

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 5 JANUARY 2017 AT  
10AM IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE,  
LEICESTER ROYAL INFIRMARY**

**Voting Members present:**

Mr K Singh – Chairman  
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 A Johnson – Non-Executive Director  
Mr R Mitchell – Chief Operating Officer (up to and including Minute 21/17)  
Mr R Moore – Non-Executive Director  
Mr B Patel – Non-Executive Director  
Ms J Smith – Chief Nurse (up to and including Minute 22/17)  
Mr M Traynor – Non-Executive Director  
Mr P Traynor – Chief Financial Officer (up to and including Minute 22/17)

**In attendance:**

Ms S Baines – Senior Learning and Development Manager (for Minute 07/17/1)  
Mrs G Belton – Trust Administrator  
Dr N Brunskill – Director of Research and Innovation (for Minute 10/17/2)  
Mr D Henson – LLR Healthwatch Representative  
Dr A Hughes – ST6 / Registrar (for Minute 07/17/1)  
Mr N Sone – Charity Finance Lead (for Minute 14/17/2)  
Mrs L Tibbert – Director of Workforce and Organisational Development (up to and including Minute 21/17)  
Professor D Rowbotham – Clinical Director, CRN: East Midlands (for Minute 10/17/1)  
Mr S Ward – Director of Corporate and Legal Affairs  
Mr M Wightman – Director of Marketing and Communications

**ACTION**

**01/17 APOLOGIES AND WELCOME**

There were no apologies for absence.

The Chairman wished everyone present a Happy New Year, noting that the Trust looked forward to responding positively to the challenges ahead. The Chairman formally welcomed Dr Shirley Crawshaw, newly appointed Non-Executive Director, to the Trust noting that members looked forward to the contribution she would make.

**02/17 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

The Chairman declared an interest in the Lakeside House practice which currently provided ED front door arrangements at UHL. He confirmed that he would absent himself from the meeting if members wished to discuss ED front door arrangements in any further detail during the emergency care performance item at Minute 07/17/3 below. In the event, it was not necessary for him to withdraw from the discussion.

The Chairman also declared an interest in the East Midlands Clinical Research Network (Minute 10/17/1 below refers) noting the involvement of a family member in the CRN. In the event, it was not necessary for the Chairman to withdraw from the discussion.

## 03/17 MINUTES

**Resolved** – that the Minutes of the 1 December 2016 Trust Board meeting (paper A) be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIRMAN

## 04/17 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) that in relation to the action outlined at item 13 / Minute reference 297/16 (considering how best to engage with wider PPI groups beyond seeking views from UHL members or UHL-badged groups), the Director of Marketing and Communications advised that Mr Caple, Patient Partner and Mr Henson, LLR Healthwatch Representative, had both kindly agreed to assist the Trust in progressing this action, and
- (b) the action outlined at item 14 / Minute reference 249/16 (relating to the provision of an update on the 6 October 2016 action to consider reviewing establishment / recruitment and retention benchmarks for non-nursing staff groups to be included in the matters arising log for the Trust Board, it was noted that this matter would be progressed through IFPIC and presented at the Executive Workforce Board meeting in April 2017. This update would feature in the next iteration of the Matters Arising log.

TA

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

NAMED  
LEADS

## 05/17 CHAIRMAN'S MONTHLY REPORT – JANUARY 2017

The Chairman presented paper C, which detailed information in respect of the following matters:-

- (a) the recent appointment of Dr Crawshaw as a Non-Executive Director, which had resulted in the Trust Board now being fully quorate with eight Non-Executive Directors and five Executive Directors, not counting the presence of other non-voting Directors who attended Trust Board and Committee meetings. In light of the amount of change internally within the Trust, the complexity of the environment in which the Trust operated and the scale of the challenges facing the Trust, the Chairman considered that now was the appropriate time to review how the Trust Board could improve its own efficiency and performance at formal Trust Board meetings, Thinking Days, Board Committees and other forums. As noted within the report, specific time was to be dedicated to this matter at the Trust Board Thinking Day planned for February 2017;
- (b) emergency care performance – the Trust faced an unprecedented level of demand in relation to its emergency services. As such, there would be continued focus on these themes at Trust Board meetings, Thinking Days and appropriate Committees, and
- (c) the potential to develop initiatives in association with external organisations or individuals with the objective of supporting Trust staff who wished to volunteer for specific projects overseas with the aim of enhancing staff motivation internally and commitment to the Trust externally (noting that such an initiative could not be a direct charge on NHS funds or fall directly within the use of donations to the Trust's own charitable funds). Accordingly, the Chairman proposed that he submitted a report on this issue for consideration at the next meeting of the Charitable Funds Committee on 2 February 2017, which was supported by members. It was also agreed that the Director of Workforce and Organisational Development was invited to be in attendance for discussion on this specific item at the Charitable Funds Committee.

