UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 2 SEPTEMBER 2021 AT 1.30PM

Voting Members present:
Mr J MacDonald – Interim Trust Chairman
Ms V Bailey – Non-Executive Director and Quality Committee (QC) Non-Executive Director Chair
Col (Ret'd) I Crowe – Non-Executive Director and People and Culture Committee (PCC) Non-Executive Director Chair
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director (also attending on behalf of Ms R Brown, Acting Chief Executive)
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
Professor T Robinson – Non-Executive Director
Mr M Williams – Non-Executive Director and Audit Committee Non-Executive Director Chair

In attendance:
Ms W Allibone – Modern Matron (for Minute 233/21)
Ms C Bradley – Assistant Chief Nurse (for Minutes 233/21 and 234/21)
Mr A Carruthers – Chief Information Officer
Mr B Collins – Emergency Preparedness, Resilience and Response Manager (for Minute 238/21/4)
Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
Mr G George – Interim Director of Corporate and Legal Affairs
Mr A Haynes – Advisor to the Trust Board
Ms K Johnson – Head of Nursing (for Minute 233/21)
Mr D Kerr – Director of Estates and Facilities
Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair
Mr I Orrell – Associate Non-Executive Director
Mrs K Rayns – Corporate and Committee Services Officer
Ms J Tyler-Fantom – Deputy Chief People Officer (on behalf of Ms H Wyton, Chief People Officer)
Mr M Wightman – Director of Strategy and Communications

ACTION

231/21 WELCOME AND APOLOGIES

The Interim Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Ms R Brown, Acting Chief Executive; Mr R Cooper, Director of Financial Improvement; Ms K Gillatt, Associate Non-Executive Director, and Ms H Wyton, Chief People Officer. It was noted that Ms J Tyler-Fantom, Deputy Chief People Officer was attending on behalf of the Chief People Officer.

Resolved – that the apologies for absence be noted.

232/21 CONFLICTS OF INTEREST

Resolved – that no conflicts of interest were declared in relation to the items of business on the agenda.

233/21 PATIENT STORY – OUR STORY, JUST ONE LOOK

The Trust Board heard a narrated transcript of the personal experiences of a gentleman whose wife of 41 years had passed away at Leicester's Hospitals in January 2021 – a few days after her emergency admission. Paper A provided an overview of the feedback that had been received from the family after this sad experience, highlighting the ways in which the caring and compassionate actions of UHL's staff had helped them at this distressing time. These actions had included individual decision-making to allow family members to visit their wife/mother during the ongoing Covid-19 visiting restrictions, the provision of matching knitted/crocheted hearts to provide a symbolic connection between the patient and her loved ones, and the provision of patient-centred

support at the end of life which the family felt had allowed the patient to die with dignity. The Chief Nurse thanked the patient's husband for providing this welcome feedback, highlighting the positive impact upon staff when patients and relatives took the time to do this. Ms V Bailey, Non-Executive Director noted the contribution of the symbolic knitted hearts within the grieving process for families and she expressed her thanks to the volunteers who produced these for the Trust. On behalf of the Acting Chief Executive and the Trust, the Medical Director thanked the gentleman for attending today's Trust Board meeting and for his kind comments, advising that such feedback tended to have a restorative effect upon the morale of clinical staff. In response, the patient's husband reiterated his thanks for the way that he and his family had been treated during his wife's admission, noting that he had not experienced any of the negative patient experiences which were reported in the media from time to time.

Resolved – that the Patient Story 'Just One Look' be received and noted as paper A.

234/21 CARING AT ITS BEST (BLUE WARD)

The Chief Nurse introduced paper B, providing an overview of the process involved in achieving Assessment and Accreditation 'Caring at its Best' Blue Ward status and she invited the Trust Board to support the panel's recommendation to award the Kinmonth Unit 'Caring at its Best' Blue Ward accreditation, following three successful consecutive unannounced Assessment and Accreditation visits and a successful Caring at its Best panel. Col (Ret'd) I Crowe, Non-Executive Director thanked the Chief Nurse for inviting him to join the panel, noting that he had been impressed by the thorough nature of the Assessment and Accreditation Process. The Trust Board approved this award and the Interim Trust Chairman recorded his congratulations to the staff on their achievement.

Resolved – that the recommendation to award the Kinmonth Unit with the 'Caring at its Best' Blue Ward Status be approved. **CN**

235/21 MINUTES

Resolved – that the Minutes of the virtual public Trust Board meeting held on 1 July 2021 (paper C) be confirmed as a correct record and signed by the Interim Trust Chairman accordingly. **CHAIR**

236/21 MATTERS ARISING FROM THE MINUTES

Paper D provided a summary of the matters arising from the Trust Board meeting held on 1 July 2021 and any outstanding matters arising from previous Trust Board meetings. The Interim Director of Corporate and Legal Affairs confirmed that the timescales for completion of the agreed actions would be adjusted to reflect the revised frequency of future public Trust Board meetings.

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

237/21 STANDING ITEMS

237/21/1 Interim Trust Chairman's Report – September 2021

In presenting his report at paper E, the Interim Trust Chairman highlighted the positive nature of today's patient story and he commended the work of UHL's staff and volunteers who were under significant pressure to ensure that patients who required routine treatment or procedures received this care as quickly as possible – a separate report on the restoration and recovery of services featured later in the agenda (Minute 239/21/2 below refers).

The Interim Trust Chairman recorded the Trust Board's thanks to Mr S Lazarus, Chief Financial Officer (who was attending his last public Trust Board meeting today) and to Professor P Baker (who had recently stood down as the University of Leicester's Representative on the Trust Board). He particularly welcomed Professor T Robinson as the new University of Leicester Representative, following his appointment as Pro Vice-Chancellor, Head of College of Life Sciences and Dean of Medicine, confirming that he looked forward to continuing to strengthen the partnership between the Trust and the University of Leicester. Finally, he expressed the Trust Board's appreciation to Ms R Brown who would shortly be stepping down as the Trust's Acting Chief Executive. Ms Brown had led the Trust with integrity and compassion throughout the Covid-19 pandemic and he wished her

well in the next stage of her career.

Resolved – that the Interim Trust Chairman's monthly report for September 2021 be received and noted as paper E.

