

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON
THURSDAY 7 MAY 2020 AT 9AM****Voting Members present:**

Mr K Singh – Trust Chairman

Ms V Bailey – Non-Executive Director and Quality and Outcomes Committee (QOC) Non-Executive Director Chair

Professor P Baker – Non-Executive Director

Ms R Brown – Acting Chief Executive

Col (Ret'd) I Crowe – Non-Executive Director and People, Process and Performance Committee (PPPC) Non-Executive Director Chair

Ms C Fox – Chief Nurse

Mr A Furlong – Medical Director

Ms K Jenkins – Non-Executive Director and Audit Committee Non-Executive Director Chair

Mr A Johnson – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair

Mr S Lazarus – Interim Chief Financial Officer

Ms D Mitchell – Acting Chief Operating Officer

Mr B Patel – Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair

Mr M Traynor – Non-Executive Director and Deputy Trust Chairman

In attendance:

Mr A Carruthers – Chief Information Officer

Mr D Kerr – Director of Estates and Facilities

Ms H Kotecha - Leicester and Leicestershire Healthwatch Chair

Ms H Stokes – Corporate and Committee Services Manager

Mr S Ward – Director of Corporate and Legal Affairs

Mr M Wightman – Director of Strategy and Communications

Ms H Wyton – Director of People and Organisational Development

ACTION**85/20 APOLOGIES AND ANNOUNCEMENTS**

Apologies for absence were received from Mr J Adler, Chief Executive.

86/20 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

Mr A Johnson Non-Executive Director, and Mr S Lazarus Interim Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively) and, with the agreement of the Trust Board, they remained present.

87/20 MINUTES**Resolved – that the Minutes of the 26 March 2020 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.****CHAIRMAN****88/20 MATTERS ARISING FROM THE MINUTES****Resolved – that the Trust Board matters arising log be received as paper B.****89/20 KEY ISSUES FOR DISCUSSION/DECISION****89/20/1 Chairman's Monthly Report – May 2020**

On behalf of the Trust Board, the Trust Chairman emphasised his deep gratitude to all staff for their motivation, commitment and compassion during the Covid-19 outbreak. He also voiced his thanks and appreciation for the continued flow of charitable donations from the public and the business community. The Trust Chairman also drew members' attention to the national issue of the experience of BAME staff and patients and the disproportionate BAME presence amongst Covid-19 fatalities, noting that a national enquiry was looking at this further. UHL's particular population

demographic made this a key issue for the Trust, and the Chairman emphasised UHL's duty of care to its staff and patients. In other aspects of his report at paper C, the Trust Chairman:-

- (a) thanked Mr B Patel Non-Executive Director for taking on the Non-Executive responsibility for Freedom to Speak Up, and Health and Wellbeing issues, and
- (b) announced that Ms V Bailey Non-Executive Director would be joining UHL's Audit Committee in her capacity as Non-Executive Director Chair of the Quality and Outcomes Committee (QOC). The Trust Chairman also thanked Mr M Traynor Non-Executive Director for his previous contribution to the work of the Audit Committee (as former Finance and Investment Committee Non-Executive Director Chair).

In discussion on paper C, the Trust Board:-

- (1) was advised that Leicester and Leicestershire Healthwatch was reviewing communications with BAME communities, and would welcome working with UHL on this. Ms H Kotecha, Leicester and Leicestershire Healthwatch representative noted that Healthwatch had received many BAME concerns, and she agreed with the Trust Chairman that this was an LLR-wide issue, noting that she had raised it at that level accordingly;
- (2) noted BAME patient concerns voiced to Healthwatch re: fears of attending hospital appointments and the risk of contracting Covid-19 from hospital attendances. The Trust Chairman requested that this issue be responded to in the Acting Chief Executive's Covid-19 presentation below, and the Director of People and OD also outlined the work of the LLR workforce cell which she chaired and confirmed that work was in hand to respond to the national guidance document now mentioned by the Trust Chairman, including identifying a Trust BAME lead. UHL's Acting Chief Executive had written to all UHL BAME staff highlighting the support available, and BAME staff had also been added to the list of vulnerable staff, and
- (3) strongly supported the Trust Chairman's thanks to staff for their dedication, flexibility and commitment. Mr A Johnson Non-Executive Director also voiced his thanks to local schools and companies for donations of PPE.

