

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 1 OCTOBER 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
 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 (up to and including Minute 203/20/2)
 Mr B Patel – Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair
 Mr M Traynor – Non-Executive Director (up to and including part of Minute 203/20/3)
 Mr M Williams – Non-Executive Director and Audit Committee Chair

In attendance:

Mr A Carruthers – Chief Information Officer
 Mr B Collins – Emergency Preparedness Resilience and Response (EPRR) Manager (for Minute 195/20/4 only)
 Mr R Cooper – Financial Improvement Director
 Ms L Davies – Director of Leicester Hospitals Charity (for Minute 206/20/1 only)
 Mr D Kerr – Director of Estates and Facilities
 Mr V Karavadra – Associate Non-Executive Director
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 198/20)
 Ms F Lennon – Deputy Chief Operating Officer (for Minute 195/20/4 only)
 Dr C Marshall – Deputy Medical Director (for Minute 195/20/1 only)
 Ms E Moss – EMCRN Chief Operating Officer (for Minute 195/20/5 only)
 Mrs K Rayns – Corporate and Committee Services Officer
 Professor D Rowbotham – EMCRN Clinical Director (for Minute 195/20/5 only)
 Ms C Rudkin – Senior Patient Safety Manager (for Minute 195/20/1 only)
 Mr B Shaw – Director of Productivity (for Minute 203/20/3 only)
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications
 Ms H Wyton – Chief People Officer

ACTION**191/20 APOLOGIES AND ANNOUNCEMENTS**

No apologies for absence were received.

192/20 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

Mr A Johnson, Non-Executive Director and the Interim Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively). Mr M Traynor, Non-Executive Director declared his interest as Small Business Crown Representative with the Cabinet Office. The Trust Chairman also declared an interest in the item of business considered under Minute 195/20/5 below, advising that a family member worked for Lakeside and that this organisation was involved in delivering research studies for potential Covid-19 vaccines. With the agreement of the Trust Board, these individuals remained present.

193/20 MINUTES

Resolved – that the Minutes of the 3 September 2020 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN**

194/20 MATTERS ARISING FROM THE MINUTES

Paper B provided a summary of the matters arising log from the 3 September 2020 Trust Board meeting and any outstanding matters arising from previous meetings. Mr B Patel, Non-Executive Director sought and received additional information regarding item 2 (Minute 162/20/2 of 3 September 2020 refers), noting that the monthly report on addressing health inequalities had been incorporated into the Chairman's briefing note for October 2020 and that an additional discussion on health inequalities was due to be held at the informal Trust Board discussions on 8 October 2020.

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

195/20 KEY ISSUES FOR DISCUSSION/DECISION

195/20/1 Patient Story – Serious Untoward Incident

The Medical Director introduced the patient story detailed in paper C, advising that it described a 'Never Event' that had occurred at UHL in April 2020. The Trust Board had previously agreed that one patient story per quarter would focus on a patient safety incident. This event represented one unfortunate occurrence amongst the hundreds of thousands of patient touch points each year at UHL and such events were usually considered to be preventable.

Ms C Rudkin, Senior Patient Safety Manager provided an overview of the circumstances leading up to the incident with a particular focus on the mis-placed Nasogastric tube when it was re-inserted in the Covid-19 section of the Adult Intensive Care Unit. A chest x-ray had been taken to confirm the positioning of the tube and following a slight advancement, feeding had commenced via the tube. As the patient's condition had deteriorated, feeding was stopped and a second x-ray was taken showing that the tube was misplaced in the pleural space and the patient had sustained a punctured lung, compounding the lung damage already caused by Covid-19. Sadly, the patient had passed away from Covid-19 a few days later. Recognising that the patient's family had not wished to participate in this discussion as they were still grieving, the Senior Patient Safety Manager recorded her appreciation to the family for allowing their story to be shared at today's Trust Board meeting.