237/21/2 Acting Chief Executive's Update – September 2021

In the absence of the Acting Chief Executive, the Medical Director introduced paper F, providing the Acting Chief Executive's report for September 2021. He echoed the Interim Trust Chairman's earlier comments in respect of Mr S Lazarus, Professor P Baker and Ms R Brown. The report was taken as read, but he provided a short overview of the current position in relation to Covid-19 cases, reflecting a steady increase. When the report had been written on 24 August 2021, there were 135 Covid-19 patients being treated. This had since reduced to 124 patients (as at 2 September 2021), with 25 of these patients receiving intensive care, but this still represented almost 50% of the Trust's capacity. Arrangements were in place to increase UHL's bed capacity to 120% and a small number of operating lists had been taken down to create some headroom. The Tactical and Strategic Groups continued to meet to oversee the Trust's response to the pandemic, including the roll-out of the booster vaccines and preparations for winter planning.

The Medical Director highlighted the following aspects of the report, noting that:-

(a) the East Midlands Congenital Heart Centre (EMCHC) had now successfully transferred to the Leicester Royal Infirmary site following a short delay and he thanked the clinical teams, the reconfiguration team, and the Estates and Facilities staff who had made this possible;
(b) confirmation had been received that UHL would be transitioning from the NHSE/I Financial Special Measures (FSM) Programme into the System Oversight Framework Recovery Support Programme (RSP) and that the existing support and oversight arrangements would remain in place;
(c) a service of remembrance had been held to recognise and remember those colleagues who had lost their lives during the Covid-19 pandemic. The service had been led by Rev'd M Burleigh, Head of Chaplaincy and Bereavement Services, who would shortly be retiring from this position at UHL;
(d) the Trust had been successful in the first stages of the bidding process for the NIHR Leicester Biomedical Research Centre and work was now underway in respect of the full submission;
(e) roll out of the Nervecentre eMeds and discharge letters programmes had taken place at Leicester Royal Infirmary and the Leicester General Hospital and the Glenfield Hospital was planned to go live on 22 September 2021, and
(f) the Armed Forces Covenant had been signed by the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) on 16 August 2021.

Finally, the Medical Director read out the Acting Chief Executive's parting words from her report:-

"This is my final report as CEO for UHL, a role that has been my honour and privilege to hold during these extremely challenging and unprecedented times. Firstly I would like to thank the Non-Executive Directors for their support and guidance, and my fabulous Executive Team who have worked tirelessly and cohesively to keep our patients and staff safe. I would also like to thank our wider NHS and Social Care LLR community who have shared the burden of caring for our patients during this pandemic, and our Public for their unwavering support to our wonderful hospitals and wider services. It is of course, the hard work and dedication of our staff that I feel the most gratitude for; they have been inspirational throughout the pandemic and without them we would not have achieved the success we had in the battle with COVID-19. Whilst I recognise the COVID-19 battle continues and we have the increased weight of the restoration programme, I am confident that our hospitals and our NHS will continue to rise to the challenge."

In discussion on the Acting Chief Executive's report, Ms V Bailey, Non-Executive Director noted the importance of maintaining communications with patients who were waiting for treatment. In response, the Medical Director highlighted the recent Trust Board presentation by Professor J Dias, Consultant Orthopaedic Surgeon (Minute 148/21/4 of 6 May 2021 refers) which had acknowledged the psychological impact of extended waiting times, confirming that arrangements were being made to write to the affected individual patients and that a process was already in place to instigate a clinically-led review if any deterioration was reported in a patient's condition. The Acting Chief Operating Officer added that the LLR System was due to launch a patient helpline on 1 October 2021 to assist patients who were waiting for care and there was an opportunity to discuss the

narrative surrounding this development with the System leads. The Director of Strategy and Communications briefed Board members on the forthcoming launch of the LLR 'Big Conversation' which aimed to co-produce plans through working with members of the public and the media and signpost patients towards the most appropriate ways to access services wisely, such as seeking advice from Pharmacies or using the 111 service for non-emergency care.

Resolved – that the Acting Chief Executive's monthly report for September 2021 be received and noted as paper F.

237/21/3 Board Assurance Framework (BAF)

The Interim Director of Corporate and Legal Affairs reported verbally to advise that the Board Assurance Framework (BAF) was a key document for UHL's Trust Board and the 2021/22 version was currently being re-vamped with a view to presenting a draft iteration to a Trust Board Workshop on 17 September 2021 and then the public Trust Board meeting on 4 November 2021.

Resolved – that the position be noted.

237/21/4 Integrated Quality and Performance Report – Month 4

The Medical Director introduced paper G, noting that this was expected to be the final iteration of UHL's Quality and Performance report in the current format. The Acting Chief Operating Officer and others were developing a new Integrated Performance Report (IPR) which would be presented to the Trust Board Workshop on 17 September 2021. The new format IPR would then be considered by the Trust Board on a regular basis with effect from 4 November 2021. Each of the Executive Director leads provided an overview of the key aspects of the Quality and Performance report relating to their portfolios, as follows:-

(a) Medical Director – a Never Event which had resulted in no significant patient harm, mortality data (see also Minute 239/21/1 below for the 'learning from deaths' report), and fractured neck of femur performance, which had improved but was not yet in the right place – this would be the focus of a report to the Executive Quality Board and the Quality Committee during September 2021;
(b) Chief Nurse – a slight increase in probable (15 day plus) healthcare acquired Covid-19 infections (which was in line with the increased transmissibility of this virus within the community setting), a 12% reduction in hospital acquired pressure ulcers, screening compliance, the Clostridium Difficile position, patient experience feedback and nursing vacancy rates (see also Minute 238/21 below relating to the safer staffing nurse establishment review);
(c) Acting Chief Operating Officer – a deterioration in 4 hour Emergency Department performance, 12 hour trolley waits and ambulance handovers, an improvement in cancer performance, and challenges in respect of intensive care capacity;
(d) Deputy Chief People Officer – sustained improvement in staff appraisal rates, increasing staff absence rates (which were being monitored closely) and the ongoing focus on staff health and wellbeing.

