

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 6 APRIL 2017 AT 9AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY

Voting Members present:

Mr K Singh – Chairman (excluding Minute 100/17)
 Mr M Traynor – Deputy Chairman (Acting Chair for Minute 100/17)
 Mr J Adler – Chief Executive
 Professor P Baker – Non-Executive Director
 Col (Ret'd) I Crowe – Non-Executive Director
 Mr A Furlong – Medical Director
 Mr R Mitchell – Chief Operating Officer
 Mr R Moore – Non-Executive Director
 Mr B Patel – Non-Executive Director
 Ms J Smith – Chief Nurse
 Mr P Traynor – Chief Financial Officer

In attendance:

Ms S Baines – Senior Learning and Development Manager (for Minute 88/17/1)
 Professor N Brunskill – Director of Research & Innovation (for Minute 90/17/1)
 Ms J Edyvean – Reconfiguration Team (for Minute 103/17)
 Mr D Kerr – Director of Estates and Facilities (for Minutes 102/17 and 103/17)
 Professor D Rowbotham – EMCRN Clinical Director (for Minute 90/17/1)
 Ms H Stokes – Senior Trust Administrator
 Mrs L Tibbert – Director of Workforce and Organisational Development
 Mrs N Topham – Reconfiguration Programme Director (for Minute 103/17)
 Mr S Ward – Director of Corporate and Legal Affairs
 Ms D Waters – General Manager, Outpatients (for Minute 88/17/1)
 Mr M Wightman – Director of Communication, Integration and Engagement

ACTION

82/17 APOLOGIES AND WELCOME

Apologies for absence were received from Dr S Crawshaw and Mr A Johnson, Non-Executive Directors.

83/17 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

On his arrival, the Trust Chairman declared an interest in Lakeside House, which was mentioned in the emergency care performance report at Minute 88/17/4 below. If members wished to discuss ED front door arrangements in any further detail, the Chairman would withdraw from the discussion. In the event, this did not prove necessary. The Trust Chairman also declared a familial interest in respect of the research item at Minute 91/17 below – it was agreed that it was not necessary for him to absent himself from that discussion.

84/17 MINUTES

Resolved – that the Minutes of the 2 March 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIRMAN

85/17 MATTERS ARISING FROM THE MINUTES

Paper B detailed the status of previous matters arising and the expected timescales for resolution. Members noted in particular:-

- (a) action 19 (Minute 39/17/6 of 2 February 2017) – an update on the work of a new UHL disability access advisory group would be included in the next scheduled diversity and equality update to the Trust Board;
- (b) actions 20 and 27 (Minutes 42/17 of 2 February 2017 and 293/16/1 of 1 December 2016 respectively) – appropriate ways of engaging with civic partners, and options to tap into the

DWOD

DCIE

Trust Board Paper A

knowledge and views of UHL's Volunteers would both be covered in the revised PPI Strategy being presented to the June 2017 Trust Board;

- (c) actions 22 and 23 (Minute 30/17 of 19 January 2017) – work continued on public-facing summaries of the Trust's Annual Operational Plan 2017-19;
- (d) action 24 (Minute 290/16 of 1 December 2016) – the Chief Executive advised that as STP organisational and governance arrangements were in their infancy, a single cross-organisational dashboard for the LLR STP was not likely to be imminent (see also Minute 90/17 below), and
- (e) action 28 (Minute 189/16/1 of 1 September 2016) – the Chairman requested that scenario planning re: the availability of national capital and the impact on reconfiguration be discussed further at a Trust Board thinking day.

