

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 7 JANUARY 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 (from part of Minute 5/21/1)

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

Mr A Furlong – Medical Director

Mr A Johnson – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair (from Minute 10/21)

Ms D Mitchell – Acting Chief Operating Officer

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

Mr M Traynor – Non-Executive Director

Mr M Williams – Non-Executive Director and Audit Committee Chair

In attendance:

Ms E Broughton – Head of Nursing and Midwifery (for Minute 5/21/4)

Mr A Carruthers – Chief Information Officer

Mr R Cooper – Financial Improvement Director

Dr F Davies – Consultant in Emergency Medicine (for Minute 5/21/1)

Dr S Edwards – Paediatric Emergency Medicine Education Fellow (for Minute 5/21/1)

Ms C Henry – End of Life Facilitator (for Minute 5/21/1)

Mr D Kerr – Director of Estates and Facilities

Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 9/21)

Ms E Meldrum – Deputy Chief Nurse on behalf of the Chief Nurse (up to and including Minute 9/21)

Dr A Millett – Emergency Department Consultant (for Minute 5/21/1)

Ms E Moss – Chief Operating Officer, East Midlands Clinical Research Network (for Minute 6/21/2)

Ms R Proctor – End of Life Care Lead Nurse (for Minute 5/21/1)

Mrs K Rayns – Corporate and Committee Services Officer

Professor D Rowbotham – Clinical Director, East Midlands Clinical Research Network (for Minute 6/21/2)

Mr I Scudamore – Clinical Director for Women's and Children's Services (for Minute 5/21/4)

Mr J Shuter – Director of Operational Finance on behalf of the Chief Financial Officer

Mr S Ward – Director of Corporate and Legal Affairs

Mr M Wightman – Director of Strategy and Communications

Ms H Wyton – Chief People Officer

ACTION**1/21 APOLOGIES AND ANNOUNCEMENTS**

The Trust Chairman wished everyone a happy New Year and welcomed them to this virtual Trust Board meeting. He requested that all reports be taken as read to enable today's discussion to focus on any risks relating to the items on the agenda. Apologies for absence were received from Ms C Fox, Chief Nurse and Mr S Lazarus, Chief Financial Officer. Ms E Meldrum, Deputy Chief Nurse and Mr J Shuter, Director of Operational Finance attended the meeting on behalf of the Chief Nurse and the Chief Financial Officer (respectively).

2/21 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

Mr J Shuter, Director of Operational Finance declared his interest as Finance Director and Company Secretary of Trust Group Holdings Ltd. Mr M Traynor, Non-Executive Director declared his interest as Small Business Crown Representative with the Cabinet Office. The Trust Chairman declared his interest as a Board member of NHS Providers, also declaring an interest in the item of business considered under Minute 6/21/2 below, noting that a family member worked for Lakeside and that this organisation was involved in delivering research studies for Covid-19 vaccines. With the agreement of the Trust Board, these individuals remained present.

3/21 MINUTES

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

CHAIR
MAN

4/21 MATTERS ARISING FROM THE MINUTES

Paper B provided a summary of the matters arising log from the 3 December 2020 Trust Board meeting and any outstanding matters arising from previous meetings. There was no discussion on this report.

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

5/21 KEY ISSUES FOR DISCUSSION/DECISION

5/21/1 Time Critical Telephone Conversations – an Educational Programme to Improve Communications over the Telephone in Response to the Covid-19 Global Pandemic

The Deputy Chief Nurse introduced paper C, advising that the Trust Board received a story or presentation each month which focused upon either patient or staff experience. Today's presentation detailed an innovative staff training package which had been developed to improve the effective communication of time critical information between Emergency Department staff and the patients' friends and family members. A short video was shared with Trust Board members and those attending the live-streamed meeting, summarising the blended educational package which involved a short e-learning module and a simulation exercise to help health care professionals gain confidence with holding difficult or challenging conversations over the telephone.

