

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 1 APRIL 2021 AT 9AM****Voting Members present:**

Mr K Singh – Trust Chairman

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

Professor P Baker – Non-Executive Director

Ms R Brown – Acting Chief Executive

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

Ms C Fox – Chief Nurse

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

Mr S Lazarus – Chief Financial Officer

Ms D Mitchell – Acting Chief Operating Officer

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

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

In attendance:

Mr A Carruthers – Chief Information Officer

Ms K Gillatt – Associate Non-Executive Director

Mr J Jameson – Deputy Medical Director (on behalf of Mr A Furlong, Medical Director)

Mr D Kerr – Director of Estates and Facilities

Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 119/21)

Mr I Orrell – Associate Non-Executive Director

Mrs K Rayns – Corporate and Committee Services Officer

Ms J Scott – Hospital Inspector, Care Quality Commission (observing)

Ms J Tyler-Fantom – Deputy Chief People Officer (on behalf of Ms H Wyton, Chief People Officer)

Mr S Ward – Director of Corporate and Legal Affairs

Mr M Wightman – Director of Strategy and Communications

ACTION**111/21 WELCOME AND APOLOGIES**

The Trust Chairman welcomed Ms J Scott, Hospital Inspector, Care Quality Commission (CQC) to the virtual meeting. Apologies for absence were received from Mr A Furlong, Medical Director and Ms H Wyton, Chief People Officer. It was noted that Mr J Jameson, Deputy Medical Director and Ms J Tyler-Fantom, Deputy Chief People Officer were attending on behalf of the Medical Director and the Chief People Officer (respectively).

112/21 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

113/21 MINUTES

The Director of Corporate and Legal Affairs noted a correction to Minute 77/21/1 of 4 March 2021, advising that Mr T Patel was a Family Carer and ex-Patient Adviser at UHL.

Resolved – that (subject to the above amendment) the Minutes of the 4 March 2021 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

CHAIRMAN**114/21 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the matters arising log from the 4 March 2021 Trust Board meeting

and any outstanding matters arising from previous meetings. In respect of item 3c (Minute 74/21/2.1 of 4 March 2021 refers), the Trust Chairman noted that a discussion on the role of family carers at UHL would be held later in the meeting, as part of his own briefing report (Minute 115/21/2 below refers).

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

115/21 KEY ISSUES FOR DISCUSSION/DECISION

115/21/1 UHL Maternity Improvement Journey

In presenting this month's Trust Board story, the Chief Nurse advised that the Trust Board usually received either a patient or a staff story each month on a rotational basis. This story incorporated a focus on the patient and the staff benefits of improvements to UHL's Maternity Services. It was noted that the Chief Nurse was the Lead Executive Director for Maternity Services and Ms V Bailey, Non-Executive Director was the Non-Executive Director Sponsor. Paper C described the safety improvements, arrangements for involvement and co-production with service users and the journey towards achieving Better Births Transformation, as part of the maternity transformation programme. Progress of the maternity transformation programme was reported in greater detail to the Executive Quality Board and the Quality and Outcomes Committee, but in light of the recently published Ockenden review of maternity services at the Shrewsbury and Telford Hospital NHS Trust, it was considered appropriate to provide additional assurance on maternity services to UHL's Trust Board.

The Chief Nurse introduced Ms E Broughton, Head of Midwifery and Ms K Williams, Deputy Head of Midwifery who presented a series of slides outlining key elements of UHL's Maternity Improvement Journey, referencing the Maternity and Neonatal (MatNeo) Project, and the establishment of a Maternity Voices Partnership (MVP) and Maternity Safety Champions. The MatNeo Project plan (which had been completed prior to the Covid-19 pandemic) had set out to implement safety huddles, improve fresh eyes compliance, introduce intrapartum risk assessment, and implement physiological interpretation of Cardiotocography (CTG) – the technical means for recording foetal heartbeat and uterine contractions during pregnancy. Monthly feedback sessions were held with staff, fostering a 'you said, we did' approach and this had contributed towards a healthy staff culture, where staff felt safe to raise any concerns. During the Covid-19 pandemic, a poster had been designed and circulated to GP surgeries informing patients of the disproportionate impact for pregnant women from a Black, Asian or Minority Ethnic (BAME) background and advising them of the particular issues to be aware of.