The Interim Trust Chairman noted an opportunity for UHL to set its own targets for those areas which did not have nationally set targets and the Acting Chief Operating Officer agreed to explore this point further at the 17 September 2021 Trust Board Workshop. Ms V Bailey, Non-Executive Director noted that the DNA (did not attend) rate had increased to 7.7% and she queried whether DNAs were being tracked to identify whether any inequality issues or particular themes were preventing patient from attending for their scheduled appointments. In response, the Director of Strategy and Communications confirmed that the factors affecting DNA rates were being tracked as part of the Healthcare Inequalities workstream and he undertook to provide a briefing on this theme to the Trust Board meeting on 4 November 2021. DSC

Mr A Haynes, Advisor to the Trust Board expressed his concerns about the emergency care performance trends and the associated impact upon the H2 activity and capacity plans. Noting that a Trust Board Workshop on urgent and emergency care was scheduled for 7 October 2021, it was agreed that the Acting Chief Operating Officer and colleagues would brief Mr Haynes on the arrangements for engaging stakeholders and healthcare partners within the urgent and emergency planning processes ahead of that Workshop.

Resolved – that (A) the Month 4 Quality and Performance report be received and noted as

paper G;

(B) proposals for improving fractured neck of femur performance be presented to the September 2021 meetings of the Executive Quality Board and Quality Committee; **MD**

(C) a discussion on the implementation of internal performance targets (for those metrics which did not have any nationally-set targets) be held at the Trust Board Workshop on 17 September 2021; **ACOO**

(D) the Director of Strategy and Communications be requested to present an update on Health Inequalities to the Trust Board on 4 November 2021, and **DSC**

(E) the Acting Chief Operating Officer and colleagues be requested to brief Mr A Haynes, Advisor to the Trust Board on the arrangements for engaging stakeholders and healthcare partners within the urgent and emergency care and winter planning process ahead of the Trust Board Workshop on 17 September 2021. **ACOO/ MD/ CN**

238/21 DECISIONS FOR THE TRUST BOARD

238/21/1 Safer Staffing Nurse Establishment Review

The Chief Nurse introduced paper H, providing the detailed outputs of the Nurse Establishment Review undertaken in March 2021. In approving this report, the Trust Board received assurance that the establishment review had not highlighted any significant concerns or gaps in the banding, staffing numbers per shift, skill mix ratios or nurse to patient ratios, with the exception of four wards which had not achieved the minimum nurse to patient ratios overnight due to vacancies – these were being mitigated on a daily basis by additional staff moves or reductions in capacity to ensure patient safety. Responding to a query raised by Ms V Bailey, Non-Executive Director, the Chief Nurse provided a short overview of the governance process surrounding changes in nurse establishment levels and how this linked into the business planning and budget setting processes. A robust Quality Impact Assessment process and a Standard Operating Procedure were in place which aligned with the National Institute for Clinical Excellence (NICE) guidance, National Quality Board (NQB) standards and the RCN nursing workforce standards. CN

Resolved – that the outputs of the Safer Staffing Nurse Establishment Review undertaken in March 2021 be approved (as set out in paper H). **CN**

238/21/2 Infection Prevention Annual Report 2020/21

The Chief Nurse introduced paper I, highlighting the key Infection Prevention themes, successes and challenges for UHL during the financial year 2020/21. The full annual report had been published on the Trust's external website alongside the papers for today's Trust Board meeting and an electronic link to this document was provided on page 1 of paper I. This style of reporting was expected to be adopted for a number of statutory Trust Board reports as part of UHL's Governance Review, although it was emphasised that the detailed reports would be readily accessible for those who wished to read them via the external website. Whilst the first section of the report focused upon the Trust's arrangements for managing and containing the Covid-19 pandemic, other sections updated the Trust Board on Meticillin Resistant Staphylococcus Aureus (MRSA), Clostridioides Difficile Infections (CDI), Meticillin Sensitive Staphylococcus Aureus (MSSA), sterilisation of surgical instruments, hospital ventilation and cleaning services. The Director of Strategy and Communications particularly highlighted the work of the Chief Nurse and the Infection Prevention Team during the Covid-19 pandemic, noting that the wearing of masks to prevent transmission in hospitals had been adopted at UHL before the national policy had mandated this.

Resolved – that the Infection Prevention Annual Report for 2020/21 be approved (as per the summary provided in paper I and the full report which was published on the external website). CN

238/21/3 Responsible Officer Annual Report – Medical Revalidation

The Medical Director presented paper J on behalf of Mr J Jameson, Deputy Medical Director and Responsible Officer at UHL, seeking Trust Board approval of the Statement of Compliance and Board Report. The report detailed the processes and resources in place to ensure that the Trust remained compliant with the Responsible Officer Regulations in accordance with the Framework of

Quality Assurance for Responsible Officers and Revalidation. In addition, Col (Ret'd) I Crowe, Non-Executive Director Chair of the People and Culture Committee confirmed that this Committee had reviewed this document in depth alongside two other related documents and had determined that they provided a good level of assurance surrounding the administration of Doctors' employment at UHL. There were no questions on this report and it was approved accordingly.

Resolved – that the Responsible Officer Annual Report for 2020/21 be approved and the Acting Chief Executive (or the Interim Trust Chairman) be authorised to sign the Statement of Compliance (as required). **ACE/ CHAIR**

238/21/4 Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2021/22

Paper K provided the annual update on UHL's EPRR arrangements, detailing progress against the annual work programme, the arrangements for responding to and recovering from the Covid-19 pandemic, and the outputs of the annual self-assessment against NHS England's core standards for EPRR which confirmed that the Trust remained 'substantially compliant' against these standards. Mr B Collins, EPRR Manager attended the virtual meeting for this item. Against the reduced number of core standards for 2021/22, full compliance had been achieved in all areas with the exception of the arrangements to evacuate and shelter whole buildings or sites in the event of an emergency situation. In 2021/22 a deep dive self-assessment had been undertaken against 7 standards relating to piped oxygen systems. UHL had achieved full compliance against 3 of these standards and partial compliance against the remaining 4 with work identified for the Estates and Facilities Directorate and the Pharmacy Team to achieve full compliance. There were 4 areas of work which would be required to achieve full compliance in the 2022/23 self-assessment and these were detailed in section 3.2.6 of the report. It was expected that these would be completed by the Summer of 2022.