CFO

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

NAMED
LEADS

86/17 CHAIRMAN'S MONTHLY REPORT – APRIL 2017

In introducing his monthly report for April 2017 (paper C), the Chairman drew the Trust Board's particular attention to the following issues:-

- (a) the congratulations due to the Chief Operating Officer on his appointment as Chief Executive of Sherwood Forest NHS Foundation Trust, and the Trust Board's thanks to him for his contribution to UHL;
- (b) the reappointment of Mr R Moore as a UHL Non-Executive Director for a further 2 years, which was welcomed;
- (c) the fact that Mr D Henson had stood down from his position as LLR Healthwatch representative on the UHL Trust Board. The Trust Chairman noted his thanks to Mr Henson for his contribution and input, who had delivered constructive and appropriate challenge in an informed and balanced way. A formal letter of thanks would be sent to Mr Henson. Members were also advised that going forward, Mr E Rees would fulfil the role of LLR Healthwatch representative on the UHL Trust Board;
- (d) the continued national pressures on emergency care services, and the resulting challenges this raised for elective work;
- (e) his recent meetings with 2 national regulatory bodies (the Care Quality Commission [CQC] and NHS Improvement [NHSI]). The CQC was considering a possible repeat visit to UHL in late 2017/early 2018, and the Chairman noted the need for the Trust to be able to demonstrate appropriate pace and traction on its CQC action plan. The Chief Nurse advised of changes to the CQC inspection system, noting the CQC's offer to pilot its new 'well-led' methodology at UHL. The Medical Director suggested that thought be given to undertaking a potential 'shadow inspection' at UHL, and it was agreed to discuss this further through the Quality Assurance Committee (QAC). The meeting with NHSI had focused on financial issues, and had emphasised the responsibility of Trust Boards to tackle their organisations' financial position. UHL's plan for managing its 2017-18 financial deficit position would be discussed further at the May 2017 Trust Board thinking day (already scheduled for discussion at the April 2017 meeting of the Integrated Finance Performance and Investment Committee [IFPIC]), and
- (f) a forthcoming talk on 'frugal innovation' by Dr B Bhargava, a Director of the AIIMS hospital in New Delhi. This was being held in the new Clinical Practice Centre at the Glenfield Hospital site and 60 people had already registered for the talk.

CHAIR
MAN

QAC
CHAIR/
MD/CN

CFO

Resolved – that (A) a letter of thanks be sent to Mr D Henson on behalf of the Trust Board, re: his contribution to the work of the UHL Trust Board as the LLR Healthwatch representative;

CHAIR
MAN

(B) UHL's plan for managing the 2017-18 financial position be included in the 11 May 2017 TBTD strategic direction discussions with PwC (plan already scheduled for April 2017 IFPIC discussion), and

CFO

(C) the April 2017 QAC discuss the possibility of UHL undergoing a 'shadow' inspection by the CQC before the end of the 2017 calendar year.

QAC
CHAIR/
MD/CN

87/17 CHIEF EXECUTIVE'S MONTHLY REPORT – APRIL 2017

The Chief Executive's April 2017 monthly update followed (by exception) the framework of the Trust's strategic objectives. As the attached quality and performance dashboard covered core issues from the monthly quality and performance report, the full version of that report was no longer taken at Trust

Board meetings but was accessible on the Trust's external website (also hyperlinked within paper D). The new template Board Assurance Framework dashboard and the extreme and high risks dashboard were also attached to the Chief Executive's report at appendices 2 and 3 respectively –the full BAF and risk register entries were now detailed in a separate report at Minute 89/17 below. In introducing his report, the Chief Executive noted:-

- (a) his quarter 4 review of progress against the Trusts 2016-17 annual priorities (appendix 4). Progress against objectives relating to EPR and reconfiguration was challenging, and the Chief Executive noted that the strongest progress had been made on the Trust's quality agenda;
- (b) discussions on 31 March 2017 with NHSI regarding the Trust's trajectories re: ED performance, RTT, cancer and diagnostic. NHSI considered UHL's plans to be coherent, and had noted the need for appropriate financial control. NHSI had also clarified the need for Trusts to continue to pursue the national RTT target (against which UHL was performing well);
- (c) the publication of the NHS 5-year forward view delivery plan. UHL's priorities were in alignment with this plan, and it was noted that the Trust's Head of Strategic Planning would circulate his review of the headlines of the plan (in relation to UHL's priorities) to Trust Board members for information. In respect of 'digital exemplars' and 'fast followers', it was agreed that these issues would be incorporated into the EPR report being considered at the May 2017 Trust Board, and
- (d) the new patient care test for hospital bed closures, as announced by NHS England on 3 March 2017 and effective from 1 April 2017. In respect of recent queries about the reconfiguration report being presented at this Trust Board meeting, the Chief Executive advised that bed numbers remained work in progress, and he reiterated that the local direction of travel remained consistent with the national programme. Mr B Patel Non-Executive Director welcomed the statement in paper D that credible and sufficient alternatives would be ensured to be in place for patients before any LLR bed closures took place.

