

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 6 MAY 2021 AT 9AM****Voting Members present:**

Mr J MacDonald – Trust Chair
 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
 Mr A Furlong – Medical Director
 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 I Browne – Director of Public Health, Leicester City Council (for Minute 148/21/1)
 Mr A Carruthers – Chief Information Officer
 Mr R Cooper – Financial Improvement Director (from part of Minute 149/21/3.1)
 Professor J Dias – Consultant Orthopaedic Surgeon (for Minute 148/21/4)
 Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
 Mr D Kerr – Director of Estates and Facilities
 Ms M Khiroya – Managing Director, Trust Group Holdings Ltd (for Minute 157/21/4)
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 152/21)
 Ms E Moss – Chief Operating Officer, EMCRN (for Minute 149/21/1)
 Mr I Orrell – Associate Non-Executive Director
 Mr M Pierce – Head of Population Management, LLR CCGs (for Minute 148/21/1)
 Ms S Prema – Executive Director of Strategy and Planning, LLR CCGs (for Minute 148/21/1)
 Mrs K Rayns – Corporate and Committee Services Officer
 Professor D Rowbotham – Clinical Director, EMCRN (for Minute 149/21/1)
 Mr M Sandys – Director of Public Health, Leicestershire County Council (for Minute 148/21/1)
 Mr J Shuter – Finance Director and Company Secretary, Trust Group Holdings Ltd (for Minute 157/21/4)
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications
 Ms H Wyton – Chief People Officer

ACTION**144/21 WELCOME AND APOLOGIES**

Mr John MacDonald introduced himself as the Trust's new Interim Chair and he welcomed everyone to this virtual Trust Board meeting. An apology for absence was received from Ms K Gillatt, Associate Non-Executive Director.

145/21 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). The Trust Chair declared his interest as the Independent Chair for the Derbyshire Integrated Care System (ICS). With the agreement of the Trust Board, these individuals remained present.

146/21 MINUTES

Resolved – that the Minutes of the 1 April 2021 virtual Trust Board meeting be confirmed as a correct record and signed by the Chair accordingly. **CHAIR**

147/21 **MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the matters arising from the 1 April 2021 Trust Board meeting and outstanding matters arising from previous Trust Board meetings. In respect of item 2e (Minute 115/21/2 of 1 April 2021 refers), the Leicester and Leicestershire Healthwatch Chair advised that the Carers' Charter was currently being reviewed and refreshed at a System level, with a view to re-launching it to coincide with Carers' Week in June 2021. The Chief Nurse added that a report on UHL's arrangements for supporting family carers would be presented to the next meeting of the Patient Involvement and Patient Experience Assurance Committee (PIPEAC) and the Chief People Officer provided a short update on the arrangements for supporting those members of UHL's workforce who were also family carers.

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

148/21 **KEY ISSUES FOR DISCUSSION/DECISION**148/21/1 LLR System Health Inequalities Framework

In presenting paper C, the Director of Strategy and Communications welcomed Mr M Pierce, Head of Population Management for the LLR CCGs, Ms S Prema, Executive Director of Strategy and Planning for the LLR CCGs, Mr I Browne, Director of Public Health, Leicester City Council and Mr M Sandys, Director of Public Health, Leicestershire County Council and he thanked them for attending this virtual meeting. He provided a short overview of previous Trust Board discussions on the arrangements for addressing health inequalities and the collaborative work that had been taking place between senior leaders of the LLR NHS System, Local Authorities, Public Health experts and representatives of Healthwatch to produce this draft LLR System Health Inequalities Framework, which was intended to be a clear call to action by the LLR System.

The Head of Population Management particularly drew members' attention to figure 1 in section 4.3 of paper C, which graphically illustrated the important distinction between equality and equity using the example of an adapted bicycle. Under the equality heading, all users were provided with the same bicycle regardless of their size or particular needs and under the equity heading, each user was provided with a bicycle which had been suitably adapted to their needs. He highlighted UHL's role as an anchor institution and one of the largest employers in the LLR region. Recognising that it would not be possible to fix every issue within particular communities, he noted the importance of proportionate universalism, engaging with communities and involving them in the co-production of solutions based on local priorities, and ensuring that the patient voice and the community voice was being heard strongly at a Place and a Neighbourhood level. He also described the ambition to form a virtual Health Inequalities support unit to provide specialist support, training, access to consistent data, and research support. NHSE/I had already confirmed their support of this ambition.