Chairman  
/ DWOD  
/ TA

In discussion on the contents of the Chairman's report, members:

- (i) noted the comments made by Professor Baker, Non-Executive Director, regarding the work being undertaken by the University of Leicester in increasing links to Gujarat, including arranging reciprocal visits etc and the benefit of involving the Trust in the progression of this work;
- (ii) supported the Chairman's intentions as outlined under point (c) above, noting that the Trust had previously had specific links with Gondar in the past and expressed the benefit of the development of a Trust strategy in progressing this work, and
- (iii) (also in relation to discussion regarding point (c)) and in light of the Trust's range of significant priorities, noted that thought would need to be given to the resourcing of such a project as this could not form a direct charge on NHS resources, potentially through forming links with other organisations, such as the University, who were also progressing similar initiatives.

**Resolved – that (A) the contents of this report (paper C) be received and noted,**

**(B) the Chairman be requested to submit a report to the next meeting of the Charitable Funds Committee on 2 February 2017 regarding the item outlined under point (c) above, and**

Chairman

**(C) the Director of Workforce and Organisational Development be invited to be in attendance at the Charitable Funds Committee meeting to be held on 2 February 2017 for discussion on the item outlined under point (c) above.**

DWOD /  
TA

**06/17**

**CHIEF EXECUTIVE'S MONTHLY REPORT – JANUARY 2017**

Paper D detailed the Chief Executive's monthly update report, which included the following:-

- (a) the Quality and Performance Dashboard for November 2016 attached at appendix 1 to the report (the full month 8 quality and performance report was available on the Trust's public website and was hyperlinked within paper D);
- (b) the Board Assurance Framework (BAF) Dashboard and Organisational Risk Register Dashboard (as detailed, respectively, within appendices 2 and 3 to paper D), and
- (c) a report on performance against the Trust's annual priorities for quarter 3, 2016/17 (as detailed in appendix 4 to paper D).

In presenting this report, the Chief Executive also specifically highlighted the following:-

- (1) the significant operational pressures under which the Trust was currently operating combined with the significant commitment involved in progressing the Red2Green initiative;
- (2) the Trust had signed a specialised commissioning contract prior to Christmas and it was expected that the Trust would be in a position to sign a Heads of Term agreement with local CCGs later that day. Contracting discussions had been particularly challenging for 2017/18 in light of the national revenue constraints;
- (3) the Trust continued to await the formal report from the inspection undertaken by the CQC in June 2016 and this was expected shortly;
- (4) the Trust had achieved the target to vaccinate 75% of its frontline staff against flu – this was a credit to the Trust's Occupational Health team and peer vaccinators;
- (5) the need to schedule an extraordinary public Trust Board meeting for the purpose of signing off the Trust's Annual Operating Plan 2017-19. The current suggestion was that such a meeting was scheduled for Thursday 19 January 2017 and further email communication would be issued confirming the specific arrangements, when known.

CEO /  
Chairman /  
STA

In further discussion on the contents of this report:-

- (i) Non-Executive Directors expressed their significant disappointment in relation to the notification received by the Trust from NHS Improvement (NHSI) that the Trust's EPR Scheme as it currently stood would have an unaffordable impact on the national capital resource limit and therefore would not be recommended for approval to the NHS Improvement Resources Committee. The NHSI had requested that the Trust re-examine the scheme and funding options. An alternative option to proceeding with the full EPR business case had been discussed at the Trust Board Thinking Day in December 2016, at which time it had been agreed to request that the Chief Information Officer would submit proposals in the early part of 2017. Note was made that a report would be submitted, in the first instance, to the EIM&T Board meeting to be held on 28 February 2017, ahead of preliminary discussion at the March 2017 Trust Board Thinking Day, and
- (ii) members discussed the content of section 7.1 of the report relating to the move to implementation mode of the Sustainability and Transformation Plan (subject to public consultation where applicable), noting that further discussion would take place at IFPIC next month.