DCIE

CIO

In discussion on the Chief Executive's April 2017 update, the Chief Operating Officer noted that bed capacity was a key factor in delivering the national access standards, in addition to reviewing internal processes and efficiencies. The Trust Board noted assurance provided at the April 2017 Executive Quality Board about the appropriate alignment of capacity and staffing discussions. In response to a query from the Non-Executive Director Audit Committee Chair, the Chief Executive advised that UHL was unlikely to pursue entering into any IT partnership untested in NHS provision.

Resolved – that (A) the Head of Strategic Planning's review of the NHS 5-Year Forward View headlines be circulated to Trust Board members outside the meeting, and

DCIE

(B) the May 2017 Trust Board update on UHL's EPR options also cover the issue of Digital Exemplar hospitals and "fast followers"

CIO

88/17 KEY ISSUES FOR DECISION/DISCUSSION

88/17/1 Staff Story – NHS Graduate Trainee Management Scheme

The Director of Workforce and OD introduced the quarterly 'staff story' report, which this month focused on the experience of 2 graduate trainees (who both attended the meeting). The UHL 2-year graduate management training scheme had been launched in 2015 in partnership with NHS England, with the first cohort therefore now nearing completion. The scheme involved placements in different project and operational roles, enabling the graduates to develop a range of leadership and technical management competencies. Trainees also completed a post-graduate certificate in leadership. The video clip presented with paper E outlined the very positive experience of 2 graduates from different disciplines, and highlighted the number of different opportunities available within the NHS. The scheme was mutually beneficial for both UHL and the participating trainees, and the Trust Board also heard positive feedback from one of the UHL General Managers involved in the trainee placements. The Director of Workforce and OD confirmed that the Trust did plan to run the graduate trainee management scheme again, and hoped to build in further additional placements. The Trust Chairman commented on the benefits of developing leadership skills amongst staff, and noted the need to consider how best to respond to innovative suggestions from front-line staff.

Resolved – that the staff story be noted.

88/17/2 National Staff Survey 2016

Paper F presented the key findings from the 2016 National Staff Survey, noting that 5 of the key

findings ranked UHL in the top 20% of Trusts with only 2 placing UHL in the bottom 20%. The Trust's ranking was now 47th overall (an improvement from 2015) and the Director of Workforce and OD noted the improvements made in the areas of leadership and culture. UHL was now developing a 'people capability framework' aimed particularly at line managers to enable them to have the right core skills – once developed further this framework would be tested with stakeholder groups and discussed at an appropriate Executive Team meeting (with the action plans from the National Staff Survey 2016).

DWOD

In discussion on the 2016 National Staff Survey results the Trust Board:-

- (a) noted concerns from Professor P Baker Non-Executive Director that the small sample and respondent level did not enable meaningful conclusions to be drawn from the data. Comprising 443 returns from a randomly-selected sample of 1225 UHL staff, the Trust's response rate for 2016 was 36.2%, which although an increase on 2015 was still below the average response 43% rate for acute Trusts. The Director of Workforce and OD acknowledged this point, although noting that findings were triangulated with other appropriate information sources. The Director of Communications, Integration and Engagement suggested contacting Optimise Ltd to seek a view on what level of sample and response rate could be seen as being meaningful. The Chief Nurse emphasised, however, that irrespective of views on the response rate the findings were used by external organisations and regulators when reviewing the Trust;
- (b) queried the meaning of both the question 14b and its response finding – it was agreed to clarify this outside the meeting;
- (c) noted concerns from Mr B Patel Non-Executive Director about the findings on appraisals, which indicated that more work was needed. The Director of Workforce and OD echoed this point and noted the impact that capacity and operational pressures were having on appraisals, and
- (d) noted (in response to a Non-Executive Director query) that requests to survey staff were reviewed at Executive-level before being issued.