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

- (a) the Acting Chief Executive commended the good example of partnership working, innovation and a forward-thinking approach towards Assessment and Accreditation. She invited Ms V Bailey, Non-Executive Director to brief the Trust Board on her role as Non-Executive Director Maternity Safety Champion and Ms Bailey responded by detailing the mixture of nationally mandated and locally prescribed guidance and the value of her attendance (virtually) at the monthly staff drop-in sessions and at national maternity safety events. She highlighted the range of operational issues that were raised during these sessions, noting that some were easily resolved and others required longer-term actions to address them. Ms Bailey also briefed Trust Board members on progress nationally with reducing incidence of still birth and neonatal death and she highlighted some of the areas of disparity which required continued focus. Speaking as Non-Executive Director Chair of the Quality and Outcomes Committee (QOC), Ms Bailey provided assurance that QOC regularly reviewed still birth rates as part of the wider 'Learning from Deaths' reviews and that any adverse trends or concerns were scrutinised accordingly. Finally, Ms Bailey highlighted the diverse needs of the local population in Leicester, Leicestershire and Rutland and the need for UHL to focus on cultural expectations and language barriers within maternity services;
- (b) Mr B Patel, Non-Executive Director thanked the Head of Midwifery and the Deputy Head of Midwifery for their excellent presentation, querying whether the arrangements for co-production had included internal and external engagement with patients from a range of ethnic backgrounds. The Head of Midwifery confirmed that the Maternity Voices Partnership (MVP) had a diverse membership and that the MVP Chair also attended a range of community groups (including a Chama group). The MVP members had played an integral role in developing patient information and guidance on visiting arrangements;
- (c) the Director of Strategy and Communications highlighted the multi-cultural aspects of the

engagement activity surrounding the proposed new Women's Hospital, which had focused upon the needs of women. In respect of the Lotus Continuity team slide within the presentation pack (detailing the higher risk of adverse outcomes for BAME patients in pregnancy) he commented on the scope to include maternity services within the review of ethnic health issues currently being undertaken by the University of Leicester. Professor P Baker, Non-Executive Director supported this suggestion, also noting the need to focus on perinatal outcomes for non-white patient groups, and

- (d) the Leicester and Leicestershire Healthwatch Chair commended the use of Maternity Safety Champions at UHL and she confirmed that a Healthwatch representative was a member of the MVP.

In summary, the Trust Chairman thanked the Chief Nurse, the Head of Midwifery and the Deputy Head of Midwifery for this interesting presentation which demonstrated the reflective and response approach to the needs of patients within the Maternity Transformation Programme. He noted the importance of addressing healthcare inequalities and recognising and responding to any perceptions of discrimination.

Resolved – that the presentation on UHL's Maternity Improvement Journey be received and noted.

115/21/2

Chairman's Monthly Report – April 2021

In presenting his monthly report at paper D, the Trust Chairman particularly drew the Trust Board's attention to the significant impact of the Covid-19 pandemic on patients and staff. Sadly there had been over 126,000 UK Covid-related deaths, including some members of UHL's own workforce. He highlighted the critical role that UHL's staff had played during the pandemic and expressed his thanks for the commitment and dedication that they had shown. The pandemic had exposed the fragility of society in many ways and it had raised questions surrounding the arrangements for ensuring that a new 'geography of disadvantage' did not emerge in the areas and communities served by the Trust as clinical services were restored to pre-pandemic levels. A transparent approach had been adopted in terms of the Trust's financial position, but it was important to highlight that the continual focus on patients and the quality of care they received had led to the Trust being awarded a 'Good' rating from the Care Quality Commission (CQC) and the opportunity presented by capital funding to transform the Trust's services and estate.

The Trust Chairman highlighted the importance of the role of family carers, noting his own previous experiences in this area and he sought the Board's agreement that the Acting Chief Executive be requested to nominate an Executive Director to be a single point of contact for responding to any carer issues that were raised and that an annual report on carers be presented to the Trust Board during a public session. At the 5 March 2021 Trust Board meeting, the Chairman had undertaken to liaise with the Quality and Outcomes Committee (QOC) Non-Executive Director Chair and the Chief People Officer to agree the arrangements for embedding the role of family carers within the QOC work programme and this meeting was scheduled to be held within the next two weeks. As this was the Chairman's last Trust Board meeting before he left the Trust, he recorded his appreciation of the support and courtesy that he had received during his tenure at UHL, advising that he would be visiting each Hospital site over the next two weeks to thank staff personally.