In discussion on the report, Col (Ret'd) I Crowe and Ms V Bailey, Non-Executive Directors paid tribute to the excellent performance of this small EPRR team in supporting UHL's response to the Covid-19 pandemic (including the compilation and circulation of the daily 'sitrep' reports and responding to NHS England information requests) in parallel with supporting the arrangements for the EU exit, adverse weather, IT disaster recovery and operational pressures associated with flooding, etc. Mr I Orrell, Associate Non-Executive Director queried whether any external assessments had been undertaken in respect of UHL's EPRR arrangements, noting in response that in a usual year, assessments would be undertaken by the Clinical Commissioning Groups (CCGs) and by NHS England but none were expected during 2021/22. The Interim Trust Chairman commented on the scope for centres to peer-review other centres in preparation for the development of an LLR Integrated Care System (ICS). Finally, the Director of Estates and Facilities briefed the Trust Board on the important decision that was made at UHL to upgrade the oxygen infrastructure at Glenfield Hospital at the start of the Covid-19 pandemic. The new Vacuum Insulated Evaporator (VIE) plant, combined with high flow regulators and localised telemetry had enabled the Trust to keep up with the increased demand for piped oxygen at the height of the pandemic.

Resolved – that (A) the EPRR Annual Report for 2021/22 be approved and the key priorities for the next 12 months be noted, and ACOO

(B) the Acting Chief Operating Officer be requested to explore opportunities for implementing an EPRR peer-review process with other NHS Trusts. ACOO

239/21 PROVIDE OUTSTANDING CARE (QUALITY)

239/21/1 Quality Committee Escalation Reports – 29 July 2021 and 26 August 2021

Papers L and L1 provided a summary of the issues discussed at the Quality Committee meetings held on 29 July 2021 and 26 August 2021 (respectively). The Non-Executive Director Quality Committee Chair noted that the Annual Fire Report 2020/21 and the Premises Assurance Model report would be presented to the Trust Board on 4 November 2021 as stand-alone agenda items. She also highlighted the Committee's discussion on derogations from Public Health England social distancing guidelines in a small number of specialties (from paper L); and an update from the Cardiology service following their recent HEEM visit (from paper L1). DEF

The Medical Director briefed members on the Mortality and Learning from Deaths Quarterly Report

(as appended to paper L1), noting the national requirement for all Trusts to publish their Learning from Deaths data on a quarterly basis. Board members noted that the crude mortality data had now returned to normal (pre-Covid) levels and that whilst the latest 12 month Hospital Standardised Mortality Ratio (HSMR) was still above the 'expected mortality' according to the Doctor Foster Intelligence risk adjustment model, UHL's most recent monthly HSMR was below the national average. Detailed reviews had been undertaken in respect of 6 diagnosis groups which had been flagged as having a higher relative risk for the period April 2020 to November 2020, but no issues relating to patient pathways or clinical care had been found. The HSMR did not include Covid-19 activity when this was the primary diagnosis on admission, but it did include a secondary diagnosis of Covid-19 and any patients who became Covid-19 positive after completion of their first Consultant episode. Some additional information had been uploaded in respect of clinical coding for emergency care and the HSMR data had begun to level-off accordingly.

The Quality Committee had also undertaken a detailed review of perinatal mortality and the associated learning arising from each case, but it was not considered appropriate to present this report to a public Trust Board meeting in view of the confidential data it contained. The Trust Board was assured that perinatal mortality for the first three months of 2020/21 was approximately in line with previous years and that performance against each of the standards for the maternity incentive scheme was on track. In response to a question raised by Mr M Williams, Non-Executive Director, the Medical Director confirmed that mortality data was triangulated at a Clinical Management Group level and that any emerging themes were built into the Trust's Quality Priorities going forwards.

Resolved – that (A) the summaries of issues considered by the Quality Committee on 29 July 2021 and 26 August 2021 be received and noted as papers L and L1,

(B) the Director of Estates and Facilities be requested to present summaries of the Annual Fire Report for 2020/21 and the Premises Assurance Model report to the Trust Board on 4 November 2021, and **DEF**

(C) the Learning from Deaths Quarterly Report be approved (as appended to paper L1). **MD**

239/21/2 Restoration and Recovery Plan

The Acting Chief Operating Officer introduced paper M, providing UHL's elective and diagnostic restoration and recovery plan advising that the number of patients waiting over 52 weeks had reduced from 8,750 to 7,666 in the 5 month period between April 2021 and August 2021 – a reduction of 12.4%. The number of Priority 2 patients waiting for treatment had reduced by 1,101 since April 2021 and the pre-Covid waiting list size was forecast to be delivered for August 2021. There were some specialties at particular risk within this plan, such as Cardiac Surgery where the impact of ITU pressures, staffing issues, and regional demand for specialist ECMO care were all hampering their recovery plans. Trajectories had been developed in partnership with the Clinical Management Groups and healthcare partners for achieving zero patients waiting over 104 weeks by the end of March 2022. There were currently 731 patients waiting over 104 weeks for treatment and the majority of these were in General Surgery, Urology, ENT, Max Fax and Orthopaedics. Diagnostics performance was forecast to be fully recovered by March 2022, with less than 1% of patients waiting for more than 6 weeks.

Particular discussion took place regarding Elective Recovery Funding and the arrangements for the LLR health economy to meet the additional gateway criteria: (i) addressing health inequalities; (ii) transformation of outpatient services; (iii) implementing system-led elective working; (iv) tackling the longest waits and capacity generation, and (v) supporting staff. Responding to a query raised by Mr M Williams, Non-Executive Director, the Acting Chief Operating Officer confirmed that an application for funding had been submitted for a business intelligence tool Compass (C2-Ai) system which provided surgical staff with an instant complication and morbidity risk assessment for patients being listed for surgery and a decision was expected within the next 2 weeks. In addition, the Trust was also exploring opportunities to create additional operating theatre and ward capacity to support the elective backlog recovery plans. The Acting Chief Operating Officer agreed to provide regular briefings to the Trust Board on progress of the restoration and recovery plan. ACOO

Resolved – that (A) the update on the Elective and Diagnostic Restoration and Recovery Plan be received and noted as paper M, and

(B) the Acting Chief Operating Officer be requested to present regular updates to the Trust **ACOO**

Board on progress of the Restoration and Recovery Plan.

240/21 BE THE BEST PLACE TO WORK (PEOPLE)

240/21/1 People and Culture Committee Escalation Report – 26 August 2021

Col (Ret'd) I Crowe, Non-Executive Director Chair of the People and Culture Committee (PCC), introduced paper N, particularly highlighting the items on the UHL People Strategy, results of the People Pulse staff survey, Freedom to Speak Up quarterly update, and the Medical Education report (including sustainability issues within the Cardiology rota). The Committee had recommended the Responsible Officer report to the Trust Board for approval and this had featured earlier on the Trust Board agenda as a stand-alone item (Minute 238/21/3 above refers). Under any other business, the Committee had also discussed workforce efficiencies and nominations for external awards.