Dr C Marshall, Deputy Medical Director advised that she had Chaired the investigation into this Never Event and she briefed the Trust Board on the lessons learned and the actions that the Trust had put in place to prevent a reoccurrence. The incident had happened at the height of the first wave of Covid-19 and all staff had been wearing full Personal Protective Equipment (PPE) which had compromised communications between staff. A Trust-wide Communications in PPE Group had been convened and they were looking at the use of microphones to enhance the quality of verbal communications. A Nerve Centre module was being developed to formalise the local guidelines, policies and procedures and this would enforce a hierarchy of 'stop' moments designed to halt any unsafe procedures. A robust set of actions had been developed which included the record keeping of 'essential to role' staff training. The learning from this incident had also been shared with other NHS Trusts who were using the Nerve Centre patient record system. A detailed review of this Never Event had been undertaken by the Quality and Outcomes Committee (QOC) in August 2020 and QOC had been assured by the action plan that had been put in place to avoid a recurrence.

In discussion on the patient story, the following comments and queries were noted:-

- (a) the Acting Chief Executive commended the level of assurance that had been provided in respect of the learning from this patient safety incident. She sought further information about the communications focus, noting in response that the Communications in PPE Group had already met and that they would be circulating some guidance in the next few days to emphasise the importance of anticipating, focusing upon and confirming key messages when working in PPE;
- (b) the Medical Director briefed the Trust Board on a national workstream being led by Professor T Coates in respect of throat microphones, and the involvement of University of Leicester teams in reviewing the multiple factors leading to patient safety incidents;
- (c) the Leicester and Leicestershire Healthwatch Chair emphasised the need to consider patients whose first language was not English and patients with hearing impairments within the review of communications in PPE. She also queried the frequency of the refresher training for 'essential to role' staff training. Responding to this query, the Medical Director advised that the frequency of statutory and mandatory training and 'essential to role' training was based upon national

- guidance, with some elements being repeated annually, three-yearly. Other courses were required to be undertaken once only or as part of the initial induction training process. More generally, there was an established process for obtaining translation services when required and additional support for patients with hearing impairments, and
- (d) the Trust Chairman recorded his condolences and apologised to the patient's family, expressing regret that this incident had occurred. Recognising the impact that such incidents could have, he provided assurance that patient safety was at the forefront of people's minds and that it was core to the services provided by the Trust. He confirmed the importance of seeking to learn everything possible about this incident to ensure that every patient received proper individualised care and he emphasised the need for staff to take every precaution possible going into a potential second wave of Covid-19.

Resolved – that the patient story on a recent 'Never Event' be received and noted as paper C.

195/20/2

Chairman's Monthly Report – October 2020

In presenting his monthly report at paper D, the Trust Chairman reflected upon the Trust's short term focus over the next six months in terms of (i) maintaining the quality of services, (ii) restoration and transformation of services, (iii) delivering the Reconfiguration Programme on time and on budget, (iv) achieving financial sustainability and (v) addressing health inequalities. Today's Trust Board agenda provided an opportunity for the Trust Board to discuss the competing priorities and organisational challenges posed by Covid-19 at the current time, and going forwards into winter 2020 and the spring of 2021. He emphasised the robust nature of the Trust's infection prevention controls which were helping to keep the hospitals safe for patients and staff and he commented upon the arrangements in place to protect the health and well-being of staff following a critical period over the last 6-7 months period and as they headed into the winter period.

Noting that the formal consultation process for the Reconfiguration Programme had commenced, the Trust Chairman encouraged people to participate in the consultation and submit their views accordingly. In respect of health inequalities and the disproportionate impact of Covid-19 on the Trust's diverse communities, the Trust Chairman highlighted the Trust's position as a major employer and service provider and he emphasised the need to reflect upon the environment where staff and patients lived, including the impact upon their access to health services, and the availability of data to inform the actions to address health inequalities through equality impact assessments. Opening this section of the meeting up to questions, the Trust Chairman welcomed any additional suggested themes for the Trust Board (as a public body) to consider at today's meeting:-