The e-learning package offered participants a range of phrases and strategies to support them in holding appropriate conversations with patients' relatives and this e-learning was ideally completed ahead of the simulation session. The one hour simulation session consisted of two simulated conversations over the telephone with a trained actor, with the second conversation usually focusing upon the unwelcome news that the patient had died. Following the simulated telephone discussions, the actors provided immediate feedback to the course participants. The initial pilot programme had provided training to over 200 doctors and nurses from UHL's Emergency Department, but the package was now being rolled out to the Intensive Care Units on all three hospital sites, as well as the Cardio-Respiratory Unit at Glenfield Hospital. Post-course evaluation data had demonstrated a significant increase in participants' confidence with holding time critical conversations over the telephone when compared with their confidence levels prior to the training.

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

- (a) the Medical Director commended this excellent piece of work and he queried whether the team had been able to work with the bereavement support nurses to gather any feedback on the quality of the conversations from the perspective of family members. In response, Dr F Davies, Consultant in Emergency Medicine confirmed that the end of life care team and the bereavement support team had helped to develop the training package, but she agreed that there was a further opportunity to seek feedback from families via the bereavement nursing team when they made contact with the families again some six weeks after their bereavement;
- (b) Mr B Patel, Non-Executive Director thanked the presentation team for this worthwhile training course, noting the additional value that trained actors provided within such courses. He queried whether the training included a range of different scenarios from different communities and cultures, noting that some religions required the patient's body to be released urgently for burial and that those families might welcome some support in navigating the process for urgent release of their deceased relative's body. In response, Dr F Davies, Consultant in Emergency Medicine acknowledged the scope to widen the scenario-based training to incorporate a greater variety of cultures. She also elaborated upon the way that the telephone conversations evolved, given that some relatives were shocked by the initial call and tended to 'blank out' the remainder of that call. Several subsequent phone calls were made within the first hour with a short interval for relatives to absorb the sad news and think of any questions that they wanted to ask;
- (c) Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair offered her support with gathering feedback from bereaved relatives and with building in some different perspectives from other cultures and communities within the training programme. It was agreed that Dr F Davies, Consultant in Emergency Medicine would contact Ms Kotecha outside the meeting to follow up

Drs F Davies
& S EdwardsDrs F Davies
& S EdwardsDrs F Davies
& S Edwards

- her offer of support, especially in relation to additional coaching for the training facilitators;
- (d) the Chief People Officer commended this presentation and the support it provided to UHL's staff during the global Covid-19 pandemic. She advised that UHL's Head of Equality, Diversity and Inclusion would also be well-placed to assist with expanding the training programme to cover a more diverse selection of scenarios. Dr F Davies, Consultant in Emergency Medicine agreed to contact the Chief People Officer outside the meeting to progress this workstream;
 - (e) the Trust Chairman recognised the ground-breaking nature of this training package which provided an excellent example of a receptive response to such a difficult situation for staff and patients' relatives. He also supported the proposals to expand the training to suit the mixed demography of Leicester, Leicestershire and Rutland, and
 - (f) Ms C Henry, End of Life Care Facilitator and Ms R Proctor, End of Life Care Lead Nurse added that the training package which had been rolled out at Glenfield Hospital had included a more diverse range of scenarios as well as the use of translation services. They advised that they would welcome an opportunity to link up with the Emergency Department training facilitators to share this learning.

Drs F Davies
& S Edwards

Finally, the Trust Chairman thanked the presenters for attending this virtual Trust Board meeting to share the innovative work that was taking place to prepare staff for holding difficult and time-critical telephone conversations with patients' relatives. He acknowledged the stress and challenges associated with holding such conversations and the positive impact of this training on improving the quality of care being provided at the end of life.

Resolved – that (A) the presentation on Time-Critical Telephone Conversations be received and noted as paper C,

(B) Dr F Davies, Consultant in Emergency Medicine and Dr S Edwards, Paediatric Emergency Medicine Education Fellow be requested to:-

- (1) explore opportunities to seek feedback from patients relatives regarding the quality of the time-critical conversations led by staff who had completed the training package;**
- (2) consider expanding the package to incorporate training scenarios from a wider range of cultures and communities;**
- (3) liaise with Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair in response to her offer of support in relation to items (1) and (2) above, and**
- (4) contact the Chief People Officer to explore ways in which UHL's Head of Equality, Diversity, and Inclusion could provide support in relation to item (2) above.**

Drs F Davies
& S EdwardsDrs F Davies
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5/21/2