DWOD

DWOD

Resolved – that (A) action plans from the national staff survey 2016 and the development of a 'people capability framework' be reported to an appropriate Executive Team meeting;

DWOD

(B) the meaning of question 14b and its response findings be clarified to Mr R Moore Non-Executive Director outside the meeting, and

DWOD

(C) a view be sought from Optimise Ltd on what constituted a reasonable sample size and response rate (sufficient to enable meaningful conclusions to be drawn from the response data).

DWOD

88/17/3 East Midlands Congenital Heart Centre (EMCHC) Update

Paper G updated the Trust Board on the new congenital heart disease review process, the key actions for immediate attention and the associated risks. The Director of Communications, Integration and Engagement noted the continuing robust challenge to NHS England from local Oversight and Scrutiny Committees, and outlined continuing work by UHL to review and reconfirm its EMCHC growth plan (a further meeting on which would take place in May 2017 with NHS England, before the end of the public consultation process). Paper G advised members that Mr S Speggorin Consultant Cardiothoracic Surgeon had been offered a surgical Consultant role in London and noted that the timescales involved would enable a sufficient overlap to induct a new Consultant joining UHL from Great Ormond Street Hospital. In response to comments from the Medical Director, the Chief Executive advised that the EMCHC task and finish group was discussing recruitment issues.

The Director of Communications, Integration and Engagement noted NHS England's indicated intention to review the consultation results at its national board meeting in November 2017, and the Trust Chairman noted that it would be helpful if that timescale could be expedited. Col (Ret') I Crowe Non-Executive Director queried whether the results of the national PICU and ECMO provision reviews would be available by November 2017 – NHS England hoped that this would be the case but this would still mean that the public consultation exercise itself would not have been informed by those reviews.

In discussion, Col (Ret'd) I Crowe Non-Executive Director queried whether – in the interests of

transparency – any NHS England documentation such as the risk assessment was being published. The Trust Board noted NHS England’s statement – in response to a local media Freedom of Information Act (FOIA) request – that the meeting at which the original decision had been taken had not been Minuted. NHS England had agreed to provide copies of other centres’ growth plans to UHL, and these were now awaited. The Chief Executive advised that stakeholder FOIA requests to NHS England for the growth plans had been declined.

Resolved – that the EMCHC update be noted.

88/17/4 Emergency Care Performance

Further to Minute 64/17/3 of 2 March 2017, paper H updated the Trust Board on recent emergency care performance. Performance had improved to 84% in March 2017 due to a number of factors including good performance within the UCC, the benefit of key high impact actions, and the take down of elective work (although it was important not to normalise the cancelling of elective activity). Overnight performance remained a key challenge however, and was being discussed further by the Chief Operating Officer and the Medical Director.

The Chief Operating Officer also noted the impact of April 2017 IR35 legislation changes, which had led to some short notice cancellations by locum doctors in the UCC. Due to good partnership working between UHL and other LLR organisations, this had not affected patient care. The Medical Director reiterated the clear advice provided by the GMC and he noted that UHL would consider ‘reasonable notice’ to be a week minimum. Appropriate steps would be taken to address short notice cancellations for purely IR35 reasons, including reporting individuals to the GMC.

The Chief Executive outlined wider LLR system redesign work underway, aiming to improve emergency care performance. He also noted the crucial importance of appropriate 111 triage to aid front-end clinical navigation. However, he acknowledged that LLR care home and domiciliary care capacity remained a challenge, particularly within the county. In response to a query from the Director of Communications, Integration and Engagement, the Chief Operating Officer advised that the AE Delivery Board had discussed primary care provision for Easter 2017, noting the various risks presented by the holiday period.

