

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 5 JULY 2018 AT 9AM IN THE MORLEY LOUNGE, DEVONSHIRE HOUSE, 78 LONDON ROAD, LEICESTER

Voting Members present:

Mr K Singh – Trust Chairman (Chair)
Mr J Adler – Chief Executive
Ms V Bailey – Non-Executive Director
Professor P Baker – Non-Executive Director
Mrs R Brown – Chief Operating Officer
Col (Ret'd) I Crowe – Non-Executive Director
Mr A Furlong – Medical Director
Mr A Johnson – Non-Executive Director
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:

Mr C Benham – Director of Operational Finance (for Minutes 184/18/2, 196/18/2 and 196/18/3)
Miss M Durbridge – Director of Safety and Risk (for Minute 183/18/1)
R D Kerr – Director of Estates and Facilities (for Minutes 184/18/2, and 196/18/2)
Ms B Kotecha – Acting Joint Director of People and Organisational Development
Ms H Leatham – Assistant Chief Nurse (for Minute 183/18/1)
Ms S Mason – Head of Nursing, Renal Respiratory and Cardio Vascular (for Minute 183/18/1)
Ms E Moss – Chief Operating Officer, East Midlands Clinical Research Network (for Minute 186/18)
Mr T Pearce – Major Projects Capital Lead (for Minute 183/18/3)
Professor D Rowbotham – Clinical Director East Midlands Clinical Research Network (for Minute 186/18)
Ms C Rudkin – Senior Patient Safety Manager (for Minute 183/18/1)
Ms H Stokes – Corporate and Committee Services Manager
Mrs N Topham – Reconfiguration Programme Director (for Minutes 183/18/3)
Ms J Tyler-Fantom – Acting Joint Director of People and Organisational Development
Dr R Vaja – Consultant Anaesthetist (for Minute 183/18/3)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Strategy and Communications

ACTION

177/18 APOLOGIES AND WELCOME

Apologies for absence were received from Mr M Traynor Non-Executive Director. The Chairman welcomed Mrs R Brown, Chief Operating Officer to the Trust Board meeting.

178/18 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.

179/18 MINUTES

Resolved – that the Minutes of the 7 June 2018 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

CHAIRMAN

180/18 MATTERS ARISING FROM THE MINUTES

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

181/18 CHAIRMAN'S MONTHLY REPORT – JULY 2018

The Chairman wished the NHS a happy 70th anniversary, noting the various celebration events being held by UHL today, including the Trust's own 2018 Annual Public Meeting (scheduled for 1.30pm – 2.30pm). He also commented on the need to look ahead now and consider what the future of the

NHS might be in (eg) a further 10 years' time.

Resolved – that the Chairman's monthly report for July 2018 be noted as per paper C.

182/18 CHIEF EXECUTIVE'S MONTHLY REPORT – JULY 2018

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

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

- (a) the 'next steps' statement issued by partners in respect of the LLR Sustainability and Transformation Partnership (STP), which was set out in full at paragraphs 5.2-5.15 of paper D and was also referred to in the STP and reconfiguration report (Minute 185/18 below);
- (b) the 5-year NHS funding commitment announced by the Prime Minister on 18 June 2018;
- (c) confirmation of the Agenda for Change pay awards, which would be in staff pay packets in July 2018;
- (d) a significant improvement in emergency care performance during May 2018 (both for UHL and the wider LLR system), aided by a reduction in the acuity of incoming patients. However, June 2018 was proving more challenging, and the hot weather had increased demand. The Chief Operating Officer noted her view that UHL did have the ingredients for success in terms of top class facilities and dedicated, talented staff – process redesign opportunities also existed. The Chairman requested that a report summarising the root causes affecting ED performance and setting out what actions were needed to get above the national ED trajectory, be presented to the People Process and Performance Committee, and
- (e) the launch today of UHL's Arts and Heritage Programme, as part of the 2018 UHL Annual Public Meeting. The Trust Board welcomed this initiative.