Resolved – that the Trust Chairman's monthly report for May 2020 be noted, specifically including:

ALL

- (1) the appointment of Mr B Patel Non-Executive Director as UHL's designated Non-Executive Director lead for Freedom to Speak Up issues, and**
- (2) the appointment of Ms V Bailey Non-Executive Director to the Audit Committee, and the ceasing of Mr M Traynor Non-Executive Director's membership of that Committee.**

89/20/2

Acting Chief Executive Monthly Update May 2020 and Covid-19

The Acting Chief Executive introduced her monthly report for May 2020 at paper D, advising that the Trust continued to have an appropriate focus on operational performance targets, and that final approval of the reconfiguration pre-consultation business case was awaited. The Trust Chairman also advised that post-Covid-19 planning would be discussed at a Trust Board thinking day on 12 June 2020. A letter dated 29 April 2020 to all NHS bodies from the NHS Chief Executive and Chief Operating Officer was attached to paper D as appendix 1, setting out details of the second phase of the NHS response to Covid-19. In discussion on paper D, the Trust Board noted queries from Ms K Jenkins Non-Executive Director on:-

- (1) whether any trend was implied by the rising MRSA bacteraemia numbers. In response, the Chief Nurse advised that the 2 MRSA bacteraemias in March 2020 related to unconnected patients and post-infection review panels would be held on those 2 cases. An aggregated review would be undertaken of the total 5 cases in 2019/20 and any resulting actions reported through to the Trust's Infection Prevention and Assurance Committee (which continued to meet), and
- (2) the rate of staff appraisals – currently at 89.6% for 2019/20 – which was lower than hoped. The Acting Chief Executive recognised this as a priority issue for UHL and voiced her confidence that the appraisal rate would recover.

The Acting Chief Executive then made a detailed presentation on Covid-19 restoration and recovery plans, noting that this had been the most challenging of times for the NHS. She considered that the Trust was now past the first peak, and she emphasised how proud she was of UHL staff, particularly in supporting dying patients and their families. In terms of the updated risks from March 2020, the Acting Chief Executive confirmed that all staff members requiring PPE had received the right kit,

that the availability of oxygen had been resolved, that the peak of ITU bed requirements had been 57 (although all of those beds had been at a very high level of acuity), and that staff sickness levels had reduced to approximately 6% (including Covid-19 related sickness) largely as a result of testing. The Acting Chief Executive considered that UHL had been very forward-thinking in its planning, with robust and open communication. She reiterated her thanks to both staff and the public for their efforts, and she noted that the impact of waiting times for non-Covid-19 patients would be a key focus for the Trust going forward.

The Acting Chief Executive then outlined the next phase of 'restoration and recovery', noting in particular:-

- (a) the timelines estimated by NHSE/I, involving restoration until mid-June 2020, recovery from July 2020 – March 2021, and reset (renewal) from April 2021 onwards. A command and control structure would remain in place internally until June 2020;
- (b) that the Trust had benchmarked all specialties and identified priority patients, with all patients classed as 1a or 1b already seen in every specialty involved. Cardiac and vascular areas were key. Further progress on (eg) category 2 patients would be provided in June 2020;
- (c) the need to harness the beneficial changes/innovations made during the Covid-19 outbreak, including re: discharge, ways of working, partnership working etc, and avoid just returning to 'normal';
- (d) the need to be able to flex service provision going forward, to manage any further Covid-19 pressures which might occur and to drive elective service provision in between. Work was also underway on a cross-LLR system basis, with the system recovery cell led by the Accountable Officer for the LLR Clinical Commissioning Groups (CCGs);
- (e) the need to address the 'known risks', and
- (f) the proposed next steps, based on a system-wide approach, the capture of learning and innovation and translation into models of care at either Trust or system-level, modelling of pathways, development of measurable plans and trajectories, and defining the impact on reconfiguration. A dedicated Trust Board session was planned on that impact. A gap analysis was also underway on the latest restoration guidance, for report the Trust Board and Board Committees as appropriate.