In discussion on this item the following comments were raised:-

- (a) Professor P Baker, Non-Executive Director thanked the Director of Strategy and Communications for keeping this issue on the Trust Board's agenda. He also recorded his thanks to Public Health colleagues for their significant contribution during the Covid-19 pandemic. On behalf of the University of Leicester, he responded to the call to action by offering to arrange for University of Leicester support to be provided, such as peer-review of data or research;
- (b) the Director of Public Health, Leicestershire County Council welcomed Professor Baker's offer and commented upon the scope to interact with all of the Universities in Leicestershire as key contributors. In addition to equitable access to healthcare services, Local Authorities were also involved in addressing other inequalities, such as those related to active travel planning and housing;
- (c) the Director of Public Health, Leicester City Council confirmed that all parties were invested in the Framework and the benefits of collaborative working within the LLR System. He noted opportunities to strengthen the academic partnerships with all three of the local Universities and he highlighted the importance of key programmes in preventing health-related conditions (eg smoking cessation advice);
- (d) Mr B Patel, Non-Executive Director welcomed the bicycle diagram at figure 1 in paper C which provided a readily understandable representation of the meaning of equity, noting the importance of local knowledge in improving equity of care and effective messaging with different patient groups, broken down and delivered in different ways to enable appropriate the key

- messages to be received and responded to;
- (e) Ms V Bailey, Non-Executive Director declared an interest relating to her work on Local Government Health and Wellbeing Boards. She welcomed the current focus on Health Inequalities and the attendance of Public Health colleagues, noting that UHL appeared to be getting ahead of the curve in this important area. She highlighted some potential areas where UHL could be progressing early actions which would benefit the System-wide response, such as developing health inequality training programmes for clinical and support staff;
 - (f) Mr A Johnson, Non-Executive Director noted the importance of articulating these proposals in a public setting and he queried the scope to present the LLR System Health Inequalities Framework to a patient panel. He also highlighted the need to develop a common set of objectives and measurable outcomes to inform Action 9 (development of an action plan to develop the potential of the NHS and other partners to lead by example and act as anchor institutions to drive change);
 - (g) the Director of Strategy and Communications reminded Trust Board members that the CCGs would soon be joining the existing Leicestershire Academic Health Partnership (LAHP) between UHL, the University of Leicester and the Leicestershire Partnership NHS Trust. The four pillars of the LAHP focused upon (i) big data, (ii) multi-morbidity, (iii) quality improvement methodology and (iv) ethnicity (through the Centre for Ethnic Health). This meant that the LLR System was well-placed to develop a detailed action plan to address inequity underpinned by research. He highlighted the work that was being undertaken by Professor N Brunskill, Director of Research and Innovation and his team using 'pump priming' charitable funding to gain traction on some of the underpinning actions;
 - (h) the Acting Chief Operating Officer commended this Framework and commented upon the scale of the actions required which might become overwhelming unless they were broken down into 'bite-sized' chunks. She particularly highlighted the narrative surrounding Principle 6 (investment in services will be proportionate to the needs) noting an opportunity to build this into UHL's restoration and recovery of elective activity, and Principle 4 (focus on parity of esteem between mental and physical health) and potential practical applications with mental health provision in the Emergency Department linked to education and training of staff;
 - (i) the Head of Population Management clarified that the people of Rutland (as an example) should not fear services being taken away from them, but this was more about levelling-up services. The future ambition was that everyone could be accountable and responsible for demonstrating to the population of New Parks (as an example) that they could have an equal and equitable opportunity to enjoy the same long and healthy lives as those people who lived in more affluent areas of LLR. He also referenced future proposals for a new model of primary care allocation which would seek to level-up access to services, and
 - (j) the Chief People Officer highlighted aspects of Principle 5 (public sector ICS partners will act as 'anchor institutions' in LLR) in relation to workforce and employment opportunities provided to the community, providing assurance that a well-established System-level workforce group was taking forward these issues.