- (a) Mr A Johnson, Non-Executive Director raised a comment about a potential variation in the way that clinical and medical staff communicated with their patients and the way in which they responded to questions, noting that this sometimes varied according to their perception of whether the patient was educated or less well-educated and whether there were any language barriers. He queried the scope to implement a common set of standards for patient communications or to establish degrees of acceptable variance. The Trust Chairman supported this comment noting that it played towards the heart of UHL's culture;
- (b) in response to the final bullet on page 3 of paper D (relating to the outward-facing role the Trust should play in relation to health inequalities issues that impact upon our local communities), Mr B Patel, Non-Executive Director highlighted the exceptional work that was taking place to address health inequalities by individuals and teams in partnership with the University of Leicester, noting the need to recognise this work and share it externally. In response to this point, the Trust Chairman commented upon recent examples of innovation and opportunities to sustain learning points and embed them within new ideas and processes. He noted that another NHS Trust had appointed their own Public Health Consultant, and he would be exploring the scope to hold a Board to Board meeting with this Trust to identify any learning for UHL;
- (c) the Director of Strategy and Communications advised that UHL had worked closely with a Public Health Consultant a few years previously and he suggested that the Clinical Commissioning Groups (CCGs) might be willing to part-fund such a post in future. Currently any discussions on population health were taking place between the City and County Councils and the CCGs, but he noted some scope to invert this process to review ways in which health outcomes differed according to different sectors of the population and how to address these issues positively. For example, data indicated that patients from a Black, Asian or Minority Ethnic (BAME) background were twice as likely to DNA (did not attend) for appointments;

Chairman

- (d) the Acting Chief Executive commented upon the good news story that UHL was amongst the top three NHS Trusts nationally in terms of patient outcomes with Covid-19. She advised that there was much good work to be shared with other Trusts' clinical teams, in terms of the arrangements for protecting staff and patients, undertaking workplace risk assessments and addressing the disproportionate impact of Covid-19;
- (e) the Chief People Officer advised that population health data was used routinely within the LLR System workforce planning process, and
- (f) Professor P Baker, Non-Executive Director endorsed this direction of travel, noting the importance of ensuring equitable access to healthcare services for everyone. In his view, the local Public Health experts had really stepped-up their contribution during the Covid-19 pandemic and he looked forward to continuing to work with them to build on the existing achievements, noting that there was more that the health economy should be doing to address health inequalities going forwards.

Finally, the Trust Chairman highlighted that UHL had won the award for 'Acute Hospital of the Year' at the virtual Patient Experience Network National Awards (PENNA) and he commended this tremendous achievement. In addition, Trust Board members noted that Saxton Bampfylde Ltd had been formally appointed as the agency to progress the recruitment of UHL's next Chief Executive and the vacancy would begin to be advertised on their website in the next few days, with a link being provided on UHL's own external website. Key members of the Trust Board would be involved in the selection process.

Resolved – that (A) the Trust Chairman's monthly report for October 2020 be noted, and

(B) the Trust Chairman be requested to explore the scope to hold a Board to Board meeting with another NHS Trust which had recently appointed its own Public Health Consultant.

Chairman

195/20/3

Acting Chief Executive Monthly Update – October 2020

The Acting Chief Executive introduced paper E, noting that she was very proud that UHL had been named as 'Acute Trust of the Year' at the Patient Experience Network National Awards (PENNA). She recorded her congratulations to the teams involved in each of the submissions which were detailed in section 5.2 of her report. Reporting verbally, the Acting Chief Executive described the current situation with Covid-19, advising that UHL was currently caring for 34 Covid-positive patients – one of whom was being cared for in an intensive care setting. The number of cases had remained at a similar level over the last 4 or 5 days. However, other parts of the country appeared to be at the 'foot hills' of a second wave of Covid-19 as they were experiencing quite different rates of increasing infections. She provided assurance that the Trust was doing everything possible to keep the hospitals safe whilst protecting its elective, cancer and urgent activity to provide the best possible outcomes for both Covid and non-Covid patients.

