

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 3 DECEMBER
2020 AT 9AM****Voting Members present:**

Mr K Singh – Trust Chairman
 Ms V Bailey – Non-Executive Director and Quality and Outcomes Committee (QOC) Non-Executive Director Chair
 Professor P Baker – Non-Executive Director (from Minute 270/20)
 Ms R Brown – Acting Chief Executive
 Col (Ret'd) I Crowe – Non-Executive Director and People, Process and Performance Committee (PPPC) Non-Executive Director Chair
 Mr A Furlong – Medical Director
 Mr A Johnson – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair
 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 Traynor – Non-Executive Director
 Mr M Williams – Non-Executive Director and Audit Committee Chair

In attendance:

Mr A Carruthers – Chief Information Officer
 Mr R Cooper – Financial Improvement Director
 Ms A Duke – Head of Nursing, Leicester Children's Hospital (for Minute 271/20/1)
 Mr D Kerr – Director of Estates and Facilities
 Mr V Karavadra – Associate Non-Executive Director
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 274/20)
 Ms E Meldrum – Deputy Chief Nurse on behalf of the Chief Nurse (excluding Minute 285/20)
 Mrs K Rayns – Corporate and Committee Services Officer
 Ms J Sneller – Ward Sister (for Minute 271/20/1)
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications
 Ms H Wyton – Chief People Officer

ACTION**267/20 APOLOGIES AND ANNOUNCEMENTS**

An apology for absence was received from Ms C Fox, Chief Nurse. Ms E Meldrum, Deputy Chief Nurse attended the meeting on behalf of the Chief Nurse.

268/20 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

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

269/20 MINUTES

Resolved – that the Minutes of the 5 November 2020 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN****270/20 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the matters arising log from the 5 November 2020 Trust Board meeting and any outstanding matters arising from previous meetings. The Trust Chairman drew members' attention to entries 1b and 4 (relating to Minutes 235/20 and 236/20/3 of 5 November 2020 respectively), advising that the formal programme of Trust Board thinking days had been suspended due to the limited availability of the Executive Directors involved in the response to current Covid-19 pressures. In the meantime, the themes raised in these entries (lessons learned

from the first wave of Covid-19 and environmental sustainability) would potentially be the subject of informal Non-Executive Director discussions and consideration would be given to inviting Healthwatch representation if an informal Non-Executive Director discussion was scheduled on the lessons learned from the first wave of Covid-19.

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

271/20 KEY ISSUES FOR DISCUSSION/DECISION

271/20/1 Patient Story – Children’s Services

The Deputy Chief Nurse introduced paper C, providing a family’s story about the care and treatment of their six month old daughter (Sophie) who was diagnosed with Neuroblastoma – a cancer which forms in a patient’s nerve tissue. Ms A Duke, Head of Nursing and Ms J Sneller, Ward Sister attended the virtual meeting for this item. Sophie’s treatment had commenced at Nottingham University Hospitals and she received subsequent care and treatment in Leicester’s Children’s Hospital during the first wave of Covid-19. Thankfully, following a five month course of chemotherapy, Sophie was in remission and had regained the feeling and use of her legs and had started crawling. Whilst the family had not wished to attend today’s virtual meeting, they had recorded a short video detailing their experiences and they wished to record their thanks to the staff involved in their care, who had balanced the need to keep staff and patients safe during the pandemic with the need to make patients and their families feel supported during essential visiting restrictions. Dr E Ross, Consultant Paediatric Oncologist had been unable to attend today’s meeting but Trust Board members noted her significant contribution within Sophie’s treatment journey.

Due to technical issues, the patient video was live-streamed to members of the press and public who were observing today’s meeting on-line, but Board members were not able to see or hear the video. The Corporate and Committee Services Officer undertook to provide Trust Board members with a link to the video so that they could view it themselves outside the meeting. Following the video, a short discussion took place regarding the way that the clinical teams had delivered expert individualised care and successful treatment whilst adapting to the challenges of Covid-19, also ensuring that the family felt supported despite the restricted visiting arrangements. In the video, Sophie’s mother had commended the way that staff had interacted with her daughter who had not been frightened by the fact that all of the staff were wearing masks (as required under Covid-19 guidance). She also detailed the ease with which the family had been able to access information, advice and support during Sophie’s illness.