In discussion on the Chairman's briefing report, the following comments were noted:-

- (i) Col (Ret'd) I Crowe, Non-Executive Director supported the proposal to nominate an Executive Director to Champion the role of carers at UHL, suggesting that this was a fitting legacy to be associated with the Chairman as he left the Trust;
- (ii) Mr B Patel, Non-Executive Director commented upon the importance of providing carers with a voice at UHL and engaging them in the co-production of service development plans;
- (iii) the Director of Strategy and Communications referenced the phrase 'geography of disadvantage' which the Chairman had used in his introduction above, noting that Covid-19 had shone a light on health inequalities. Following discussion at the Health and Wellbeing Boards, it had been agreed that a systematic approach was required to address healthcare inequalities and there was a strong appetite for Leicester City Council, Leicestershire County Council and Rutland Council to work together to form a long term view on the arrangements for levelling up equitable access to healthcare services. Furthermore, he was planning to invite a Director of Public Health to provide a presentation on this subject at the Trust Board meeting on 6 May 2021;

DSC

- (iv) the Leicester and Leicestershire Healthwatch Chair observed that family carers experienced issues within the wider LLR system as well as at UHL and Healthwatch were keen to establish a Carers Forum. Within the new Integrated Care System (ICS) landscape it was hoped that Healthwatch would be seen as an equal partner in the co-production of such plans. The Trust Chairman recognised that the arrangements for carers should ideally be seamless across the healthcare economy, but this Trust Board could only look at the practical applications within UHL currently;
- (v) Mr A Johnson, Non-Executive Director supported the proposal to nominate an Executive Director Champion for carers, noting the significant contribution that carers made to the quality of patient care. He also commented upon the need to ensure equity for disabled patients and staff and he highlighted the scope to nominate an Executive Director Champion for disabilities;
- (vi) the Deputy Chief People Officer noted that the Trust had implemented a Carers Charter some five or six years previously and she queried the scope to re-visit the Carers Charter and refresh it following the Covid-19 pandemic, and
- (vii) Mr I Orrell, Associate Non-Executive Director supported both the Executive Director Champion for carers and the proposal to provide a presentation on health inequalities at the May 2021 Trust Board meeting. The public health data held at Local Authority level would be key in identifying and addressing health inequalities going forwards.

ACE

CN

The Trust Chairman summarised the discussion on family carers, requesting the Acting Chief Executive to progress this issue within the wider healthcare system and nominate an appropriate Executive Director to become UHL's Carers Champion. He requested that a report be provided to the Trust Board on the role of family carers within the next three months. In respect of the previously agreed action to embed the role of family carers within the QOC work programme, he undertook to meet with the Non-Executive Director QOC Chair and the Chief People Officer within the next two weeks. Finally, he expressed his support of the proposal made by the Director of Strategy and Communications to invite a Public Health representative to provide a presentation on health inequalities to the May 2021 Trust Board meeting.

ACE

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

(B) the Acting Chief Executive be requested to:-

ACE

(1) raise the issue of family carers for consideration by the wider healthcare system, and

ACE

(2) nominate an Executive Director Champion for carers and arrange for a report to be provided to the Trust Board on this issue within the next three months;

ACE

(3) consider the scope to create an Executive Director Champion for disabled patients and staff;

(C) the Chief Nurse be requested to consider revisiting and refreshing the Carers Charter, and

CN

(D) the Director of Strategy and Communications be requested to arrange for a Public Health presentation on healthcare inequalities to be provided to the Trust Board on 6 May 2021.