In summary, the Trust Chair highlighted that one of the lessons learned during the Covid-19 pandemic was that wider healthcare systems worked much better when they worked towards a single purpose and this could well be that single purpose for the LLR System. He highlighted a number of questions which he felt the Trust Board should be considering going forwards to confirm whether the Board understood health inequalities well enough, including ways in which it could change the way that services were delivered to reach vulnerable and disadvantaged groups (at scale), how it could support wider socio-economic strategies and health and wellbeing strategies in relation to the wider determinants of health, who else the Trust needed to work with (eg other large employers/industry partners), and how to engage with communities to ensure that the Trust had an appropriate role in Place. The Trust Chair thanked the presentation team for attending.

DSC/
CHAIR

Resolved – that (A) the System Health Inequalities Framework be received and noted as paper C, and

(B) further Trust Board discussions be scheduled on the proposed responses to the Health Inequalities (both at a Trust level and a System level).

DSC/
CHAIR

148/21/2

Chair's Monthly Report – May 2021

In presenting his monthly report at paper D, the Trust Chair recorded his thanks to his predecessor Mr K Singh for the leadership and service he had provided to the Trust and the people of Leicester, Leicestershire and Rutland (LLR) over the last seven years, noting that Mr Singh had clearly been a

well-respected and supportive Chair. He highlighted the key challenges facing UHL in relation to recovery and restoration of services following the Covid-19 pandemic and achieving financial sustainability. He noted the impressive work that had taken place in respect of improving financial systems and governance and he was looking forward to the opportunities of working more collaboratively as a health and care system and delivering the reconfiguration and transformation programme.

Resolved – that the Trust Chair’s monthly report for May 2021 be received and noted as paper D.

148/21/3

Acting Chief Executive Monthly Update – May 2021

The Acting Chief Executive introduced paper E, providing her monthly update on key issues. Taking the report as read, she provided a short overview of the current position in respect of Covid-19 activity and the restoration and recovery of services with a focus on cancer services and other priority treatments. Appendix 2 of paper E advised that UHL’s development of virtual wards to manage long-term conditions (as reported to the Trust Board on 4 March 2021) had been selected as a national innovation collaborative study by NHSX – the joint NHS England/Department of Health unit established to support NHS and care organisations with digital transformation. Section 6 of paper E described the development of Provider Collaboratives as a mechanism for improving patient outcomes, assuring resilience, enhancing productivity and addressing inequity and outlined proposals to establish a number of Operational Delivery Networks (ODNs) and an East Midlands Acute Providers (EMAP) network. Further work was continuing to refine the hosting agreements, structures and governance arrangements within the ODNs and EMAP.

As described in section 5 of paper E, the Chief Nurse briefed Trust Board members on the introduction of the Chief Nurse Fellow Programme – a unique 12 month facilitated programme which aimed to provide a bespoke opportunity for individual band 5 or band 6 nurses or midwives to develop their clinical and academic skills. The first five Fellows had been selected following a competitive process and they were being appropriately supported on their journey. Each of the Fellows would be creating a project which would directly benefit patients, staff or a specific department or area, and one of these projects already chosen would focus on improving maternity care and outcomes for women who experienced language barriers.

The month 12 quality and performance dashboard was provided at appendix 1. The full quality and performance report was published on the external website, with a link being provided in section 3.3 of paper E. The Acting Chief Operating Officer provided a short overview of the actions being taken to address the main operational performance challenges relating to Urgent and Emergency Care performance and ambulance handover delays. As part of the restoration and recovery programme a continued focus was being maintained on priority 1 and 2 patients. As at March 2021, 12,625 patients had been waiting in excess of 52 weeks for their treatment, but continual clinical monitoring was in place and some System-level pathway redesign work was underway to ensure that all available capacity was being used to reduce the size of this backlog going forwards. The Chief Nurse reported on key infection prevention metrics (including zero 14-18 day nosocomial infections since 19 March 2021), patient falls data, noting also that pressure ulcer reporting had recommenced using a revised approach which made it difficult to directly compare this to the prior period falls data. During the Covid-19 pandemic, the number of pressure ulcers in ICU had increased and this was partly due to patients being positioned in a prone position. The Medical Director provided an overview of the key patient safety metrics, advising that there had been one Never Event reported in March 2021, the turnaround time for outpatient clinic letters stood at 83.1% against the 90% target, and the published Summary Hospital-level Mortality Indicator (SHMI) stood at 101, which remained within the expected range.

