

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 4 OCTOBER 2018 AT 9AM IN ROOMS 2 & 3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

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
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer

In attendance:

Professor Liz Anderson – University of Leicester (for Minute 284/18/1)
Mr C Benham – Director of Operational Finance (for Minute 296/18)
Mr B Collins – Emergency Planning Officer (for Minute 284/18/3)
Mr T Curtis – medical student (for Minute 284/18/1)
Miss M Durbridge – Director of Safety and Risk (for Minutes 284/18/1 – 284/18/4)
Mr L Griffiths – Consultant (for Minute 284/18/1)
Ms H Kotecha – Leicester and Leicestershire Healthwatch representative (up to and including Minute 292/18)
Professor D Rowbotham – Clinical Director, East Midlands Clinical Research Network (for Minute 285/18)
Ms C Manton – medical student (for Minute 284/18/1)
Mr R Manton – Risk and Assurance Manager (for Minute 284/18/3)
Ms E Moss – Chief Operating Officer, East Midlands Clinical Research Network (for Minute 285/18)
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

278/18 APOLOGIES AND WELCOME

Apologies for absence were received from Mr J Adler Chief Executive, Col (Ret'd) I Crowe Non-Executive Director, Mr R Moore Non-Executive Director and Mr B Patel Non-Executive Director. The Chairman welcomed Ms C Fox Chief Nurse, and Ms H Kotecha Leicester and Leicestershire Healthwatch representative, to their first Trust Board meeting.

279/18 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.

280/18 MINUTES

Resolved – that the Minutes of the 6 September 2018 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

CHAIRMAN

281/18 MATTERS ARISING FROM THE MINUTES

Resolved – that the Trust Board matters arising log be noted as per paper B.

282/18 CHAIRMAN'S MONTHLY REPORT – OCTOBER 2018

The Chairman noted his attendance at a recent PwC seminar on the theme of 'quality v financial pressure', which had emphasised that this was not a binary choice. The People, Process and Performance Committee Non-Executive Director Chair noted his view that efficiency generally led to greater quality, a point which was supported by the Medical Director. Paper C from the Trust Chairman also advised the Trust Board that Mr M Traynor Non-Executive Director's term of office had been extended by NHS Improvement for a further 4 years from 1 October 2018.

Resolved – that the Chairman’s October 2018 report be noted.

283/18 **CHIEF EXECUTIVE’S MONTHLY REPORT – OCTOBER 2018**

The Chief Executive’s October 2018 monthly update followed (by exception) the framework of the Trust’s strategic objectives. As the attached quality and performance dashboard covered core issues from the monthly quality and performance report, the full version of that report was no longer taken at Trust Board meetings but was accessible on the Trust’s external website (also hyperlinked within paper D).

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

- (a) good progress on a number of quality measures, including a reduced mortality rate (SHMI now 95, the lowest it had been since 2010), a fall in pressure ulcers, and zero MRSA cases;
- (b) good progress also on a number of performance measures, including no patients waiting longer than 52 weeks for elective care, and significant improvement in fractured neck of femur performance (reflecting a new approach led by the Medical Director and CMGs);
- (c) progress in September 2018 towards recovering the diagnostics underperformance, which was welcomed;
- (d) that improvements in ED performance had not been as significant as had been hoped, affected largely by the CRO outbreak. ED remained a key issue for the Trust Board, and it was noted that the 2018-19 wider winter planning approach had been discussed at the September 2018 People Process and Performance Committee;
- (e) a dip in TIA performance would be explored further at the November 2018 Executive Quality Board meeting, and
- (f) a further update on the 28 September 2018 JHOSC meeting re: the consolidation of level 3 ICU services was provided in Minute 283/18/1 below.

Ms V Bailey Non-Executive Director welcomed the quarterly update on progress against the Trust’s annual priorities (appended to paper D), and requested that the next such update also include a trend analysis. In respect of the CRO outbreak, the Acting Chief Executive advised that all wards were now open, and that any patients still with CRO were being nursed appropriately in siderooms. The Medical Director confirmed that the Trust was now in the outbreak closedown process, and noted that UHL was working nationally with Public Health England re: CRO screening.

CE

Resolved – that the next quarterly update on progress against the Trust’s annual priorities also include a trend analysis.