DSC

115/21/3

Acting Chief Executive Monthly Update – April 2021

The Acting Chief Executive introduced paper E, providing her monthly update on key issues. Taking the report as read, she confirmed that the extent of Covid-19 activity within Leicester's hospitals continued to reduce. There were currently 57 patients in hospital with confirmed Covid-19, 13 of whom were being cared for in an intensive care setting, which was an improved position compared to previous weeks. The milestone of one year since Leicester's first lockdown had been marked with some poignant photographs and comments on social media describing people's experiences of lockdown. The level of grit, determination and hope that had been evidenced during the last year had been astounding, but there remained many challenges ahead in terms of caring and supporting UHL's workforce whilst restoring clinical services. National planning guidance for 2021/22 had been received in the last week, and the Acting Chief Executive undertook to circulate this to Board members for information (outside the meeting). A detailed plan for the restoration of clinical services was scheduled for consideration by the People, Process and Performance Committee (PPPC) on 29 April 2021. This plan would include the arrangements for recovering all aspects of the Trust's operational performance but the main area of focus for the first six to eight weeks would be treating priority 2 patients and cancer patients.

ACE

In other news, Mesothelioma UK (a charity which UHL worked closely with to support patients with asbestos-related cancer) had been awarded the Health Service Journal (HSJ) Military and Civilian Partnership Award for 2020. She paid tribute to the contribution of Col (Ret'd) I Crowe, Non-Executive Director who had spearheaded the joint working arrangements between the armed forces and the charity. Col (Ret'd) Crowe had also been central to the Trust retaining its Gold status recognition with the Ministry of Defence as part of the Armed Forces Covenant. The Trust Chairman added his congratulations to Col (Ret'd) Crowe, confirming that he had attended the virtual HSJ awards ceremony. The Leicester, Leicestershire and Rutland (LLR) Sustainability and Transformation Partnership (STP) application to become an Integrated Care System had been approved by NHS England on 19 March 2021.

The Chief Nurse briefed Trust Board members on the key issues contained within the Quality and Performance Dashboard (provided at appendix 1). A link to the detailed Quality and Performance report for February 2021 was provided in section 3.3 of paper E. Following a positive MRSA bacteraemia in January 2021, a thorough investigation had been held which had identified three key learning points and progress of the agreed actions to address these learning points were being tracked by the relevant Clinical Management Group and the Corporate Infection Prevention Team. Clostridium Difficile infections remained low (70 in the year to date, compared with the threshold of 108). In the absence of national guidance on the infection prevention thresholds for 2021/22 it was proposed to retain the 2020/21 threshold for 2021/22. Following the peak of the Covid-19 pandemic, the Trust was now collating valuable patient experience data. Despite the reduction in eligible patients to complete the friends and family surveys, UHL was working to support an improvement in the survey completion rates where possible. Nosocomial Covid-19 infection rates were continuing to reduce and the rates had reduced further since the dashboard had been produced. The Acting Chief Executive added that ambulance handover delays were challenging with 4.2% of such handovers taking 60 minutes or longer. However, this performance was improved on the position for the same period last year as a result of system-wide improvement activity.

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

(B) the Acting Chief Executive be requested to circulate the national planning guidance for 2021/22 to Trust Board members for information (outside the meeting).

ACE

116/21 ITEMS FOR ASSURANCE

116/21/2 Reports from Virtual Board Committee Meetings

116/21/2.1 Audit Committee

The Non-Executive Director Audit Committee Chair introduced paper F1, providing the Minutes of the Audit Committee meeting held on 5 March 2021. He particularly highlighted the Committee’s discussions in respect of (i) timely notification of staff leaving the Trust, (ii) resource constraints within the IM&T Directorate and the People Services Directorate, and (iii) the ongoing work to refresh the Board Assurance Framework (BAF) for 2021/22 – where Principal Risks 3, 4 and 5 (relating to workforce sustainability, financial sustainability and IM&T infrastructure, respectively) were currently considered to be too broad.

At the request of the Acting Chief Executive, the Chief Information Officer briefed the Trust Board on resource constraints within his team, confirming that they were working with the People Services Directorate to strengthen the arrangements for electronic notification of staff leaving the Trust, but this would still be reliant upon timely notification by line-managers. He also highlighted the challenges surrounding delivery of the Trust’s digital aspirations and transformation agenda in parallel with ensuring the reliability and robustness of existing digital systems. The Deputy Chief People Officer provided assurance that the People Services Directorate was working hard to ensure that the appropriate resources were appropriately placed to deliver the required workstreams.