The Trust Board also noted ongoing discussions regarding the elective bedbase. The Chief Operating Officer agreed to present a report clarifying how the existing outpatients/beds/theatres efficiency workstreams tied together (and their governance) to the April 2017 IFPIC, although noting comments from the Chief Executive that elective efficiencies tended not to impact on bed numbers due to the preponderance of daycase work.

COO

Resolved – that a report clarifying how the existing outpatients/beds/theatres efficiency workstreams tied together (and their governance) be provided to the 27 April 2017 IFPIC.

COO

88/17/5 Emergency Floor Update

This monthly update advised the Trust Board of progress on the Emergency Floor project ahead of its 26 April 2017 opening. Good progress was being made, and the Chief Executive also advised that the Trust was now gearing up more fully for phase 2 of the project (learning lessons where appropriate from phase 1).

Resolved – that the update on the April 2017 opening of the new Emergency Floor be noted.

88/17/6 Safer Staffing Report

Further to Minute 226/16/1 of 6 October 2016, paper J set out the results of the latest full nursing and midwifery establishment review, noting that the Trust Board received 6-monthly updates on this issue. The establishment review used the AUKUH (Association of UK University Hospitals) collection tool for patient acuity and dependency data. The Chief Nurse advised that the ‘Safe Care’ system – which provided a ward-by-ward live view of staffing in real time – was being rolled out and had commenced in the Renal Respiratory and Cardio Vascular Clinical Management Group (CMG) in February 2017. The Chief Nurse emphasised the robust nature of the establishment reviews undertaken within UHL, which now also encompassed education needs (as requested at the October 2016 Trust Board). The next 6-month review would also reflect guidance on assessing care contact hours per patient.

At present, the Chief Nurse did not consider that significant acuity investment was needed, although some relatively small investment was proposed in certain areas as per section 3 of paper J. The Women’s and Children’s CMG was currently developing an appropriate business case to respond to the recommendations of an external Birth Rate Plus staffing review which suggested a required increase in the Trust’s midwives:birth ratio (requiring likely significant investment). In discussion, the Chief Financial Officer noted the need for increased triangulation between Corporate Nursing/ Finance/CMG teams re: budget/resourcing issues – further discussions were planned accordingly. In response to a query from the Trust Chairman, the Chief Nurse confirmed that the establishment review covered the ward establishment only.

Resolved – that the 6-monthly report on the nursing and midwifery establishment review be noted.

89/17 RISK MANAGEMENT – INTEGRATED RISK REPORT

Paper K comprised the new integrated risk report, presenting the revised 2016-17 Board Assurance Framework (BAF) for endorsement and also summarising any new organisational risks scoring 15 or above (none had been opened during February 2017). Within the report, the Trust Board was also invited to consider whether there were any assurance gaps or inadequate controls in the current Board Assurance Framework. As previously discussed, the report reiterated that there were currently 4 principal risks at the highest rating of 25 (principal risks 3, 4, 16 and 18) – all of these either featured on the Trust Board agenda or had been discussed in the course of the various agenda items. The Medical Director also reminded Trust Board members that he met with CMGs monthly to discuss their risk registers in detail.

Resolved – that the integrated risk report (as at 28 February 2017) be noted.

90/17 STRATEGY AND RECONFIGURATION

90/17/1 Sustainability and Transformation Plan and UHL Reconfiguration Programme - Update

Paper L updated the Trust Board on the LLR Sustainability and Transformation Plan (STP)/Better Care Together (BCT) Programme, which set the context for UHL’s Reconfiguration Programme. The Director of Communications, Integration and Engagement advised that finalisation of the bed bridge was likely to extend beyond April 2017, and he outlined the more robust STP leadership role envisaged in NHS England’s recent 5 year forward view delivery plan, noting the proposals for them to become ‘partnerships; rather than ‘plans’. In respect of UHL’s reconfiguration programme, the national capital position remained unclear. The Trust continued to refresh its Development Control Plan (DCP) and the Chief Financial Officer outlined ongoing discussions with the Private Finance Unit re: options for accessing external capital via PF2. The Trust Chairman requested that the May 2017 Trust Board thinking day discuss various scenarios in the potential event that limited national capital was available to the Trust, although noting clarification from the Chief Executive that no national decision had yet been made. The Chief Financial Officer advised that the discussion would also review the clinical/estates/strategic impact of any prolonged project delays.