COO

The Medical Director advised the Trust Board of an increase in never events (a further 2 in June 2018 in addition to the 1 in May 2018 already referred to in paper D), which had been the subject of a robust discussion at the June 2018 Quality and Outcomes Committee (Minute 187/18/1 below also refers). Although no patient harm had been incurred, the incidents were still never events and the Trust was therefore developing a very robust response. The Medical Director also drew the Trust Board's attention to a further improvement in UHL's Summary Hospital-level Mortality Indicator (SHMI), which as of 4 July 2018 stood at 97. At 93, UHL's Hospital Standardised Mortality Ratio (HSMR) was also now the lowest it had been for 3 years, and the Medical Director welcomed the Dr Foster analysis that UHL's crude mortality rate was reducing (indicating better outcomes).

In further discussion, the Chairman queried how the Government announcement on NHS funding would be progressed, noting (in response) the Chief Executive's comments on the need to understand how much new development would be possible within that funding.

Resolved – that a report be provided to the People, Process and Performance Committee summarising the root causes affecting ED performance, and setting out what actions were needed to get above the national ED trajectory.

COO

183/18 KEY ISSUES FOR DISCUSSION/DECISION

183/18/1 Patient Story: Serious Untoward Incident

As outlined in paper E, a patient's daughter attended the Trust Board meeting to share her late mother's negative experience of diabetic management and vascular care at the Glenfield Hospital. Failure by ward staff to realise that the patient was self-administering her insulin led to an episode of hypoglycaemia and subsequent (preventable) cardiac arrests. Although the patient had survived those cardiac arrests, her health had declined as a result and she had subsequently died some months later. The patient's daughter very eloquently and movingly described the significant impact on her mother's health and independence, and how this had also affected the wider family. She also sought assurance that the communication issues underpinning this incident had been addressed, and that diabetic management care had been improved since her mother's experience.

The incident had highlighted certain wider insulin management issues, and it was noted that these

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had also been raised by the CQC. The Acting Chief Nurse apologised to the patient's daughter, and confirmed that lessons had been learned and that the Trust had improved its insulin management. She advised that staff education on this complex issue was a key factor – a significant amount of face to face staff training on those complexities had already now taken place, with more planned. The Head of Nursing for the Renal, Respiratory and Cardio Vascular Clinical Management Group (RRCV CMG) advised that practices had changed as a result of this incident, and she felt that improvements had been made. Recent movement of the service had also been a compounding issue. Communication was recognised as a key factor in many complaints and incidents, and the Director of Safety and Risk commented on the steps being taken to improve clinical handover (both electronic and verbal).

In discussion on this serious untoward incident (SUI) patient story, the Trust Board noted:-

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|--|-----|
| (a) the impact of service moves and the need to learn appropriate lessons about transitioning services and pathways. The Medical Director advised that this was a key issue, given the various service moves associated with the Trust's reconfiguration programme. The Audit Committee Non-Executive Director Chair queried what process was in place to build in the service move lessons from this incident – in response, the Chief Financial Officer advised that there was now widespread clinical engagement with the reconfiguration workstreams, led by Mr J Jameson Deputy Medical Director. The Executive Boards were also being sighted to service moves, to obtain assurance that appropriate steps were in place before such moves occurred. Although welcoming this senior-level input to reconfiguration service moves, Mr A Johnson Non-Executive Director urged the need also to involve the ward staff themselves (ie those staff who would be directly affected by the move) – this suggestion was supported by the Chief Executive; | CFO |
| (b) the key importance of appropriate, clear communication, and the need to recognise that many patients managed their own longterm conditions (such as diabetes) at home and had their own routines. Ms V Bailey Non-Executive Director considered that system-wide work was needed to listen to patients and facilitate that self-management – Mr B Patel Non-Executive Director built on these points and emphasised the need for a patient-centric perspective reflecting their own self-management where possible. The Acting Chief Nurse agreed to check whether a patient representative was included on the group reviewing the self-administration of medicines; | ACN |
| (c) the view of Mr B Patel Non-Executive Director that a system-wide, partnership-based review of the Carers' strategy was needed; | ACN |
| (d) the Chief Executive's personal commitment – as now reiterated – to the Trust 'getting it right' for all patients, as emphasised in his recent staff briefings. The Chairman echoed this point, and noted the forthcoming Trust Board thinking day discussion on lessons from the Francis Report 5 years on, and | |
| (e) (in response to a query from the patient's daughter) that there was a formal process in place for learning lessons and recording that learning. Ms B Kotecha, Joint Acting Director of People and OD advised that the Trust was keen to foster a learning culture amongst its staff, and she noted that clear learning expectations were included in the Trust's people capability and capacity framework. In further discussion, the Acting Chief Nurse advised that she would be happy to discuss the improvement plans from this particular incident with the patient's daughter in more detail, if she wished. | ACN |