Chairman's Monthly Report – January 2021

In presenting his monthly report at paper D, the Trust Chairman paid tribute (on behalf of the Trust Board) to Ms Y Taggart, a UHL Health Care Assistant who had sadly died of Covid-19 on 24 December 2020. In recording his condolences to Ms Taggart's family, he noted that Ms Taggart had made a deep and lasting impression on her colleagues and patients. As highlighted to the Trust Board on 7 January 2021, the Trust had recently lost two other valued members of staff (one to Covid-19 and one to other causes) and he acknowledged the severity of the current Pandemic upon UHL's employees alongside the relative priority for vaccinating staff against the virus. The Chairman made reference to the emerging themes from the Ockenden Review of Maternity Services and the themes covered by the Francis Review, noting the implications for future Trust Board development work and the opportunities to reflect on effectiveness and lessons learned. He also highlighted the letter received from UHL's Regulators setting out the Operational Priorities for winter and 2021/22 which would be covered under the Acting Chief Executive's report which featured later in the agenda as paper E.

Resolved – that the Trust Chairman's monthly report for January 2021 be noted.

5/21/3

Acting Chief Executive Monthly Update – January 2021

The Acting Chief Executive provided her best wishes for a happy New Year, advising that she was very proud of the achievements by UHL's staff over the last 10 months. She acknowledged the sad loss of members of the NHS family during 2020 and highlighted the need to keep patients and staff safe by staying one step ahead of the Covid-19 virus. 2021 was likely to prove even more challenging and it would be important to revisit the Trust's plans to keep everyone safe whilst implementing an increase in the Trust's bed base. She noted that there were currently between 320

and 330 patients suffering with Covid-19 in Leicester's hospitals, advising that this was significantly higher than the peak of the first wave of Covid-19 in April 2020. In addition, the impact of the new variant of Covid-19 continued to be assessed. Leicester and some of the surrounding areas had been locked down for longer than most other areas of the country due to the high infection rates locally. The operational teams led by the Acting Chief Operating Officer, the Chief Nurse, the Medical Director and the Chief People Officer continued to implement arrangements to prepare for further increases in Covid-19 patients by increasing Intensive Therapy Unit (ITU) capacity by 150% and bed capacity by 50% over the next four to six weeks. This additional capacity would help to support winter pressures and other urgent (priority 1 and 2) elective and cancer-related cases. Staffing levels continued to be a significant risk particularly in the context of continued school closures. A recent lack of clarity regarding school places for key workers was expected to be resolved in the next week. She noted the need to continue to support staff wellbeing and commended the current drive to support the Covid-19 Vaccination Programme, noting that UHL staff had absolutely risen to the challenge in this respect.

The vaccination hub at Leicester General Hospital had opened on 12 December 2020 with an initial focus on vaccinating patients over the age of 80 as well as NHS staff from across the Leicester, Leicestershire and Rutland (LLR) region. A second vaccination hub had opened at Glenfield Hospital on 7 January 2021 (following the urgent reconfiguration of the identified accommodation) and a further vaccination hub was due to open at the Leicester Royal Infirmary on 15 January 2021. Patients were being contacted by letter and by telephone where they were likely to have less access to emails and social media and second doses of the vaccine were being delivered when clinically appropriate. Within the local primary care networks, 14 hubs were currently operational with a further 5 hubs due to come on line between 13 and 15 January 2021. In addition, a major vaccination hub was expected to be opened at the Peepul Centre in Leicester on 25 January 2021.

The Acting Chief Executive also drew members' attention to the key issues contained in her monthly briefing report (paper E refers), noting the risks surrounding patient waits for elective procedures, especially those patients who had been waiting in excess of 52 weeks for their treatment. Such patients were being provided with an opportunity to go back to their General Practitioners (GPs) in the event of any deterioration in their condition. In turn, the patients' GPs would liaise with UHL's Consultants accordingly. In terms of the NHS England/NHS Improvement (NHSE/I) Operational Priorities for the next three to four months (as set out in appendix 1 to paper E), it was heartening to note that the priority areas included the items which UHL was already focusing upon (eg responding to increasing Covid-19 demand, implementation of the Covid-19 vaccination programme and continuing to support staff health and wellbeing).