Resolved – that the summary of issues discussed at the 26 August PCC meeting be received and noted as paper N.

241/21 DEPLOY OUR RESOURCES IN THE BEST POSSIBLE WAY (FINANCE AND PERFORMANCE)

241/21/1 Finance and Investment Committee Escalation Reports – 29 July 2021 and 26 August 2021

Papers O and O1 provided the summaries of business considered at the Finance and Investment Committee (FIC) meetings held on 29 July 2021 and 26 August 2021 (respectively). Mr A Johnson, Non-Executive Director Chair thanked Mr M Williams, Non-Executive Director for chairing the August 2021 meeting in his absence. At the July 2021 FIC, members had expressed concerns relating to the accuracy of financial forecasting and the delivery of workforce efficiency and cost improvement schemes in parallel with managing significant operational delivery pressures.

Resolved – that the summary of issues discussed at the 29 July 2021 and 26 August FIC meetings be received and noted as papers O and O1 (respectively).

241/21/2 Month 4 Financial Performance and Roadmap to Sustainable Financial Improvement

The Chief Financial Officer introduced paper P, briefing the Trust Board on the Trust's financial performance as at month 4 (July 2021) and paper P1, providing assurance in respect of UHL's Roadmap to sustainable financial improvement. As detailed in paper P, the Trust had delivered a year to date surplus of £4.6m (inclusive of Top Up funding) which was favourable to the planned and forecast positions. The Cost Improvement Programme (CIP) remained on track to deliver cash releasing savings of £8m against a target of £4.8m for the first half of 2021/22. The cash position remained strong and capital expenditure and commitments stood at £18.2m against the year to date forecast of £23.1m.

In response to a query raised by Mr B Patel, Non-Executive Director, a short discussion took place regarding the Trust's underlying financial deficit and how this could be monitored by the Trust Board going forwards. The Chief Financial Officer advised that this information would be presented to FIC on a monthly basis with effect from month 5, but he also agreed to arrange for quarterly updates on the underlying financial deficit to be presented to the Trust Board to increase visibility in this area. CFO
Further discussion ensued regarding the Trust's financial plan for the second half of 2021/22 and development of the draft Medium Term Financial Plan. During this discussion, the Chief Financial Officer highlighted that the planning timetable for 2022/23 had not yet been clarified, but it was being assumed that Trusts would need to follow similar levels of infection prevention guidance for the foreseeable future. He concurred with the Interim Trust Chairman's view that delivery against the financial plan would be key and he undertook to hold informal discussions with the incoming Chief Executive on these themes (outside the meeting). CFO

Resolved – that (A) the month 4 Financial Performance Report and the Roadmap Assurance Report be received and noted as papers P and P1 (respectively);

(B) the Chief Financial Officer be requested to:
(1) arrange for quarterly progress updates on the Trust's underlying deficit to be presented to the Trust Board, and **CFO**
(2) hold informal discussions with the incoming Chief Executive (outside the meeting)

regarding the arrangements for delivering the second half year 2021/22 financial plan and the financial planning process for 2022/23. **CFO**

242/21 CORPORATE GOVERNANCE/REGULATORY COMPLIANCE

242/21/1 Audit Committee Minutes 23 July 2021 and Escalation Report 20 August 2021

Mr M Williams, Non-Executive Director Audit Committee Chair introduced papers Q and Q1, providing the Minutes of the Audit Committee meeting held on 23 July 2021 and a summary of the issues considered at the 20 August 2021 meeting. He particularly highlighted the need for an Executive-level review of the Trust-wide contract management arrangements at UHL, noting the scope for significant cost savings that might be achieved by improving contract management systems and processes. The Medical Director agreed to brief the Acting Chief Executive on this matter (outside the meeting). MD

Resolved – that (A) the Minutes of the Audit Committee meeting held on 23 July 2021 and the summary of issues considered by the Audit Committee on 20 August 2021 be received and noted as papers L and L1, and

(B) the Medical Director be requested to brief the Acting Chief Executive on the need for an Executive-level review of the Trust-wide contract management arrangements at UHL. **MD**

242/21/2 Charitable Funds Committee Escalation Report – 6 August 2021

Mr B Patel, Non-Executive Director Charitable Funds Committee Chair introduced paper R, providing a summary of the issues considered by the Committee at its meeting on 6 August 2021. There were no recommended items for Trust Board approval (as Corporate Trustee). In addition, Mr Patel highlighted the forthcoming Leicester Hospital Charity's Gala Ball to be held on 27 November 2021, requesting Board members to consider promoting this event more widely to attract additional sponsorship or purchasing tickets/tables for themselves. TB members

Resolved – that (A) the summary of issues discussed at the 6 August CFC meeting be received and noted as paper R, and

(B) Trust Board members be requested to consider buying tickets or promoting the Leicester Hospital Charity's Gala Ball to be held on 27 November 2021. **TB members**

242/21/3 Trust Sealings Report – Quarter 1 2021/22

Paper S provided the quarterly report on use of the Trust's seal, advising that there were no occasions when the Trust's seal had been used to seal documents during the period 1 April 2021 to 30 June 2021.

Resolved – that the position be noted.

243/21 ANY OTHER BUSINESS

243/21/1 Verbal Reports by the Chief Nurse and the Director of Estates and Facilities

Reporting verbally, the Chief Nurse advised that UHL teams had been nominated for the following awards and had reached the finalist stages:-

Nursing Times Awards:

Category	Title	Team
Continence Promotion and Care	Continence In-Reach Service – promoting continence in the acute sector	Adult Continence Service

Patient Experience Network National Awards (PENNA):

Category	Title	Team
Using Insight for Improvement	Continence In-Reach Service	Adult Continence Service
Measuring, Reporting & Acting	Engaging with family members and carers during COVID-19 pandemic	Patient Experience
Strengthening the	Improving Falls Safety for Patients – Enhanced	Patient Experience

Foundation	Falls Reduction	
Personalisation of Care	Implementing an Admiral Nurse Service in an Acute Hospital setting to improve experience for people living with dementia and their family and carers	Admiral Nurses

In addition, Deputy Sister Karen Green had been nominated in the PENNA Award category of Patient Experience Professional and Manager of the Year. The Director of Estates and Facilities also advised that the Building Better Hospitals Pre-Consultation Business Case campaign had been shortlisted for a Health Service Journal Award in the category of NHS Communications Initiative of the Year.