**Resolved – that (A) the Chief Executive's monthly report for January 2017, and the additional verbal information provided, be received and noted, and**

**(B) an extraordinary public Trust Board meeting be scheduled for the purpose of signing off the Annual Operating Plan for 2017-19.**

CEO/  
Chairman/  
STA

**07/17 KEY ISSUES FOR DECISION/DISCUSSION**

07/17/1 Staff Story

The Staff Story as outlined in paper E (and accompanying video presentation) focussed upon the positive experience of Dr A Hughes, a trainee in Anaesthesia (ST6/Registrar) whilst becoming a Fellow in Education Quality Improvement in the Department of Clinical Education. Dr Hughes shared with the Trust Board how, following a fellowship, he had gained valuable insight into the management of education in a large NHS Trust, how to effect change and pilot new ideas. This had strengthened his commitment to improving education both within his specialty and more widely and he had been approached for advice or collaboration and continued to work on a number of projects to improve training, learning from errors and the integration of new technologies to promote engagement more widely. Dr Hughes noted that many fellowships tended to be clinical, unlike the fellowship he had undertaken and noted how this fellowship, and the investment in the Trust which had arisen from it, had made him want to continue his career at UHL.

In discussion on this item:-

- (i) the Medical Director made note of how highly Professor Carr, Associate Medical Director (Clinical Education) and the Trust Grade staff had regarded Dr Hughes' contribution and he made note that such fellowship opportunities had historically been funded through HEEM monies given that SIFT and MADEL funding had traditionally gone directly to CMGs;
- (ii) members queried Dr Hughes' thoughts in relation to enhancement of patient safety and learning from incidents, in response to which Dr Hughes advised that he was keen to look at new technologies to deliver and drive education, using innovative means of delivering training despite the pressures on the system;
- (iii) Professor Baker, Non-Executive Director, endorsed the enhanced embedding of the educational mission within the Trust, noting the changing landscape in respect of educational monies and the need for improved identification of their specific use, and

- (iv) members made reference to the Trust's simulation journey, in response to which Dr Hughes noted that providing adequate space, time and resources were the challenges to be addressed and note was made of the specific work on-going in this respect.

**Resolved – that the contents of this report and the accompanying video presentation be received and noted.**

07/17/2 East Midlands Congenital Heart Centre (EMCHC) Update

Further to Minute 289/16/2 of 1 December 2016, paper F updated members on the congenital heart disease (CHD) review, the key actions for immediate attention, and associated risks. In his presentation of this report, the Director of Marketing and Communications particularly thanked Ms L Kendall, MP, for her continued support in respect of this issue.

In discussion on this item, the Chief Executive made note of the second substantive appointment made recently ensuring that the service was sustainable and placed on record his thanks to Professor Baker for his assistance in respect of the additional substantive surgical post at Professorial level which had been established in conjunction with the University of Leicester. In response to a query, it was confirmed that, as yet, no specific dates had been set for public consultation. The LLR Healthwatch Representative expressed concern that NHS England would not revise the proposals despite the significant efforts of the Trust to address all elements upon which they had been challenged. The Chief Executive noted that the Trust continued to work hard to eliminate all of the issues on which it had been challenged, noting that only one element relating to numbers now remained. Progress continued to be made in addressing this one outstanding issue.

**Resolved – that the monthly progress update on EMCHC be noted.**

07/17/3 Emergency Care Performance

The Trust Chairman reiterated his declaration of interest in relation to Lakeside House and confirmed that he would absent himself from the meeting if this issue was discussed in detail (this did not prove necessary).