The Trust Chairman thanked the Acting Chief Executive for this very clear report, commenting upon the impact of Covid-19 demand upon the restoration and recovery of non-Covid-19 clinical activity. In response, the Acting Chief Executive highlighted the significant progress that had been made (prior to the second wave of Covid-19) against the trajectory for restoring elective activity, including use of independent sector provision, and reducing cancer backlogs. This rapid recovery work was set to continue, as and when the significant levels of Covid-19 demand allowed.

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

5/21/4

UHL Maternity Service Safer Maternity Care Report

In the absence of the Chief Nurse, the Deputy Chief Nurse introduced paper F, updating the Trust Board on the immediate actions taken within UHL's Maternity Services in response to the Ockenden Report which had been published on 10 December 2020. The Ockenden Review had been commissioned in 2017 in response to concerns raised about the quality of care within Maternity Services at Shrewsbury and Telford Hospitals NHS Trust but a number of recommendations had been made which required action by all Maternity Services in England. Appendix 6 provided a self-assessment and assurance framework which required Trust Board approval prior to submission to NHSE/I by the 15 January 2021 deadline.

Mr I Scudamore, Clinical Director for Women's and Children's Services, and Ms E Broughton, Head of Nursing and Midwifery joined the virtual meeting for the discussion on this item. Ms Broughton particularly highlighted the key issues surrounding (a) enhanced safety procedures for the reporting of maternity Serious Incidents to the Trust Board and the Local Maternity System; (b) the arrangements for creating an independent senior advocate role to liaise with families, and (c) workforce planning and strengthening midwifery leadership arrangements. Mr Scudamore characterised the Ockenden

Report and its recommendations in two ways, the first being the way that Trusts developed their services. He was confident that this was mostly covered at UHL, eg the provision of a second Consultant round at weekends but he highlighted the need to ensure that the second Consultant rounds were documented appropriately. Secondly, the report focused upon regional governance arrangements, including the Local Maternity System, representational of service users and provision of a Maternity Service Champion and it would be appropriate for the Trust Board to look at this element in greater detail in order to gain the assurance it required.

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

- (a) the Trust Chairman sought additional information on the level of assurance that Mr Scudamore and Ms Broughton had in UHL's maternity services, noting in response that Ms Broughton was very confident in the Senior Team within the Women's and Children's Clinical Management Group and the processes in place for foetal monitoring, Multi-Disciplinary Team working, good system working and appropriate arrangements for hearing the voices of service users. Mr Scudamore advised that he was very assured by the quality of UHL's services which was meeting all the themes arising from the report, although it may be necessary to review some of UHL's processes to ensure that they were fully aligned with the recommendations and this might need some additional resources. There was a proposal to ring-fence some of the CNST funding to re-invest in the service, but this was yet to be confirmed;
- (b) Professor P Baker, Non-Executive Director advised that he had formerly spent much of his time reviewing maternity services provision and he was somewhat disappointed to learn that some of the recommendations that were developed some 20 years ago had not been fully implemented. However, he was grateful to Mr Scudamore and Ms Broughton for the assurance they had provided earlier, accepting that there was still a caveat surrounding the funding arrangements for provision of additional resources;
- (c) speaking as the designated Trust Board's Maternity Champion, Ms V Bailey, Non-Executive Director and Non-Executive Director Chair of the Quality and Outcomes Committee (QOC) advised that QOC would be reviewing UHL's response to the Ockenden Report in greater detail and this had already commenced at the 17 December 2020 QOC meeting. She commented on the benefits of the monthly 'drop in' sessions for nursing and midwifery staff, noting that much of the report was about culture and the way that teams worked together, providing assurance that the wider culture of the organisation was continuously being scanned alongside the review of cases;
- (d) the Acting Chief Executive advised that she had been liaising with the Chief Nurse in a proactive manner over the last 12 months in respect of UHL's maternity services and there was a good level of awareness surrounding the key issues, with no surprises arising from UHL's gap analysis. Some additional resources had already been committed to the maternity service in the last 12 months, but further consideration would be needed within the budget-setting process for 2021/22;
- (e) the Medical Director confirmed that UHL had already been actively reviewing its maternity services provision and some additional investments had been agreed in December 2019 in line with the findings of the risk assessment. He briefed the Trust Board on the governance arrangements surrounding perinatal mortality and the assurance that could be taken from the intention to develop formal 'buddy' arrangements with other maternity centres, and
- (f) Mr M Williams, Non-Executive Director and Non-Executive Director Chair of the Audit Committee advised that there was some scope within the current Internal Audit Programme to incorporate a review of UHL's Maternity Services. Alternatively, it would be feasible to make some provision for this review in the 2021/22 Internal Audit Programme. However, it would be important to agree clear terms of reference for such an Internal Audit Review to ensure that it focused upon use of resources as well as service quality.

