the UHL Communications Team and Professor P Baker Non-Executive Director, to ensure an appropriately-high profile for the medical educator awards;

MD/
DME

(B) it be advised outside the meeting To advise whether UHL had experienced any increased public interest in nursing careers following the recent NUH 'Hospital' programme, and AJDPOD

(C) the April 2018 EWB report on pharmacy staffing be circulated to Trust Board members for information. CCSM

125/18 **QUALITY, PERFORMANCE AND FINANCE**

125/18/1 Quality and Outcomes Committee (QOC)

Paper M summarised the issues discussed at the 26 April 2018 QOC, noting a focus on never event prevention and infection prevention. The Trust's action plan in response to the CQC inspection report had been submitted to the CQC on 11 April 2018 as required, and had been shared with CCGs and NHS Improvement on 26 April 2018.

Resolved – that the summary of issues discussed at the 26 April 2018 QOC be noted as per paper M (no recommended items) – Minutes to be submitted to the 7 June 2018 Trust Board.

125/18/2 People Process and Performance Committee (PPPC)

Paper N summarised the issues considered at the 26 April 2018 PPPC, particularly noting changes to Agenda for Change terms and conditions. In discussion on the overall nursing workforce plan, PPPC had noted its wish for a 3-5 year plan which identified and mapped out the staffing requirement including any gaps and how to address them. As in previous reports, PPPC noted that it could not assure the Trust Board of achieving the emergency care 4-hour wait target, but given recent performance improvements the PPPC Non-Executive Director Chair hoped that the position would be different in the next such summary.

In terms of the joint session held with QOC members to discuss the monthly quality and performance report, PPPC particularly noted an innovative initiative planned by UHL with Derby Teaching Hospitals to treat a number of urology patients.

Resolved – that that the summary of issues discussed at the 26 April 2018 PPPC be noted as per paper N (no recommended items) – Minutes to be submitted to the 7 June 2018 Trust Board.

125/18/3 Finance and Investment Committee (FIC) and 2017-18 Financial Performance (March 2018)

Paper O summarised the issues discussed at the 26 April 2018 FIC, including the Trust's financial position and progress on the 2017-18 Cost Improvement Programme (see paper O1 below). The FIC Non-Executive Director Chair also highlighted the quarterly update on the Alliance contract, noting that the day-to-day management of the UHL pillar of that contract would be managed in-house by the Clinical Support and Imaging CMG as of 1 August.

Noting the 30 April 2018 NHS Improvement submission deadline, the summary therefore recommended the Annual Operational Plan 2018-19 for retrospective Trust Board approval, as per Minute 121/18/2 above.

Paper O1 presented the Trust's month 12 and year-end financial position, which had been discussed in detail at the April 2018 Finance and Investment Committee meeting. Excluding tranche 1 of the NHS Improvement winter funding monies, UHL had achieved a year-end deficit of £36.6m which was approximately £10m adverse to plan. Quarter 4 had been significantly impacted by elective cancellations and winter pressures. With regard to the Cost Improvement Programme (CIP), £39.3m had been delivered against the total plan (including the additional £3.5m allocated in quarter 1) of £44.2m. The Trust's annual accounts for 2017-18 would be presented to the Audit Committee and Trust Board on 25 May 2018 for formal approval.

In response to a query from the Director of Strategy and Communications, the Chief Financial Officer advised that it was not yet known when the NHS quarter 4 national finance reports would be published. Ms V Bailey Non-Executive Director queried the significant runrate increase in March 2018 – in response the Chief Financial Officer advised that this reflected pay cost pressures for Easter cover; in his capacity as FIC Non-Executive Director Chair the Deputy Chairman provided

assurance that this issue had been discussed in detail at the April 2018 FIC.

Resolved – that (A) the summary of issues discussed at the 26 April 2018 FIC be noted as per paper O (recommendation already actioned in Minute 121/18/2 above) – Minutes to be submitted to the 7 June 2018 Trust Board, and

(B) the month 12 financial position be noted.

126/18 REPORTS FROM BOARD COMMITTEES

126/18/1 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair advised that although significant progress had been made, the CQC warning notice re: insulin safety would remain in place until the CQC's revisit in June 2018.

Resolved – that the Minutes of the 29 March 2018 QOC be received and noted as per paper P (no recommended items).

126/18/2 People Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 22 March 2018 PPPC be received and noted as per paper P1 (no recommended items).