CE

283/18/1 Consolidation of Level 3 ICU Services

A supplementary report from the Chief Executive detailed the outcome of the LLR Joint Health Overview and Scrutiny Committee’s 28 September 2018 further consideration of the consolidation of level 3 ICU services. The Trust Chairman drew members’ particular attention to paragraph 2.3 of the report, which set out the JHOSC’s resolutions from that meeting. Although remaining supportive of the clinical case for consolidation, and taking the view that Clinical Commissioning Groups (CCGs) and UHL had fulfilled their duties to consult the scrutiny committee (it would not therefore be referring the issue to the Secretary of State for Health on those grounds), the JHOSC had requested certain further information from CCGs and UHL as detailed in the report, and had asked them to consider undertaking public consultation on the proposals.

The Trust Chairman reminded members that the responsibility for any public consultation lay with CCGs, and he noted that the CCGs would be agreeing their response to the JHOSC on 9 October 2018. Although cognisant of the JHOSC’s views, the Trust’s preference – in order to avoid further delay, maintain staff confidence and stabilise the service – was to progress with the consolidation and not undertake public consultation. The Trust recognised, however, that there was a wider need for further engagement on the STP and reconfiguration programme going forward. Ms H Kotecha, Leicester and Leicestershire Healthwatch representative, advised that Healthwatch considered the ICU relocation to be in the best interests of patients, but she agreed with the JHOSC view that there had been missed opportunities for public engagement.

The Medical Director emphasised that the ICU service at the Leicester General Hospital had been kept safe since 2015 due to the heroic efforts of the staff and a number of mitigating actions put in

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place. Clinical sustainability was a driving issue for the consolidation proposals, and he noted further that a degree of level 3 ICU presence would remain on that site after the consolidation, for those services which required intermittent access. HDU services would also remain on the LGH site. The strength of the clinical case for consolidation was also echoed by Professor P Baker, Non-Executive Director and Dean of the University of Leicester Medical School.

Ms V Bailey Non-Executive Director supported the need to move forward with the level 3 ICU consolidation. She also noted the crucial importance of ongoing and regular engagement on the wider reconfiguration plans, and commented on the need for clarity on the point at which 'engagement' became 'formal consultation'. Referring back to the points made by the JHOSC on 28 September 2018, the Trust Chairman requested that legal advice be sought on when formal consultation could begin on the LLR STP (he considered that consultation was different to engagement).

**DCLA/
DSC**

The Director of Strategy and Communications confirmed that CCG-UHL wider reconfiguration/STP engagement events with stakeholders and the public were now scheduled – in discussion, Non-Executive Directors requested that they be advised of those dates to enable them to attend.

DSC

Resolved – that (A) the outcome of the 28 September 2018 JHOSC meeting be noted as set out in supplementary paper D1;

ALL

(B) the joint CCG meeting on 9 October 2018 to agree CCGs' response to the JHOSC be noted;

ALL

(C) legal advice be sought on when formal STP consultation could be started, and

**DCLA/
DSC**

(D) the dates of the planned wider reconfiguration/STP engagement events be confirmed to Non-Executive Directors, to enable them to attend.

DSC

284/18 KEY ISSUES FOR DISCUSSION/DECISION

284/18/1 Patient Stories through Medical Student Observations

Mr T Curtis and Ms C Manton, medical students, attended with Professor E Anderson (University of Leicester) and Mr L Griffiths Consultant, to present the results of the observation-based 'Patient Safety: Observing for Quality and Safety in Health Care Delivery' programme. Based on the 'LOSA' (Line Operations Safety Audit) approach used in the aviation industry, the presentation accompanying paper E outlined the observations made during the project, which had then been allocated a graded 'threat score' and the findings fed back to the teams in question and to the Director of Safety and Risk on a no blame basis. The Medical Director noted that work was now needed on how to embed this 'proof of concept' pilot project within UHL, including building it into the existing safety half-days etc and finding ways to make the data collection and analysis as easy as possible.

MD

The Trust Board welcomed this presentation, which offered an invaluable window into the organisation. The Director of People and OD particularly welcomed the focus on human factors and noted her view that this project linked well to other OD workstreams within the Trust. She undertook to meet with the project team outside the meeting, to discuss how the individual threat scores had been calculated/judged. Professor P Baker Non-Executive Director also welcomed this joint UHL-University of Leicester project, and commented on the need to adopt a multi-disciplinary approach also involving nursing and midwifery students. This was echoed by Ms V Bailey Non-Executive Director, who also noted the need to adopt a positive learning culture. In response to a query from the Leicester and Leicestershire Healthwatch representative, the project team confirmed that the project had been entirely observation-based, and had not involved speaking to any patients.