Further to Minute 289/16/3 of 1 December 2016, paper G updated the Trust Board on recent emergency care performance noting that the Trust remained under acute operational pressure caused by a combination of increased demand and sub-optimal processes internally and across the system. A refocus on high impact actions via the new AE Delivery Board and AE implementation group aimed to decrease attendance, reduce admissions and improve processes, thus improving 4 hour performance. Red to Green methodology had been implemented across the medical base wards at the LRI on Monday 12 December 2016 and the Trust remained optimistic about the impact it would have on discharges, flow, quality of care, patient and staff experience and ED performance.

In light of the fact that the majority of the report had been produced prior to 15 December 2016, the Chief Operating Officer provided the following additional verbal information when presenting this item:-

- (1) the GP Unit was functioning well. A longstanding issue concerning referrals and admissions from Care Homes was being addressed via a GP visiting Care Homes in the community seeing up to 9 patients a day in order to prevent unnecessary admissions;
- (2) implementation of the Red to Green initiative had proven successful with a significant reduction in patient delays being observed and 50-60 more empty beds in the system than would ordinarily be the case, and the Chief Operating Officer expressed his thanks to the Directors for their continued efforts in relation

- to this initiative. Whilst Red to Green had been reducing delays by days, it was now intended to work on reducing delays by hours and minutes with the concurrent, rather than consecutive, movement of patients;
- (3) Nerve Centre had been rolled out two weeks before Christmas and the Chief Operating Officer expressed his thanks to the Chief Information Officer and his team in respect of the seamless transition in this respect;
  - (4) the Urgent Care Centre was seeing 99% of patients within 4 hours and the contract with Lakeside GPs had been extended for a further six months;
  - (5) ambulance handover times, which represented a national as well as a local issue, remained very poor and efforts would be re-doubled to address this matter, and
  - (6) concerns regarding increases in activity flow when compared with comparable data from the previous year.

In discussion, members noted the need to understand what was happening in the community to prompt such high levels of attendance, along with what was happening in the Trust's Emergency Department and in the rest of the organisation. Such issues would continue to be the focus of Trust Board Thinking Days. It was important that the Trust focussed on solutions in terms of what the Trust could directly influence or change. Mr Patel, Non-Executive Director, noted that it would be helpful to have some understanding of how the Trust's partners within the wider health community were seeking to make improvements in those parts of the health system over which they had influence. In response, the Chief Operating Officer advised that particular attention was being focussed on where the delays occurred, which was then sense-checked against the action plan with issues relating to external factors subsequently raised at the LLR Delivery Board. Specific note was made of the need to communicate the successes of this approach to staff to ensure that morale and motivation remained high. The LLR Healthwatch Representative noted that it would be helpful if he could be informed of the action being undertaken specifically at UHL in order that he could assist in communicating relevant messages in the wider community, noting that he was currently undertaking joint work with the City Council regarding nursing homes using services wisely.

Particular discussion took place regarding medical leadership, with note made that whilst some staff were highly effective in implementing Red to Green methodology, other staff members required additional support in the way they structured their thinking. In this respect, note was made of the need to educate Registrars and more junior clinical staff, as well as Consultant staff, to work in the ways necessitated by this approach. Mr Traynor, Non-Executive Director, recognised the pressure under which the Trust's ED team and wider medical teams were operating and thanked them for the continued efforts.

**Resolved – that the contents of this report, and the additional verbal information provided, be received and noted.**

07/17/4 Emergency Floor Update

Paper H provided an update on progression of the Emergency Floor (EF) Project since the last month and the key priorities of the project over the next month. Phase 1 of the EF Project was now in the final stages of development, with the EF due to open in late March 2017. The Chairman noted that this represented a critical issue for the Trust Board and, as such, he wished to discuss it in detail at a Trust Board Thinking Day. There was a need for a new culture and mindset in operating a new emergency floor. Issues requiring consideration included the challenges of organising a new department whilst continuing to run the old department, the changing nature of patient composition and the response to this in terms of the UHL workforce, the need to factor in patient flow modelling etc. It was therefore agreed to discuss these and other issues relating to the EF at a future Trust Board Thinking Day.