**CFO/MD/
DEF**

In discussion, the Audit Committee Non-Executive Director Chair voiced his disappointment at the lack of movement on a joint LLR STP dashboard, noting his view that such a dashboard would help drive improvement. The Chief Executive agreed to raise these points with the LLR STP Senior Responsible Officer accordingly.

CE

Resolved – that (A) UHL Non-Executive Director views on the governance merits of a joint STP dashboard be reiterated to the LLR STP SRO, and

CE

(B) the 11 May 2017 Trust Board thinking day discuss scenarios for UHL 2017-18 capital planning in the potential event of little or no national capital being available – that discussion also to cover the impact of any prolonged project delay on the UHL estates and financial strategies and in terms of clinical risk.

**CFO/
MD/
DEF**

91/17 RESEARCH & INNOVATION

91/17/1 Research & Innovation 2016-17 (Quarter 4 Update) and East Midlands Clinical Research Network (EMCRN) 2016-17 (Quarter 4 Update)

The Trust Board discussed papers L and M jointly, comprising the research & innovation 2016-17 quarter 4 update and the East Midlands Clinical Research Network (EMCRN) 2016-17 quarter 4 update respectively. Professor N Brunskill UHL Director of Research and Innovation and Professor D Rowbotham EMCRN Clinical Director attended for this item.

The 2016-17 quarter 4 update on UHL research and innovation activity (paper M) noted reduced recruitment into portfolio clinical trials (approximately 28% lower than for the same period in 2015-16), reflecting national trends. UHL had agreed a series of actions with the EMCRN to address this reduction, which included sharing studies across the network, targeting investment, and tying UHL CRN funding more closely to performance. A deep dive of recruitment would also be undertaken at the end of April 2017. Paper M also outlined the new research and innovation projects underway within UHL (including the new Biomedical Research Centre, and the 100,000 genomes project [which was recruiting to trajectory]) and a number of projects in development including Bioinformatics and Biobanking. UHL was also developing a new 5-year research strategy with the University of Leicester to maximise the 2 organisations' research partnership (as evidenced by the joint working on the Bioinformatics and Biobank projects).

In respect of the 2016-17 quarter 4 update on the EMCRN, paper N reiterated the continued close working relationship with UHL and set out performance against the EMCRN's high-level objectives in the dashboard at appendix 1 (although final performance would not be known until the end of April 2017). Recruitment levels were beginning to increase, and as of 6 April 2017 EMCRN was RAG rated as 'green' on the number of participants recruited to the dementias and neurodegeneration (DeNDRoN) NIHR studies (shown as red in the report). The Medical Director advised that the drop in recruitment in 2016-17 had been anticipated and had in fact been less than expected. There was a material link between recruitment and funding.