DPOD

It was agreed that the Director of People and OD would be the Executive lead for this project going forward, supported as appropriate by the Medical Director and the Chief Nurse. The Trust Chairman suggested that the Quality and Outcomes Committee might wish to hold further discussions on student perspectives re: patient safety.

**DPOD
QOC
CHAIR/
MD/CN**

Resolved – that (A) contact be made with the University of Leicester to discuss how to make the data collection and analysis for such projects as easy as possible going forward;

MD

(B) contact be made with the 'Patient Safety: Observing for Quality and Safety in Health Care Delivery' project team to discuss how the threat ratings were decided;

DPOD

(C) the Director of People and OD be the identified Executive Lead for the project (appropriately supported by the Medical Director and the Chief Nurse), and

DPOD/
MD/CN

(D) consideration be given to holding further discussions at QOC re: student perspectives on safety.

QOC
CHAIR/
CN/MD

284/18/2 Freedom to Speak Up (F2SU) Self-Assessment

Paper F presented the self-assessment of Freedom to Speak Up arrangements within the Trust, reflecting comments from the September 2018 Trust Board thinking day discussions on this issue. The Chairman emphasised the importance of encouraging and empowering staff to speak up, and – thanking Mr A Johnson Non-Executive Director for his previous involvement – he confirmed that Ms V Bailey was the new Non-Executive Director Champion for Freedom to Speak Up. In response to a query from the Chief Financial Officer, the Director of Safety and Risk advised that the tracking of and responding to safety concerns would be covered through the quarterly Freedom to Speak up reports to the Quality and Outcomes Committee. In response to a query from the Director of Corporate and Legal Affairs, the Director of Safety and Risk considered that comments on the self-assessment might potentially not be received from NHS Improvement until after the submission of the Trust's F2SU strategy, vision and plan in December 2018. The Director of People and OD reiterated UHL's strong and visible commitment to Freedom to Speak Up.

Resolved – that (A) the Freedom to Speak Up self-assessment be approved for submission to NHS Improvement, and

DPOD

(B) the completed Freedom to Speak Up vision, strategy and plan be presented to the Trust Board in December 2018.

DPOD

284/18/3 Emergency Preparedness, Resilience and Response: Annual Report and Self-Assessment 2018-19

The Risk and Assurance Manager and the Emergency Planning Officer attended to introduce papers G and G1, (respectively) the Emergency Preparedness, Resilience and Response Annual Report and Self-Assessment 2018-19. UHL had self-assessed itself as fully compliant against 77% of the NHS England core standards for Emergency Preparedness, Resilience and Response (EPRR), and a comprehensive 3-year work programme was in place to ensure all remaining areas were addressed. In response to comments from Non-Executive Directors, the Chief Operating Officer provided assurance that EPRR was seen as everyone's business, and it was confirmed that CMG engagement with and attendance at the EPRR meetings had improved over the last 6 months.

In response to a query about capacity, the Chief Operating Officer emphasised the 'must do' nature of the year 1 and 2 actions, and she agreed to develop a project plan to clarify the timing and sequencing of the actions in the 3-year work programme. The Risk and Assurance Manager confirmed that PwC, the Trust's Internal Auditors, would also review the EPRR work programme, most likely in quarter 4 of 2018-19. The Director of Corporate and Legal Affairs suggested that it would be helpful for an appropriate Executive Board and the Audit Committee to receive an update on completion of the year 1 actions in March 2019 – Non-Executive Directors queried whether that timescale reflected sufficient urgency, and the Chief Operating Officer agreed to consider the frequency and advise accordingly. She noted that individual elements could be brought forward if required.

COO

Resolved – that (A) the 2018-19 self-assessment against the NHSE core EPRR standards be approved;

COO

(B) a project plan be developed for the 3-year EPRR work programme, clarifying the timing and sequencing of the work, and

COO

(C) the Chief Operating Officer be requested to confirm the most appropriate timeframe for an update to an Executive Board and the Audit Committee on completion of the year 1 EPRR work programme actions.

COO

284/18/4 Systemic and Trust Issues identified through the Jack Adcock Case

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Further to Minute 248/18 of 6 September 2018, paper H from the Medical Director set out UHL's current position in response to the system and organisational failings detailed in the Jack Adcock case. In addition to the measures set out in the report, the Medical Director confirmed that the Trust would also be introducing 'Schwartz rounds', a multi-disciplinary process for discussing incidents – it was hoped to use an appropriate charitable funds bid to pump-prime roll-out of this initiative, and the Chief Financial Officer noted his support for that bid. The Trust's October 2018 Executive Quality Board had discussed the report in detail, and had identified where progress on the actions would be monitored by the Executive. In addition, the Trust Chairman requested that progress be appropriately overseen by the Quality and Outcomes Committee, on behalf of the Trust Board.