The Care Quality Commission (CQC) had engaged with the Trust in August and September 2020 to review the effectiveness of its infection prevention and control measures and the summary record provided at appendix 3 advised that the Trust had been assessed as fully compliant in each of the 11 assessment areas. In parallel with the Covid-19 response, the Trust continued to prepare for other challenges such as winter pressures and winter illnesses by ensuring that the patient pathways were correct, the seasonal flu vaccine was rolled out and appropriate use was being made of the NHS 111 service.

The quality and performance report for August 2020 was hyperlinked within paper E and a summary dashboard was provided at appendix 2. The number of ambulance handover delays had increased slightly, but performance still remained within the national range and a clear trajectory had been agreed to reduce such delays. Special Covid-19 badges had been issued to staff which incorporated the NHS logo, the Team UHL star and the rainbow symbolising hope and a celebration of the many backgrounds, beliefs and colours of the Trust. Section 7 of paper E described the arrangements for completing the EU Exit transition period on 31 December 2020, confirming that plans were in place to mitigate any potential risks surrounding the end of the transition period.

The Medical Director briefed Trust Board members on recent developments in respect of the Genomic Medicine Service Alliance, noting that genomic medicine was moving at pace and that in future it would be possible to offer more bespoke patient care, underpinning the latest scientific advances. As an example of how this could be translated into meaningful clinical practice, he highlighted the different ways in which patients with breast cancer responded to treatments and

opportunities to adapt the treatments accordingly. A national network of seven Genomic Medicine Service Alliances had been commissioned by NHS England/NHS Improvement and UHL was part of the East Midlands and East of England Region in partnership with Cambridge University Hospitals Foundation Trust and Nottingham University Hospitals NHS Trust. National recurrent funding of up to £1m per service alliance would be made available and a formal tendering process would be opening in the near future. Trust Board members would be updated on developments as they progressed.

ACE

The Trust Chairman highlighted the Trust's current challenges in respect of cancer waiting times and reducing the backlog of referrals, in parallel with preparing to respond to a second wave of Covid-19 and managing winter demand and capacity pressures. Responding to this point, the Acting Chief Executive advised the Trust Board that UHL's cancer backlogs had now reduced to the level that they were at prior to the Covid-19 pandemic and the Trust continued to focus on reducing this backlog to a minimal level, as part of the nationally-recognised workstream in this area.

Resolved – that (A) the Acting Chief Executive's monthly report be received and noted as paper E, and

(B) the Acting Chief Executive be requested to update the Trust Board on future developments associated with the Genomic Medicine Service Alliance through her monthly Trust Board briefing notes.

ACE

195/20/4

UHL Covid-19 Post Peak Learning Exercise

Ms F Lennon, Deputy Chief Operating Officer and Mr B Collins, Emergency Preparedness Resilience and Response (EPRR) Manager attended the virtual meeting to present paper F and provide a short presentation describing the key outputs of the Covid-19 post-peak learning exercise. Following the first wave of Covid-19, an on-line staff survey had been made available to all UHL staff, with the aim of collating views on (a) the effectiveness of the command and control arrangements, (b) whether the communications arrangements had been an effective way of sharing information across the Trust, (c) whether staff had felt safe and supported, (d) any changes that had been introduced during the first peak which staff would like to see continued, and (e) views on ways that the Trust could improve its preparation and response to a second wave of infection.

There had been 4,239 responses to the survey and the conclusions drawn in relation to the above five questions were set out in section 5 of paper F. Observations were noted in terms of the helpful nature of the daily situation reports which had helped to inform the planning, response and recovery from the first wave, the pivotal use of staff re-deployment, the importance of staff communications, health and wellbeing provision, collaboration with Leicester, Leicestershire and Rutland (LLR) System partners and other neighbouring NHS Trusts, and use of independent sector providers. During the pandemic, the Trust had received and responded to some 500 letters providing revised advice and guidance and a number of these had required the Trust to implement changes rapidly with very little notice to staff. Reporting requirements had extended to some 19 internal and 75 external reports per week. Staff feedback had been received in relation to the short turnaround time for implementing new guidance and opportunities to improve the local training and induction for staff being re-deployed to other areas during the pandemic.