CCSO

Ms J Sneller, Ward Sister provided a short overview of the Children’s Oncology and Haematology ward at Leicester Royal Infirmary, advising that they cared for children and young people diagnosed with a wide range of blood cancers and solid tumours. Such a diagnosis was always challenging for the patients and their families and it was important to balance the level of care and support on an individual basis, particularly during the duration of demanding treatments. Visiting arrangements had been risk-assessed and allowed attendance by just one parent or guardian, but the clinical teams had also acknowledged the importance of both parents being present together for clinic appointments when the messages might be difficult for them to hear and suitable arrangements had been made.

In discussion on the patient story, the Acting Chief Executive highlighted her pride in the Leicester Children’s Hospital, noting that the service was going from strength to strength and that the staff had much to be proud of. She added that this patient story clearly illustrated the flexibility and compassion of the service.

Mr B Patel, Non-Executive Director acknowledged the unimaginable anxiety that the family must have gone through whilst receiving such a diagnosis, especially during the Covid-19 pandemic. He also detailed a recent example of a family who had been struggling to contact their elderly mother (who was an inpatient at UHL) to advise her of a family bereavement. This incident had been escalated to the appropriate Executive Director, but it appeared to highlight a wider issue affecting family communication with elderly patients during the current visiting restrictions. The Deputy Chief Nurse advised that lots of lessons had been learned during the first wave of Covid-19, including the importance of good communications with family members and she was disappointed to hear of this recent incident. She undertook to liaise with Mr Patel and the relevant Executive Director outside the meeting to investigate this matter further.

DCN

The Chief People Officer reiterated the Acting Chief Executive's comments about the Children's Service having much to be proud of, also highlighting the importance of staff health and wellbeing during these challenging and stressful times and seeking assurance that staff were looking after themselves and each other. In response, the Head of Nursing provided her view that the Trust Board and the Executive Team were supporting UHL's workforce in a positive way, encouraging them to take time away from the workplace to rest and recuperate. The Ward Sister expanded upon this point, highlighting the mutual support that was provided by the whole multi-disciplinary team including clinicians, nurses and play specialists.

Finally, the Trust Chairman thanked everyone involved in bringing this patient story to the Trust Board's attention, noting the importance of consolidating care and bringing services together in such a unique way. Within the NHS, it was the people that made it special and this patient story was an excellent illustration of the benefits of treating people as individuals.

Resolved – that (A) the patient story from the Leicester Children's Hospital be received and noted as paper C,

(B) the Corporate and Committee Services Officer be requested to share the accompanying patient story video with Trust Board members outside the meeting, and

CCSO

(C) the Deputy Chief Nurse be requested to liaise with Mr B Patel, Non-Executive Director and the relevant Executive Director to investigate the incident identified above in respect of family members being unable to contact a UHL inpatient.

DCN

271/20/2

Chairman's Monthly Report – December 2020

In presenting his monthly report at paper D, the Trust Chairman commented upon the transition between the second national Covid-19 lockdown into the tiered approach, with Leicester moving into Tier 3 with effect from 3 December 2020. He highlighted the potential implications of this for UHL as an acute provider Trust in terms of hospital attendances, admissions, internal flow, discharges, and managing the needs of Covid-19 patients in parallel with seeking to maintain elective activity at the appropriate levels. He highlighted some particular areas of short term focus for the People, Process and Performance Committee, the Quality and Outcomes Committee, the Finance and Investment Committee, and the ongoing focus for the Acting Chief Executive and her Executive Director colleagues in respect of UHL's performance, quality and efficiency. The Audit Committee (chaired by Mr M Williams, Non-Executive Director), was a mandatory Committee for all NHS Trust Boards which the Trust Chairman was not allowed to attend. One of the key functions of the Audit Committee was to review key risks and provide oversight of the respective Board Committees to ensure that they were providing effective assurance. The Charitable Funds Committee (chaired by Mr B Patel, Non-Executive Director) monitored the processes for generating charitable income and making best use of this funding.

The Chairman had provided a briefing note from NHS Providers on the future composition and role of Integrated Care Systems (ICSs) through an embedded hyperlink within paper D. This briefing paper described the four core aims of ICSs as (1) improving population health and healthcare outcomes; (2) tackling inequality of outcome and access; (3) enhancing productivity and value for money; and (4) helping the NHS to support broader social and economic development. He briefly outlined the potential implications of ICSs in the local context for the Trust, the NHS, Local Authorities and local communities and highlighted the importance of leadership at a 'place' level. UHL's Non-Executive Directors had recently held an informal discussion with the University Hospitals of Coventry and Warwickshire NHS Trust about the role of Acute providers in addressing health inequalities.

