Paper A

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 4 MARCH 2021 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 – 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 Williams – Non-Executive Director and Audit Committee Non-Executive Director Chair

In attendance:
Professor N Brunskill – Director of Research and Innovation (for Minute 74/21/1)
Mr A Carruthers – Chief Information Officer
Dr D Cristea-Nicoara – Consultant (for Minute 73/21/1)
Mr J Currington – Head of Partnerships and Business Development (for Minute 73/21/4)
Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement (for Minute 73/21/1)
Ms K Gillatt – Associate Non-Executive Director (excluding Minute 82/21/3)
Ms Z Harris – Integrated Cardio-Respiratory Manager, Leicestershire Partnership NHS Trust (for Minute 73/21/1)
Mr D Kerr – Director of Estates and Facilities
Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 76/21)
Mr J Murray – Director, Risk Advisory, Deloitte (observing)
Mr I Orrell – Associate Non-Executive Director
Mrs K Rayns – Corporate and Committee Services Officer
Dr I Valero-Sanchez – Consultant Physician (for Minute 73/21/1)
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Strategy and Communications
Ms H Wyton – Chief People Officer

ACTION

69/21 WELCOME AND APOLOGIES

The Trust Chairman had advised that he would be joining today's meeting slightly late. In his absence, Mr M Williams, Non-Executive Director and Deputy Trust Chair welcomed everyone to the meeting, noting that Mr J Murray from Deloitte was attending as an observer. There were no apologies for absence.

70/21 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

Mr A Johnson, Non-Executive Director, the Chief Financial Officer and Ms K Gillatt, Associate Non-Executive Director declared their interests as Non-Executive Chair and Non-Executive Directors of Trust Group Holdings Ltd (respectively). With the agreement of the Trust Board, these individuals remained present.

71/21 MINUTES

Resolved – that the Minutes of the 4 February 2021 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly. **CHAIR MAN**

72/21 MATTERS ARISING FROM THE MINUTES

Paper B provided a summary of the matters arising log from the 4 February 2021 Trust Board meeting and any outstanding matters arising from previous meetings. In respect of item 2 (Minute 40/21/1 of 4 February 2021 refers), it was noted that an update on the arrangements for Trust Board members to engage in the Rainbow Badge campaign would be provided to the Trust Board in May 2021. **CPO**

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

73/21 KEY ISSUES FOR DISCUSSION/DECISION

73/21/1 Transformation Story – Covid Virtual Ward

In presenting this month's transformation story, the Director of Quality Transformation and Efficiency Improvement advised that the Trust Board usually received either a patient or a staff story each month on a rotational basis. However, this month's story related to transformation of patient services through the development of a Covid Virtual Ward, which had led to improved patient outcomes and increased efficiency. Whilst this particular development had been initiated and led by the Clinical Team, the Transformation Team was currently evaluating opportunities to roll out a similar model for a range of other patient conditions within other services.

Dr D Cristea-Nicoara, Consultant in Respiratory Medicine provided a short presentation describing the arrangements for patients suffering with moderate to severe symptoms of Covid-19 to be monitored at home via three daily oximeter readings and regular contact with the respiratory nurses. Arrangements were in place for any patients who were identified as 'desaturating' to be re-admitted for further treatment as required. Patient feedback had been positive (particularly as nobody wanted to be in hospital unless it was absolutely necessary) and the daily contact with the respiratory nurses had provided the extra level of assurance that patients and their families required. This model had freed-up valuable resources and bed capacity at the height of the second wave of the pandemic. Dr Cristea-Nicoara commented upon opportunities to monitor patients with other diseases at home using a similar model. However, additional resources would be required to take this work forward, noting that the respiratory clinicians had fitted this project into their existing job plans during the pandemic.

Dr I Valero-Sanchez, Consultant Chest Physician, introduced her presentation slides summarising the benefits of supported discharge for Covid-19 patients which had helped to support patient flow, protect vulnerable patients from infection, minimise staff sickness, and free up capacity to continue looking after patients with other (non-Covid) conditions, such as Chronic Obstructive Pulmonary Disease (COPD) and heart failure. This service was integrated with the Leicestershire Partnership NHS Trust (LPT) using the existing links for the COPD outreach service with the aim of providing seamless, safe, supported transition from the hospital ward into community care. A digital (telehealth) triaging algorithm had been established which empowered patients to take an active role in their own care, assisting clinicians with managing their caseload and allowing them to direct their resources where most appropriate.

In discussion on the transformation story, the following comments and questions were noted:-

(a) the Medical Director commended this excellent and innovative service development which had arisen from the challenging environment associated with Covid-19 activity. In terms of the next steps, he noted some fantastic opportunities to develop the initiative further for other medical conditions, thus embedding transformation of services within the process for developing an Integrated Care System (ICS) in Leicester, Leicestershire and Rutland (LLR) instead of 'lifting and shifting' the existing service models;
(b) Col (Ret'd) I Crowe, Non-Executive Director welcomed the development of digitally enabled telehealth/telemedicine services, but he also highlighted a number of other services which had been struggling to initiate their outreach services in recent years, eg COPD and 'Activate your Heart', suggesting that it would be helpful to consider other existing outreach services and combining them into a comprehensive approach going forwards;
(c) the Chief People Officer highlighted the benefits of joined-up working within the LLR System, excellent use of digital innovation, effective use of bed capacity and keeping patients and staff safe, all of which aligned with Trust's values and helped to inspire others to drive innovation;
(d) Ms V Bailey, Non-Executive Director thanked the presenters, noting the challenges that could be associated with providing electronic presentations in the virtual meeting environment. She

commented on the need to embed such service developments so that they became 'business as usual' rather than progressing them as separate projects or schemes, noting her concerns that staff might develop 'work around' solutions. She was very supportive of co-designing patient services so that the patient took an active role in their own care and she commented upon opportunities to hold proactive discussions with local authorities about the future support needs for certain patient cohorts;