In discussion on paper E, the Non-Executive Director Chair of the People, Process and Performance Committee (PPPC) advised that the PPPC had recently approved UHL’s urgent and emergency care transformation programme, but the Committee would also be reviewing the plan for System-wide improvements in this important area. Noting the positive work in respect of preventing nosocomial infections, Ms V Bailey, Non-Executive Director commented upon the work still required to communicate with patients about safety to come into hospital. Messaging in this area would be key to influencing patient behaviours and this aspect should be built into the action plan for restoration and recovery of services. The Acting Chief Operating Officer advised that a new waiting list category had been created for those patients who wished to delay their treatment due to Covid-19 concerns and this would help the Trust to communicate effectively with this cohort of patients.

Mr M Williams, Non-Executive Director highlighted that emergency readmissions rates for February 2021 stood at 9.9% against the target of 8.5% and he queried the indicative patient numbers involved. In response to this query, the Acting Chief Executive advised that the virtual ward development had demonstrated a 50% reduction in readmissions and the Trust would continue to focus in this area. It was agreed that PPPC would review the arrangements for messaging with patients about infection prevention/safety to come into hospital and progress of the actions for reducing emergency readmissions.

CN/
MD

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

(B) the Chief Nurse be requested to consider the messaging arrangements for patients and public surrounding Covid-19 infections (including how this messaging could be embedded into the restoration and recovery programme) and provide an update to a future PPPC meeting, and

CN

(C) the Medical Director be requested to arrange for an update on the actions for reducing emergency readmissions to be presented to a future PPPC meeting.

MD

148/21/4

Restoration and Recovery of Elective Orthopaedic Surgery

The Acting Chief Operating Officer introduced Professor J Dias, Consultant Orthopaedic Surgeon who provided a short presentation on the work that had been undertaken within the Academic Team of Musculoskeletal surgery to assess the impact of delayed surgery due to the Covid-19 pandemic upon a sample of the 3,929 patients who were currently awaiting surgery at UHL. The presentation slides had been circulated in advance of the meeting as paper F. Having excluded paediatrics, ‘lumps and bumps’, and deceased patients, sampling was stratified by body region (upper/lower limb/spine) and 1380 surveys had been issued between September 2020 and December 2020. Some 891 surveys had been returned (reflecting a 60% response rate) and exceeding the minimum representative sample of 824 patients required for quantitative analysis. Following a detailed analysis of the returned surveys, the team had developed a thematic action plan to respond to the concerns raised and a ladder of interventions for self-help, remote support, escalation to specialist services and escalation to clinician.

In discussion on the presentation, the Acting Chief Executive thanked Professor Dias for attending this virtual meeting, noting that the Trust’s Leadership Forum had also received this presentation recently and it had inspired and encouraged other services to build on this good work and roll it out in their own specialties. The Leicester and Leicestershire Healthwatch Chair commended this presentation, confirming that the survey feedback was closely aligned with the comments that Healthwatch were hearing from patients whose treatments had been delayed due to Covid-19. She queried whether there was anything that Healthwatch could do to assist the Trust with communicating with this patient cohort. The Acting Chief Operating Officer welcomed this offer of support and agreed to liaise with the Leicester and Leicestershire Healthwatch Chair outside the meeting to consider where this could offer the most value.

ACOO

Mr B Patel, Non-Executive Director sought and received additional information about the ladder of intervention and where the majority of patients were currently. In response, Professor Dias commented that the longest-waiting patients appeared to have learned coping strategies and that those patients that had been waiting for a medium-term appeared less able to cope with their symptoms, hence the importance of embedding a package of care to assist patients in coping with pain, mobility and mental health whilst they were waiting for surgery. Ms V Bailey, Non-Executive Director commended the good practice interventions that had been put into place, noting the scope to systematically roll-out the findings of this survey to ensure that patients in all services were being kept informed of their progress within the waiting list. Mr I Orrell, Associate Non-Executive Director also commended this report and the excellent work it represented. However, he queried how the Trust would be able to help those patients who did not have access to IT resources to contact UHL’s services. Professor Dias responded that his team was addressing the majority issues in the first instance (due to the scale of the problem) and that they would move onto addressing the minority areas at a later stage. He also confirmed that the Trust was working collaboratively with primary care to ensure that they were not overly-burdened with the impact of delayed treatments.