Resolved – that the nominations for external awards be noted.

244/21 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

Members of the press and public had been invited to submit any questions relating to the business on the agenda by 12noon on Tuesday 31 August 2021. The Interim Director of Corporate and Legal Affairs read out the 7 questions which had been received in advance of that deadline and these were responded to during the meeting. These questions and the associated responses had already been provided to the requesters by email, been published on the external website and they would be appended to the Minutes of this meeting.

A further 9 supplementary questions had been received on Wednesday 1 September 2021 (after the deadline for submission). It was agreed that these questions would be responded to outside the meeting, and that copies of the questions and the associated responses would be provided to the requesters by email and published on the external website. CCSO

Resolved – that (A) the questions raised in advance of the submission deadline and the associated responses provided at the meeting be noted, and

(B) responses to those questions that were raised in advance of the meeting (but after the submission deadline) be sent to the requesters (outside the meeting) and published on the external website. CCSO

245/21 REPORTS AND MINUTES OF MEETINGS PUBLISHED ON UHL'S EXTERNAL WEBSITE

Resolved – that it be noted that the following reports and Minutes meetings had been published on UHL's external website alongside the Trust Board papers:-

- Infection Prevention Annual Report 2020/21 (full report);
- Quality and Outcomes Committee Minutes – 24 June 2021 and 29 July 2021;
- Finance and Investment Committee Minutes 24 June 2021 and 29 July 2021;
- People, Process and Performance Committee Minutes – 24 June 2021, and
- Charitable Funds Committee Minutes – 6 August 2021.

246/21 DATE AND TIME OF NEXT TRUST BOARD MEETING

Resolved – that the next public Trust Board virtual meeting be held on Thursday 4 November 2021 from 1.30pm.

The meeting closed at 16.05pm

Kate Rayns, Corporate and Committee Services Officer

Cumulative Record of Attendance (2021/22 to date):

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J MacDonald (from 19.4.21)	6	6	100	A Furlong	8	4	50
				A Johnson	8	8	100
K Singh (until 16.4.21)	2	2	100	S Lazarus	8	8	100
V Bailey	8	8	100	D Mitchell	8	7	88

P Baker (until 30.8.21)	7	6	86	B Patel	8	8	100
R Brown	8	7	88	T Robinson (from 1.9.21)	1	1	100
I Crowe	8	8	100	M Williams	8	8	100
C Fox	8	7	88				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	8	7	86	H Kotecha	8	7	88
M Durbridge (from 6.5.21)	6	6	100	I Orrell	8	8	100
G George (from 12.7.21)	1	1	100	S Ward	7	7	100
K Gillatt	8	5	63	M Wightman	8	8	100
D Kerr	8	7	88	H Wyton	8	5	63

University Hospitals of Leicester NHS Trust

Questions submitted to the Trust Board meeting on 2 September 2021

The following questions were received from a member of the public in advance of the deadline for submission of questions from the press and public (12noon on Tuesday 31 August 2021) and the Trust's response is provided following each question:-

Question 1:
Regarding patients waiting in urology and hence the RTT performance for urology, how is the service clinically reviewing patients waiting over 18 weeks for a new appointment?

Response to question 1 by the Acting Chief Operating Officer:

All patient referrals are clinically reviewed at the time of referral and patients are triaged to determine clinical urgency. All patients marked as urgent by the clinical team, are moved into "sooner" appointments (although we appreciate that this routinely remains over 18 weeks at present). Routine patients are dated in date order as clinical capacity becomes available.

Patients who are on the Referral to Treatment (RTT) pathway who experience a change in symptoms are encouraged to contact the department (their Consultant) directly or seek support from their GP to inform the Consultant of the change in clinical condition. These notifications are followed up in terms of a casenote review by the Consultant who may then make the clinical decision to expedite the appointment/treatment.

In addition, Leicester, Leicestershire and Rutland GPs have access to the UHL advice and guidance system which provides another platform to seek advice regarding specialist clinical advice. This advice can result in expediting an appointment or the provision of additional support in the community whilst they await an appointment. We would add that the decisions we are able to make are based on the information provided by the GP.

Question 2:
Where is the specific urology RTT plan in the board report, and why are UHL not seeking more capacity such as they have done for orthopaedics?

Response to question 2 by the Acting Chief Operating Officer:

The Trust Board receives reports on quality and performance at each meeting. The report is strategic in nature and tracks the same at an organisational level. In addition for September, a report specific to elective and diagnostic restoration and recovery will be shared.

Service specific performance is managed at a sub-board level with each of the Clinical Management Groups and their senior leadership teams.

As part of the Trust's restoration and recovery programme for all affected specialties, Urology have approached a number of additional providers (including independent sector providers) to support during this challenging recovery period. However, Urology is a specialist area and many of our local and regional NHS and independent sector partners are not in a position to offer the NHS any additional capacity at present.

During the early period of the pandemic we were able to access additional theatre capacity in the local Spire setting, but in order to accommodate this we were unable to run additional clinic capacity in any other setting. We stretched our workforce considerably in an attempt to keep as much activity running as possible to ensure that patients deemed to be clinically urgent were seen and treated as quickly as possible.

We have agreed as a department to continue to prioritise cancer patients and those deemed to be clinically most urgent. Unfortunately, this continues to impact our routine patient cohort with no obvious solution in gaining additional clinic capacity.

Question 3:
Which providers has the board asked to provide urology services and what was the response? If this response was no capacity, how is UHL expanding urology services locally and how many more

appointments and operating hours will that mean for the month of September, 2021 and the month of October, 2021?

Response to question 3 by the Acting Chief Operating Officer:

It is important to note that none of the local to Leicester independent sector providers have ITU facilities and a proportion of Urological oncological surgical procedures require an ITU level of post-operative care.

The Urology service has approached a number of additional providers, including independent sector providers to support during this challenging recovery period. However, Urology is a specialist area and many of our local and regional NHS and independent sector partners are not in a position to offer the NHS any additional capacity at present. These include Leicester Spire (although this partner has been able to help earlier this year), Peterborough, Northampton and Kettering NHS Trusts, Ramsay Healthcare and Nuffield and Nottingham BMI Healthcare.