Chairman

The Chief Operating Officer noted that the workforce plan had been signed off and

communicated to everyone involved. There had also been an increase in budget and funding for services supporting the Emergency Department, including imaging and this investment was welcomed. Work was currently being undertaken to review the capital cost pressures. Risks remained around the level of demand being higher than that accounted for in the original business case, with note that performance in respect of outflow and ambulance handovers was poorer than that accounted for in the original business case. It was agreed to discuss all relevant issues further at the Trust Board Thinking Day.

**Resolved – that (A) the contents of this report be received and noted, and**

**(B) a variety of issues associated with the Emergency Floor Project (as outlined above) be discussed, in detail, at a Trust Board Thinking Day.**

Chairman

**08/17 RISK MANAGEMENT**

**08/17/1 Integrated Risk Report**

The 2016/17 Board Assurance Framework had been developed with reference to the revised annual priorities for the Trust and paper I, as presented by the Medical Director, provided a summary of the organisational risk register for items scoring 15 or above (i.e. current risk ratings high and extreme). Specific note was made of the fact that the Audit Committee were due to receive a report from Internal Audit regarding risk management at their meeting later that day. In further discussion on this item, it was agreed to review the BAF composition at a future Trust Board Thinking Day following finalisation and approval of the Annual Operating Plan.

**Resolved – that (A) the contents of this report be received and noted, and**

**(B) the BAF composition be reviewed at a future Trust Board Thinking Day following finalisation and approval of the Annual Operating Plan.**

TB  
members  
/ STA

**09/17 STRATEGY AND RECONFIGURATION**

**09/17/1 Sustainability and Transformation Plan and UHL Reconfiguration Programme - Update**

Paper J provided an update on the LLR Sustainability and Transformation Plan (STP) / Better Care Together (BCT) Programme, which set the context for UHL's Reconfiguration Programme. The latest version of the STP had been submitted to NHS England on 21 October 2016 and feedback was awaited. The Reconfiguration Programme was currently working through a number of key issues that would enable the development of a re-phased programme plan. These included programme resourcing, the impact of revised demand and capacity planning in the STP and the anticipated availability of capital funding. The re-phased programme plan would provide the Board with a forward view of activities being planned and timescales for delivery. It was anticipated that the re-phased programme plan would be available in early 2017. The Trust Board was specifically requested to note the progress within the reconfiguration programme and the planned work over the coming months as outlined within the report.

Particular discussion took place regarding:-

- (i) the anticipated timing of consultation – the timing of the consultation was not within the Trust's remit. CCGs would consult on the STP when advised they could do so by NHS England. In the meantime, efforts were on-going to keep people engaged in the process;
- (ii) the fact that this represented a key milestone if the Trust was on the list of prioritised capital schemes. If it was not, there would be a need to re-group and determine the next steps. The Trust would need to live within the envelope of

- capital available and make the best return on the investment;
- (iii) queried progress on the development of a joint dashboard given the need to use useful data to start driving outcomes across the patch – it was confirmed that this remained work in progress, with the first task involving project planning to determine relevant KPIs etc. It was noted that it would be useful to re-visit the risk register and the Chairman noted that this could be undertaken at a Trust Board Thinking Day as referenced under Minute 08/07/1 above, and
- (iv) a query was raised as to the criteria that would be utilised for obtaining finance – it was confirmed that the exact criteria to be used was not known.

**Resolved – that the contents of this report be received and noted.**

09/17/2 Sustainability and Transformation Plan Governance

Paper K, as presented by the Director of Corporate and Legal Affairs, made reference to proposals developed by the Leicester, Leicestershire and Rutland Chief Officers to establish a 'System Leadership Team' which would have two main purposes, namely (1) to act as a programme board to exercise oversight of the implementation of the LLR STP and (2) to serve as a joint committee of the three LLR CCGs to enable certain decisions to be taken jointly. Further details were set out within the paper which had been endorsed by the LLR Chief Officers at their meeting on 15 December 2016 and was now being submitted to all LLR Health Boards for formal consideration and approval. The proposals set out within the report had been developed with the benefit of external legal advice. In terms of UHL membership of the SLT, this would be the Chief Executive and Medical Director and they had nominated (respectively) the Director of Marketing and Communications and Deputy Medical Director (Mr M Metcalfe) to deputise for them in their absence. The Trust Board was recommended to (1) approve the LLR STP governance proposals set out in paper K, including the establishment of the SLT (2) agree that the Chief Executive and Medical Director would represent UHL in the LLR SLT and, in their absence, that the Director of Marketing and Communications and Deputy Medical Director would deputise for them and (3) note that the SLT would also act as a formal joint committee of the three LLR CCGs when the need arose and, on such occasions, the Trust's representatives would not have decision-making authority.