QOC
CHAIR

Ms V Bailey Non-Executive Director noted the assurance she gained from the report, and thanked the Medical Director for his personal leadership on this issue. The Medical Director advised that none of the actions would be 'closed', as an evolving, iterative approach was being taken to improvement. Although the position had changed since the time of Jack's death in 2011, the Trust was not complacent and recognised the scope for continuous improvement. In response to a query from Professor P Baker Non-Executive Director, the Medical Director advised that the Trust's position on phased reintroduction and locum induction was now more robust. An action on auditing practice had also been identified at the Executive Quality Board.

Resolved – that (A) the recommendations detailed in the report (for progression through the identified channels) be approved, namely:-

MD

- (1) to establish an active surveillance mechanism regarding issues with the new paediatric single front door;
- (2) to undertake a formal evaluation of the new paediatric single front door service model in April 2019;
- (3) to receive regular reports at the Executive Workforce Board on doctors-in-training supervision and concerns raised through the GMC survey;
- (4) to receive a report at EQB/EPB on winter planning arrangements specifically relating to paediatrics, detailing how capacity can be flexed to accommodate the peaks in bronchiolitis admissions;
- (5) to ensure robust governance processes regarding listening to and acting on concerns raised via the Freedom to Speak Up, 3636 and Junior Doctor Gripe Tool processes;
- (6) the Medicines Optimisation Committee to review practices regarding the self (or parent) administration of medicines, and

(B) QOC be kept informed of progress on the actions above.

MD

285/18 RESEARCH AND INNOVATION – EAST MIDLANDS CLINICAL RESEARCH NETWORK (EMCRN) 2018-19 QUARTER 1 REPORT

The Clinical Director and Chief Operating Officer for the EMCRN attended to present the 2018-19 EMCRN performance report for April – August 2018, to the Trust Board as network host. Despite some good achievements, the network was not currently on target regarding certain high-level objectives such as recruitment to time and target. The Clinical Director EMCRN voiced particular concern over current performance on commercial time to target elements, with a risk of not meeting the target in 2018-19. The EMCRN Chief Operating Officer also highlighted uncertainties around the implications of a national process change in the management of Excess Treatment Costs, which might lead to delays in study set-up and delivery.

Although noting the issues above, the Trust Board also commented on the need for UHL to showcase its research developments more proactively. It was recognised that there was work to do to move the Trust forward on research, and a number of initiatives were being considered accordingly by the Director of Research and Innovation in discussion with the EMCRN. The Medical Director noted that CQC inspections would now also look at research aspects.

Resolved – that the April – August 2018 update on EMCRN performance be noted by the Trust Board as network host.

286/18 RISK MANAGEMENT AND GOVERNANCE – INTEGRATED RISK AND ASSURANCE REPORT

Paper J comprised the new format 2018-19 integrated risk and assurance report including the Board Assurance Framework (BAF), as at 30 August 2018. No new organisational risks scoring 15 or above had been entered onto the risk register in August 2018. A thematic analysis of the

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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, and the Trust Chairman considered that many of the main BAF risks were appropriately reflected on the October 2018 Trust Board agenda. In respect of staffing, the Director of People and OD advised that the People Strategy was scheduled for the October 2018 People Process and Performance Committee, ahead of the November 2018 Trust Board. It was also noted that the Audit Committee was undertaking deep dives of the individual BAF principal risks, beginning with IM&T and then moving on to workforce.

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

287/18 LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION – MONTHLY UPDATE

Paper K updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme. The Chief Financial Officer outlined the approvals process for the pre-consultation business case (PCBC), noting the importance of the regional NHS England assurance panel on 10 October 2018 (in which all LLR STP partner organisations would be involved).

Plans were in place to publicise the wider engagement events referred to in Minute 283/18/1 above, and the Trust Chairman emphasised the need to ensure that all STP partner organisations' Boards were appropriately represented at those events. Events were planned in Loughborough, Leicester, Melton, Ashby, Ayres Monsell, Market Harborough and Oakham. The Leicester and Leicestershire Healthwatch representative emphasised the need to engage with the public and keep them informed of the STP plans.