The Trust Chairman recorded his appreciation of the contribution that Mr M Williams, Non-Executive Director was making in his role as Non-Executive Director Audit Committee Chair, recognising the need for that Committee to focus on the critical issues currently facing the Trust.

Resolved – that the Minutes of the 5 March 2021 Audit Committee meeting be received and

noted as paper F1.

116/21/2.2 Quality and Outcomes Committee (QOC)

Paper F2 summarised the issues covered during the virtual QOC meeting held on 25 March 2021. The Non-Executive Director QOC Chair confirmed that the Committee continued to focus on key patient quality and safety issues, with a particular focus on the process for restoration and recovery of services following the Covid-19 pandemic. As reported in the media, there was a significant backlog of patients awaiting treatment, but individual patient reviews were being undertaken to assess whether there had been any deterioration in their condition and determine any risk of patient harm. Good progress was being reported overall within the restoration and recovery plan. The Committee had received a detailed analysis of UHL's mortality data which remained within the normal parameters. The Deputy Medical Director briefed the Trust Board on some further due diligence deep-dive analysis work that was being undertaken with support from the Dr Foster Intelligence Consultant. In addition, the Trust regularly reviewed cross-cutting mortality themes such as recognising and responding to deteriorating patients, diabetes management, and care of patients with acute kidney injuries.

The Trust Chairman thanked the Chief Nurse, the Deputy Medical Director and the Non-Executive Director QOC Chair for their contributions to the work of the Quality and Outcomes Committee, recognising that this agenda was a key factor in supporting the quality of care and the safety culture at UHL. He also commented upon the positive messages surrounding the restoration and recovery of clinical services.

Resolved – that the summary of public issues discussed at the 25 March 2021 QOC meeting be received and noted as paper F2.

116/21/2.3 People, Process and Performance Committee (PPPC)

Paper F3 summarised the issues covered during the virtual PPPC meeting held on 25 March 2021. The Non-Executive Director PPPC Chair sought and received Trust Board approval of the Junior Doctors Guardian of Safe Working report. He also drew Trust Board members' attention to the Committee's discussion on staff health and well-being, the deployment of armed forces to support the Trust in dealing with the Covid-19 pandemic, and the impact of UK negotiations with the European Union. In respect of the latter item, PPPC had agreed to receive future reports only on the basis of any exceptions. PPPC was expecting to receive reports on the restoration and recovery of clinical services and emergency care performance at its April 2021 meeting. PPPC had also reviewed the Internal Audit review of waiting list management and the associated management action plan. This review had identified many areas of good practice as well as the need to focus on consistent application of administrative processes.

In respect of the armed forces deployment at the LRI to support the Covid-19 pandemic, the Non-Executive Director PPPC Chair paid tribute to the work of Ms E Meldrum, Deputy Chief Nurse who had been instrumental in coordinating these arrangements, commenting that it was pleasing to see that the Armed Forces Covenant was benefiting both the NHS and the armed forces. The Acting Chief Executive supported these comments, noting that the army teams had arrived at a point when some staff were beginning to feel overwhelmed and the military drive, enthusiasm and camaraderie had helped to raise staff morale.

Noting that both QOC and PPPC had raised concerns around patient waiting times and the backlog of elective activity, the Director of Strategy and Communications highlighted a presentation that had been provided recently to the UHL Leadership Huddle by Professor J Dias, Consultant Orthopaedic Surgeon, about the arrangements for treating the backlog of orthopaedic patients and how to appropriately manage patients' expectations in this respect. He suggested that it might be helpful to circulate these presentation slides to Trust Board members for information, but instead the Acting Chief Executive proposed inviting Professor Dias to a future Trust Board meeting to deliver this presentation. She added that several Consultants had voiced their concerns to her about UHL's ability to deliver the volume of activity required to reduce the backlog in the context of the capacity constraints associated with stringent infection prevention arrangements. The Trust Chairman supported the proposal to invite Professor Dias to a future Trust Board meeting. He also recorded his thanks to Col (Ret'd) I Crowe, Non-Executive Director for his contribution as Non-Executive Director PPPC Chair and for his work as a link between UHL the armed forces.