Resolved – that (A) the serious untoward incident patient story be noted;

- | | |
|--|------------|
| (B) consideration be given to Non-Executive Director comments on the need for an LLR system-wide review of the Carers' strategy; | ACN |
| (C) the Acting Chief Nurse be requested to check whether a patient representative was included on the group reviewing the self-administration of medicines; | ACN |
| (D) the offer be made to meet with the patient's daughter (if she wished) and discuss the improvement plans in more detail; | ACN |
| (E) where possible, appropriate account be taken of patients' own routines in managing their own longterm conditions, and | ACN/ MD |
| (F) appropriate discussions with operational-level staff teams be built into the process for service moves. | CFO |

Paper F comprised the Trust's finalised AOP 2018-19, as submitted to NHS Improvement (NHSI) on 20 June 2018, showing a planned deficit position of £21.2m (deficit pre-Provider Sustainability Funding), the Trust having accepted the proposed revised Control Total. There had been no changes since the Trust Board's agreement of the AOP on 18 June 2018.

Resolved – that the finalised AOP 2018-19 be noted.

183/18/3

Full Business Case (FBC) for the Relocation of Level 3 ICU and Associated Services off the Leicester General Hospital Site

Paper G sought Trust Board approval for the FBC for the relocation of Level 3 ICU and associated services off the Leicester General Hospital site, as recommended by the June 2018 Finance and Investment Committee (Minute 187/18/3 below refers), and was a key step in the UHL reconfiguration programme. The report outlined the key changes since the outline business case stage (approved at the November 2017 Trust Board), and confirmed that if endorsed today, the FBC would also be submitted to CCG Boards and then on to NHS Improvement and the Department of Health for final approval.

CFO

The Reconfiguration Programme Director advised that the FBC addressed all the issues raised at OBC stage, including how the Trust would mitigate the £3.6m cost pressure. Dr R Vaja Consultant Anaesthetist, reminded Trust Board members of the clinical case for the relocation of ICU.

In response to queries raised by Ms V Bailey Non-Executive Director, the reconfiguration team and the Medical Director advised that:-

- (a) both the Central England ICU clinical network and other Trusts within the Nottingham/East Midlands area were aware of the proposals at paper G. In response to an additional query from the Chairman, the Medical Director advised that there was no risk of over-capacity and clarified that the more significant (and necessary) expansion would come later as part of the wider UHL reconfiguration programme – this was also part of the presentation to the East Midlands Clinical Senate later on 5 July 2018. The Medical Director advised that there was insufficient ICU capacity in Leicester at the current time, and
- (b) transfer of adolescent patients from paediatrics currently took place at age 16, but would be moved up to age 18 going forward (as part of the wider Children's Hospital development).

Resolved – that the FBC for the relocation of level 3 Intensive Care Unit and associated services off the Leicester General Hospital site be approved, and submitted therefore to CCG Boards and then on to NHSI and the Department of Health.