Sadly, UHL had lost two valued and respected members of staff in the last month – Professor T Gershlick, Consultant Cardiologist at Glenfield Hospital and Honorary Professor of Interventional Cardiology at the University of Leicester, and Mr R Coles, Principal Biomedical Scientist. On behalf of the Trust Board, the Trust Chairman recorded his condolences to both families. As advised within paper D, the recruitment process for UHL's Chief Executive had been paused until an appropriate point in 2021. There were multiple reasons for this, including the current pressures upon UHL's Executive Team and similar pressures within the candidates' own NHS Trusts. In the meantime, the continued and ongoing support and leadership provided by the Acting Chief Executive was much appreciated. The Trust Chairman congratulated Mr S Lazarus on his

appointment to the substantive role as UHL's Chief Financial Officer following the last eleven months in the interim position. He also outlined the arrangements for seeking to recruit an Associate Non-Executive Director with appropriate senior financial and governance experience. Recognising that Mr V Karavadra's term as an Associate Non-Executive Director was coming to an end in December 2020, the Trust Chairman wished him well for the future and he thanked Mr A Johnson, Non-Executive Director for mentoring Mr Karavadra in this role.

In further discussion on paper D, Mr A Johnson Non-Executive Director, and Finance and Investment Committee (FIC) Non-Executive Director Chair advised that he had no issues with FIC being held to account in respect of financial capability, robust governance and ensuring that there was a systematic approach towards planning and delivering a financially sustainable future. However, he was not currently able to provide the required assurance to the Trust Board on all of these points. The Chairman noted that any need to review the FIC terms of reference could be considered outwith the Board meeting.

Ms V Bailey, Non-Executive Director and Quality and Outcomes Committee (QOC) Non-Executive Director Chair noted that it would be helpful for the public Trust Board attendees to form an understanding of UHL's governance processes and the level of detail with which business was scrutinised at each Board Committee, advising that equal and several accountability was obtained via a variety of means and measures for seeking assurance. She welcomed the Trust Chairman's comments about QOC providing assurance to the Trust Board that quality and safety issues were integral to the monitoring of clinical services, but she suggested that constantly seeking such assurance was the responsibility of all members of the Board.

In relation to the development of Integrated Care Systems, Ms V Bailey, Non-Executive Director highlighted the need to ensure that any changes in processes led to an overall improvement in the way that healthcare services were provided. The Trust Chairman supported this point, confirming that the aim of ICSs was to improve the quality of healthcare services, and not just re-arrange the way that they were provided.

Resolved – that the Trust Chairman's monthly report for December 2020 be noted.

271/20/3

Acting Chief Executive Monthly Update – December 2020

The Acting Chief Executive introduced her monthly briefing report (paper E refers), also providing a verbal update on the current position with Covid-19. Command and Control Level 4 arrangements remained in place, and the second wave of the pandemic appeared to have peaked in the last few weeks. The Trust had lost two of its valued employees (one from Covid-19 and one from other causes). Staff were currently under a lot of pressure as they managed the impact of the second wave of Covid-19 in parallel with additional winter activity and the restoration and recovery of activity cancelled during the first wave of Covid-19. The second wave of Covid-19 was starting to reduce primarily as a result of the second national lockdown and the Acting Chief Executive expressed her pride in UHL's staff in rising to the challenges being faced. In addition, UHL had been able to support other NHS Trusts in the region with mutual aid. Some planned elective activity was being postponed where necessary and this was being monitored closely. Cancer services continued to be delivered and the cancer backlogs were currently lower than the levels prior to the first wave of Covid-19.

Whilst the national lockdown appeared to have provided some reprieve in the form of a 'fire break', the arrangements for Covid-19 testing and timely roll-out of the Covid-19 vaccination programme would be crucial in managing the position going forwards. In respect of the Covid-19 vaccination programme, UHL staff were working closely with staff from the Leicestershire Partnership NHS Trust and the Clinical Commissioning Groups to develop the implementation arrangements in order to vaccinate the local population as soon as possible (including an initial focus on the most vulnerable NHS staff and patients). The first delivery of the Covid-19 vaccine was currently expected to arrive at the start of week commencing 7 December 2020. The Acting Chief Executive also provided an update on the roll-out of Covid-19 lateral flow testing for UHL staff. Staff participating in this pilot programme would be tested twice per week. To date, there had only been a small number of positive results and she paid tribute to the good work of UHL's Infection Prevention Team in keeping the nosocomial Covid-19 infection rates low.