(e) the Leicester and Leicestershire Healthwatch Chair commented upon the positive impact of technology within this Virtual Covid Ward service development, but she reminded members that some patients did not have access to such technology at home and it was important to ensure that such patients were not excluded from service developments. She also commented upon opportunities to involve patients from the beginning when co-producing service developments for other patient conditions, noting the importance of addressing any language or other barriers to increase engagement;

(f) the Director of Strategy and Communications thanked the presenters and the wider team involved in this service development, suggesting that this was one of the best presentations he had seen at a Trust Board meeting for quite some time. Noting that the Clinical Team had visited another centre in Manchester/Salford and decided to implement a similar scheme in Leicester, he highlighted the future benefits of supporting UHL's Clinical Teams to develop and deliver their own innovative service developments. He also sought further information about the role of General Practitioners (GPs) within this development. In response, Dr Valero-Sanchez provided assurance that GPs had been involved in the design of the virtual ward model, confirming that appropriate arrangements were in place for safely linking the patients back to the care of their GP upon discharge from the UHL virtual ward, and

(g) Mr B Patel, Non-Executive Director commented upon a previous project which had been rolled out by the Respiratory BRU in respect of COPD patients (which had included a manual to record patient data to inform whether a hospital admission was required). He queried whether any of the lessons learned from this project had been built into the Virtual Covid Ward development. He queried whether the ethnicity and age profile of the patients who had used this service was captured and whether there was any opportunity to target certain patient cohorts to make it more suitable for them. He also highlighted opportunities to involve patients' relatives and carers and offer them training in the use of oxygen at home to increase assurance in this area.

Responding to some of the queries that were raised during this discussion, Ms Z Harris and Dr Cristea-Nicoara advised that no assumptions had been made about patients' access to technology or internet access at home. An individualised approach was adopted and the patient observations were equally able to be read out over the telephone, either by the patient themselves or by their relative or carer. Where appropriate/necessary patients had been issued with a smartphone to support their participation in the virtual ward. Where any language barriers had been experienced, it had usually been possible to liaise with other family members or carers. The learning from the COPD outreach service had been fully integrated into this model; indeed it was the same group of specialist nurses that supported these Covid-19 patients.

The Trust Chairman advised that he had been heartened to hear this example of service transformation and innovation, noting his hope that the Trust Board would continue to hear such stories at its public meetings. Highlighting his own personal experiences as a carer for a family member using home oxygen, he emphasised the importance of not under-estimating the role of family carers, suggesting that the Quality and Outcomes Committee (QOC) might wish to review the arrangements for supporting carers at a future meeting. A further discussion took place about the role of family carers during the discussion on the QOC summary (Minute 74/21/2.1 below refers).

Resolved – that the transformation story on the Virtual Covid Ward be received and noted.

73/21/2 Chairman's Monthly Report – March 2021

In presenting his monthly report at paper D, the Trust Chairman particularly drew the Trust Board's attention to the following issues:-

(i) the commitment and professionalism which UHL's staff continued to demonstrate in treating Covid-19 patients within the hospitals and maintaining the pace of the Covid-19 Vaccination Programme. Whilst it was pleasing to note that the pace of Covid-19 infections and hospital admissions was beginning to reduce, UHL continued to care for high numbers of patients in ICU and ECMO settings and a number of staff had been redeployed to these areas to support their colleagues in delivering patient care;

(ii) in the last month the Department of Health and Social Care had published its legislative proposals for a Health and Social Care Bill and NHSE/I had issued their response to the feedback from the Integrating Care engagement exercise. At the first meeting of a new LLR System Leadership Group held in the previous week, the Trust Chairman had highlighted some learning opportunities arising from recent reports on the existing Integrated Care System (ICS) arrangements in Surrey and Bedford, Luton and Milton Keynes;
(iii) the appointment of Mr I Orrell as UHL's second Associate Non-Executive Director. Mr Orrell joined the Board as a CIPFA qualified accountant, with significant financial and governance experience;
(iv) the resignation of Mr M Traynor OBE, previously Non-Executive Director and Deputy Chairman, with effect from 5 February 2021, taking the opportunity to thank him for his service;
(v) his own resignation as Trust Chairman, noting that this had not been an easy personal decision to make, but he felt that it was the right thing to do at the current time as this would enable the new UHL Chair to take forward the recruitment process for the a new permanent Chief Executive. In her role as Acting Chief Executive, Ms R Brown had not made him or any other Board colleagues feel that the sustained operational pressures over the last year had not been responded to appropriately. Since he had announced his resignation last week, the Trust Chairman had been humbled by the many messages of support and thanks that he had received, and
(vi) the nomination of Mr M Williams, Non-Executive Director as UHL Deputy Chairman – which was supported.

Resolved – that (A) the Trust Chairman's monthly report for March 2021 be received and noted as paper D, and

(B) the nomination of Mr M Williams, Non-Executive Director as UHL Deputy Chairman be approved. **TRUST CHAIR**

73/21/3 Acting Chief Executive Monthly Update – March 2021

The Acting Chief Executive introduced paper E, providing her monthly update on key issues. Taking the report as read, she provided a short briefing on the extent of Covid-19 activity within Leicester's hospitals. There were currently 199 patients in hospital with confirmed Covid-19 (which was equivalent to the peak of the first wave in April 2020) and ITU occupancy stood at 120%. Whilst the number of new Covid-19 admissions was starting to reduce, the Trust remained extremely busy and every effort was being made to treat Priority 2 cancer patients as soon as possible. The Acting Chief Executive acknowledged the huge amount of work undertaken by UHL's Research Teams surrounding every element of the pandemic at a local and a national level. The experiences of staff who had been redeployed during the pandemic had been highlighted in internal communication and local media recently. She noted the importance of caring for and supporting staff, advising that the Chief People Officer was spearheading a Mental Health and Wellbeing Hub.