CFO

184/18 RISK MANAGEMENT AND GOVERNANCE

184/18/1 Integrated Risk and Assurance Report

Paper H comprised the new format 2018-19 integrated risk and assurance report including the Board Assurance Framework (BAF), as at 31 May 2018. 1 new organisational risk scoring 15 or above had been entered onto the risk register in May 2018. A thematic analysis of the organisational risk register showed the key risk causation themes as being staffing shortages, and the imbalance between capacity and demand. Managing financial pressures was also recognised on the risk register as a key enabler.

Further to comments at the June 2018 Trust Board, the Medical Director outlined a trial approach to split the 'quality' principal risk into 3 separate strands (effectiveness, safety, and patient experience). The first iteration of that split had been presented to the Executive Quality Board (EQB) on 3 July 2018. Following a lengthy discussion on point of care testing at that same EQB meeting, a robust action plan on that issue had been requested for September 2018.

The Audit Committee Non-Executive Director Chair welcomed the split of the quality principal risk and the alignment to the Trust's Quality Commitment pillars. Non-Executive Directors commented on the increased cancer organisational risk register score within paper H, and noted the need to understand whether Clinical Management Groups were highlighting risks which were within their control. In response, the Medical Director outlined the process for reviewing the organisational risk register and confirmed that appropriate wider work took place with regard to cross-Trust risks. Executive Directors

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also held CMGs to appropriate account at the CMG performance management meetings, and the Medical Director noted his confidence that CMGs did understand the risks on their registers (recognising however the impact of NHS-wide factors such as resourcing and staffing constraints). Where risks were more national in nature, Ms V Bailey, Non-Executive Director noted the need for the CMGs' mitigating actions to describe the local steps needed. The Chairman considered that the July 2018 Audit Committee meeting would provide an opportunity to discuss these issues further.

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

184/18/2 Progress Update on the Development of the Facilities Management Partnership (FMP)

Attending for this item, the Director of Estates and Facilities provided assurance that the project was broadly on track, and that the programme board was now focusing on the critical delivery path ahead of the anticipated October 2018 go live. As noted in paper I, in order to address certain key areas it was now proposed that the Full Business Case for the establishment of the facilities management partnership (FMP) would be brought to the September 2018 Trust Board. In response to a query from Mr B Patel Non-Executive Director, it was advised that the operational management structure of the FMP would be discussed further in the private session of today's Trust Board (commercially sensitive). The Chief Financial Officer confirmed that UHL would continue its service provision relationship with LPT. In further discussion, Mr A Johnson Non-Executive Director noted the need to ensure that structural and statutory governance issues were appropriately discussed by the FMP programme board – the Chairman confirmed that both the Director of Corporate and Legal Affairs and the Chief Financial Officer were sighted to those issues.

CFO

CFO/
DCLA

Resolved – that (A) the FBC for the development of the Facilities Management Partnership be presented to the September 2018 Trust Board, and

CFO

(B) structural and statutory governance issues be appropriately covered on the FMP programme board agenda.

CFO/
DCLA

185/18 **LLR SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) AND UHL RECONFIGURATION – MONTHLY UPDATE**

Paper J updated the Trust Board on the LLR STP and on UHL's own reconfiguration programme. The next steps statement for the LLR STP had been included in full in the Chief Executive's July 2018 monthly report at paper D, and the Director of Strategy and Communications advised that work on the frailty programme continued.

With regard to UHL's reconfiguration programme, the timeline for the capital bid and pre-consultation business case was clearly set out in the report, including a key meeting with the East Midlands Clinical Senate on the afternoon of 5 July 2018. The Trust Board reiterated the need to consider appropriate lobbying measures in support of the case, given the limited national capital availability.

Resolved – that the position be noted.