The Acting Chief Operating Officer briefed Trust Board members on the minimal amount of clinical activity that had been cancelled during the second wave of Covid-19. Over the last two weeks, the

Trust had postponed 11% of day cases and 27% of inpatient cases. A detailed Covid-19 escalation plan was allowing the Trust to respond flexibly to fluctuations in demand. The Medical Director supported this point, advising that the learning from the first wave had been embedded into the escalation plan and highlighting that it had become harder to redeploy staff to work in other areas during the second wave. He commended the excellent staff response during the Covid-19 campaign, noting that many staff were now feeling fatigued as they had been involved in supporting the Trust's response to Covid-19 since March 2000.

In other matters, the Acting Chief Executive drew members' attention to the success of the virtual UHL Leadership Conference on 6 November 2020 and the virtual Black, Asian and Minority Ethnic (BAME) Conference held on 29 October 2020, particularly thanking the Chief People Officer and her team for their work on the Leadership Conference and Mr B Patel, Non-Executive Director for hosting the BAME Conference. The quality and performance dashboard for October 2020 was appended to paper E and the Acting Chief Executive highlighted the range of quality metrics which were being delivered. Noting some concern surrounding the size of UHL's elective activity backlog, she provided her view that the Operational Teams were doing a fantastic job in maintaining a balance between Covid and non-Covid services. In respect of the transition period for the United Kingdom's exit from the European Union, further national advice was currently awaited. UHL and System-wide preparations were in place for the end of the transition period on 31 December 2020 and weekly meetings were being held to review each of the healthcare related workstreams. There were currently no material concerns. Whilst it was difficult to plan for the full range of 'unknowns', assurance was provided that close monitoring was in place to enable an agile and flexible response to any emerging issues.

Appendices 3 to paper E provided a certificate of compliance issued by NHS Improvement advising that the Trust had complied with the enforcement undertakings previously provided in respect of quality. Appendix 4 provided a revised set of enforcement undertakings issued by NHS Improvement in respect of operational performance, financial performance, funding conditions, spending approval and governance. The Acting Chief Executive sought and received delegated Trust Board approval for herself or the Trust Chairman to sign the proposed enforcement undertakings and return them to NHS Improvement.

ACE/
CHAIR
MAN

In discussion on paper E, Ms V Bailey, Non-Executive Director noted the positive impact of the UHL Leadership Conference and she highlighted the positive comments heard about the leadership skills of the Acting Chief Executive, noting the particular challenges associated with stepping-up to such a role during such a challenging period. In respect of the BAME Conference, the Trust Chairman advised that Dr B Simon, Chair of UHL's BAME Voice Network had also been Chair of the Organising Committee for the three-day National British Association of Physicians of Indian Origin (BAPIO) Conference in November 2020.

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

(B) delegated authority be provided to the Acting Chief Executive or the Trust Chairman to sign the revised NHS Improvement enforcement undertakings (as set out in appendix 4 to paper E) on behalf of the Trust for return to NHS Improvement.

ACE/
CHAIR
MAN

272/20 ITEMS FOR ASSURANCE

272/20/1 Reports from Virtual Board Committee Meetings

272/20/1.1 Audit Committee (AC)

The Audit Committee Non-Executive Director Chair introduced paper F1 summarising the issues covered during the virtual AC meeting held on 16 November 2020. He particularly highlighted the discussion on the following items:-

- (a) UHL's Board Assurance Framework (BAF) which was currently providing the necessary assurance, although there was some scope for a wider Trust Board discussion in future about how best to achieve the appropriate balance between quality and financial recovery, and
- (b) the reported slippage within the Internal Audit Plan for 2020/21 – in order to utilise the available Internal Audit resources within the final quarter of the 2020/21 financial year, it was proposed to reconsider those elements which had not been included in the original Internal

Audit Plan or consider bringing forwards some elements of the draft 2021/22 Internal Audit Plan. The Chief Financial Officer had been requested to liaise with Internal Audit to develop suitable proposals for approval by the Executive Team.