ACE

Ms H Kotecha, Leicester and Leicestershire Healthwatch representative, outlined that organisation's work with LLR CCGs to ask patients how Covid-19 had affected their primary care service use, and she suggested that a similar exercise would be useful with UHL to assess the impact on use of hospital services.

In further discussion on the Covid-19 presentation, the Trust Board:-

- (1) agreed to the suggestion by Ms K Jenkins Non-Executive Director that an assessment of the impact of Covid-19 on UHL's risk assessment/risk profile (eg, the impact on existing Principal Risks/need for any new Principal Risks) be added to the 'next steps';
- (2) noted comments from Ms V Bailey Non-Executive Director that patients might be reassured by the fact that follow-up and outpatient transformation models were already used in other countries;
- (3) supported a request from Mr B Patel Non-Executive Director that the update to the June 2020 Trust Board also include information on wider partnership actions and integrated thinking (eg with primary care), and
- (4) noted comments from the Leicester and Leicestershire Healthwatch representative on the crucial need to engage, inform and consult patients about changes.

ACE

ACE

Resolved – that (A) a further update be provided to the June 2020 Trust Board, including information on wider partnership actions;

ACE

(B) the 'next steps' be amended to include the impact of Covid-19 on UHL's risk assessment/risk profile (eg, impact on existing Principal Risks/need for any new Principal Risks), and

ACE

(C) the Trust Board and Board Committees (as appropriate) be sighted to UHL's work re: the gap analysis on the latest restoration guidance.

ACE

Paper E from the Chief Nurse set out the actions taken by UHL in response to the CQC's unannounced inspection of ED on 27 January 2020 (CQC report appended to paper E and involving a Section 29 Warning Notice). The Chief Nurse advised that UHL's ED was now functioning in a very different way due to Covid-19, and she commented on the pressure in ED at the time of the unannounced inspection (ED had been at OPEL 4 on that day). The Quality and Outcomes Committee Non-Executive Director Chair echoed that the clinical models in ED were already now different in some areas, and the Trust Chairman considered that the report had largely been overtaken by Covid-19. The Acting Chief Executive provided assurance that ED staff had taken the outcome of the visit very seriously, and she commented that ED performance was now extremely strong on a daily basis with much reduced ambulance delays.

Resolved – that the position be noted.

90/20 ITEMS FOR ASSURANCE

90/20/1 Reports from Virtual Board Committee Assurance Conference Calls

Papers F1 – F3 comprised summaries of the Board Committee assurance conference calls being held between April – June 2020 in lieu of full formally-constituted Board Committee meetings. As a general point, the Trust Chairman requested that names of the participants also be included in future such summaries (job titles currently shown).

CCSM

Resolved – that the names of the participants be included in future such summaries.

CCSM

90/20/1.1 Quality and Outcomes Committee (QOC)

Paper F1 summarised the issues covered during the 30 April 2020 QOC assurance conference call, noting a detailed discussion on patient safety. All patients who had been awaiting treatment pre-Covid-19 had now had a clinical review to determine their clinical priority. The QOC assurance conference call had also received a full briefing on Infection Prevention issues and had discussed the Trust-wide risk assessment on UHL Covid-19 preparedness and management.

Resolved – that the summary of public issues discussed at the 30 April 2020 QOC assurance conference call be received and noted as per paper F1.

90/20/1.2 People, Process and Performance Committee (PPPC)

Paper F2 summarised the issues covered during the 30 April 2020 PPPC assurance conference call. The PPPC Non-Executive Director Chair advised that the briefings provided to the Committee by the Executive Director leads had been excellent, and he emphasised the key importance of the Trust's monthly quality and safety report as a roadmap through Covid-19 restoration and recovery. The PPPC Non-Executive Director Chair also welcomed the Strategy team's recording of practice improvements and innovations introduced during Covid-19. From a health and wellbeing perspective, Mr B Patel PPPC Non-Executive Director Deputy Chair noted the extreme pressure on both staff and the Executive Team, and the need for time/a debrief at the end of each day to refocus and de-stress.

Resolved – that the summary of public issues discussed at the 30 April 2020 PPPC assurance conference call be received and noted as per paper F2.