186/18 **EDUCATION RESEARCH AND TRAINING: EAST MIDLANDS CLINICAL RESEARCH NETWORK (EMCRN) ANNUAL DELIVERY REPORT 2017-18 AND 2018-19 QUARTER 1 UPDATE**

Paper K sought Trust Board approval (as the EMCRN host organisation) for (i) the EMCRN annual delivery report 2017-18 and (ii) the EMCRN governance framework annual update. The report had also been considered by the UHL Executive Quality Board prior to Trust Board submission, and as the UHL Lead the Medical Director was happy to recommend the report for approval.

In introducing paper K, Professor D Rowbotham EMCRN Clinical Director reflected on the 2017-18 successful year, particularly noting the achievement of key EMCRN objectives in terms of recruitment to time and target. Minor areas of non-compliance with objectives were addressed in the 2017-18 annual delivery report.

In response to a query, the EMCRN Clinical Director outlined the likely reasons for the network having significantly over-performed on the participation indicator – this reflected the specific mix of studies and greater collaboration across specialties and between member organisations. The EM Clinical Director advised that the target would have still been achieved even if the 2 largest studies had been removed.

In further discussion on the report, the Trust Board noted:-

- (a) the EMCRN's good return on investment in terms of innovation funding. Going forward, the Medical Director noted the intention to focus on driving research funding to targeted areas;
- (b) further comments from the Medical Director on the need to ensure that UHL operated as a good host at all times;
- (c) a query from the Chief Executive as to how best to raise the profile of (and further embed) research amongst EMCRN partner organisations. It was agreed to review best practice elsewhere and learn appropriate lessons for use within EMCRN. The Medical Director advised that UHL's Director of Research and Innovation would be presenting to the 6 July 2018 Clinical Cabinet on strengthening the role of CMG clinical research leads;
- (d) that CQC inspections would also cover research elements – the EMCRN team was keen to support organisations in preparing for such visits, and had engagement plans in place, and
- (e) comments from Professor P Baker Non-Executive Director, that he would welcome more Leicester-led studies.

MD/
CD
EMCRN

Resolved – that (A) the EMCRN annual delivery report 2017-18 be approved as presented (as host organisation);

MD

(B) the EMCRN governance framework be approved as presented (as host organisation), and

MD

(C) good practice lessons be learned from elsewhere in terms of how to raise and embed the profile of research in EMCRN-participating organisations.

MD/
CD
EMCRN

187/18 QUALITY, PERFORMANCE AND FINANCE

187/18/1 Quality and Outcomes Committee (QOC)

Paper L summarised the issues discussed at the 28 June 2018 QOC. The 2 items recommended for Trust Board approval (the Safeguarding Children and Adults Annual Report 2017, and the Fire Annual Report 2017-18) were appended to that summary. In addition to those recommended items, paper L highlighted the detailed QOC discussion re: never events, as referred to by the Medical Director in Minute 182/18 above. The Chairman also noted how impressed he was with the work of the Trust's (small) safeguarding team.

Resolved – that the summary of issues discussed at the 28 June 2018 QOC be noted as per paper L, and the 2 recommended items be approved (Safeguarding Children and Adults Annual Report 2017, and the Fire Annual Report 2017-18) – Minutes to be submitted to the 2 August 2018 Trust Board.

CN/
DEF

187/18/2 People Process and Performance Committee (PPPC)

Paper M summarised the issues considered at the 28 June 2018 PPPC, particularly highlighting the latest quarterly update on the work of the UHL Guardian of Safe Working (junior doctors' contract), as appended to the summary. The PPPC Non-Executive Director Chair welcomed the process now in place with regard to CMG performance review, which he felt was gaining traction. PPPC was not assured, however, that the current improvement in ED performance was sustainable unless the actions identified were successfully implemented, given the rising trajectory for the coming months.

Resolved – that that the summary of issues discussed at the 28 June 2018 PPPC be noted as per paper M (particularly noting the quarterly update from the Guardian of Safe Working) – Minutes to be submitted to the 5 July 2018 Trust Board.