Urology have had two patients treated by University Hospitals Coventry and Warwickshire (UHCW) for complex robotic procedures and we continue to work with UHCW to try to utilise dates provided to us. A further two dates were offered and a number of patients were contacted and declined the offer as they did not wish to travel.

Question 4:
How does the Trust know that the excessive waiting times are not effecting hospital mortality rates and where is this assurance reported to the Board?

Response to question 4 by the Medical Director:

UHL monitors hospital mortality rates and learning from deaths in the following ways:

- Medical examiner process – an independent scrutiny of deaths that involved speaking to members of clinical team ie certifying doctor; scrutiny of case notes and speaking to the bereaved to determine if a coroner referral is required or a death certificate can be issued and whether further review is indicated as part of the Specialty Mortality and Morbidity process or an investigation by the Patients Safety Team;
- Bereavement Support Service – routinely make follow up contact calls to the bereaved 6-8 weeks after death to ask if any unanswered questions or earlier where questions have already been raised and need further discussion or to feedback responses from the clinical team;
- Clinical Team and Specialty Mortality Reviews – using either a Clinical Review or national Structured Judgement Review template designed to support reflection and identification or learning and actions to improve care;
- Child Death Reviews and Perinatal Mortality Review Group reviews – using national template and externally reported to the relevant Area Child Death Overview Panel and MBRRACE-UK;
- Patient Safety Incident Reviews, Investigations and Complaints – learning identified as part of reviews or investigations undertaken through the patients safety route relating to deceased patients and from inquest findings and Prevention of Future Death letters are fed into the Learning From Deaths process;
- Routine monitoring and review at the monthly Trust's Mortality Review Committee (MRC) of our crude and risk adjusted mortality rates (both HSMR 'Relative Risk' and SHMI) and working with our Doctor Foster Intelligence (DFI) Consultant to undertake further analysis of diagnosis or procedural groups which appear to have a higher relative risk and then cross referencing this with internal data and Learning from Deaths information to confirm whether there is any learning around clinical pathways or individual patient's care;
- UHL commissioned reviews – where 'alerts' raised, either through National Clinical Registries (eg Society for Cardiothoracic Surgery, Renal Association, National Vascular Registry, National Hip Fracture Database, NHS Blood and Transplant, British Association of Urological Surgery) or where other internal data indicated potential for learning, and
- Quarterly reports to the Quality Committee and Trust Board.

Question 5:

Does the hospital categorise patients waiting over a year for treatment as an unintended incident and if so how is it addressing its duty of candour obligations with these patients?

Response to question 5 by the Acting Chief Operating Officer:

The impact of Covid on the current wait times for many UHL patients is not recorded as an individual serious incident. However, UHL as an organisation, and Urology as a clinical service, is accountable for the safety of patients during their waiting period. As such, UHL is continuing to make sure that effective, clinical reviews are carried out appropriately to manage patient safety and to prioritise patients clinically.

Within the Urology service, a clinical casenote review is conducted for every patient waiting over 52 weeks and this is monitored by the service board and the Clinical Management Group Board. The service has, and continues to work through clinically defined cohorts of patients to prioritise the clinically urgent and cancer patients. These cohort reviewed are then supplemented by individualised clinical casenote reviews.

The work is being led by the CHUGGS Clinical Director and facilitated by the Urology clinical leads.

To ensure transparency with both wait times and the processes we are following as an organisation, the Trust is in the process of writing to all patients currently on our waiting list.

Question 6:
Have all the 12k patients waiting over a year for treatment, been contacted by the hospital verbally with an apology recorded in their medical records?

Response to question 6 by the Acting Chief Operating Officer:

No, the trust has not verbally contacted the patients currently waiting over 52 weeks.

The Trust is in the process of writing to all patients currently on our waiting list. This letter has been produced in partnership with GPs and other primary case based clinicians to ensure that patients experience joined up care and support whilst they are waiting. The letter offers an apology to all patients for the wait and the impact this is having on both their lives and those of their families.

LLR is setting up a patient support phoneline for those waiting for diagnostics and/or an appointment so that they are able to both let the right clinician know about any changes to their symptoms or condition (which will start a casenote clinical review and a potential re-prioritisation of appointment), as well as access other services which might be available to them during the waiting period.

These additional services might be community based and accessible through social prescribing, or might be alternative clinical services such as physiotherapy. The offer will be individualised to each patient.

Question 7:
How is UHL assessing the mental harm done to patients from waiting over 18 weeks for treatment?

Response to question 7 by the Acting Chief Operating Officer:

UHL, in partnership with the other NHS organisations across LLR, is aware of the impact of the pandemic, changes to health and social care services and the affect this has on the people who rely on them. Unfortunately, there is no current methodology to psychologically assess the impact of experiencing a wait for treatment on individual patients.

However, in response to the well documented impact of the pandemic on the mental health and wellbeing of our communities, (including on those waiting for care), NHS partners across the LLR system are investing in additional community-based mental health and wellbeing services including a 24/7 Central Access Point for all patients experiencing any mental health problems (0808 800 3302).

As previously mentioned, the Trust is in the process of writing to all patients currently on our waiting list. This letter has been produced in partnership with GPs and other primary case based clinicians to ensure that patients experience joined up care and support whilst they are waiting including emotional support.

Kate Rayns
Corporate and Committee Services Officer

University Hospitals of Leicester NHS Trust

Supplementary questions submitted to the Trust Board meeting on 2 September 2021

The following questions were received from a member of the public and from the Leicester Mercury Patients' Panel in advance of the Trust Board meeting on 2 September 2021. As they were received after the deadline for submission of questions from the press and public (12noon on 31 August 2021), it was agreed to respond to the requesters outside the meeting and publish the questions and responses on the external website. The Trust's responses are provided following each question below:-

Question 1:
With reference to Minute 223/21/1 of the meeting on 1st July 2021 and the report of the Acting Chief Executive to this meeting, please may I ask:

(a) Has the Reconfiguration and Transformation Committee met?
(b) if so when, and when will the Minutes be published?
(c) how are the views of patients and the public heard by the Committee?

Response to question 1 by the Interim Director of Corporate and Legal Affairs:

(a) The first meeting of the Reconfiguration and Transformation Committee (RTC) is provisionally scheduled to be held on Thursday 25 November 2021.