90/20/1.3 Finance and Investment Committee (FIC)

With regard to paper F3 (summary of the public issues covered during the 30 April 2020 FIC assurance conference call), the FIC Non-Executive Director Chair advised that commercially-sensitive substantive items were covered in a confidential summary.

Resolved – that the summary of public issues discussed at the 30 April 2020 FIC assurance conference call be received and noted as per paper F3.

90/20/1.4 2019/20 Financial Outturn and Month 12 Position

As detailed in paper F4, the Trust was reporting a forecast outturn deficit of £84.1m excluding

Provider Sustainability Funding (PSF), Financial Recovery Funding (FRF) and Marginal Rate Emergency Tariff (MRET). Including PFS, FRF and MRET and after adjusting for an expected prior year adjustment of £46.2m, the forecast outturn deficit was £66.4m. Paper F4 explained that the reported 2019/20 position to NHSE/I was a £112.6m deficit including PSF, FRF and MRET, reflecting the fact that there would be no prior year adjustment in the national NHS accounts (as the £46.2m was not material for national reporting purposes).

Although the figures were still subject to audit by the Trust's External Auditor as part of the annual accounts process, the Interim Chief Financial Officer noted that PwC had largely concluded its forecast outturn work and was broadly in agreement with the Trust's position. The year-end position was as expected in month 11 and the forecast position had therefore remained stable over recent weeks. UHL's draft (pre-audit) accounting position would be submitted to NHSE/I on 11 May 2020, who had been kept regularly informed of progress through weekly telephone calls.

There were no questions on the 2019/20 financial outturn report. The Trust Chairman thanked the Interim Chief Financial Officer and his team for their work on the forecast outturn position.

Resolved – that the position be noted.

90/20/2 Clinical Research Network East Midlands (CRNEM) – Annual Plan 2020/21

Paper G presented the 2020/21 Clinical Research Network East Midlands annual plan for sign-off by the Trust Board (as host organisation for the EM network). Retrospective approval had been agreed nationally to be acceptable given the current national focus on Covid-19. The Medical Director advised the Trust Board that he was content with the annual plan as presented, and he noted that both CRNEM and UHL were involved in national research on Covid-19, with UHL being the lead recruiter in one trial. In discussion, Professor P Baker Non-Executive Director (and Dean of the University of Leicester Medical School) commended the CRNEM annual plan and also the national research leadership being shown by Leicester, particularly highlighting comments from the Chief Executive of UK Research and Innovation. Professor Baker's comments were echoed by Ms V Bailey Non-Executive Director, who also commented on the strong positive motivation staff derived from research.

Resolved – that the CRN EM annual plan 2020/21 be approved as presented.

MD

90/20/3 Covid-19 Interim Board and Board Committee Governance Arrangements

Paper H set out revised Trust Board and Board Committee governance arrangements in response to the Covid-19 outbreak. The arrangements would be kept under review between now and their projected expiry at the end of June 2020. The Director of Corporate and Legal Affairs advised that the Trust was in the process of adapting to new ways of working, including (eg) how to enable public access to the Trust Board virtual meetings held in public. Work was in hand accordingly with the Chief Information Officer, with a view to being in place for the public session of the June 2020 Trust Board. The Trust Chairman reiterated UHL's commitment to openness at Trust Board meetings.

Resolved – that the revised Trust Board and Board Committee governance arrangements be adopted as presented (for review at the end of June 2020).

DCLA

91/20 ITEMS FOR NOTING

91/20/1 Declarations of Interests by Trust Board Members 2019/20

In discussion on the report, the Acting Chief Operating Officer confirmed that she had no declarations of interest to make (for the 2020/21 year).

Resolved – that the declarations of interest made by the Trust Board members for the year 2019/20 be noted.

91/20/2 Reports from Board Committees

91/20/2.1 Audit Committee

A detailed summary of the meeting had been presented to the 26 March 2020 Trust Board. The Audit Committee Non-Executive Director Chair particularly highlighted Audit Committee discussions on the Counter Fraud progress report, and thanked the Interim Chief Financial Officer and his team for their work to date on the annual accounts process.

Resolved – that the 6 March 2020 Audit Committee minutes be received and noted as per paper J (no recommended items).