In other news, the Acting Chief Executive recorded her congratulations to Mr A Bagul, Head of UHL's Transplant Service, for being awarded the 'Excellence in Delivering Patient Care' award by the National Blood and Transplantation Society. She also highlighted the publication of the Department of Health and Social Care (DHSC) White Paper setting out legislative proposals for at Health and Care Bill. Assurance had been provided by the EU Exit Planning Group that the expected impacts of the Trade Deal Agreement were less severe than the reasonable worst case planning scenario and that the contingency plans already in place were sufficient and robust. Finally, she noted that the Endoscopy Unit at Glenfield Hospital had been awarded Joint Accreditation Group (JAG) accreditation for a further five year period, subject to the completion of an annual review.

Resolved – that the Acting Chief Executive's monthly report be received and noted as paper E.

73/21/4 Leicester Royal Infirmary – Proposals for the Celebration of 250 Year Anniversary

The Director of Strategy and Communications introduced paper F, advising that the Leicester Royal Infirmary (LRI) had first opened its doors to patients on 11 September 1771, almost 250 years ago. He felt that this was worthy of note as an anchor NHS institution for the 1.1 million people served by the Trust. Mr J Currington, Head of Partnerships and Business Development attended the virtual meeting for this item and he provided a short overview of the LRI's history, noting that the hospital had been built on a green field site over a three year period starting in 1768 at a cost of £2,762. Subsequently an additional £37 had been spent to provide access to a water well. Initially patients

were treated in 40 beds, across 5 wards and were attended by 2 physicians, 2 surgeons and 2 nurses.

As UHL was now embarking on a significant building project, it seemed appropriate to focus upon the humble beginnings of the LRI. Some two years ago (before the Covid-19 pandemic) a working group of the Arts and Heritage Committee had started to develop a programme of potential projects and events to mark the anniversary. The scale of ambition had since been reduced to reflect the impact of the Covid-19 pandemic and a new focus was intended to recognise the work of NHS teams during the pandemic, increase community engagement and support health and wellbeing. An overview of the initial plans was provided within paper F, but any offers of support, suggestions and assistance with engagement activities would be welcomed. Restoration of the Quenby Gates (which previously stood at the front of the LRI and had latterly stood at the Newarke Houses Museum) was due to commence imminently and it was hoped that these could be relocated back to the LRI site as part of a new health and wellbeing space for staff, patients and visitors. The Arts and Heritage Annual Review for 2019/20 was appended to the report for information.

In discussion on proposed programme of potential celebration activities and events, the following comments were raised:-

(a) Professor P Baker, Non-Executive Director endorsed the proposals, confirming his view that it was appropriate to celebrate the heritage of the health service. He highlighted the historical practice of taking a deposit from patients when they were admitted to hospital, noting that these funds were returned to patients upon discharge or used to fund their funerals in the event that they died in hospital. He also noted that patients were provided with beer from the brewery in those early days of healthcare. He commented upon the available learning from history and offered his support in arranging any joint working with the University of Leicester, which was about to celebrate its centenary year;
(b) the Medical Director was very supportive of the proposals, noting the positive impact that the work of the Arts and Heritage Committee had upon patients, visitors and staff. He highlighted the current artwork exhibition on display at the LRI depicting staff wearing their personal protective equipment. He commented upon opportunities to build artwork into future building developments, possibly using the welcome centres to provide exhibition spaces for artwork or historical medical equipment;
(c) Mr M Williams, Non-Executive Director recorded his support of celebrating heritage, history and the arts and he queried whether there would be any scope to collaborate with the local museum service or local community groups to develop proposals for neighbourhood activities to commemorate the LRI anniversary;
(d) the Chief Nurse thanked the Head of Partnerships and Business Development for presenting this report, confirming her support. She noted that 2020 had been the Year of the Nurse and the Midwife, but it had not been possible to celebrate this as UHL would have liked during the pandemic She advised that she would welcome an opportunity to be involved in the anniversary celebrations from a Corporate Nursing perspective;
(e) Ms V Bailey, Non-Executive Director noted the importance of capturing the narrative surrounding historical hospital developments and building a comparison with the current Reconfiguration Programme. This approach might create some additional perspective and energy to inspire additional charitable donations;
(f) Ms K Gillatt, Associate Non-Executive Director highlighted a charitable fundraising opportunity in the form of sponsored 'memory bricks' which could then be built into the fabric of any new buildings. She commended the proposals relating to artwork and displays of historical medical equipment, also suggesting that written reflections, poems and short stories could be collated and presented in a 'time capsule', and
(g) the Acting Chief Operating Officer commented upon the benefits for staff of having something positive to look forward to in September 2021. She also highlighted opportunities to involve local schools in the celebration activities, suggesting that this might help with future career aspirations and recruitment campaigns.

In summary, the Trust Chairman recorded the Trust Board's support of the proposed breadth and depth of activities to celebrate the 250 year anniversary of the LRI. He invited Trust Board members to forward any additional suggestions to the Head of Partnership and Business Development outside the meeting. **All**

<u>Resolved</u> – that (A) the outline proposals for celebrating the 250 year anniversary of the LRI be received and noted as paper F, and

(B) Trust Board members be invited to send any suggestions for additional activities and events to the Head of Partnership and Business Development outside the meeting. **All**

74/21 ITEMS FOR ASSURANCE

74/21/1 Research and Innovation Update (including an update on the Leicestershire Academic Health Partnership)

Further to Minute 162/20/3 of 3 September 2020, the Medical Director introduced paper G, providing the latest update on UHL's research and innovation activity. Professor N Brunskill, Director of Research and Innovation attended the virtual meeting for this item and he highlighted the close working arrangements between UHL, the University of Leicester and the Academic Health Partnership which had led to exceptional performance in a number of key areas. At the start of the Covid-19 pandemic, existing research activity had been pivoted towards those studies which had been badged by the Department of Health and Social Care as Urgent Public Health Studies. In particular, UHL had recruited over 1,300 participants into the RECOVERY Study, which was more than twice the figure for the next well-performing Trust nationally. UHL was also the second highest recruiting Trust nationally for the REMAP CAP Study. This remarkably strong performance had been widely reported and Leicester had been mentioned in the Prime Minister's press briefing. The NIHR Leicestershire Patient Recruitment Centre (LePRC) which had opened at Leicester General Hospital in late 2020 had been active in vaccine studies, recruiting to essential Covid-19 vaccine trials and it had quickly exceeded its recruitment target in the first month to become one of the highest recruiting sites in the world.