The Chief Nurse advised that UHL’s volunteer resources would be coming back into active service soon (following the Covid-19 pandemic) and she queried whether there was any scope for

volunteers to support the process for improving communications with patients. It was agreed that the Acting Chief Operating Officer would discuss this with the Chief Nurse (outside the meeting). The Medical Director advised that there had been a positive response when he had shared these presentation slides with the LLR Clinical Executive Forum. He expressed a view that UHL appeared to be getting better at hearing and responding to patient concerns. In summary, the Trust Chair commented on opportunities to use this innovative approach within other services (noting the health inequalities agenda) and he requested that the Trust Board be kept informed on the outputs of this work.

ACOO

ACOO

Resolved – that (A) the presentation on the restoration and recovery of elective orthopaedic surgery be received and noted as paper F, and

(B) the Acting Chief Operating Officer be requested to:-

- (1) hold a discussion with the Leicester and Leicestershire Healthwatch Chair to consider ways in which Healthwatch could assist the Trust in communicating with patients whose surgery had been delayed due to the impact of Covid-19;**
- (2) liaise with the Chief Nurse to explore ways in which UHL volunteers could assist the Trust in communicating with patients whose surgery had been delayed due to the impact of Covid-19, and**
- (3) consider ways in which this innovative approach could be applied more widely across the Trust (noting the health inequalities agenda) and brief the Trust Board on the outputs of this work.**

ACOO

ACOO

ACOO

149/21 ITEMS FOR ASSURANCE

149/21/1 NIHR Clinical Research Network East Midlands – Quarterly Update

The Medical Director introduced this item, noting that UHL was the Host Organisation for the National Institute of Health Research (NIHR) Clinical Research Network (CRN) for the East Midlands and that UHL's Trust Board received quarterly updates on performance, progress, priorities and key risks as part of the ongoing monitoring and governance arrangements for the Network. He handed over to Professor D Rowbotham, CRN Clinical Director and Ms E Moss, CRN Chief Operating Officer who had attended the virtual meeting to present this quarterly update report (paper G refers).

Taking the report as read, the CRN Clinical Director particularly highlighted the Network's contribution in supporting 41 Covid-19 Urgent Public Health (UPH) research studies, including vaccine clinical trials. Approximately 81,000 patients had been recruited to UPH research studies in the East Midlands region, making the Region a world leader in this respect. Going forwards 60-65% of the CRN resources would be focused on the system wide Resilience, Recovery and Growth (RRG) Programme and additional recurrent national funding of £30m had been confirmed following the Government's Comprehensive Spending Review. The East Midlands allocation of this funding had been agreed at approximately £2m and this would be used to alleviate known cost pressures, portfolio growth and development of a targeted workforce to support emerging areas such as social care, primary care, community, care homes, Local Authority services, etc.

In discussion on paper G, Professor P Baker, Non-Executive Director commended the CRN on its excellent performance in leading such important studies and trials. He congratulated the team on the additional funding, noting the importance of re-starting non-Covid related studies. The Acting Chief Executive recorded her personal thanks to the CRN Clinical Director and Chief Operating Officer for their work behind the scenes, advising that the Trust had been particularly proud to host the Network during the pandemic and had been pleased with the significant contribution that research had made within the national response to Covid-19. The Director of Strategy and Communications advised that a Panorama team would shortly be filming at UHL for a programme they were making about a Covid-19 research study. Responding to a query from Mr B Patel, Non-Executive Director, the CRN Clinical Director provided assurance that the appropriate contact information was being captured from research study participants. He also highlighted the valuable opportunities that were being provided to study participants in respect of access to new treatments via commercial and NHS research studies. The Trust Chair thanked the CRN Clinical Director and the CRN Chief Operating Officer for attending this virtual meeting, expressing his view that the partnership between UHL and the NIHR CRN was crucial and he looked forward to receiving further updates with an increased emphasis on non-Covid studies going forwards.

Resolved – that the quarterly update from the NIHR Clinical Research Network be received and noted as paper G.

149/21/2 Integrated Risk Report and Board Assurance Framework (BAF)

The Director of Corporate and Legal Affairs introduced paper H, providing the quarterly update on the risk control and assurance environment, including the final (quarter 4) iteration of the 2020/21 Board Assurance Framework (BAF) and the organisational risk register, noting that there had been no significant changes to the risk ratings contained within the BAF. During the private session of today's Trust Board meeting, the Board would be invited to consider and agree the Trust's quality and safety priorities and once these had been finalised, the Executive Directors would work up a draft 2021/22 BAF for informal consideration at the Trust Board thinking day on 10 June 2021. The finalised 2021/22 BAF would then be presented to the public Trust Board meeting on 1 July 2021 for formal approval, with quarterly reports being presented to the Trust Board thereafter. Particular consideration was being given to incorporating health inequalities as a key issue within the 2021/22 BAF.