In discussion on the 2 reports, the Trust Board:-

- (a) welcomed the restructured report at paper N;
- (b) noted comments from Professor P Baker Non-Executive Director and Dean of the University of Leicester Medical School on the benefits of the University's close working relationship with UHL on research and innovation;
- (c) queried the reasons for the national drop in recruitment to studies – in response, the EMCRN Clinical Director noted that a number of large epidemiological studies had come to an end, and that the pattern was now to focus on smaller and more specific studies; he considered this to be the primary reason for the fall in recruitment (ie the size of the studies). He clarified that EMCRN's role was to deliver the studies not initiate them, and he also noted the national expectation that studies would be delivered to time;
- (d) noted a suggestion from Mr B Patel Non-Executive Director that it would be helpful to have a staff access portal to provide information about UHL research and innovation activities on both a Trust and a regional basis. This would enable a more rounded understanding of the research and innovation picture as a whole. Useful information on such a portal could include (eg) number of research studies/regional activity/ outcome of research projects etc. Mr Patel also commented on the need to display/publicise UHL's research activity more prominently within the Trust – in response, the Medical Director confirmed that key members of the research, innovation and training team were considering (with Communications) how to raise the profile of research and teaching within the Trust; MD
- (e) noted comments from Col (Ret'd) I Crowe Non-Executive Director that the EMCRN governance framework for 2017-18 – which required approval by the UHL Trust Board as host organisation – contained no Non-Executive Director representation; it was agreed to consider this for the future; MD
- (f) discussed how best to remain sighted to research and innovation developments within UHL and the wider EM network, and whether a continued quarterly report was the best way to deliver this oversight. The Trust Chairman suggested that a 6-monthly update might perhaps be more appropriate, supplemented by specific Trust Board thinking day discussions (which might possibly also involve CMGs). It was agreed to consider this further outside the meeting – however the EMCRN Clinical Director reminded members of the UHL Trust Board's contractual obligation (as the host organisation) to receive a quarterly update on the work of the EMCRN for discussion, and MD
- (g) noted a suggestion from Mr M Traynor Non-Executive Director that it would be helpful for Trust Board members to visit a research facility elsewhere (or to receive such a visit). MD

Resolved – that (A) the EMCRN Governance Framework 2017-18 be approved as per paper N, noting however a suggestion to consider whether there it should include Non-Executive MD

Director representation in future;

(B) consideration be given to setting up a staff access portal to provide information about UHL research and innovation activities on both a Trust and a regional basis as outlined in the discussion above; MD

(C) consideration be given to either a Trust Board visit to another research facility, or inviting representatives to come to UHL to discuss specific research projects of interest; MD

(D) the most appropriate frequency and method of providing future updates to the Trust Board on research & innovation be considered further outside the meeting, noting however the requirement for continued quarterly EMCRN reporting to the UHL Trust Board as host organisation, and MD/
CHAIR
MAN

(E) the EMCRN Annual Delivery Plan 2017-18 be presented to the 4 May 2017 Trust Board for approval. MD/CD
EMCRN

92/17 **QUALITY AND PERFORMANCE**

92/17/1 Quality Assurance Committee (QAC)

Paper O summarised the issues discussed at the 30 March 2017 QAC, noting the recommendations that (1) that the draft Quality Account be released to stakeholders for comment and then submitted to the June 2017 Trust Board for approval, and (2) the UHL action plan in response to the National Patient Safety Alert re: nasogastric tube misplacement be approved (as attached to paper O). MD/CN

Resolved – that the summary of issues discussed at the 30 March 2017 QAC be noted as per paper O, and any recommended items be endorsed accordingly (Minutes to be submitted to the 4 May 2017 Trust Board) and taken forward by the relevant lead officer. MD/CN

92/17/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Paper P summarised the issues discussed at the 30 March 2017 IFPIC, noting the recommendation to approve proposed changes to the Trust's 2017-19 Annual Operational Plan (list of changes appended to paper P).

Resolved – that the summary of issues discussed at the 30 March 2017 IFPIC be noted as per paper P (Minutes to be submitted to the 4 May 2017 Trust Board), and any recommended items endorsed accordingly and taken forward by the relevant lead officer. CFO/
DCIE/
CE

92/17/3 2016-17 Financial Performance – February 2017

Paper R presented the Trust's month 10 financial position, which had been discussed in detail at the 30 March 2017 Integrated Finance Performance and Investment Committee meeting (paper P also refers). The Trust's financial performance in February 2017 was in line with its revised year-end forecast, and the Chief Financial Officer expressed his confidence of achieving the revised year-end forecast deficit position. Although the in-month cancellation of elective activity had impacted on income, the position had overall recovered well due to training and education monies offsetting that loss of elective income. A detailed discussion on cash issues had taken place at the 30 March 2017 IFPIC, and the Chief Financial Officer agreed to brief any members absent from that meeting (IFPIC Non-Executive Director Chair, Mr R Moore Non-Executive Director and the Director of Communications, Integration and Engagement). CFO