In summary, the Trust Chairman commended the proactive and responsive approach adopted at UHL in order to capture the learning from such reports and embed them into the Trust's governance processes accordingly. Confirming that the self-assessment and assurance framework had been approved for submission to NHSE/I, he thanked Mr Scudamore and Ms Broughton for their work in this area and for attending today's meeting.

CN

Resolved – that (A) the UHL Maternity Service Safer Maternity Care Report be received and noted as paper F, and

(B) the self-assessment and assurance framework provided at Appendix 6 to paper F be approved for submission to NHSE/I by 15 January 2021.

CN

6/21 ITEMS FOR ASSURANCE6/21/1 Reports from Virtual Board Committee Meetings6/21/1.1 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair introduced paper G1 summarising the issues covered during the virtual QOC meeting held on 17 December 2020. Noting that there were no recommendations requiring formal Trust Board approval, she particularly highlighted the Committee's consideration of the following items:-

- (a) maternity governance and the proposals for an internally commissioned review;
- (b) the Care Quality Commission (CQC) action plan and the approach being used to embed sustainable changes and continuous improvements, rather than adopting a more transactional approach towards addressing and closing down actions following CQC inspections, and
- (c) an issue affecting a number of referrals to the Dermatology Service – a full root cause analysis report was due to be presented to the February 2021 QOC meeting and the learning from that process would be shared accordingly. Detailed harm reviews had been undertaken and no patient harm had been reported.

Resolved – that the summary of public issues discussed at the 17 December 2020 QOC meeting be received and noted as paper G1.

6/21/1.2 People, Process and Performance Committee (PPPC)

Paper G2 summarised the issues covered during the virtual PPPC meeting held on 17 December 2020. The PPPC Non-Executive Director Chair drew members' attention to the Junior Doctors Guardian of Safe Working Report which was recommended for formal Trust Board approval. This report was available on the Trust's external website and could be accessed by clicking on a hyperlink within the PPPC summary. For the Trust Board's information, the PPPC Non-Executive Director Chair also highlighted the Committee's discussion on the operational pressures facing the Trust due to the impact of Covid-19. He commended the Trust's achievement in establishing a Covid-19 vaccination hub at the Leicester General Hospital, given that the Trust only received 5 days' notice to put the plans in place. He paid tribute to the work of Mr M Archer, Head of Operations, Clinical Support and Imaging and Dr C Marshall, Deputy Medical Director in this respect.

CPO

Resolved – that (A) the summary of public issues discussed at the 17 December 2020 PPPC meeting be received and noted as paper G2, and

(B) the Junior Doctors Guardian of Safe Working Report be approved (as per the report hyperlinked within paper G2).

CPO

6/21/1.3 Finance and Investment Committee (FIC)

In the absence of the FIC Non-Executive Director Chair at this point in the meeting, Mr M Traynor, FIC Non-Executive Director Deputy Chair introduced paper G3, providing a summary of the issues covered during the virtual FIC meeting held on 17 December 2020. There were no issues to be highlighted to the Trust Board.

Resolved – that the summary of public issues discussed at the 17 December 2020 FIC meeting be received and noted as paper G3.