CFO

In respect of item (a) above, the Trust Chairman recorded his view that achieving the appropriate balance between financial performance and quality of services was a key issue/objective for the Trust which would rightly be the focus of attention going forwards. The Acting Chief Executive supported the plan of action in relation to the Internal Audit Plan for 2020/21, confirming that the Executive Team would be working with the Chief Financial Officer to develop and finalise a revised Internal Audit Plan for 2020/21.

Resolved – that (A) the public Minutes of the 16 November 2020 Audit Committee meeting be received and noted as paper F1, and

(B) the Chief Financial Officer be requested to liaise with Internal Audit and the Executive Team to restructure the 2020/21 Internal Audit Plan to make best use of the available resources.

CFO

272/20/1.2 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair introduced paper F2 summarising the issues covered during the virtual QOC meeting held on 26 November 2020. Advising that this had been a very full meeting, she particularly highlighted the Committee's consideration of the current position in respect of Covid-19 (including the good position in relation to nosocomial infection rates), the challenges surrounding demand and capacity within the Ophthalmology Services, and the review of patient letter delays in the Pain Services. In respect of the Quarterly Mortality and Learning from Deaths report, she sought and received Trust Board approval of this report which had been endorsed and recommended for Trust Board approval by QOC.

MD

In discussion on the QOC summary, the Trust Chairman noted the important issues highlighted in relation to the Ophthalmology Service, noting that this had been raised as a priority area for additional focus by the Clinical Commissioning Groups. The Medical Director added that the Deteriorating Patient Quarterly report had been presented alongside the Quarterly Mortality and Learning from Deaths report. He briefed the Trust Board on the breadth of the work that was taking place and the positive impact of the information flows from NerveCentre. The Trust Chairman sought and received some additional information regarding the feasibility of UHL providing a Medical Examiner service for primary/secondary care, noting in response that a pilot scheme was currently being explored to determine how this would work in practice.

Resolved – that (A) the summary of public issues discussed at the 26 November 2020 QOC meeting be received and noted as paper F2, and

(B) the Quarterly Mortality and Learning from Deaths report for quarters 1 and 2 of 2020/21 be approved (as set out in the report which was hyperlinked within paper F2).

MD

272/20/1.3 People, Process and Performance Committee (PPPC)

Paper F3 summarised the issues covered during the virtual PPPC meeting held on 26 November 2020. The PPPC Non-Executive Director Chair drew members' attention to the Committee's consideration of the following issues:- (a) concerns relating to Urgent and Emergency Care Performance where some improvements were required but these were not expected to be achieved until early 2021; (b) cancer metrics which also required some further improvements as part of the restoration and recovery of services; (c) the Multi-professional Education and Training report, commending the excellent work and innovative approach towards maintaining training programmes for doctors, nurses and other healthcare professionals, and highlighted the risks of some students not completing their training courses; (d) the Chief People Officer's report on workforce priorities over the winter period, which was absolutely supported by the Committee, and (e) a report on staff health and wellbeing which had been highly commended for the excellent and innovative work to mitigate the impact of Covid-19 on the physical and mental health of staff. There were no recommended items requiring Trust Board approval.

In discussion on the PPPC summary, the Trust Chairman highlighted the crucial importance of people as UHL's main resource, noting the need for them to be supported by robust IT processes

and the need to monitor the potential impact of Covid-19 and winter pressures on the workforce. The Acting Chief Executive supported this point, noting the impact upon the ability of staff to focus and maintain energy levels during any extended working hours due to the Covid-19 pandemic.

Resolved – that the summary of public issues discussed at the 26 November 2020 PPPC meeting be received and noted as paper F3.

272/20/1.4 Finance and Investment Committee (FIC)

Paper F4 summarised the issues covered during the virtual FIC meeting held on 26 November 2020. The FIC Non-Executive Director Chair advised that there were no recommended items for the Trust Board's approval. He particularly highlighted a month 7 income and expenditure surplus, which (in itself) was a positive outcome. However, this position had not been forecast and he urged some caution in respect of the current reliability of financial projections. The Committee had reviewed the 2020/21 Cost Improvement Programme (CIP) and considered that this process was being managed in a pro-active and effective way. However, it would be important to demonstrate going forwards that UHL's CIP schemes were delivering actual financial savings. In respect of the Capital Programme, there was a need to phase expenditure in a more orderly and planned way for 2021/22, noting the paucity of capital funding and the need to adhere to the timetable for each scheme.