Resolved – that (A) the summary of public issues discussed at the 25 March 2021 PPPC meeting be received and noted as paper F3;

(B) the recommended item (Junior Doctors Guardian of Safe Working report) be approved, and CPO

(C) Professor J Dias, Consultant Orthopaedic Surgeon to be invited to provide a presentation to a future Trust Board meeting on the arrangements for restoration and recovery of orthopaedic services. CCSO

116/21/2.4 Finance and Investment Committee (FIC)

The FIC Non-Executive Director Chair introduced paper F4, providing a summary of the issues covered during the virtual FIC meeting held on 25 March 2021. He particularly highlighted the Committee's discussion in respect of the following items:-

- (i) the draft terms of reference for the Procurement Contracts Committee, noting that this Committee would improve the process for anticipating contract renewal dates and increase the leverage for negotiation of improved contractual terms without being overly bureaucratic;
- (ii) the 2021/22 quarter 1 draft financial plan, which had been endorsed and recommended for Trust Board approval, noting that the quality of reporting was improving, with plans being presented more clearly which facilitated improved discussions. The plan anticipated a break-even position with an expenditure plan of £309.7m. This expenditure plan did not yet reflect CIP savings but it did include the necessary continued use of Covid-19 funding for quarter 1, and CFO
- (iii) the draft 2021/22 quarter 1 Cost Improvement Programme (CIP) plan, noting that the Trust had achieved £9.28m of savings in 2020/21 (against the target of £8m), with £5.4m of these savings being recurrent in future years. The draft quarter 1 CIP plan of £2.48m was endorsed for Trust Board approval, although the Committee had noted that this could potentially rise to £2.6m. CFO

Resolved – that (A) the summary of public issues discussed at the 25 March 2021 FIC meeting be received and noted as paper F4, and

(B) the 2021/22 quarter 1 draft financial plan and CIP plan be approved. CFO

116/21/2.5 2020/21 Month 11 Financial Position

The Chief Financial Officer introduced paper F5, providing the monthly financial performance report for month 11 (February 2021), noting a year-to-date surplus of £35.7m and a month 11 surplus of £7.7m which was in line with the expected position. The underlying position continued to be affected by lower levels of non-Covid-19 patient activity than planned and he explained that this was not considered to be good news, as the Trust would rather be treating these patients. Confirmation had recently been received that the quarter 1 Covid-19 funding arrangements would continue for quarter 2. Therefore the 2021/22 financial plan was expected to be phased with the first half-year reflecting Covid-19 funding and the second half-year reflecting a more 'business as usual' model.

The Chief Financial Officer commended the achievement of £9.3m CIP savings in 2020/21, noting that this was an impressive total in the context of the Covid-19 pandemic and he thanked all of the teams involved for their work in this respect. Due to the Trust's strong cash position, it had been paying small and medium sized enterprises (SMEs) more quickly, with 91% of invoices by value being paid within 30 days and 56% within 5 days. It was intended to maintain and improve upon this performance to assist the SME business community, many of which were struggling during the pandemic. Finally, he drew members' attention to the additional workforce data provided at appendix 12 of paper F5, showing a comparison between the workforce numbers in January 2019 and January 2021, demonstrating a strengthened position in respect of front line clinical resources and supporting roles.

The Acting Chief Operating Officer commented upon the close working relationships between the Clinical Management Group and Corporate teams and Finance Team in developing the financial forecasts which had resulted in improved accuracy of forecasting at a time when patient activity levels had been extremely difficult to predict. She also highlighted that the forecast pay position for March 2021 had been increased to take account of continued Covid-19 activity, some elements of restoration and recovery and accrual for staff annual leave.

Resolved – that the month 11 financial performance report be received and noted (as paper F5).