In discussion on paper F, Col (Ret'd) I Crowe, Non-Executive Director commended this excellent report and the Trust's overall response to the pandemic, noting the robust nature of the EPRR capability and the evolving nature of the comprehensive daily situation reporting process. He emphasised the need to reduce the reporting burden to an absolute minimum in preparation for a potential second wave of the infection. Col (Ret'd) I Crowe also commented upon the scope to undertake a broader (more strategic) review of the lessons learned in relation to Workforce, Training, Estates and Facilities, Logistics and Finance aspects in order to inform the Executive-level planning for further waves of infection. The Trust Chairman supported this point, suggesting that it might be helpful to consider the wider learning points at a future informal Trust Board discussion.

ACOO

CHAIR
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Ms V Bailey, Non-Executive Director commended the report, noting that it was good to see that staff had been surveyed, noting that it would also be helpful to canvass the views of patient and carers in respect of the way that UHL had delivered its services during the pandemic and to transfer any learning into the Trust's plans for addressing health inequalities and transforming services. Mr M Williams, Non-Executive Director noted that the Department of Health and Social Services might have been asking for excessive amounts of data and requiring Trusts to respond very quickly to

their guidance and he expressed his concern that the same issue might be experienced as the deadline approached for Britain's exit of the European Union. In response, the Acting Chief Executive noted that the Trust had provided feedback to NHSE/I regarding the number of national, regional and local recommendations received during the first wave of the pandemic and she agreed to share this feedback with Trust Board members accordingly.

ACE

Mr A Johnson, Non-Executive Director also commended the report provided at paper F, noting that some of the learning points were self-evident, but he emphasised a general point about the scope for significant achievements when staff responded well with a sense of common purpose. He also reflected upon the potential disadvantages relating to the hierarchy of decision-making, noting the benefits of delegated powers to act upon initiative during a pandemic situation.

The Chief Nurse briefed Trust Board members on the national learning exercise in relation to Infection Prevention arrangements during the pandemic, including the recognised national approach and the scope for local interpretation, dependent upon the local risk status. The Director of Estates and Facilities recorded his appreciation to members of the public and to national and local companies, for the goods and services that they had provided to support health and wellbeing during the pandemic.

In summary, the Trust Chairman thanked the Deputy Chief Operating Officer and her colleagues for providing this report on the post-peak learning and for their wider contribution during the pandemic. He also highlighted the need to communicate with patients and staff on the outputs from the staff survey.

Resolved – that (A) the report and presentation on UHL's Covid-19 Post Peak Learning Exercise be received and noted as paper F, and

(B) the Acting Chief Operating Officer be requested to undertake a broader strategic review of the lessons learned to inform Executive-level planning for further waves of infection, eg opportunities to reduce the scale of the formal reporting processes,

ACOO

(C) the Trust Chairman be requested to consider holding an informal Trust Board discussion on the strategic review of lessons learned from the first wave of Covid-19, and

CHAIR
MAN

(D) the Acting Chief Executive be requested to provide Trust Board members with a copy of the NHSE/I feedback re: UHL's response to the national and local recommendations received during the first wave of Covid-19.

ACE

195/20/5

East Midlands Clinical Research Network (EMCRN) Quarterly Update Report

Professor D Rowbotham, EMCRN Clinical Director and Ms E Moss, EMCRN Chief Operating Officer attended the virtual meeting to introduce paper G, providing the quarterly update on progress of the National Institute of Health Research (NIHR) EMCRN in supporting Covid-19 urgent Public Health research and developing readiness to deliver the forthcoming pipeline of regional and national Covid-19 vaccine research studies. The report also provided an update on the arrangements for restarting paused NIHR portfolio research, feedback from the 2019/20 review meeting and the updated EMCRN Governance Framework (as detailed in appendix 2) for the Trust Board's approval (as Host Organisation for the Network).