The Acting Chief Executive advised that she shared the FIC Non-Executive Director Chair's concerns regarding the phasing of UHL's Capital Programme, adding that she was actively involved with the Director of Estates and Facilities, the Chief Information Officer, the Chief Financial Officer and the Director of Operational Finance to ensure that a fit and proper trajectory was established on the basis of deliverability and that any slippage within the programme was mitigated appropriately. A revised 2020/21 Capital Programme was scheduled to be presented to the FIC meeting in December 2020. The Trust Chairman commented upon the Trust's arrangements for premium pay controls and CIP delivery, noting the need for each Clinical Management Group and Corporate Directorate to develop a greater understanding of pay costs (including the associated contributions to each service) and to increase the focus on delivering tangible efficiencies.

CFO

Resolved – that (A) the summary of public issues discussed at the 26 November 2020 FIC meeting be received and noted as paper F4, and

(B) the Chief Financial Officer be request to present an updated report on the 2020/21 Capital Programme to FIC on 17 December 2020.

CFO

272/20/1.5 2020/21 Month 7 Financial Position

The Chief Financial Officer introduced paper F5, advising that the Trust was reporting an income and expenditure surplus of £2.4m for month 7 of 2020/21, which was £5.5m favourable to plan. Covid-19 related expenditure had been £2.4m less than planned as the October 2020 activity had been lower than expected. The planning guidance surrounding Covid-19 income had been difficult to interpret as the Trust had expected to receive only patient care income against the block contract. However additional funding of £1.1m had been received in respect of over-performance on excluded drugs and devices. Other patient care income (eg private patient income and business as usual activity levels) had also been better than expected. The case mix of the restoration and recovery activity had been more favourable than expected in terms of its cost versus the income received. Instead of undertaking a re-forecast of the 2020/21 outturn on the basis of one month's positive variance, it had been agreed to re-visit the forecast outturn on the basis of the month 8 reporting (to enable an appropriate analysis of the trend over two consecutive months). A report on the outcome of this analysis would be presented to FIC in December 2020 and the Trust Board in January 2021. The Acting Chief Executive welcomed this transparent approach, noting that the month 8 position would be crucial to establish any trend.

CFO

In discussion on the financial performance report, the Trust Chairman welcomed the additional detail provided in respect of the individual performance of each Clinical Management Group (CMG) and the Facilities Directorate which enabled Trust Board members to drill down into the position and develop an appreciation of the causes behind any variances. He sought and received assurance that the CMG Boards were receiving appropriate support in managing their financial control totals, noting also that it was encouraging to see that some of the CMGs were over-performing against their CIP targets. The Acting Chief Operating Officer commented upon the unpredictable nature of

the Covid-19 pandemic and the ability of CMGs to deliver their trajectories for restoration and recovery of non-Covid activity. The CMG teams were working closely with their Finance Leads to enable an agile and flexible response to operational pressures. She also briefed the Trust Board on the arrangements for the development programme to ensure that the CMG leadership teams had the right skills and capacity to deliver their control totals.

Resolved – that (A) the month 7 financial performance report be received and noted (as paper F5), and

(B) the Chief Financial Officer be requested to present an updated view of the 2020/21 forecast outturn to FIC in December 2020 and the Trust Board in January 2021.

CFO

273/20 ITEMS FOR NOTING

273/20/1 Minutes of the Virtual Board Committee Meetings – October 2020

For the benefit of public attendees, the Trust Chairman explained that a summary of the key issues discussed at the QOC, PPPC and FIC meetings held on 29 October 2020 had been considered by the Trust Board on 5 November 2020. The Minutes of these meetings were then submitted to the next meeting of each respective Committee before being presented to the subsequent Trust Board meeting.

Resolved – that the position be noted.

273/20/1.1 Quality and Outcomes Committee (QOC)

Resolved – that the public Minutes of the 29 October 2020 QOC meeting be received and noted as per paper G1.

273/20/1.2 People, Process and Performance Committee (PPPC)

Resolved – that the public Minutes of the 29 October 2020 PPPC meeting be received and noted as per paper G2.

273/20/1.3 Finance and Investment Committee (FIC)

Resolved – that the public Minutes of the 29 October 2020 FIC meeting be received and noted as per paper G3.

274/20 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The Director of Corporate and Legal Affairs read out the following questions which had been submitted by members of the public in advance of today's Trust Board meeting. The responses are also provided below after each question:-

Question 1 from Mr H Marshall – could the UHL Board tell me what the winter seasonal flu vaccine take up amongst UHL staff (clinical & non-clinical) compared to previous years is?