126/18/3 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 22 March 2018 FIC be received and noted as per paper P2 (recommended item previously actioned).

127/18 CORPORATE TRUSTEE BUSINESS

127/18/1 Charitable Funds Committee (CFC)

Resolved – that the Minutes of the 12 April 2018 Charitable Funds Committee be received and noted by the Trust Board as Corporate Trustee, as per paper Q (no recommendations).

128/18 TRUST BOARD BULLETIN – MAY 2018

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

- (1) public minutes of the 15 February 2018 System Leadership Team meeting, and
- (2) Trust Board declarations of interest made for the year 2017-18.

129/18 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 the Trust was content with the Local Authorities' commitment to the STP process. The questioner also noted his concern at the lack of communication about the STP. In response, the Chief Executive considered that there was a significant amount of joint work with Local Authorities on operational issues such as discharge, and he noted that Local Authorities had also attended a recent multi-agency event. He also expected the Local Authorities to be represented at the forthcoming 9 May 2018 SLT meeting mentioned in Minute 123/18 above. In response to a query from the Deputy Chairman, the Chief Executive advised that the April 2018 SLT meeting had agreed to the requested governance review, and
- (2) a query on the extent to which the new Emergency Floor phase 2 Standard Operating Procedures (SOPs) had been developed through a co-production process. Although noting the Chief Financial Officer's response, the questioner considered that the inclusion of a Patient Partner in the Emergency Floor phase 2 project did not amount to true patient co-production. The Director of Strategy and Communications further advised however that the Emergency Floor phase 2 clinical models were being developed in response to feedback from patient users of the service.

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

LEADS

130/18 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 131/18 to 139/18), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

131/18 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

There were no declaration of interests made re: the confidential business.

132/18 CONFIDENTIAL MINUTES

Resolved – that the confidential 1 March 2018 and 12 April 2018 Trust Board meetings be confirmed as a correct record and signed by the Deputy Chairman accordingly.

DEPUTY
CHAIR
MAN

133/18 CONFIDENTIAL MATTERS ARISING REPORT

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

134/18 REPORT FROM THE DIRECTOR OF ESTATES AND FACILITIES

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

135/18 REPORTS FROM BOARD COMMITTEES

135/18/1 Quality and Outcomes Committee (QOC)

Resolved – that the 29 March 2018 QOC confidential Minutes be noted as per paper V, noting that any recommendations had been approved at the 12 April 2018 Trust Board.

135/18/2 People Process and Performance Committee (PPPC)

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

135/18/3 Finance and Investment Committee (FIC)

Resolved – that the 22 March 2018 FIC confidential Minutes and the 26 April 2018 FIC confidential summary be received as per papers V3 and V4, noting that any recommended items in paper V3 had been approved at the 12 April 2018 Trust Board. Confidential 26 April 2018 FIC Minutes to be submitted to the 7 June 2018 Trust Board.

136/18 CORPORATE TRUSTEE BUSINESS

136/18/1 Charitable Funds Committee (CFC)

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

136/18/2 Report from the Director of Strategy and Communications

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

137/18 CONFIDENTIAL TRUST BOARD BULLETIN

Trust Board Paper A

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

138/18 ANY OTHER BUSINESS

138/18/1 Report from the Acting Chief Nurse

Resolved – that this Minute be classed as confidential and taken in private accordingly, on the grounds of personal information and legal privilege.

139/18 DATE OF NEXT TRUST BOARD MEETING

Resolved – that (1) an extraordinary public Trust Board meeting be held on Friday 25 May 2018 from 12.30pm – 1.45pm in the C J Bond Room, Clinical Education Centre, Leicester Royal Infirmary, and

(2) the next scheduled Trust Board meeting be held on Thursday 7 June 2018 from 9am in Rooms A & B, Clinical Education Centre, Leicester General Hospital.

The meeting closed at 12.55pm

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	2	1	50	B Kotecha/J Tyler-Fantom	1	1	100
J Adler	2	2	100	E Meldrum	1	1	100
V Bailey	2	2	100	R Moore	2	2	100
P Baker	2	2	100	B Patel	2	2	100
I Crowe	2	2	100	J Smith	1	1	100
E Doyle	2	2	100	M Traynor	2	2	100
A Furlong	2	1	50	P Traynor	2	2	100
A Johnson	2	2	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
L Tibbert	1	1	100				
S Ward	2	2	100				
M Wightman	2	2	100				