A detailed report on the Trust's 2017-18 financial plan would be presented to the April 2017 Executive Performance Board and IFPIC meetings, and the Chief Executive noted the need to allow sufficient airtime for the item at both meetings. The Chief Executive also outlined financial discussions with NHSI on 31 March 2017 regarding UHL's financial plan 2017-18 and its cost improvement programme. CFO

Resolved – that (A) the month 11 financial position and 2016-17 year-end forecast be noted;

(B) a briefing be provided re: the detailed cash discussions held at the 30.3.17 IFPIC to any members not present at that meeting, and

(C) the 2017-18 financial plan be discussed in detail at the April 2017 EPB and IFPIC meetings.

93/17 REPORTS FROM BOARD COMMITTEES

93/17/1 Audit Committee

Resolved – that the Minutes of the 2 March 2017 Audit Committee be received and noted, and any recommendations endorsed accordingly (paper R).

93/17/2 Quality Assurance Committee (QAC)

Resolved – that the Minutes of the 23 February 2017 QAC be received and noted, and any recommendations endorsed accordingly (paper S).

93/17/3 Integrated Finance Performance and Investment Committee (IFPIC)

Resolved – that the Minutes of the 23 February 2017 IFPIC be received and noted, and any recommendations endorsed accordingly (paper T).

94/17 TRUST BOARD BULLETIN – APRIL 2017

Resolved – it be noted that no papers had been circulated for the April 2017 Trust Board Bulletin.

95/17 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

No questions were raised.

Resolved – that the query above and any associated actions, be noted and progressed by the identified lead officer(s).

Named Lead(s)

96/17 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 97/17 to 107/17) having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

97/17 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

The Trust Chairman declared an interest in confidential Minute 100/17 below and absented himself from the meeting for its discussion. The meeting was chaired by Mr M Traynor Non-Executive Director and Deputy Chairman during that item.

98/17 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 2 March 2017 Trust Board meeting be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIRMAN

99/17 CONFIDENTIAL MATTERS ARISING REPORT

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

100/17 REPORT FROM THE CHIEF OPERATING OFFICER

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

101/07 REPORTS FROM THE MEDICAL DIRECTOR

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.

102/17 REPORTS 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.

103/17 REPORT FROM THE CHIEF FINANCIAL OFFICER

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

104/17 REPORT FROM THE DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT

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

105/17 REPORTS FROM BOARD COMMITTEES

105/17/1 Audit Committee

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

105/17/2 Quality Assurance Committee (QAC)

Resolved – that the summary of confidential issues discussed at the 30 March 2017 QAC and the confidential Minutes of the 23 February 2017 QAC be received and noted, and any recommendations endorsed accordingly.

105/17/3 Integrated Finance Performance and Investment Committee (IFPIC)

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

105/17/4 Remuneration Committee

Resolved – that the confidential Minutes of the 2 March 2017 Remuneration Committee be received and noted, and any recommendations endorsed accordingly.

106/17 ANY OTHER BUSINESS

106/17/1 Report from the Director of Communications, Integration and Engagement

The Trust Board noted that Sir Bruce Keogh, NHS England Medical Director was stepping down in November 2017 – it was understood that was taking on the Chairmanship of Birmingham Women's and Children's NHS Foundation Trust.

Resolved – that the position be noted.

107/17 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board meeting be held on Thursday 4 May 2017 from 9am in Rooms 2 & 3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 1pm

Helen Stokes – Senior Trust Administrator

Trust Board Paper A

Cumulative Record of Attendance (2017-18 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	1	1	100	R Mitchell	1	1	100
J Adler	1	1	100	R Moore	1	1	100
P Baker	1	1	100	B Patel	1	1	100
S Crawshaw	1	0	0	J Smith	1	1	100
I Crowe	1	1	100	M Traynor	1	1	100
A Furlong	1	1	100	P Traynor	1	1	100
A Johnson	1	0	0				

Non-Voting Members:

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