In response, the Chief People Officer advised that 83% of UHL's workforce had received the flu vaccine in 2019 (against the target of 80%). Current 2020 performance (to date) stood at 66%, which was slightly ahead of the position at this point in 2019 which was 64%. The Trust had adopted an innovative approach to encourage as many of its 16,000 staff to receive the flu vaccine as possible and 300 peer vaccinators had been put in place to ensure early uptake of the vaccine (where possible) and progress was good so far. Generally, staff were taking their responsibility to protect patients and other staff seriously and they were committed to getting vaccinated.

Question 2 from Mr H Marshall – with the imminent roll out of a Covid-19 vaccine, how do Board members plan to encourage ALL UHL staff members to take up the offer of the vaccine or does the Board think this should be made compulsory, unless medical reasons prevent this.

In response, the Chief People Officer advised that all staff would be encouraged to receive the Covid-19 vaccine at the appropriate time but it would not be made compulsory. The usual staff

communications routes would be used to highlight the personal and professional obligations to staff and a list of 'frequently asked questions' would be circulated to increase awareness and understanding of the risks and benefits of the vaccine as more information became available. The Trust had a strong track record of delivering staff vaccination programmes, and it was expected that this would continue with the Covid-19 vaccine.

Question 3 from Mr G Smith – would the Trust Board accept the good wishes for Christmas and 2021 from the members of the public viewing this meeting?

The Trust Chairman responded by thanking Mr Smith and confirming that the Trust Board would absolutely accept his good wishes. He also recorded his reciprocal blessings and good wishes to everyone watching this live-streamed public Trust Board meeting.

Resolved – that the information be noted.

275/20 EXCLUSION OF THE PRESS AND PUBLIC

Resolved – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 276/20 to 285/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

276/20 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

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

277/20 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the virtual Trust Board meeting held on 5 November 2020 (paper H) be confirmed as a correct record and signed by the Chairman accordingly.

Chair
man

278/20 CONFIDENTIAL MATTERS ARISING REPORT

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

279/20 KEY ISSUES FOR DISCUSSION/DECISION

279/20/1 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.

279/20/2 Confidential Report from the Director of Corporate and Legal Affairs

Resolved – that discussion on the confidential report provided in paper K be deferred to the next Trust Board meeting (date to be advised).

280/20 ITEMS FOR ASSURANCE

280/20/1 Reports from Board Committees

280/20/1.1 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.

280/20/1.2 Finance and Investment Committee (FIC)

Resolved – that discussion on the confidential summary of the 26 November 2020 virtual FIC meeting (paper I2) be deferred to the next Trust Board meeting (date to be advised).

281/20 REPORTS FROM EXECUTIVE GROUPS

281/20/1 Executive Strategy Board (ESB)

Resolved – that discussion on the Executive Strategy Board meeting notes (paper M) be deferred to the next Trust Board meeting (date to be advised).

282/20 ITEMS FOR NOTING

282/20/1 People Process and Performance Committee (PPPC)

Resolved – that the Minutes of the 29 October 2020 virtual PPPC meeting be received and noted as paper N1.

282/20/2 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 29 October 2020 virtual FIC meeting be received and noted as paper N2.

283/20 ANY OTHER BUSINESS

Resolved – that there were no items of any other business.

284/20 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board virtual meeting be held on Thursday 7 January 2021 from 9am.

285/20 CONFIDENTIAL REPORT BY 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.

The meeting closed at 12.59pm

Kate Rayns, Corporate and Committee Services Officer

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

Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
K Singh	14	14	100	K Jenkins (until 27.7.20)	3	2	67
J Adler (until 18.9.20)	7	0	0	A Johnson	14	14	100
V Bailey	14	13	93	S Lazarus	14	12	86
P Baker	14	14	100	D Mitchell	14	11	79
R Brown	14	13	93	B Patel	14	14	100
I Crowe	14	14	100	M Traynor	14	12	86
C Fox	14	11	79	M Williams (from 2.9.20)	9	9	100
A Furlong	14	13	93				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	14	13	93	S Ward	14	14	100
D Kerr	14	14	100	M Wightman	14	14	100
H Kotecha	11	10	91	H Wytton	14	13	93
V Karavadra (until 31.12.20)	14	11	79				