6/21/1.4 2020/21 Month 8 Financial Position

The Director of Operational Finance introduced paper G4 on behalf of the Chief Financial Officer, advising that the Trust was reporting an income and expenditure surplus of £9.8m, which was favourable to plan by £16.8m. The main drivers for this positive variance related to higher than planned income for excluded drugs and devices, and lower than planned pay and non-pay expenditure on restoration and recovery of services, baseline costs, winter and Covid-19. In light of the volatile nature of Covid-19 activity, it had proven very difficult to anticipate the Trust's financial position. The closing cash balance of £120.5m was considered to be exceptional due to current funding arrangements where UHL had received cash in advance. This balance was expected to reduce towards the end of the 2020/21 financial year. The 2020/21 Capital Programme was almost

£8m behind plan, reflecting the timing of expenditure and the phasing of the budget to date. Opportunities to bring forward some expenditure from the 2021/22 Capital Programme were being explored to mitigate the position, but this would be dependent upon the timing of restricted allocations and the Trust's ability to spend the funding in the remaining months of the current financial year.

The Trust Chairman sought and received additional information regarding any risks surrounding the Trust's financial performance and the forecast outturn for 2020/21, noting in response that the Trust was now predicting to deliver a near break-even position for the current year (£0.1m surplus) due to the impact of significant changes in elective activity assumptions. These had been previously based on the 'most likely' scenario which was no longer expected to be the case given the extent of the second and third waves of Covid-19. Within the revised 2020/21 forecast outturn, an appropriate provision was being made for UHL's 2019/20 accounts position. In addition, there were some technical issues where the impact would require closely monitoring, such as the Elective Incentive Scheme.

Ms V Bailey, Non-Executive Director requested additional information about the potential impact of changes in elective activity assumptions and what proportion of this might be delivered using independent sector providers. In response, the Acting Chief Executive confirmed that UHL was continuing to work with two key independent sector providers. Following some recent changes to the national contract, a renewed focus on planning for the restoration and recovery of elective activity in 2021/22 was being developed. The Acting Chief Operating Officer added that the restoration and recovery of elective activity represented a financial risk for UHL in 2021/22 but she confirmed that this issue would be addressed through planning discussions with other healthcare partners and with NHSE/I. The Trust Chairman noted the importance of ensuring that such discussions did not impact upon patient care, given the growth in the number of patients waiting for elective procedures during the Covid-19 pandemic.

Resolved – that the month 8 financial performance report be received and noted (as paper G4).

6/21/2 East Midlands Clinical Research Network (EMCRN) – Quarterly Update

Professor D Rowbotham, EMCRN Clinical Director and Ms E Moss, EMCRN Chief Operating Officer attended the virtual meeting to introduce paper H, providing the quarterly update on the recent progress of, and current priorities for, the National Institute of Health Research (NIHR) EMCRN. The report also provided a summary of Covid-19 research studies in the East Midlands, the new CRN Performance Standards for 2020/21, and a register of the current risks and issues affecting the EMCRN. Section 6 of the report identified a need for further discussion on the arrangements for re-providing the current EMCRN accommodation at Knighton Street on the LRI site, given the redevelopment plans for this area under the Trust's Strategic Reconfiguration Programme. The report was taken as read.

Professor Rowbotham updated the Trust Board on the increased pace of high priority Covid-19 studies which included the development of treatments for those patients who were seriously ill with Covid-19 in addition to a range of Covid-19 vaccination studies. Discussion took place regarding the mutual working between UHL (as the host organisation) and partner organisations and the national recognition that was being achieved for such high profile research. With Leicester having such a diverse demography, it was ideally situated to generate additional Covid-19 research studies, given the disproportional impact of Covid-19 upon different sectors of the population. On behalf of the Trust Board the Trust Chairman expressed UHL's appreciation of the significant contribution that the EMCRN was making in respect of raising the profile of UHL as a research centre. He very much hoped that alternative UHL accommodation would be found soon to relocate the EMCRN team. Professor Rowbotham expressed his belief that research was the only way out of the Covid-19 pandemic and he was happy to be part of this national effort.

Ms V Bailey, Non-Executive Director provided her view that organisations, people and systems which were active in research provided a good quality marker. In respect of the table showing current performance against the CRN High Level Objectives, she suggested that it would be helpful for the boxes to be RAG-rated according to progress. Finally, she noted the need for future research focus relating to the long-term impact of Covid-19. Professor Rowbotham confirmed that a range of studies looking at the mental health impact of Covid-19 and the longer-term effects were already included in the list of pipeline studies being developed.

The Medical Director thanked Professor Rowbotham and Ms Moss for presenting their report, adding

that the current research studies were necessarily focused upon the most urgent public health issues. He commended the high performing team involved with hosting the EMCRN confirming that UHL would be very interested in tendering to host the EMCRN again at the next renewal date.