187/18/3 Finance and Investment Committee (FIC) and 2018-19 Financial Performance (May 2018)

Paper N summarised the issues discussed at the 28 June 2018 FIC, including the Trust's financial position and progress on the 2018-19 productivity improvement programme (PIP). The 2 items recommended by FIC for Trust Board consideration (AOP 2018-19 and the relocation of ICU capacity and associated specialties from the Leicester General Hospital site) had been approved as per Minutes 183/18/2 and 183/18/3 above respectively.

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Paper N1 presented the Trust's 2018-19 month 2 financial position, which had been discussed in detail at the June 2018 Finance and Investment Committee meeting. UHL had achieved a year to date deficit of £17.1m, which was in line with (the significantly front-loaded) plan – the Chief Financial Officer advised that the remainder of the year from month 3 onwards would now be rephased to reflect the Trust's new 2018-19 Control Total of £21.2m (deficit). This would be challenging to deliver, and the Chief Financial Officer noted the Trust's focus on productivity and opportunities. The Chief Executive was chairing the fortnightly Financial Recovery Board, and further discussion on the recovery actions would take place later today. The Chief Financial Officer considered that the quarter 1 results would be a key testing point. Although recognising the increased financial challenge now facing the UHL, the Chief Executive reiterated the Trust's commitment to maintaining quality and safety. The Chief Financial Officer also confirmed that all PIP schemes were reviewed by the Medical Director and the Acting Chief Nurse, from a quality and safety impact perspective.

The Chief Financial Officer also advised that UHL's acceptance of the revised Control Total enabled the Trust to access Provider Sustainability Funding linked to financial and ED performance.

In response to a point raised by Ms V Bailey Non-Executive Director, the Chief Financial Officer agreed to undertake an appropriate cross-check of the financial and operational targets driving partner organisations, noting that they would also have their own financial imperatives.

CFO

Resolved – that (A) the summary of issues discussed at the 28 June 2018 FIC be noted as per paper O (2 recommended items approved above at Minutes 183/18/2 and 183/18/3) – Minutes to be submitted to the 2 August 2018 Trust Board, and

(B) an appropriate cross-check be undertaken of the financial and operational targets driving partner organisations.

CFO

188/18 REPORTS FROM BOARD COMMITTEES

188/18/1 Audit Committee

Resolved – that the Minutes of the 25 May 2018 Audit Committee be received and noted as per paper O1 (recommended items approved at the 25 May 2018 Trust Board).

188/18/2 Quality and Outcomes Committee (QOC)

Resolved – that the Minutes of the 24 May 2018 QOC be received and noted as per paper O2 (recommended items approved at the 7 June 2018 Trust Board).

188/18/3 People Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 24 May 2018 PPPC be received and noted as per paper O3 (no recommended items).

188/18/4 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 24 May 2018 FIC be received and noted as per paper O4 (no recommended items).

189/18 CORPORATE TRUSTEE BUSINESS

189/18/1 Charitable Funds Committee

Paper P comprised the Minutes of the 7 June 2018 Charitable Funds Committee, noting 2 recommendations relating to (i) the wellbeing at work plan, and (ii) applications for approval. The Chairman reiterated the need for all charitable funds applications to demonstrate a clear patient benefit.

Resolved – that the Minutes of the 7 June 2018 Charitable Funds Committee be received and noted by the Trust Board as Corporate Trustee, and the 2 recommended items approved.

CFO

190/18 TRUST BOARD BULLETIN – JULY 2018

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

(1) public minutes of the 17 May 2018 System Leadership Team meeting.