In discussion on the report, Professor P Baker, Non-Executive Director sought further information about the progress and challenges associated with re-starting NIHR portfolio research, noting in response the comments provided by the Clinical Director in relation to the associated reliance upon the capacity of clinical services to support research studies in parallel with Covid-19 restoration and recovery plans and preparations for a second wave of the infection. The Trust Chairman recorded the Trust Board's approval of the revised Governance Framework provided at appendix 2, he also commented that the Trust Board welcomed the opportunity to host the EMCRN and would continue to support the Network going forwards.

Resolved – that the EMCRN quarterly update report (paper G) be received and the revised EMCRN Governance Framework be approved (as set out in appendix 2 to paper G).

MD

196/20

ITEMS FOR ASSURANCE

196/20/1 Reports from Virtual Board Committee Meetings196/20/1.1 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair introduced paper H1 summarising the issues covered during the virtual QOC meeting held on 24 September 2020. She particularly highlighted the Committee's discussion on the biannual Organ Donation report and the Stillbirth Cluster Review, noting that organ donation continued to be a priority for the Trust although activity levels had been slightly reduced during the Covid-19 pandemic. Maternity services (including perinatal maternity) continued to receive appropriate focus and monitoring going forwards. In discussion on paper H1, the Trust Chairman highlighted health inequalities for Black and Asian Minority Ethnic patients who waited longer than the general population for an organ match. He also commented upon the national media focus currently on maternity service provision.

Resolved – that the summary of public issues discussed at the 24 September 2020 QOC meeting be received and noted (as paper H1).

196/20/1.2 People, Process and Performance Committee (PPPC)

Paper H2 summarised the issues covered during the virtual PPPC meeting held on 24 September 2020. The PPPC Non-Executive Director Chair particularly drew members' attention to the discussion on the Winter Plan and Covid-19 Escalation Framework, noting that the Committee was seeking further detailed assurance in relation to the LLR System Winter Plan. PPPC had also reviewed a report on the Covid-19 staff testing programme and he commended the outstanding nature of this workstream. Paper H2 sought Trust Board approval for the Junior Doctors Guardian of Safe Working Report and the Freedom to Speak Up Annual Report for 2019/20 – both of these reports were available on the Trust's external website and could be accessed by clicking on the hyperlinks within paper H2.

Speaking as UHL's designated Non-Executive Director for Freedom to Speak Up, Mr B Patel provided a short overview of the various ways in which staff could raise their concerns, noting that the Freedom to Speak Up Guardian was currently away on maternity leave, but Ms B Ballinger had been seconded to this role in the interim period. Members noted that the Freedom to Speak Up approach was a national process followed by all NHS Trusts and that UHL aimed to promote a level of independence within its Freedom to Speak Up culture. The Trust Chairman supported this culture and he encouraged staff to raise any concerns with the Freedom to Speak Up Guardian.

Resolved – that (A) the summary of public issues discussed at the 24 September 2020 PPPC meeting (paper H2) be received and noted, and

(B) the Junior Doctors Guardian of Safe Working report and the Freedom to Speak Up Annual Report for 2019/20 be approved (as per the documents hyperlinked within paper H2).

CPO

196/20/1.3 Finance and Investment Committee (FIC)

Paper H3 summarised the issues covered during the virtual FIC meeting held on 24 September 2020. The FIC Non-Executive Director Chair advised that there were no recommended items for the Trust Board's approval. He briefly drew members' attention to (a) progress of the 2020/21 Capital Programme which was currently behind plan and requiring some additional focus, (b) the Financial Recovery Board which was starting to operate at a higher-level with an increased focus on its primary focus of driving financial recovery, (c) the increased focus being maintained in respect of pay controls via the provision of pay analysis data in the monthly financial performance reports, and (d) the need to maintain a focus on non-pay expenditure following the Covid-19 pandemic.

Resolved – that the summary of public issues discussed at the 24 September 2020 FIC meeting (paper H3) be received and noted.