Particular discussion took place regarding the following:-

- (i) whether the relevant mechanisms were in place to ensure that the UHL Trust Board retained the ability to take appropriate decisions – the Director of Corporate and Legal Affairs confirmed his view that this was the case. Members considered that point 20 of the report provided sufficient assurance on this point;
- (ii) whether the SLT would meet in public – it was confirmed that the SLT would ordinarily meet in public unless any issues of commercial confidentiality necessitated that it meet privately;
- (iii) queried what would happen in the event of an impasse – whilst this risk existed in theory, members were committed to avoid such a scenario arising. In the event that it did, members would be required to seek a steer from their respective Boards, and
- (iv) whether there was a standard model for the development of such – in response, the Director of Corporate and Legal Affairs confirmed that there was no central guidance or model and it was for local areas to determine the arrangements that would work best for them.

**Resolved – that (A) the LLR STP governance proposals as set out in paper K, including the establishment of the SLT, be approved,**

**(B) it be agreed that the Chief Executive and Medical Director represent UHL in the LLR SLT and, in their absence, that the Director of Marketing and Communications**

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DMC  
/DMD**



and Deputy Medical Director would deputise for them and

(C) it be noted that the SLT would also act as a formal joint committee of the three LLR CCGs when the need arose and, on such occasions, the Trust's representatives would not have decision-making authority.

10/17 RESEARCH AND INNOVATION

10/17/1 East Midlands Clinical Research Network (EMRCN) 2016-17 Quarter 3 Update

Professor Rowbotham, Clinical Director, CRN: East Midlands, attended to present paper 'L', which noted that UHL was the host organisation for the National Institute of Health Research (NIHR) Clinical Research Network: East Midlands (CRN) and, as such, had overall responsibility for the monitoring of governance and performance of the network. The purpose of this regular update paper was to summarise major achievements, challenges and actions of the EMCRN. This report had previously been considered by the CRN: East Midlands Executive Group in December 2016 and had also been considered by the UHL Executive Performance Board in December 2016. The report concluded that there had been improvements in some areas, particularly with respect to commercial performance, however recruitment continued to cause concern for East Midlands CRN, as it did to a lesser extent nationally. The report detailed analysis and an action plan to address this issue. Also appended to the report was a dashboard detailing key performance measures for 2016/17, the latest financial report and risk register. Trust Board confirmation was sought that the report provided sufficient assurance of the performance of the network.

The Chairman declared an interest in the EMCRN, noting the involvement of a family member. However, it did not prove necessary for him to absent himself from discussion of this item.

Particular discussion took place regarding the overall level of recruitment which had decreased, particularly for one of the Trust's teaching partners, and the possible consequent impact of this on next year's funding. The key to improving this position would be partnership working and note was made that EM CRN was one of the few networks where every single partner undertook research.

**Resolved – that the contents of this report be received and noted.**

10/17/2 Research and Innovation 2016-17 Quarter 3 Update

Dr Brunskill, Director of Research and Innovation, attended to present paper 'M', which described current research and innovation performance against metrics, projects under development, new challenges and potential threats. The report concluded that the Trust performed well in delivering high quality research as judged by NIHR and LCRN data. There were a large number of large-scale projects in development, with some being close to a start date. There was a wide range of NHS and Academic partner engagement. A number of challenges were recognised and planning was in place to mitigate risks. The Director of Research and Innovation particularly highlighted the following information in his presentation of the report:-

- (1) concern relating to the drop in recruitment and a willingness to work with the network in improving performance in this respect;
- (2) the fact that UHL had been successful in an application to be designated an NIHR Clinical Research Facility;
- (3) renewal of the Experimental Cancer Medicine Centre to support early phase cancer clinical trials in the Hope Unit at the LRI. A bid to renew the Cancer Research UK Centre in Leicester was considered at the same time and was not successful, and work was currently underway in addressing this issue;
- (4) a new Clinical Research Facility was shortly due to open at the LRI, and

(5) the 100,000 Genome Project was continuing to run well.