92/20 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 business on today's Trust Board agenda:-

- (a) whether UHL's reconfiguration plans would change as a result of Covid-19, and whether it was still safe to move maternity onto a single site. In response, the Acting Chief Executive commented on the significant impact of Covid-19 generally and on the need therefore to ensure that the reconfiguration plans were fit for the future (eg fewer face to face consultations, greater use of remote technology, etc), which would be reviewed in detail. With regard to maternity, the Medical Director considered that the original drivers for a single site still applied, although the exact shape of that might be slightly different. The Trust Chairman emphasised the Trust's commitment to a transparent consultation process with clear explanations of any changes;
- (b) whether visiting restrictions would be lifted in the near future. In response, the Acting Chief Executive advised that this was recognised as a national issue and therefore required a national steer. She confirmed that UHL had allowed end of life care visits (and had taken appropriate protective measures with those families). The Chief Nurse confirmed that UHL would continue to review visiting times in line with national guidance and infection prevention considerations, and she reiterated the Trust's wish to keep patients, staff and the public safe in an appropriately-compassionate approach. Safety and separation of areas were key;
- (c) how non-Covid-19 patients would be reassured that it was safe to visit the hospital. Again, the Acting Chief Executive considered that this was a national issue needing a national response. The Medical Director advised that in the restoration and recovery phase, UHL would be talking to patients and providing reassurance that the hospitals were safe to attend, and he emphasised that patients should attend the hospital if they needed to. The Medical Director considered that there were various potential factors behind the fall in ED attendances, including (eg) a reduction in motor vehicle accidents and pollution due to less traffic on the roads, improved compliance with medication regimes, etc. The Acting Chief Executive advised that the Trust was keen to continue its good relationship with local media and build public confidence levels, and
- (d) whether the local Covid-19 death rate was higher than the national one and if so whether that was related to BAME numbers. In response, the Medical Director advised that – based on his communications with NHSE/I – there was nothing to suggest that UHL was an outlier in terms of Covid-19 death rates. However, he emphasised that UHL's ECMO (extra corporeal membrane oxygenation) unit did take amongst the sickest patients in the country, with an attendant increased mortality rate.

Resolved – that the position be noted.

93/20 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 94/20 to 101/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

94/20 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director, and Mr S Lazarus Interim Chief Financial Officer declared

their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively) and, with the agreement of the Trust Board, they remained present.

95/20 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 26 March 2020 Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

96/20 CONFIDENTIAL MATTERS ARISING REPORT

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

97/20 KEY ISSUES FOR DISCUSSION/DECISION

97/20/1 Confidential Reports from the Interim Chief Financial Officer

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

97/20/2 Confidential Report from the Director of Estates and Facilities

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

98/20 ITEMS FOR ASSURANCE

98/20/1 Confidential Report from the Director of Estates and Facilities

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

98/20/2 Reports from Board Committees

98/20/2.1 Finance and Investment Committee (FIC)

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

98/20/2.2 Remuneration Committee

Resolved – that the 5 March 2020 confidential Remuneration Committee minutes be received, and any recommendations endorsed.

99/20 ITEMS FOR NOTING

99/20/1 Confidential Report from the Director of Corporate and Legal Affairs

Resolved – that the contents of confidential paper Q be noted.

99/20/2 Reports from Board Committees

99/20/2.1 Audit Committee

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

100/20 ANY OTHER BUSINESS

There were no items of any other business.

101/20 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board virtual meeting be held on Thursday 4 June 2020 from 9am.

The meeting closed at 11.15am

Helen Stokes – Corporate and Committee Services Manager

Cumulative Record of Attendance (2020/21 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	1	1	100	A Furlong	1	1	100
J Adler	1	0	0	K Jenkins	1	1	100
V Bailey	1	1	100	A Johnson	1	1	100
P Baker	1	1	100	S Lazarus	1	1	100
R Brown	1	1	100	(from 12.12.19)			
I Crowe	1	1	100	B Patel	1	1	100
C Fox	1	1	100	M Traynor	1	1	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	1	1	100	V Karavadra (from 5.9.19)	1	0	0
D Kerr	1	1	100	S Ward	1	1	100
H Kotecha	1	1	100	M Wightman	1	1	100
				H Wyton	1	1	100