The Leicestershire Academic Health Partners (LAHP) Board met on a quarterly basis with the last such meeting held in December 2020. A primary focus was being maintained on the Covid-19 response, but other projects were underway relating to (i) ethnicity and inequalities in health outcomes, (ii) health data access through a data asset platform, (iii) investigating inequalities in care and patient outcomes in NHS Provider Trusts, and (iv) mass Covid-19 screening of NHS staff, university students and staff. During the pandemic, the NIHR contracts for the Biomedical Research Centre and the Clinical Research Facility had been extended by five months, but the new bidding process was now expected to commence in April or May 2021. Commercial research income had been adversely affected by the pause in 'business as usual' research and discussions were taking place internally about how this activity could be re-started, recovered and grown. Several prominent researchers in Leicester had been successful in obtaining additional funding for national Covid-19 studies, including Professor C Brightling, Professor M Pareek and Professor S Singh. The Director of Research and Innovation also provided positive feedback on the recent expansion of the HOPE Centre in the Osborne Building at the LRI.

In discussion on paper G, Professor P Baker, Non-Executive Director endorsed the requirement to re-start and recover non-Covid research as soon as possible and he noted the importance of a successful bid to retain the contract for the NIHR Biomedical Research Centre which he considered crucial to maintaining Leicester's existing research success and its national and international rankings. He also commended the personal contribution of the Director of Research and Innovation who often understated the value of his own leadership role which was key to this success. The Acting Chief Executive supported this comment, adding that Professor Brunskill's inspirational drive and enthusiasm was much appreciated. As a new Acting Chief Executive at the beginning of the pandemic, she had experienced some dark periods of uncertainty, but the shining light of research teams and clinical teams working so well together had provided her with the energy she required to persevere. She was extremely proud of UHL's research teams and the exemplary work they had achieved.

Mr B Patel, Non-Executive Director commented that it was good to hear of this success and high levels of recruitment to research studies, but he queried how such success could be sustained going forwards and whether there was any scope to produce (and make publicly accessible) a directory of the ongoing research studies which patients could sign-up to, together with a brief summary of progress and outcomes for each study. The Director of Strategy and Communications endorsed Professor Baker's comments above, noting that the Director of Research and Innovation tended to be overly modest in his outlook. He also commented upon Professor Brunskill's ability to discuss clinical research issues with non-academics and non-clinicians without making them feel inadequate or uninformed. The Director of Strategy and Communications looked forward to continued working between UHL's research teams and the University of Leicester to address health inequalities,

advising that additional charitable funding had been made available to support this workstream. During a discussion about the stark differences between local communities in vaccine uptake at a recent Health Overview and Scrutiny Committee, some local constituents had commented that they had not received similar attention for other areas of healthcare where they were under under-represented and he acknowledged that some 'levelling up' was required within the local healthcare economy in respect of equal access to healthcare. The Trust Chairman endorsed the comments that had been raised, providing his own view that research was for everyone and not just for researchers. He highlighted the scope to improve communications with patients and stakeholders in respect of research studies and he commended the positive joint working relationship between UHL and the University of Leicester.

Resolved – that the update on Research and Innovation and the work of the Leicestershire Academic Health Partnership be received and noted as paper G.

74/21/2 Reports from Virtual Board Committee Meetings

74/21/2.1 Quality and Outcomes Committee (QOC)

Paper H1 summarised the issues covered during the virtual QOC meeting held on 25 February 2021. The QOC Non-Executive Director Chair sought and received Trust Board approval of the following items which had also been published on UHL's external website and could be accessed via the 'hyperlink' provided in the QOC summary:-

(1) CQC Statement of Purpose – notifying the change in 'nominated individual' from Mr J Adler, former Chief Executive to Ms R Brown, Acting Chief Executive (until a substantive Chief Executive was appointed) and including some additional satellite premises in UHL's CQC Registration, and **CN**

(2) the quarterly 3 report on Learning from Deaths – during a full and detailed discussion at QOC, the Deputy Medical Director had provided assurance that UHL's Summary Hospital-Level Mortality Indicator (SHMI) remained within the expected range. QOC would continue to review this data on an ongoing basis. **CPO**

The QOC Non-Executive Director Chair also highlighted the Committee's discussions on pressure ulcers and the management of pressure area care, the monitoring arrangements for patient care and outcomes during the Covid-19 pandemic (including the process to review whether any individual patient harm had arisen during treatment delays), and the increased risk score for Principal Risk 1 relating to clinical quality and patient safety. The Chief Nurse advised that extensive discussions had also been held at the Executive Quality Board (EQB) in respect of dilutions in skill mix within the nursing and midwifery establishment in order to manage increased bed capacity and staff sickness absence.

In respect of the Quarter 3 Learning from Deaths report, the Medical Director provided assurance that very detailed reviews of UHL's mortality data took place at the Mortality Review Committee and that the outcomes were reported back to EQB and QOC. A 'curious' approach had been adopted when reviewing the impact of any changes in patient pathways and proactive reviews were taking place if any adverse impacts were indicated. During the Covid-19 pandemic, the Clinical Coding Team had moved off-site which had created a complex picture in some areas. Patient harm assessments continued to be carried out and all patients who had waited 52 week or longer for their care had been contacted and re-assessed to re-determine their relative priority. Where clinically appropriate, patients were being brought forwards within the waiting lists.