Resolved – that the quarterly update on the ERMCRN be received and noted as paper H.

7/21 ITEMS FOR NOTING

7/21/1 Minutes of the Virtual Board Committee Meetings – November 2020

7/21/1.1 Quality and Outcomes Committee (QOC)

Resolved – that the public Minutes of the 26 November 2020 QOC meeting be received and noted as per paper I1.

7/21/1.2 People, Process and Performance Committee (PPPC)

Resolved – that the public Minutes of the 26 November 2020 PPPC meeting be received and noted as per paper I2.

7/21/1.3 Finance and Investment Committee (FIC)

Resolved – that the public Minutes of the 26 November 2020 FIC meeting be received and noted as per paper I3.

8/21 CORPORATE TRUSTEE BUSINESS

8/21/1 Charitable Funds Committee (CFC)

Resolved – that the draft public Minutes of the 18 December 2020 CFC meeting be received and noted as per paper J.

9/21 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

Resolved – that no questions or comments were raised on the business transacted at this meeting.

10/21 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 11/21 to 20/21), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

11/21 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director, and the Director of Operational Finance declared their interests as Non-Executive Chair and Finance Director and Company Secretary of Trust Group Holdings Ltd (respectively) and Mr M Traynor, Non-Executive Director declared his interest as Small Business Crown Representative with the Cabinet Office. With the agreement of the Trust Board, they remained present.

12/21 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the virtual Trust Board meeting held on 3 December 2020 (paper K) be confirmed as a correct record and signed by the Chairman accordingly.

Chair
man

13/21 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.

14/21 KEY ISSUES FOR DISCUSSION/DECISION

14/21/1 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.

14/21/2 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.

14/21/3 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.

14/21/4 Confidential Report from the Trust Chairman

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.

15/21 ITEMS FOR ASSURANCE

15/21/1 Reports from Board Committees

15/21/1.1 Audit Committee

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

15/21/1.2 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.

15/21/1.3 Remuneration Committee

Resolved – that the Minutes of the Remuneration Committee meeting held on 10 December 2020 be received and noted as paper Q4.

16/21 REPORTS FROM EXECUTIVE GROUPS

16/21/1 Executive Strategy Board (ESB)

Resolved – that the action notes arising from the ESB meetings held on 3 November 2020 and 1 December 2020 be received and noted as papers R1 and R2.

17/21 CORPORATE TRUSTEE BUSINESS

17/21/1 Charitable Funds Committee (CFC)

Resolved – that the confidential Minutes of the 18 December 2020 CFC meeting be received and noted as per paper S.

18/21 ITEMS FOR NOTING18/21/1 Confidential Report by 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.

19/21 ANY OTHER BUSINESS19/21/1 Message of Thanks to Ward 15, Glenfield Hospital

Col (Ret'd) I Crowe, Non-Executive Director advised Trust Board members that his father had recently been admitted to Ward 15 at Glenfield Hospital for an emergency procedure. He expressed his thanks for the level of care that his father had received from everyone involved (including the 111 service, the ambulance service, the Elderly Frailty Unit and the admitting Geriatrician, Dr D Lakani). The Trust Chairman welcomed this feedback, noting the desire to deliver high quality care for all NHS patients.

Resolved – that the position be noted.

20/21 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board virtual meeting be held on Thursday 4 February 2021 from 9am.

The meeting closed at 12.23pm

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	16	16	100	K Jenkins (until 27.7.20)	3	2	67
J Adler (until 18.9.20)	7	0	0	A Johnson	16	16	100
V Bailey	16	15	94	S Lazarus	16	13	81
P Baker	16	16	100	D Mitchell	16	13	81
R Brown	16	15	94	B Patel	16	16	100
I Crowe	16	16	100	M Traynor	16	14	88
C Fox	16	11	69	M Williams (from 2.9.20)	11	11	100
A Furlong	16	15	94				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	16	15	94	S Ward	16	16	100
D Kerr	16	16	100	M Wightman	16	16	100
H Kotecha	13	12	92	H Wyton	16	15	94
V Karavadra (until 31.12.20)	15	11	73				