196/20/1.4 2020/21 Month 5 Financial Position

As detailed in paper H4, the Trust was reporting a break-even position for month 5 inclusive of Covid-19 top-up funding of £39.9m. Excluding top-up funding, the underlying position was favourable to plan by £11.7m. The scale and duration of the impact of Covid-19 upon patient activity, income and expenditure was uncertain and would require ongoing refinement to the

forecasting of financial performance aligned to the restoration and recovery of patient activity. Final budgets for months 5 to 12 would be confirmed in accordance with national operational planning guidance. The Trust's cash position remained strong and the Trust had achieved 94% compliance against the 95% target to pay non-NHS suppliers within 30 days. Taking the report as read, the Interim Chief Financial Officer invited any questions.

The Trust Chairman requested some additional information about the changes in financial performance which were likely to be noted with effect from month 6. In response, the Interim Chief Financial Officer briefed the Trust Board on changes to the Covid-19 top-up mechanism with effect from 1 October 2020 and the integrated business planning process for the second half of the financial year, taking into account forecast activity plans, winter capacity constraints and the potential impact of a second wave of Covid-19. Each of the Clinical Management Groups had developed realistic plans to deliver their services and the Trust was working with LLR System Partners and the Regulators to complete the financial returns which were due to be submitted to NHSE/I by 22 October 2020. He highlighted the short timescale for this workstream, noting that the allocations had only been notified one week previously. The 2020/21 Financial Plan would be developed with the aim of prioritising recovery activity, whilst providing best value for money and maintaining control of any unnecessary expenditure. He advised that an additional Trust Board meeting would need to be convened to approve the 2020/21 Financial Plan before it was submitted to the Regulators. The Trust Chairman emphasised the need for everyone to understand their responsibilities in terms of (i) maintaining the quality of service, (ii) delivering operational performance, and (iii) controlling expenditure.

DCLA

Resolved – that (A) the month 5 financial performance report be received and noted (as paper H4), and

(B) the Director of Corporate and Legal Affairs be requested to schedule an additional Trust Board meeting to approve the financial plan prior to submission to NHSE/I by 22 October 2020.

DCLA

197/20 ITEMS FOR NOTING

197/20/1 Declarations of Interest – Mr M Williams, Non-Executive Director

Resolved – that the declarations of interest by Mr M Williams, Non-Executive Director be received and noted as paper I.

197/20/2 Minutes of the Virtual Board Committee Assurance Calls – August 2020

197/20/2.1 Quality and Outcomes Committee (QOC)

Resolved – that the public Minutes of the 27 August 2020 QOC assurance conference call be received and noted as per paper J1.

197/20/2.2 People, Process and Performance Committee (PPPC)

Resolved – that the public Minutes of the 27 August 2020 PPPC assurance conference call be received and noted as per paper J2.

197/20/2.3 Finance and Investment Committee (FIC)

Resolved – that the public Minutes of the 27 August 2020 FIC assurance conference call be received and noted as per paper J3.

198/20 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

Resolved – that no questions or comments were raised in advance of the meeting by the press or public.

199/20 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 200/20 to 208/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

200/20 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director, and the 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.

201/20 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 3 September 2020 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

Chair
man

202/20 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 could be prejudicial to the effective conduct of public affairs.

203/20 KEY ISSUES FOR DISCUSSION/DECISION

203/20/1 Confidential Report from the Acting Chief Executive

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.

203/20/2 Confidential Report from the Director of Corporate and Legal Affairs

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.

203/20/3 Confidential Reports from the Director of Estates and Facilities

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.

204/20 ITEMS FOR ASSURANCE

204/20/1 Reports from Board Committees

204/20/1.1 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.

204/20/1.2 Remuneration Committee

Resolved – that the 14 August 2020 confidential Remuneration Committee Minutes be approved as presented in paper Q.

205/20 REPORTS FROM EXECUTIVE GROUPS

205/20/1 Executive Strategy Board (ESB)

Resolved – that the action notes from the 1 September 2020 virtual ESB meeting be received and noted as paper R.

206/20 CORPORATE TRUSTEE BUSINESS206/20/1 Urgent Charitable Funds Application for Approval as Corporate Trustee

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.

207/20 ITEMS FOR NOTING207/20/1 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 27 August 2020 virtual FIC meeting be received and noted as paper T.