117/21 ITEMS FOR NOTING

117/21/1.1 Trust Board Members' Annual Declarations of Interest 2021/22

Paper G provided Trust Board members' Annual Declarations of Interest for 2021/22. In addition, to the declarations provided in the report, the following updated/additional declarations were provided by Ms V Bailey, Non-Executive Director (at the meeting) and Mr A Johnson, Non-Executive Director (immediately following the meeting):-

Name and Position	Declaration(s)
Vicky Bailey – Non-Executive Director	<ul style="list-style-type: none"> Associate of the Local Government Association, and Fellow of Queens Nursing Institute
Andrew Johnson – Non-Executive Director	<ul style="list-style-type: none"> Elected Chairman of Morcott Parish Council, Rutland Elected Parish Councillor of Morcott Parish Council, Rutland Non-Executive Chair of Trust Group Holdings Ltd Member of the UHL Corporate Trustee Board Trustee & Non-Executive Director of NEBOSH, a registered charity (from 1 June 2020) Director of Fight 4 Rutland Ltd, a company limited by guarantee (from 5 June 2020)

Resolved – that the Trust Board Annual Declarations of Interest for 2021/22 (as set out above and in paper G) be received and noted.

117/21/2 Minutes of the Virtual Board Committee Meetings – February 2021

The Trust Chairman advised that the summaries of business discussed at the Board Committee meetings held on 25 February 2021 (QOC, PPC and FIC) had been presented to the 4 March 2021 Trust Board meeting to support the discussion on key issues and that the detailed Minutes of those meetings were now provided at papers H1, H2 and H3 (respectively).

117/21/2.1 Quality and Outcomes Committee (QOC)

Resolved – that the public Minutes of the 25 February 2021 QOC meeting be approved as per paper H1.

117/21/2.2 People, Process and Performance Committee (PPPC)

Resolved – that the public Minutes of the 25 February 2021 PPC meeting be approved as per paper H2.

117/21/2.3 Finance and Investment Committee (FIC)

Resolved – that the public Minutes of the 25 February 2021 FIC meeting be approved as per paper H3.

117/21/3 Minutes of the LLR System Leaders Group – 25 February 2021

Resolved – that (A) the minutes of the inaugural meeting of the LLR System Leaders Group held on 25 February 2021 be received and noted as paper I, and

(B) the agreed change of name from LLR System Leaders Group to LLR Health Care Partnership Board be noted.

118/21 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

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

Questions from Ms G Foster:

Please could you tell me whether UHL's enlarged deficit of £101M revealed following the closer inspection of the 2018/19 accounts has been written off by government or whether this deficit remains the liability of the Trust? If it remains the liability of the Trust, does that mean patient care will be cut in order to try to 'balance the books'? Does the Trust have other debts which were not written off by government last year? If so, what are these?

In response to the above questions, the Chief Financial Officer confirmed that the Trust's deficit of £101m and all previous liabilities to the Government were all written off as part of the national process and there were no remaining liabilities or loans which might impact upon patient care.

Questions from Ms K Reynolds (on behalf of the Leicester Mercury Patients' Panel):

We note that Leicester, Leicestershire and Rutland will have an approved Integrated Care System from 1 April 2021. We also note from paper I 'Minutes of the LLR System Leaders Group' that the inaugural meeting of the LLR System Leaders Group (in future to be called the 'LLR Health Care Partnership Board') chaired by Mr Sissling took place on 25 February 2021. While we are grateful to UHL for putting the minutes of this meeting into the public domain we are disappointed that the papers for the meeting have not also been made public, as without access to the relevant papers the usefulness of the minutes is diminished. As the LLR Health Care Partnership Board will provide a mechanism for local partners to lead the planning and commissioning of care for the population of LLR, openness and transparency regarding the business of the Group is desirable. Can the UHL Board offer assurance that they support the position that the LLR Health Care Partnership Board should meet in public from 1 April 2021? If they do not support that position can they explain their reasoning?

In response to the above questions, the Trust Chairman confirmed that this question had been raised with the Accountable Officer for the Integrated Care System, who had confirmed the expectation that future meetings of the LLR Health Care Partnership Board would be held in public. From this, it was assumed that it would follow that access to agenda and papers would also be provided in the public domain, noting that this would be consistent with the process currently operated for UHL's Trust Board.

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

119/21 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 120/21 to 127/21), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

120/21 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

121/21 CONFIDENTIAL MINUTES

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.

122/21 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.

123/21 KEY ISSUES FOR DISCUSSION/DECISION

123/21/1 Confidential Report from the Director of Financial Improvement

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

123/21/2 Confidential Reports 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.

123/21/3 Confidential Report from the Chairman and 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.