(b) An escalation report highlighting the key issues discussed at the most recent RTC meeting will be presented to the subsequent Trust Board meeting. In addition, the Minutes of each RTC meeting will be submitted to the next available Trust Board meeting. Both the escalation reports and the Minutes will be published on the external website.

(c) The Membership and Terms of Reference for the RTC are in the process of being agreed, but it is expected that the membership will include representatives from Healthwatch, the CCGs and LPT.

Question 2:
In July the Health Service Journal reported that UHL was among the NHS Trusts to receive a letter from The New Hospitals Programme asking Trusts to submit three sets of plans for evaluation.

(a) An option costing no more than £400m;
(b) The trust's preferred option, at the cost they are currently expecting; and
(c) A "phased approach" to delivery of the preferred option.

Was such a letter received by the Trust? If so, what response is the Trust making and what are the implications of the 'option costing no more than £400m' for the schemes in the Decision Making Business Case on which the LLR CCGs consulted the public?

Response to question 2 by the Director of Estates and Facilities:

As one of the 8 national New Hospital Programme (NHP) 'Pathfinder' schemes, we have been asked by the NHP team to look at a range of approaches to how we go about building new hospitals in Leicester. There are three scenarios that we have been asked to consider:

1. An option that fits the Trust's initial capital allocation of £450m in 2019.
2. The Trust's preferred option
3. A phased approach to delivery of the preferred option

The Leicester scheme has remained almost exactly as described three years ago at the time of the initial capital allocation. However, some of the parameters we are expected to meet when we build the new hospitals have changed significantly; for example the percentage of single rooms versus open wards, the amount of money expected to be set aside for contingency and the requirement to make the buildings 'net zero carbon'. We have therefore submitted plans which illustrate what can be achieved within the original allocation, our preferred option and a phased approach which would deliver the preferred option, albeit over a longer time scale.

We recognise that it is a necessary part of the process for colleagues in the New Hospital Programme to challenge each of the Pathfinder schemes on both deliverability and value for money. The content of the

submitted template is commercially sensitive and not in the public domain. Details of the way forward will be released once this has been agreed with the New Hospital programme.

Question 3:
Has the Decontamination Business Case referred to in the report to the May Board meeting been approved?

Response to question 3 by the Director of Estates and Facilities:

Yes, the Decontamination Business Case has been approved.

Question 4:
Will the Trust consider keeping the public and stakeholders informed by providing on its web site a regularly updated progress report on all the Reconfiguration and Transformation programmes?

Response to question 4 by the Interim Director of Corporate and Legal Affairs and the Director of Estates and Facilities:

Public and stakeholders will be informed on the business discussed at the RTC meetings via the escalation reports and Minutes of the meetings which will be published on the external website. We are committed to keeping our stakeholders informed on progress of the reconfiguration plans, and are in the process of developing a communication strategy which will include the use of UHL website. This work is still in progress.

Question 5:
As the Board now meets bi-monthly please can the responses to public questions asked at Board meetings be published on the Trust web site shortly after the meeting?

Response to question 5 by the Interim Director of Corporate and Legal Affairs:

The public questions and responses will be published on the external website as soon as possible after each meeting.

Question 6:
Please could you tell me why the request of the new hospitals programme team for details of variants of the Building Hospitals For the Future Scheme does not appear on the public board agenda. What are the elements of the Building Better Hospitals For the Future Scheme which were removed to accommodate the £400m version of the scheme requested by the new hospitals programme team? Further what would be the impact on the preferred proposal as consulted upon if a phased approach is required?

Response to question 6 by the Director of Estates and Facilities:

The content of the submitted template is commercially sensitive and not in the public domain. Details of the way forward will be released once it has been agreed with the New Hospital programme.

Question 7:
Two months ago, the Integrated Quality & Performance Report for month 2 was presented to the public board. This month, we have the report for month 4. What has happened to the report for month 3 and when will the public be able to see this? Would you agree that this is an example of the reduced number of public boards resulting in reduced transparency?

Response to question 7 by the Interim Director of Corporate and Legal Affairs:

The Integrated Quality and Performance (Q&P) report provides cumulative performance data, so much of the information from month 3 will be provided again in the month 4 report. To increase transparency, we will arrange to publish the Q&P reports for those months when the Trust Board does not meet publicly via our external website.

Question 8:
Remaining residents of Hospital Close are publicly complaining that their safety is at risk due to neglect of the area. What is the responsibility of UHL to these residents, will this responsibility be discharged and when will it be discharged?

Response to question 8 by the Director of Estates and Facilities:

The majority of the Trusts ownership of Hospital Close was sold to Leicester City Council on 1 April 2021. The only part excluded was number 4-6 Hospital Close, which the Trust leases to a brain injury charity called Headway. This means that there is a small portion of the overall site that remains within the Trust's ownership and for which responsibility is retained. Opposite and adjacent to the Headway premises are several privately owned properties, which neither the Trust or the City Council have control of.

Within the area retained by the Trust, there is one streetlight which has stopped working and arrangements have been made, in liaison with the City Council, to effect repairs to ensure that it works effectively again. A number of meetings have taken place with colleagues at the City Council to rectify any issues that may be the source of complaint which are in consequence of the Trust's land holding and (with the exception of the broken streetlight and desire to see the roadway at this point improved) no other complaints have been received for which the Trust would be responsible.

It is understood that the Council wish to resurface parts of the road that they have purchased and are taking steps to then progress adoption of the whole; in the interim, whilst the Council undertake resurfacing, the Trust has agreed in principle to have its retained portion of roadway resurfaced at the same time.

Question 9:
Any reduction in the exclusion of press and public while items of business are discussed in private is to be welcomed. Today I'm pleased to note that the press and members of the public are not excluded from items of business. For the sake of clarity could you confirm that items of business for today's board will not or have not been discussed in confidential session? Additionally can you confirm that since the last public board meeting, on 1st July, no items of business have been discussed at a private board meeting?

Response to question 9 by the Interim Director of Corporate and Legal Affairs:

The Trust Board continues to meet in private to consider any items of business which are considered to be commercially sensitive or include personal information. Since 1 July 2021, the Trust Board has met twice in private session, once on 15 July 2021 and once on 2 September 2021. In order to increase visibility, it is proposed to include a high level summary of any decisions taken at the private Trust Board meetings within the Chairman's report to the subsequent public Trust Board meeting.

Kate Rayns
Corporate and Committee Services Officer