DCLA/
HR&A

The Trust Chair commented upon the proposals for strengthening UHL's governance via the Board Development Programme. Noting that the BAF would be a key component of this work, he stressed the importance of shaping the 2021/22 BAF correctly and using it appropriately as a good basis for future Trust Board discussions. Ms V Bailey, Non-Executive Director highlighted the three new risks which had been added to the organisational risk register, advising that she would also welcome an opportunity for the Board to be reminded of, and discuss, the process under which certain risks were held at a Clinical Management Group (CMG) level while others were escalated to the Board for consideration. The Chief Nurse briefed Trust Board members on the discussions she had held with the Medical Director regarding the development of the 2021/22 BAF, including how it would link to the Trust's strategy and priorities. She noted the need to ensure that the BAF provided appropriate clarity in respect of the key issues and the areas of progress expected to be delivered. In respect of Principal Risk 2 (relating to operational performance), the Acting Chief Operating Officer reiterated her views on how difficult it was to improve the overall risk score to reflect incremental improvements due to the wide-ranging issues covered by this risk which included emergency care, planned care and cancer care. Finally, Mr M Williams, Non-Executive Director highlighted the scope to refresh the way in which the BAF was presented to strengthen members' ability to interpret the data and engage with this important document.

Resolved – that (A) the Integrated Risk Report and final iteration of the 2020/21 Board Assurance Framework be received and noted, and

(B) the Director of Corporate and Legal Affairs and the Head of Risk and Assurance be requested to engage with the Executive Directors to produce a draft 2021/22 BAF for consideration at the 10 June 2021 Trust Board thinking day and the public Trust Board meeting on 1 July 2021.

DCLA/
HR&A

149/21/3 Reports from Virtual Board Committee Meetings

149/21/3.1 Audit Committee

The Non-Executive Director Audit Committee Chair introduced paper I1, providing the Minutes of the Audit Committee meeting held on 19 April 2021. He particularly highlighted (i) the good progress being made with UHL's response to the draft Audit Findings Report (AFR) for 2019/20 although he recognised that there was still work to do in some areas; (ii) the Committee's approval of the 2021/22 Internal Audit Plan and the arrangements for reviewing alternative forms of assurance for those themes which had not been included in the Plan for 2021/22, and (iii) the findings of the Internal Audit review of Equality, Diversity and Inclusion (EDI) and the arrangements for the People, Process and Performance Committee (PPPC) to monitor progress of the follow-up work highlighted in the recommendations.

Resolved – that the Minutes of the 19 April 2021 Audit Committee meeting be received and noted as paper I1.

149/21/3.2 Quality and Outcomes Committee (QOC)

Paper I2 summarised the issues covered during the virtual QOC meeting held on 29 April 2021. The Non-Executive Director QOC Chair highlighted the Committee's discussion on waste risk management, cancer performance recovery, a Never Event (as referenced by the Medical Director in Minute 148/21/3 above), the instigation of a formal Covid-19 outbreak management process, and the Care Quality Commission (CQC) transitional monitoring arrangements. The Trust Chair advised that he would be liaising with the Non-Executive Director QOC Chair (outside the meeting) to inform his own understanding of the arrangements in place for this Committee to review and monitor any patient harm arising from delays in treatment.

Resolved – that the summary of public issues discussed at the 29 April 2021 QOC meeting be received and noted as paper I2.

149/21/3.3 People, Process and Performance Committee (PPPC)

Paper I3 summarised the issues covered during the virtual PPPC meeting held on 29 April 2021. The Non-Executive Director PPPC Chair drew members' attention to the Committee's discussion on (i) the urgent and emergency care transformation programme; (ii) the cyber security review; (iii) the staff survey results for 2020, and (iv) the armed forces covenant annual report. The Chief Information Officer confirmed that a comprehensive action plan was in place to address the findings of the cyber security review.