The Trust Chairman advised that he had received a formal request for QOC to focus upon the role of family carers within the Committee's work programme, but he agreed to liaise with the QOC Non-Executive Director Chair outside the meeting. The Chief People Officer noted that some of UHL's staff were also family carers and she would welcome an opportunity to be involved in this discussion. **CHAIR**

Resolved – that (A) the summary of public issues discussed at the 25 February 2021 QOC meeting be received and noted as paper H1,

(B) the amendments to the CQC Statement of Purpose and the Learning from Deaths quarterly report be approved (as per the detailed reports which were hyperlinked within the summary), and **CN/ MD**

(C) the Trust Chairman be requested to liaise with the QOC Non-Executive Director Chair and the Chief People Officer in respect of adding discussions on the role of family carers into the QOC work programme. **CHAIR**

74/21/2.2 People, Process and Performance Committee (PPPC)

Paper H2 summarised the issues covered during the virtual PPPC meeting held on 25 February 2021. The PPPC Non-Executive Director Chair sought and received Trust Board approval of the following reports which had also been published on UHL's external website and could be accessed via the 'hyperlink' provided in the PPPC summary:-

(1) Freedom to Speak Up Report, and **CPO**
(2) Biannual report on Nursing and Midwifery Establishment. **CN**

PPPC had also undertaken a detailed review of the significant impact of the Covid-19 pandemic upon operational performance and the Acting Chief Operating Officer provided a short overview of increased demands upon ITU capacity, the mutual aid that had been provided to London Trusts, staff redeployment, a pause in Priority 2 cancer cases (a decision which had not been taken lightly), Emergency Department streaming, and ambulance handovers. Plans for the restoration and recovery of elective activity would be presented to a future PPPC meeting.

The Chief People Officer provided an overview of the arrangements for implementing a Mental Health and Wellbeing Hub to support approximately 65,000 members of staff across the Leicester, Leicestershire and Rutland (LLR) healthcare system. Support would include access to a range of Applications and a dedicated confidential staff helpline. It was noted that staff would require support for a range of issues including traumatic events, bereavement and family issues in addition to their work-related issues. It had been confirmed that funding for this Mental Health and Wellbeing Hub would continue for another year and the arrangements were now being built into the LLR and UHL People Plans. The Acting Chief Executive recorded her support of this development, emphasising the importance of assuring staff that everything possible was being done to support them.

Resolved – that (A) the summary of public issues discussed at the 25 February 2021 PPPC meeting be received and noted as paper H2, and

(B) the recommended items (Freedom to Speak Up and Biannual report on Nursing and Midwifery Establishment) be approved. **CPO CN**

74/21/2.3 Finance and Investment Committee (FIC)

The FIC Non-Executive Director Chair introduced paper H3, providing a summary of the issues covered during the virtual FIC meeting held on 25 February 2021. Noting that there were no recommended items for Trust Board approval, he highlighted the Committee's discussion on the following issues:-

(a) the Financial Governance Improvement Plan (FGIP) – which appeared to be making progress and improvements were becoming embedded, although there was one item which he intended to raise in the private Trust Board meeting later that day;
(b) Transformation and Cost Improvement Programme (CIP) planning for 2020/21 and 2021/22 – delivery of £9.1m savings was forecast for 2020/21 and the potential opportunity for 2021/22 had been identified as £37m, although these plans were not yet finalised;
(c) good progress had been made with Kingsgate in respect of developing transformation and CIP schemes, although the Trust would be taking full control of this workstream with effect from 1 April 2021. He emphasised the need to ensure that future reductions in cost base did not impact upon the quality of services, and
(d) the Covid-19 pandemic and the implementation of virtual appointments had created learning opportunities for the model of service delivery and he noted that the PPPC might wish to review the associated opportunities for redefining the shape of the future workforce. The Trust Chairman suggested that an informal Trust Board discussion on this matter be held in the first instance. **TRUST CHAIR**

Resolved – that (A) the summary of public issues discussed at the 25 February 2021 FIC meeting be received and noted as paper H3, and

(B) the Trust Chairman be requested to consider scheduling an informal Trust Board discussion on the shape of the future workforce in the context of virtual appointments and changes to the model of service delivery. **TRUST CHAIR**

74/21/2.4 2020/21 Month 10 Financial Position

The Chief Financial Officer introduced paper H4, providing the monthly financial performance report for month 10 (January 2021), noting a year-to-date surplus of £27.9m, which was £9.1m favourable to plan. As in previous recent months, the main driver for this improved financial performance continued to be lower than expected expenditure on planned activity and baseline costs. Sadly, the Trust had not been able to treat as many non-Covid patients as planned due to the impact of the third wave of the pandemic, reflecting a £3.7m reduction in pay expenditure and a £7.3m reduction in non-pay expenditure. In addition, higher income of £1.3m had been received in respect of excluded drugs and devices and higher non-operating costs of £2.8m reflecting amortisation due to the capitalisation of IT expenditure. Clarity was provided that the impact of these changes upon the underlying run-rate was non-recurrent. The forecast CIP delivery of £9.1m appeared to be quite modest but it reflected a good achievement in the context of the current pandemic.

The Chief Financial Officer particularly highlighted the Trust's strong cash position, noting that the existing arrangements for Commissioners and Specialised Commissioners to pay UHL one month in advance would be coming to an end in March 2021. Consequently, no Service Level Agreement (SLA) income would be received in March 2021 and the year-end cash balance would reduce to a normalised level. Assurance was provided that this had been anticipated and the expected impact had been built into the financial planning accordingly. In the meantime, the Trust had been paying its creditors more quickly and performance against the Better Payment Practice Code (BPPC) to pay suppliers within 30 days target had improved to 90% by volume and 93% by value.

The Trust Chairman thanked the Chief Financial Officer for this report, emphasising the unusual financial situation surrounding UHL's response to the Covid-19 pandemic and noting that the income and expenditure profile would change significantly in the context of the restoration and recovery of elective services.