Particular discussion took place regarding the reason behind the fall in recruitment, in response to which the Director of Research and Innovation advised that there were less high volume studies within the portfolio, which was a contributing factor. Also discussed was the need to consider the Trust's strategy in terms of research and innovation, in respect of which Professor Baker noted that a paper was due to be issued in the next week suggesting that the USP should focus on Leicester's ethnically diverse population. He noted that this report, once approved by the University of Leicester, would be submitted to the Trust Board. The Director of Research and Innovation noted that the R & I Strategy was due to be refreshed and he would like to see the development of a Joint Clinical Strategy with the University of Leicester within the next six months.

**Resolved** – that the contents of this report, and the additional verbal information provided, be received and noted.

11/17 **QUALITY AND PERFORMANCE**

11/17/1 Quality Assurance Committee (QAC)

**Resolved** – that the summary of issues discussed at the 22 December 2016 QAC meeting be noted as per paper N (Minutes to be submitted to the 2 February 2017 Trust Board meeting).

11/17/2 Integrated Finance, Performance and Investment Committee (IFPIC)

Paper O summarised the issues discussed at the IFPIC meeting held on 22 December 2016, noting that the formal Minutes of the meeting would be submitted to the Trust Board meeting on 2 February 2017. The Trust Board approved the recommendation from IFPIC to support the proposal to progress the co-location of the East Midlands Congenital Heart Centre as a separate project to be funded internally through UHL's Capital Resource Limit and thus meet the April 2019 deadline for the required co-location. The Trust Board supported the specific decision made by IFPIC in relation to the Trust's response to the NHS Pension levy draft consultation.

**Resolved** – that (A) the summary of issues discussed at the 22 December 5 February 2016 IFPIC be noted as per paper O (Minutes to be submitted to the 2 February 2017 7 Trust Board) and the recommendations contained therein be approved and the decisions supported. , and

11/17/3 2016-17 Financial Performance – November 2016

Paper P O presented the Trust's month 8 financial position and the Chief Financial Officer referred members to the summary of discussion on this item at the recent IFPIC meeting held on 22 December 2016 (paper O, Minute reference 11/17/2 above refers), which made note of the worsening financial position during November 2016 to a deficit position of £12.6m (£5m adverse to plan). A recovery plan was in place, with the intention to look to turnaround work without compromising quality and safety. It was now unlikely that quarter 3 Sustainability and Transformation Funding (STF) would be achieved. Once the month 9 position was known, a view could be taken on any need for further IFPIC / Audit Committee / Trust Board discussions regarding the year end forecast, and the timing of those discussions if required.

**Resolved** – that the November 2016 financial position, as outlined in paper P, be received and noted.

**12/17 REPORTS FROM BOARD COMMITTEES**12/17/1 Quality Assurance Committee (QAC)

**Resolved** – that the Minutes of the 24 November 2016 Quality Assurance Committee meeting (paper Q) be received and noted, and any recommendations endorsed accordingly.

12/17/2 Integrated Finance Performance and Investment Committee (IFPIC)

**Resolved** – that the Minutes of the 24 November 8 January 2016 IFPIC meeting (paper R) be received and noted, and any recommendations endorsed accordingly.

**13/17 TRUST BOARD BULLETIN – JANUARY 2017**

**Resolved** – it be noted that no papers had been circulated for the December 2016 Trust Board Bulletin.

**14/17 CORPORATE TRUSTEE BUSINESS**14/17/1 Charitable Funds Committee (CFC)

**Resolved** – that the Minutes of the 1 December 2016 CFC meeting (paper S) be received and noted, and any recommendations endorsed accordingly.