191/18 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 as to what would happen to UHL’s archive of material and artefacts, as part of the Arts and Heritage strategy. The Chairman and Chief Executive welcomed this query and also asked the Director of Corporate and Legal Affairs to consider how best to preserve the records of decision-making groups (paper/electronic);
- (2) a request for the reconfiguration programme to take appropriate account of patient transport and access needs, at consultation stage. The Chief Executive recognised this as a key issue for patients, and the Chief Financial Officer confirmed that this was already on the workplan for the reconfiguration team. The requester also commented that the travel plan appendix referred to in paper G (ICU relocation FBC) did not seem to be attached;
- (3) congratulations to UHL’s junior doctor team for winning the recent televised NHS Quiz, and
- (4) a query on how the Trust Board’s decisions were cascaded to UHL staff – in response, the Chairman confirmed that he circulated a 1-page staff briefing after each Trust Board, and he recognised the need for appropriate and robust communication. The Chief Executive advised that key messages were also included in his monthly briefings to decision-making staff, with the intention that they then cascaded that information to their teams.

DCLA

CFO

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

LEADS

192/18 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 193/18 to 201/18), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

193/18 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 196/18 below. It was agreed that they would not be required to absent themselves from the discussion on that item.

194/18 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 7 June 2018 and 18 June 2018 Trust Board meetings be confirmed as a correct record and signed by the Chairman accordingly.

CHAIRMAN

195/18 CONFIDENTIAL MATTERS ARISING REPORT

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

196/18 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.

197/18 REPORTS FROM BOARD COMMITTEES

197/18/1 Quality and Outcomes Committee (QOC)

Resolved – that the 24 May 2018 QOC confidential Minutes and the 28 June 2018 QOC confidential summary be noted as per papers U1 and U2 (no recommended items) – formal Minutes of 28 June 2018 to be submitted to the 2 August 2018 Trust Board.

197/18/2 People Process and Performance Committee (PPPC)

Resolved – that the 24 May 2018 PPPC confidential Minutes and the 28 June 2018 PPPC confidential summary be noted as per papers U3 and U4 (no recommended items) – formal Minutes of 28 June 2018 to be submitted to the 2 August 2018 Trust Board.

197/18/3 Finance and Investment Committee (FIC)

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

197/18/4 Remuneration Committee

Resolved – that the 21 June 2018 Remuneration Committee confidential Minutes be noted as per paper U7 (no recommendations).

198/18 CORPORATE TRUSTEE BUSINESS

198/18/1 Charitable Funds Committee

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

198/18/2 Report from the Director of Strategy and Communications

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

199/18 CONFIDENTIAL TRUST BOARD BULLETIN

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

200/18 ANY OTHER BUSINESS

200/18/1 NHS 70

The Chairman thanked the Communications and Membership teams for their work on the celebration events today, and reminded Trust Board members of the programme of events for the remainder of 5 July 2018.

Resolved – that the position be noted.

200/18/2 Report from the Director of Strategy and Communications

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

201/18 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 2 August 2018 from 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 1.10pm

Helen Stokes – Corporate and Committee Services Manager

Trust Board Paper A

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

Voting Members:

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|-----------|----------|--------|--------------|-----------|----------|--------|--------------|
| K Singh | 6 | 4 | 67 | A Johnson | 6 | 6 | 100 |
| J Adler | 6 | 6 | 100 | E Meldrum | 5 | 5 | 100 |
| V Bailey | 6 | 4 | 67 | R Moore | 6 | 6 | 100 |
| P Baker | 6 | 5 | 83 | B Patel | 6 | 6 | 100 |
| R Brown | 1 | 1 | 100 | J Smith | 1 | 1 | 100 |
| I Crowe | 6 | 6 | 100 | M Traynor | 6 | 5 | 83 |
| E Doyle | 5 | 5 | 100 | P Traynor | 6 | 6 | 100 |
| A Furlong | 6 | 4 | 67 | | | | |
| | | | | | | | |

Non-Voting Members:

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|--------------------------|----------|--------|--------------|------------|----------|--------|--------------|
| | | | | | | | |
| B Kotecha/J Tyler-Fantom | 5 | 5 | 100 | S Ward | 6 | 6 | 100 |
| L Tibbert | 1 | 1 | 100 | M Wightman | 6 | 6 | 100 |