DSC

Resolved – that the need for all LLR STP partner organisations' Boards to be appropriately represented at the wider STP/reconfiguration engagement events, be noted.

DSC

288/18 QUALITY, PERFORMANCE AND FINANCE

288/18/1 Quality and Outcomes Committee (QOC)

Paper L summarised the issues discussed at the 27 September 2018 QOC. In the absence of the QOC Non-Executive Director Chair, Ms V Bailey Non-Executive Director provided assurance to the Trust Board that QOC scrutinised safety issues and nurse staffing levels at each meeting. As detailed in paper L, she also highlighted QOC's discussion on Deprivation of Liberty Safeguards Authorisations, noting the Trust's dependence on other partners such as the Local Authorities.

Resolved – that the summary of issues discussed at the 27 September 2018 QOC be noted as per paper L (no recommended items) – Minutes to be submitted to the 1 November 2018 Trust Board.

CCSM

288/18/2 People Process and Performance Committee (PPPC)

Paper M summarised the issues considered at the 27 September 2018 PPPC (chaired by Ms V Bailey Non-Executive Director), particularly highlighting (i) discussions on winter preparedness in terms of ED; (ii) the welcomed improvements to cancer performance, and (iii) the welcomed progress on the first draft of the UHL Accountability and Performance Framework. In respect of winter preparedness, PPPC had raised some queries on the coherence of the wider winter 2018-19 plan (the UHL element of which was appended to paper M for information), which were being taken forward accordingly by the Chief Operating Officer.

The latest quarterly update from the Guardian of Safe Working was also appended to paper M for information.

Resolved – that that the summary of issues discussed at the 27 September 2018 PPPC be noted as per M (no recommended items) – Minutes to be submitted to the 1 November 2018 Trust Board.

CCSM

288/18/3 Finance and Investment Committee (FIC) and 2018-19 Financial Performance (August 2018)

Paper N summarised the issues discussed at the 27 September 2018 FIC, particularly the Trust's

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financial position for 2018-19 and also the update received on the theatre efficiency workstream (noting the latter's finding that 24-hour operating was not beneficial to patient safety – a point strongly supported by the Medical Director). The FIC Non-Executive Director Chair also voiced his support for a suggestion that a Trust Board thinking day follow-up session be held with IBM.

CHAIR
MAN

Paper N1 presented the Trust's 2018-19 month 5 financial position, which had been discussed in detail at the September 2018 Finance and Investment Committee meeting. UHL had achieved a year to date deficit of £23.8m (excluding Provider Sustainability Funding [PSF]), which was in line with plan. Including PSF, the Trust had achieved a year to date deficit of £21.5m representing a £3.9m adverse to plan position due to non-recognition of PSF as a result of the anticipated impact of FM LLP from quarter 2 reporting. Underlying performance was adverse to plan, with over-performance in Emergency and Outpatients offset by under-performance in elective activity together with the marginal cost to deliver activity and cost pressures. As previously reported, the adverse position had been mitigated through the release of contingencies. As noted in paper N1, performance to date on the Trust's 2018-19 Productivity Improvement Programme (PIP) was above plan (£11.2m delivered against a plan of £10.8m).

The Chief Financial Officer noted the importance of the quarter 2 figures due in the next monthly reporting cycle, and advised that at that point UHL would formally declare the impact of the FM LLP not proceeding, reforecast its position and resubmit accordingly to NHS Improvement.

In terms of CMG financial performance, 2 CMGs were significantly off-plan and not delivering their PIP targets; the Women's and Children's CMG was now being supported by weekly meetings with Executive Directors, while some plans were in place within the Musculoskeletal and Specialist Surgery CMG to recover its position. In response to Non-Executive Director queries, the Chief Financial Officer advised that differential targets had been set for CMGs in terms of their 2018-19 PIP, and he noted UHL's use of the Carter metrics for benchmarking purposes. The Chief Financial Officer recognised the need to continue improving the level of CMG engagement in PIPs and financial efficiency generally, and he confirmed that the remaining transformation leads had now been appointed. In discussion, the Trust Chairman reiterated his view that it should not be seen as a binary choice between 'efficiency' and 'quality'.

Resolved – that (A) the summary of issues discussed at the 27 September 2018 FIC be noted as per paper N (no recommended items) – Minutes to be submitted to the 1 November 2018 Trust Board;

CCSM

(b) consideration be given to holding a Trust Board thinking day follow-up session with IBM, and

CHAIR
MAN

(B) the 2018-19 month 5 financial position be noted.