The Chief People Officer provided a short overview of the staff survey results, noting that the 33% response rate had been disappointing, but there had been no significant changes in the thematic scores. The work that UHL had been undertaking in the areas of equality, diversity and inclusion was being recognised at a national level. UHL's feedback scores had been higher than average for the themes of 'safe environment – bullying and harassment' and 'safe environment – violence' and the scores for the two 'friends and family' questions continued to improve. Each of the Corporate Directorates and Clinical Management Groups (CMGs) had been provided with their respective data packs. However, the 'free text' data had not yet been received and this data had proved to be most informative in previous years. The Trust Chair requested that a report on the Trust's response to the staff survey results be presented to a future Trust Board meeting. The Acting Chief Executive supported this proposal, adding that it would also be helpful for the Trust Board to understand why the response rate was so low, and how it was aimed to increase this to 50% for the 2021 survey. The Trust Chair expressed his view that staff would be more likely to complete the staff survey if they could see that their feedback was being used to make a difference. He also noted that a higher response rate did not necessarily result in improved feedback ratings.

CPO

Resolved – that (A) the summary of public issues discussed at the 29 April 2021 PPPC meeting be received and noted as paper I3;

(B) the Chief People Officer be requested to present a report to a future Trust Board meeting to inform a discussion on the action plan to respond to the results of the 2020 Staff Survey.

CPO

149/21/3.4 Finance and Investment Committee (FIC)

The FIC Non-Executive Director Chair introduced paper I4, providing a summary of the issues covered during the virtual FIC meeting held on 29 April 2021. He particularly highlighted the Committee's discussion in respect of the draft H1 2021/22 financial plan (April 2021 to September 2021), the draft 2021/22 capital plan, 2021/22 month 12 financial performance, and progress with transformation and cost improvement programmes. Due to the late receipt of the 2021/22 planning guidance, FIC had requested that a more detailed draft H1 financial plan be presented for approval at the May 2021 meeting. The Chief Financial Officer provided an overview of the significant work that had been undertaken in respect of the 2021/22 capital plan (as appended to paper I4), advising that this plan had not been discussed in detail by FIC due to time constraints. Formal approval of the 2021/22 capital plan had been deferred to the May 2021 FIC meeting, but agreement had been reached that the schemes detailed within the plan could be progressed in the meantime, due to the available assurance via the Capital Monitoring and Investment Committee and the Financial Recovery Board that sufficiently detailed work had been undertaken in respect of the capital priorities.

CFO

CFO

Resolved – that (A) the summary of public issues discussed at the 29 April 2021 FIC meeting be received and noted as paper I4, and

(B) the Chief Financial Officer be requested to present the detailed H1 2021/22 financial plan and the 2021/22 capital plan to FIC on 27 May 2021.

CFO

149/21/3.5 2020/21 Month 12 Financial Position

The Chief Financial Officer introduced paper I5, providing the monthly financial performance report for month 12 (March 2021), noting that an actual surplus of £16.4m had been delivered (in line with forecast operational financial performance). Some technical adjustments such as annual leave accruals, provider sustainability funding, etc had been applied and he welcomed any questions on the detail of these adjustments. The Trust had maintained a strong cash position and continued to pay its small and medium sized enterprise suppliers more quickly (91% within 30 days and 56% within 5 days). He confirmed that the stronger focus on current financial performance was helping to support quality patient care and patient safety. The Acting Chief Executive voiced her previous concerns about the Trust's ability to deliver the 2020/21 capital programme in the context of the Covid-19 pandemic, noting that this had put the Estates and Facilities Directorate under extreme amounts of pressure and she had been really impressed with how close they (and the IM&T Directorate) had come to delivering the full 2020/21 capital programme. The Financial Recovery Board had spent a significant amount of time focusing upon capital planning as well as the development of a robust cost improvement plan (which was expected to deliver £35m of savings in 2021/22 with £28m of these savings schemes already identified).

Ms V Bailey, Non-Executive Director commented upon the importance of modifying the language used at Trust Board meetings when talking about cost improvements, to maintain an appropriate focus on removing cost from services to make them sustainable on a recurrent basis. It would also be helpful for Trust Board members to reach a common level of understanding about the quality transformation and efficiency improvement programme and how it would align with the restoration and recovery of services following the Covid-19 pandemic. Finally, the Trust Chair commended UHL's excellent performance against the Better Payment Practice Code and he recorded his thanks to the Finance team for their performance in this area.

Resolved – that the month 12 financial performance report be received and noted (as paper I5).