Resolved – that the month 10 financial performance report be received and noted (as paper H4).

75/21 ITEMS FOR NOTING

75/21/1.1 Declarations of Interest – Ms K Gillatt and Mr I Orrell, Associate Non-Executive Directors

Resolved – that the Declarations of Interest for Ms K Gillatt and Mr I Orrell, Associate Non-Executive Directors be received and noted as paper I.

75/21/2 Minutes of the Virtual Board Committee Meetings – January 2021

The Trust Chairman advised that the summaries of business discussed at the Board Committee meetings held on 28 January 2021 (QOC, PPPC and FIC) had been presented to the 4 February 2021 Trust Board meeting to support the discussion on key issues and that the detailed Minutes of those meetings were now provided at papers J1, J2 and J3 (respectively).

75/21/2.1 Quality and Outcomes Committee (QOC)

Resolved – that the public Minutes of the 28 January 2021 QOC meeting be received and noted as per paper J1.

75/21/2.2 People, Process and Performance Committee (PPPC)

Resolved – that the public Minutes of the 28 January 2021 PPPC meeting be received and noted as per paper J2.

75/21/2.3 Finance and Investment Committee (FIC)

Resolved – that the public Minutes of the 28 January 2021 FIC meeting be received and noted as per paper J3.

76/21 CORPORATE TRUSTEE BUSINESS

76/21/1.1 Charitable Funds Committee (CFC)

The CFC Non-Executive Director Chair introduced paper K, providing the public Minutes of the virtual CFC meeting held on 19 February 2021. There were no formal recommendations for the Trust Board's approval as Corporate Trustee, but he highlighted the Committee's consideration of the following issues:-

(a) the draft Community Engagement Report (which had not yet been published but was appended to the private CFC Minutes for Trust Board members to review) including the helpful nature of the donor survey undertaken in October 2020 and the exciting opportunities associated with the proposed Schools Programme initiative, and
(b) the Charity Benchmarking Report which had measured the performance of 20 peer Charities (including the Leicester Hospitals Charity) against key metrics relating to efficiency, reliance on types of income, fulfilment of mission and resilience. CFC had supported the recommendations for future focus for inclusion in the Charity's Plan for 2021/22.

The CFC Non-Executive Director Chair recorded his appreciation to Ms L Davies, Director of Leicester Hospitals Charity and her team for their continued efforts and the good assurance that had been provided to the Committee. He commented positively on their level of ambition, enthusiasm and commitment going forward. The Acting Chief Executive advised Board members that Ms Davies had provided a wonderful presentation to a recent UHL Leadership Huddle. She provided her view that the Charity was lucky to have such a good team carrying out excellent fundraising activities and she felt very proud of them. The Trust Chairman endorsed these comments, noting that the Leicester Hospitals Charity formed an important bridge between UHL and the communities it served.

Resolved – that the public Minutes of the CFC meeting held on 19 February 2021 be received and noted as paper K.

77/21 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following questions had been submitted by email in advance of today's Trust Board meeting. The Director of Corporate and Legal Affairs read out each set of questions in turn and the associated responses are provided after each set of questions below:-

77/21/1 Questions raised by Mr T Patel – Patient and Community Leader

My questions are in regard to the recently published Independent Auditors report for UHL's Hospitals, which has been referred to the Secretary of State for Health under section 30 of the Local Audit and Accountability Act 2014 and the duty laid out for NHS Trusts under the NHS Act 2006. The report by Grant Thornton refers to a 'Financial Crisis and Mis-Stated' by the UHL Executive Management Governance, to which the NAO Chief Auditor General, states 'that this is unprecedented'. The findings of the report have led the auditors to report it the CQC, NHS England, NHS Improvement bodies. Further the ex-Chief Executive Officer and the ex-Chief Financial Officer have also been reported to the appropriate concerned organisations.

My understanding that inappropriate mismanagement and allegations of the failure to adequately seek reassurances led to the Chair of Audit (Non-Executive Director) to resign in July 2020, and in January 2021, the Deputy Chairman (Non-Executive Director) also resigned. I also note the announcement by the current Chair (Non-Executive Director) of his intention to step down in April 2021. I and many black campaigners for better representation of black people in public office are saddened by this decision and I wish to place on record my gratitude and honourable respect to him for reaching out to unheard communities.

1. Will the other Board Members that were on the Executive Management Board, during the period referenced in the audit report also be resigning from their roles? If not, have they been subject to or will they be subject to a formal conduct/disciplinary process?
2. What are the Trusts rules in regards to the roles of Executive Management Directors who form part of Executive Board and who have responsibility for governance and oversight of the trust overall? Has action/will action be taken in line with the rules because in the past such

postholders have been allowed to leave the organisation on retirement packages, in order to manage the reputational risks to the Trust.

3. In view of the significant hole in the finances of the Trust what are the implications in the short, medium and longer term for the delivery of services to the diverse communities of Leicester who are already suffering from the effects of institutional failures to address the health inequalities and disparities, as spotlighted by Covid-19. What will be the impact on family carers and, overall, patient care. How will this affect the proposed LLR Hospital Transformation Reconfiguration Programme/STP Agenda, and the Integration of health care systems, which are due to come into operation across the NHS acute and primary health care services by the government.
4. It is important that lessons are learnt, and in this regard I would urge the Trust to inform the public of its plans to become more accountable, transparent and responsible to the public as this is critical to ensuring this does not happen again. It is also imperative that the Trust undertakes an independent Financial Impact Assessment and Equality Impact Assessments, to inform its Recovery and Renewal Plans. Further, there needs to be a commitment to make these available in the public domain, with timescales for when these will become available.
5. Finally, how will the Trust ensure its whistleblowing procedure and public interest disclosure act, for staff, the public and patients are effective and that Non-Executive Directors have authentic powers of scrutiny and accountability to the public.