289/18 REPORTS FROM BOARD COMMITTEES

289/18/1 Audit Committee

Resolved – that the Minutes of the 7 September 2018 Audit Committee be received and noted as per paper O1 (no recommended items), noting that the External Audit Annual Audit Letter 2017-18 was appended to those Minutes for information.

289/18/2 Quality and Outcomes Committee (QOC)

Ms V Bailey Non-Executive Director noted that the Trust was now in recovery phase in terms of the CRO outbreak.

Resolved – that the Minutes of the 30 August 2018 QOC be received and noted as per paper O2 (the 2 recommended items having been approved at the 6 September 2018 Trust Board).

289/18/3 People Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 30 August 2018 PPPC be received and noted as per paper O3 (no recommended items).

289/18/4 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 30 August 2018 FIC be received and noted as per paper O4 (no recommended items).

290/18 TRUST BOARD BULLETIN – OCTOBER 2018

Resolved – it be noted that there was no Trust Board Bulletin for October 2018.

291/18 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 statement setting out concerns about the relocation of level 3 ICU services from the Leicester General Hospital site and the wider impact on that site, and requesting that rigorous public engagement take place on the STP and reconfiguration plans. The questioner also considered that the loss of beds at the Leicester General Hospital would impact on the surrounding population. In response, the Chairman provided assurance that the Trust was committed to listening to the public and engaging with them in a robust and meaningful way, and he reiterated the 7 wider engagement events planned. The Director of Strategy and Communications emphasised that no decision had been taken to close the Leicester General Hospital site, and the Chief Financial Officer advised that the £30.7m national funding received for the ICU scheme had been partly predicated on that scheme being a standalone scheme. Professor P Baker Non-Executive Director reiterated the clinical drivers for the consolidation of ICU services, a point echoed by the Chairman. Although recognising the importance of the planned wider engagement events in sharing information with the public, Ms V Bailey Non-Executive Director also noted the need for a strategy to reach (and maintain dialogue with) groups who could not attend those events.

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

LEADS

292/18 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 293/18 to 300/18), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

293/18 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director, and Mr P Traynor Chief Financial Officer declared their interests in Minute 296/18 below. It was agreed that they would not be required to absent themselves from the discussion on that item.

294/18 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 6 and 20 September 2018 Trust Board meetings be confirmed as a correct record and signed by the Chairman accordingly.

CHAIRMAN

295/18 CONFIDENTIAL MATTERS ARISING REPORT

Resolved – that the confidential matters arising log be noted.

296/18 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.

297/18 REPORTS FROM BOARD COMMITTEES

297/18/1 Audit Committee

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

297/18/2 Quality and Outcomes Committee (QOC)

Resolved – that the 30 August 2018 QOC confidential Minutes and the 27 September 2018 QOC confidential summary be noted as per papers S2 and S3 (no recommended items) – Minutes of 27 September 2018 to be submitted to the 1 November 2018 Trust Board.

CCSM

297/18/3 People Process and Performance Committee (PPPC)

Resolved – that the 30 August 2018 PPPC confidential Minutes and the 27 September 2018 PPPC confidential summary be noted as per papers S4 and S5 (no recommended items) – Minutes of 27 September 2018 to be submitted to the 1 November 2018 Trust Board.

CCSM

297/18/4 Finance and Investment Committee (FIC)

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

298/18 CONFIDENTIAL TRUST BOARD BULLETIN

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

299/18 ANY OTHER BUSINESS

299/18/1 Report from the Director of Strategy and Communications

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.

299/18/2 Report from the Medical Director

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.

299/18/3 Report from the Director of Corporate and Legal Affairs

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.

300/18 DATE OF NEXT TRUST BOARD MEETING

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

The meeting closed at 1.50pm

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

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

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Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	12	10	83	A Furlong	12	10	83
J Adler	12	11	92	A Johnson	12	11	92
V Bailey	12	9	75	E Meldrum	10	9	90
P Baker	12	9	75	R Moore	12	9	75
R Brown	7	7	100	B Patel	12	11	92
I Crowe	12	11	92	J Smith	1	1	100
E Doyle	5	5	100	M Traynor	12	11	92
C Fox	1	1	100	P Traynor	12	12	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
B Kotecha/J Tyler-Fantom	6	6	100	S Ward	12	11	92
H Kotecha	1	1	100	M Wightman	12	11	92
L Tibbert	1	1	100	H Wyton	5	4	80