208/20 ANY OTHER BUSINESS208/20/1 Caring at its Best – Blue Ward Accreditation

The Chief Nurse introduced an additional report (which had been circulated earlier that morning and published on the external website) advising that the Brain Injury Unit at Leicester General Hospital had met the required criteria to be awarded 'Caring at its Best' Blue ward status. The report outlined the Ward Assessment and Accreditation process in place at UHL and the achievements of the Brain Injury Unit in obtaining three consecutive green assessments and the subsequent submission of a portfolio of evidence to the panel. The portfolio submitted as part of their application had also included a focus on how they would share the learning and sustain the Blue ward status going forwards. Following deliberations, the panel had unanimously decided to support the Brain Injury Unit's application.

The Trust Chairman commended this positive news, linking it to UHL's recent success at the Patient Experience National Network Awards (PENNA). Ms V Bailey, Non-Executive Director advised that she had been a member of the final panel and she commented upon the multi-disciplinary nature of the Brain Injury Unit team advising that the level of care shown to their patients was humbling. The Chief Nurse suggested that Sister J Freer and a few of her colleagues should be invited to attend the virtual Trust Board meeting in October to provide a short presentation describing their success.

CN

Mr A Johnson, Non-Executive Director noted that the Ward Accreditation and Assessment was well-embedded at UHL and he had following the progress of the Brain Injury Unit's accreditation on social media recently. Noting that such success was something to be celebrated, he queried whether there was any scope to develop a similar process for rewarding good financial performance. Col (Ret'd) I Crowe, Non-Executive Director congratulated the Chief Nurse and the Brain Injury Team on their successful achievement and he commented upon the proposed development of an integrated quality assurance system for assessing the quality of services rather than individual wards. In response to this point, the Medical Director advised that draft proposals had been presented to QOC on 24 September 2020 and a further progress report would be presented to a future QOC meeting.

MD

Resolved – that (A) the announcement of UHL's first Blue Ward Accreditation to the Brain Injury Unit at LGH be received and noted, and

(B) the Chief Nurse be requested to arrange for representatives from the Brain Injury Unit to attend the October Trust Board meeting to recognise their achievement, and

CN

(C) the Medical Director be requested to present a progress report on the Accreditation of UHL's Services to a future Quality and Outcomes Committee meeting (using a similar model to the Ward Accreditation process).

MD

208/20/2 Verbal Report by the Medical Director – Healthcare Certificates for Medical Students

Reporting verbally, the Medical Director briefed the Trust Board on the recent launch of a Healthcare Certificate for first year medical students, advising that 330 students had signed up to participate. As well as providing practical skills, the Certificate would support their personal skills development in terms of care and compassion. Participants would also be eligible to join the

nursing bank as Healthcare Assistants (if they wished to) and this would benefit the students and the Trust. Professor P Baker, Non-Executive Director recorded his support of this initiative, noting the long term benefits for medical students' future careers. A communications announcement was being prepared to promote the launch of this initiative.

Resolved – that the information on the development and launch of a Care Certificate for Medical Students be received and noted.

208/20/3 Confidential Verbal Report by 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 could be prejudicial to the effective conduct of public affairs.

208/20/4 Confidential Verbal Report by Director of Estates and Facilities

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

209/20 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board virtual meeting be held on Thursday 5 November 2020 from 9am.

The meeting closed at 12.16pm

Kate Rayns – Corporate and Committee Services Officer

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

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	8	8	100	K Jenkins (until 27.7.20)	3	2	67
J Adler (until 18.9.20)	7	0	0	A Johnson	8	8	100
V Bailey	8	8	100	S Lazarus	8	7	88
P Baker	8	8	100	D Mitchell	8	6	75
R Brown	8	8	100	B Patel	8	8	100
I Crowe	8	8	100	M Traynor	8	7	88
C Fox	8	6	75	M Williams (from 2.9.20)	3	2	100
A Furlong	8	7	88				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	8	8	100	S Ward	8	8	100
D Kerr	8	8	100	M Wightman	8	8	100
H Kotecha	7	7	100	H Wyton	8	7	88
V Karavadra	8	6	75				