Responses to Mr Patel's questions:

1. The Trust Chairman advised that no further resignations were expected from members of UHL's Trust Board, nor did he expect any formal conduct or disciplinary process involved. He highlighted a number of changes to the composition of UHL's Trust Board since the time period referred to in the External Auditor's report, including the appointment of a new substantive Chief Financial Officer. The new Trust Chair (when appointed) would be initiating the recruitment process for a new Chief Executive. Both the Audit Committee and the Finance and Investment Committee had had new Non-Executive Director Chairs during the past year. Also, two new Associate Non-Executive Directors had been appointed with senior financial and governance experience.
2. The Trust Chairman confirmed that the Executive Directors were accountable to the unitary Trust Board and its Committees through their professional portfolios. He was not able to comment upon events in the past, but he had been very open about these particular issues, as evidenced by the public Minutes arising from the 4 February 2021 Trust Board meeting. The reasons why Executives had left UHL in the last 18 months were a matter of public record. In addition, the Trust had been placed into Financial Special Measures by NHSE/I and it was required to undertake a formal programme of Board development.
3. The Trust Chairman advised that the Trust Board would continue to focus upon patient safety, clinical outcomes, patient experience and the role of carers. The Trust had a responsibility to work with its health and social care partners to address health inequalities and transform services to the benefit of the varied and diverse local communities. Earlier discussion under Minute 74/21/2.1 (above) had focused upon the role of carers. He did not anticipate recent events would have an impact on the Trust's Reconfiguration Programme or the establishment of an Integrated Care System in Leicester, Leicestershire and Rutland area.
4. The Trust Chairman agreed that lessons would always be learned, advising that the Trust would always try to be transparent to earn the confidence of the patients and public. Plans for the future would be shared openly with local diverse communities and stakeholders.
5. The Medical Director responded to this question by outlining the Trust's established processes and governance for raising concerns and whistleblowing, noting that these were externally audited and annually reviewed. Mechanisms for raising staff concerns included the Freedom to Speak Up (F2SU) Programme, the Junior Doctors Gripe Tool and the confidential 3636 staff helpline. Concerns raised through the 3636 line were escalated to the Director on Call on the day. The majority of patient and public concerns were managed through the Patient Information and Liaison Service and appropriate arrangements were in place to ensure that any complaints raised were not to the detriment of care received. Quarterly monitoring reports on F2SU were presented to the People Process and Performance Committee and such a report was included in the PPPC summary which featured on today's Trust Board agenda. The F2SU Guardian worked alongside a named Non-Executive Director. She also held regular meetings with the Acting Chief Executive and had direct access to other Executive Directors as required. In addition, UHL had its own network for Black, Asian and Minority Ethnic (BAME) staff called the BAME Voice which held regular listening events. All of this demonstrated that UHL had an open and established approach to allowing staff, patients and publics to raise concerns.

77/21/2 Questions raised by Councillor P King – Harborough District Council

I have read the comments of Gareth Davies, the Comptroller and Auditor General of the National Audit Office, about the serious financial mis-management and lack of governance at UHL Trust, in connection with the restatement of your accounts and the declaration of an additional £46m deficit, which he has reported in the 2019-20 accounts of the Department of Health and Social Care (DHSC). I have also read the report of the UHL External Auditor's Grant Thornton, made available in the public domain of your February Board meeting including your failure to produce valid accounts and sign them off as legally required.

I note that during the last 7 years a cumulative deficit of £328.4m has been reportedly racked up underpinned by support from the NHS and Treasury; ultimately by the taxpayer. These are clearly very difficult and extremely serious matters, which are a massive distraction from the excellent work of front-line healthcare staff in dealing with the pressures of the pandemic health emergency.

I am not going to repeat the eviscerating comments that both of those reports contain, but in my mind and experience, these matters are so serious, that it is impossible for local taxpayers and health service users to retain any confidence, or 'trust' in the ongoing tenure of anyone associated with this catastrophic period of governance and management of public funds at the UHL Trust.

I note, belatedly, that the Chairman has now announced his departure for April; and that the deputy Chairman resigned at the February board meeting. In light of this and my previous email to the Board, I would be obliged if the Board can confirm what the time line will be for all of the non-executives who are/were associated with this catastrophic failure in governance and wholesale financial mis-management of taxpayers money to stand down?

In the interests of full transparency and accountability for and to local taxpayers, will the board now agree to fully publish all of the previously private reports and minutes, unless for a genuine reason of commercial confidentiality, and commits to holding all of its meetings going forward in the public domain?

Responses to Councillor King's questions:

The Trust Chairman noted three corrections to Councillor King's preamble, stating that (i) the reasons for his own resignation had been clearly communicated and these included the importance of having a new Chair to undertake the appointment of the new Chief Executive. He had remained in his role as Chairman up to now in order to provide senior leadership continuity; (ii) Mr M Traynor, Non-Executive Director had resigned on 5 February 2021, but he had not been present for the 4 February 2021 Trust Board meeting. The Chairman had not received a copy of Mr M Traynor's resignation letter which was addressed to NHSE/I, and (iii) despite a detailed search, there was no record of UHL having received Councillor King's earlier email to the Trust Board, or any follow-up to that email. It was only when this email had been attached to a letter from a local Member of Parliament that the email had been received. The Chairman had since responded to Councillor King and provided a copy of the Minutes from the 4 February 2021 Trust Board meeting.

In respect of Councillor King's first question, the Trust Chairman highlighted the recent changes amongst the Non-Executive Directors who served on the Trust Board, including the appointment of Mr M Williams, Audit Committee Non-Executive Director Chair and two new Associate Non-Executive Directors with senior financial and governance experience to strengthen the profile of the existing Board. Non-Executive Directors were appointed by NHSE/I and it was the role of NHSE/I to determine the Non-Executive Director composition of UHL's Board.

Responding to Councillor King's second question, the Trust Chairman confirmed that the Trust Board agenda and supporting papers were always provided in the public domain, except where there were specific legal or commercial considerations to be taken into account. He encouraged Councillor King to access the Trust's external website in order to obtain the extensive range of previous Board papers which had been provided in the public domain.