123/21/4 Confidential Report from the Director of Strategy and Communications

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.

124/21 ITEMS FOR ASSURANCE

124/21/1 Reports from Board Committees

124/21/1.1 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.

124/21/1.2 Finance and Investment Committee

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

124/21/1.3 Remuneration 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.

125/21 REPORTS FROM EXECUTIVE GROUPS

125/21/1 Executive Strategy Board (ESB)

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

126/21 ITEMS FOR NOTING

126/21/1 Reports from Board Committees

126/21/1.1 Finance and Investment Committee

Resolved – that the confidential Minutes of the 25 February 2021 FIC meeting be received as paper Q, noting that any recommended items were approved by the Trust Board on 4 March 2021.

127/21 ANY OTHER BUSINESS

127/21/1.1 Mr K Singh – UHL Trust Chairman

In his capacity as UHL Deputy Chair, Mr M Williams Non-Executive Director noted that this would be the Trust Chairman's final public UHL Trust Board meeting and he paid tribute to his work at UHL and within the wider LLR healthcare economy. He recognised the Chairman's long and distinguished career in a wide range of public sector roles during which he had championed equal opportunities, combining his skills of tenacity, charm, commitment and determination. He had led UHL through the most demanding of times, always seeking to improve services and highlight health inequalities. Under his guidance, UHL had achieved its 'Good' CQC rating and received significant capital investment to transform its estate. In parallel, the Chairman had continued to deliver his national contribution through NHS Providers. The Chairman was leaving at a time and manner of his own choosing and he felt that he had taken this difficult decision in the best interest of the Trust. On behalf of the Trust Board, the Deputy Chair expressed thanks and best wishes to the Chairman for his next endeavours. The following additional comments were also made in recognition of the Chairman's significant contributions:-

- Professor P Baker, Non-Executive Director thanked the Chairman (both on a personal level and on behalf of the University of Leicester) recognising the Chairman's contribution towards enhancing the strategic partnership between the Trust and the University;
- the Acting Chief Operating Officer recorded her personal thanks and those on behalf of the Operational Teams, many of whom the Chairman would be meeting in the next week as he visited the hospital sites;
- the Acting Chief Executive thanked the Chairman for his support during her 'development opportunity' as Acting Chief Executive, noting that she would not have achieved so much without his valued guidance and support. She also thanked the Chairman on behalf of the Executive Team;
- the Leicester and Leicestershire Healthwatch Chair echoed these comments, adding a note of thanks for the Chairman's contribution in building a stronger relationship between UHL and Healthwatch;
- Mr B Patel, Non-Executive Director expressed his view that the role of Trust Chairman was not an easy role, but the Chairman had always adopted an empathetic approach, particularly during recent challenging times and had responded in a professional and caring manner.

In response, the Trust Chairman thanked everyone for their kind comments, expressing his appreciation for their support and courtesy that he had enjoyed in his time at UHL. His decision to leave the Trust had not been easy to make, but he felt that it was the right thing for the Trust at the current time. The Chairman would be taking away some good memories of this great organisation and he was certain that the Trust would have a great future ahead of it, with a continued focus on the patients and communities it served with a caring and compassionate culture through full participation in the development of the Integrated Care System (ICS).

Resolved – that the position be noted.

127/21/1.2 Confidential Verbal Report by the Acting Chief Operating Officer

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

127/21/1.3 Confidential Query raised by Mr A Johnson, Non-Executive Director

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

127/21/1.4 Confidential Verbal Report by the Director of Estates and Facilities

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

128/21 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board virtual meeting be held on Thursday 6 May 2021 from 9am.

The meeting closed at 12.51pm

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
K Singh (until 16.4.21)	1	1	100	A Furlong	1	0	0
V Bailey	1	1	100	A Johnson	1	1	100
P Baker	1	1	100	S Lazarus	1	1	100
R Brown	1	1	100	D Mitchell	1	1	100
I Crowe	1	1	100	B Patel	1	1	100
C Fox	1	1	100	M Williams	1	1	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	1	1	100	I Orrell	1	1	100
K Gillatt	1	1	100	S Ward	1	1	100
D Kerr	1	1	100	M Wightman	1	1	100
H Kotecha	1	1	100	H Wyton	1	0	0