14/17/2 Leicester Hospitals Charity Annual Accounts and Annual Report 2015-16

The Trust Board approved the Leicester Hospital Charity Accounts and Annual Report 2015/16 (paper T refers) and the signing of the relevant certificates by members of the Trust Board as specifically outlined within the report was approved, subject to any material issues arising out of the Audit Committee meeting scheduled to be held that afternoon. Note was made that, should such material issues arise, the Annual Accounts would require re-submission to an extraordinary meeting of the Trust Board for further approval in light of the need for these to be lodged by month end.

**Resolved** – that (A) the Leicester Hospital Charity Accounts and Annual Report 2015/16 be approved (subject to any material issues arising out of the Audit Committee meeting scheduled to be held that afternoon), and

(B) the signing of the relevant certificates by members of the Trust Board be approved (again, subject to any material issues arising out of the Audit Committee meeting scheduled to be held that afternoon).

Chairman

**15/17 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

No questions were posed by the press or public present at the Trust Board meeting.

**16/17 ANY OTHER BUSINESS**16/17/1 Recovery of Income from Overseas Visitors

The Chief Executive reported verbally to advise members of a letter which the Trust had received from the NHSI asking for the Trust's participation as part of a programme aimed at improving the recovery of income from overseas visitors. The Trust had responded on 31 October 2016 to affirm its participation in such a programme and had now received further

information from the NHSI outlining the particular pilots it wished to pursue. The Chief Executive sought Trust Board support for the Trust's involvement in this programme, which was confirmed, albeit note was made of particular sensitivities in respect of this issue which would need to be addressed. This matter was scheduled for discussion on the agenda of the Audit Committee meeting that afternoon and it was noted that involvement in the project would be tracked through the Audit Committee. In response to a query raised, whilst there would be no additional resource to support the Trust's involvement in this programme in terms of people, there would be support at the centre in terms of the relevant checks required.

The LLR Healthwatch Representative noted that it would be helpful if relevant information could be shared with him in advance of any wider communication to patients and note was made of the need for clear messaging to be provided to staff and the public as the project progressed.

**Resolved** – that support be extended for the Trust's involvement in the programme described.

**17/17 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 17/17 to 26/17) having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**18/17 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

There were no declarations of interests in the items of confidential business.

**19/17 CONFIDENTIAL MINUTES**

**Resolved** – that the confidential Minutes of the 1 December 2016 Trust Board meeting (paper U) be confirmed as a correct record and signed by the Trust Chairman accordingly.

CHAIRMAN

**20/17 CONFIDENTIAL MATTERS ARISING REPORT**

**Resolved** – that the confidential matters arising log from the 1 December 2016 Trust Board meeting (paper V) be received and noted.

**21/17 JOINT REPORT FROM THE DIRECTOR OF MARKETING AND COMMUNICATIONS, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER**

**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.

**22/17 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.

**23/17 REPORTS FROM BOARD COMMITTEES**

23/17/1 Quality Assurance Committee (QAC)

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

23/17/2 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.

**24/17 CORPORATE TRUSTEE BUSINESS**

24/17/1 Charitable Funds Committee (CFC)

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

**25/17 ANY OTHER BUSINESS**

There were no items of Any Other Business.

**26/17 DATE OF NEXT TRUST BOARD MEETING**

**Resolved** – that the next Trust Board meeting be held on Thursday 2 February 2017\*\*\* from 9am in Rooms 2 and 3, Clinical Education Centre, Glenfield Hospital.

*\*\*\*post-meeting note – extraordinary public Trust Board meeting also to be held on Thursday 19 January 2017 from 2pm in rooms A & B, Education Centre, Leicester General Hospital.*

The meeting closed at 1pm

Gill Belton – Trust Administrator

**Cumulative Record of Attendance (2016-17 to date):**

**Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	15	13	87	A Johnson	15	15	100
J Adler	15	15	100	R Mitchell	15	12	80
P Baker	12	10	83	R Moore	15	14	93
S Crawshaw	1	1	100	B Patel	11	9	81
I Crowe	15	14	93	J Smith	15	14	93
S Dauncey	4	3	75	M Traynor	15	15	100
A Furlong	15	12	80	P Traynor	15	15	100
A Goodall	3	2	67				

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
D Henson	10	10	100	L Tibbert	15	14	93
N Sanganee	5	2	40	S Ward	15	14	93
				M Wightman	15	12	80