77/21/3 Questions raised by Mr K Mistry – Patient Leader for South Asian patients and passionate on patients public involvement and equality and diversity

Following your recent CQC report, I would like to raise my observations on lack of meaningful engagement and progress. Having attended a number of listening events and engagement with Karl

Mayes, the new equality lead and previous equality lead on the theme of PPI, Equality and increasing better diversity on the trust board I would like to raise the following questions to go before the board meeting on Thursday timing permitting:

(1) How will patients, Carers and communities have greater involvement in holding this public body to be accountable and transparent under your PPI and equality Strategy?

(2) How will the senior management team from Chief Executive, Directors, Non-Executive Directors be better performance managed by UHL and NHS Improvement?

(3) Also rather than just yearly AGM, also UHL needs to have a Public Engagement and review 6 Monthly reporting event, directly with the Patients and End Users of the Hospitals Services? Please advise who is championing PPI, Equality and health challenges on the board as would be good to have an identified contact.

Responses to Mr Mistry's questions:

(1) The Director of Strategy and Communications advised that the Covid-19 pandemic had seriously restricted UHL's ability to conduct community based face-to-face Patient and Public Involvement (PPI) activity. However, the recent engagement activity relating to the Reconfiguration Programme Consultation process had been most successful (with approximately 6,000 participants contributing their views), including local radio engagement events by Mr Mistry and the Director of Strategy and Communications. Much of the recent community engagement activity had focused upon improving the uptake of the Covid-19 Vaccination Programme. During the pandemic, patients had become familiar with attending virtual and telephone consultations and their feedback was being collated to support the learning around this service development. It was intended to use the learning from the pandemic to undertake a fundamental re-set of the UHL's PPI Strategy, with a focus on the lesson learned from the Reconfiguration Programme Consultation, including the use of a multidisciplinary approach to support 'richer' conversations. The refreshed PPI Strategy was expected to be available within the next 10 to 12 weeks.

(2) The Trust Chairman summarised the three sets of regular interactions between UHL's key Executive Directors and Non-Executive Directors and NHS England/Improvement (NHSE/I) on a number of dimensions (including interactions with the Executive Team on various aspects of operational and financial performance, interactions between himself and the Regional NHSE/I team, and the monthly meetings that were held with NHSE/I as part of the Financial Special Measures Programme. UHL was just about to commence a sustained Board Development Programme which would include best practice in how Non-Executive Directors and Executives should operate within the unitary Board context and the arrangements for holding themselves to account. He confirmed that UHL tried to deal with as many issues in the public Trust Board meetings as possible and this included providing the Committee summaries so as to be as transparent as possible about performance. However some commercially sensitive and other issues did have to be considered in private sessions.

(3) the Director of Strategy and Communications recorded his support of Mr Mistry's suggestion for UHL to hold a six-monthly review of PPI activity and he agreed to factor this proposal into the re-set PPI Strategy for UHL.

Resolved – that the above questions and the associated responses be noted.

78/21 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 79/21 to 86/21), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

79/21 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson, Non-Executive Director, the Chief Financial Officer and Ms K Gillatt, Associate Non-Executive Director declared their interests as Non-Executive Chair and Non-Executive Directors of Trust Group Holdings Ltd (respectively). With the agreement of the Trust Board, these individuals remained present.

80/21 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the virtual Trust Board meeting held on 4 February 2021 (paper L) be confirmed as a correct record and signed by the Chairman accordingly. **Chair man**

81/21 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.

82/21 KEY ISSUES FOR DISCUSSION/DECISION

82/21/1 Confidential Report from the Director of Financial Improvement

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.

82/21/2 Confidential Report from the 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.

82/21/3 Confidential Report from the Finance Director and Company Secretary of Trust Group Holdings (TGH)

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.

82/21/4 Confidential Report from the Acting Chief Executive and the 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.

82/21/5 Confidential Report from the Chairman and 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.

83/21 ITEMS FOR ASSURANCE

83/21/1 Reports from Board Committees

83/21/1.1 Finance and Investment 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.

84/21 REPORTS FROM EXECUTIVE GROUPS

84/21/1 Executive Strategy Board (ESB)

Resolved – that the action notes arising from the ESB meetings held on 2 February 2021 be received and noted as paper P.

85/21 CORPORATE TRUSTEE BUSINESS

85/21/1 Charitable Funds Committee (CFC)

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.

86/21 ITEMS FOR NOTING

86/21/1 Reports from Board Committees

86/21/1.1 Finance and Investment Committee

Resolved – that the confidential Minutes of the 28 January 2021 FIC meeting be received as paper R, noting that any recommended items were approved by the Trust Board on 4 February 2021.

87/21 ANY OTHER BUSINESS

87/21/1.1 Verbal Report by the Acting Chief Operating 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.

87/21/1.2 Verbal Report by the Acting Chief Operating 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.

88/21 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board virtual meeting be held on Thursday 1 April 2021 from 9am.

The meeting closed at 13.22pm

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	20	20	100	K Jenkins (until 27.7.20)	3	2	67
J Adler (until 18.9.20)	7	0	0	A Johnson	20	20	100
V Bailey	20	19	95	S Lazarus	20	16	80
P Baker	20	20	100	D Mitchell	20	16	80
R Brown	20	19	95	B Patel	20	20	100
I Crowe	20	20	100	M Traynor (until 25.1.21)	17	15	82
C Fox	20	14	70	M Williams (from 2.9.20)	15	15	100
A Furlong	20	19	95				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	20	19	96	I Orrell (from 11.2.21)	1	1	100
K Gillatt (from 27.1.21)	3	2	67	S Ward	20	20	100
V Karavadra (until 31.12.20)	15	11	73	M Wightman	20	20	100
D Kerr	20	20	100	H Wyton	20	19	95
H Kotecha	17	16	94				