150/21 ITEMS FOR NOTING

150/21/1 Declarations of Interest – Mr J MacDonald, Trust Chairman

Resolved – that the Declarations of Interest for Mr J MacDonald, Trust Chairman be received and noted as paper J.

150/21/2 Minutes of the Virtual Board Committee Meetings – March 2021

150/21/2.1 Quality and Outcomes Committee (QOC)

Resolved – that the public Minutes of the 25 March 2021 QOC meeting be approved as per paper K1.

150/21/2.2 People, Process and Performance Committee (PPPC)

Resolved – that the public Minutes of the 25 March 2021 PPPC meeting be approved as per paper K2.

150/21/2.3 Finance and Investment Committee (FIC)

Resolved – that the public Minutes of the 25 March 2021 FIC meeting be approved as per paper K3.

151/21 CORPORATE TRUSTEE BUSINESS

151/21/1 Charitable Funds Committee (CFC)

The CFC Non-Executive Director Chair introduced paper L, providing the public Minutes of the CFC meeting held on 16 April 2021 and seeking Trust Board approval (as Corporate Trustee) for

Application 7825 to support the Wellbeing at Work 2021/22 Plan in the sum of £71,600 to be funded from the staff lottery. Clarity was provided that any unspent funds would be returned to the Staff Lottery Fund at the end of the financial year.

Resolved – that (A) the public minutes of the 16 April 2021 CFC meeting be approved as per paper L, and

(B) Application 7825 in the sum of £71,600 to support the Wellbeing at Work 2021/22 Plan be approved by the Trust Board (as Corporate Trustee).

151/21/2 Leicester Hospitals Charity Plan 2021/22

Paper M provided the Leicester Hospitals Charity Plan for 2021/22 for Trust Board members' information. There were no comments or queries on the Plan. The Director of Strategy and Communications highlighted the significant contribution that Ms L Davies, Director of Leicester Hospitals Charity had made since she was appointed some two years earlier.

Resolved – that the Leicester Hospitals Charity Plan 2021/22 be received and noted as per paper M.

152/21 **QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

Resolved – that no questions were raised in advance for a response during this virtual meeting.

153/21 **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 154/21 to 162/21), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

154/21 **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). With the agreement of the Trust Board, these individuals remained present.

155/21 **CONFIDENTIAL MINUTES**

Resolved – that the confidential Minutes of the 1 April 2021 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

CHAIR
MAN

156/21 **CONFIDENTIAL MATTERS ARISING REPORT**

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

157/21 **KEY ISSUES FOR DISCUSSION/DECISION**

157/21/1 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.

157/21/2 Confidential Report from the Acting Chief Operating Officer and the Medical 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.

157/21/3 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.

157/21/4 Confidential Report from the TGH Managing Director and Finance Director/Company Secretary

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.

157/21/5 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.

158/21 ITEMS FOR ASSURANCE

158/21/1 Reports from Board Committees

158/21/1.1 Audit Committee

Resolved – that the confidential Minutes and the private and confidential Minutes of the 19 April 2021 Audit Committee meeting be received and noted as papers Q1 and Q2.

158/21/1.2 Quality and Outcomes 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.

158/21/1.3 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.

159/21 REPORTS FROM EXECUTIVE GROUPS

159/21/1 Executive Strategy Board (ESB)

Resolved – that the action notes arising from the ESB meeting held on 6 April 2021 be received and noted as paper T.

160/21 CORPORATE TRUSTEE BUSINESS

160/21/1 Charitable Funds Committee

Resolved – that (A) the confidential minutes of the 16 April 2021 CFC meeting be received and noted as per paper U, and

(B) the Charity Annual Plan 2021/22 (appended to paper U) be approved by the Trust Board (acting as Corporate Trustee).

161/21 ITEMS FOR NOTING

161/21/1 Reports from Board Committees

161/21/1.1 Finance and Investment Committee

Resolved – that the confidential Minutes of the 25 March 2021 FIC meeting be received as paper V, noting that any recommended items were approved by the Trust Board on 1 April

2021.

162/21 ANY OTHER BUSINESS**Resolved** – that no items of additional business were discussed.**163/21 DATE OF NEXT TRUST BOARD MEETING****Resolved** – that the next Trust Board virtual meeting be held on Thursday 3 June 2021 from 9am.

The meeting closed at 13.22pm

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)	1	1	100	C Fox	3	2	66
				A Furlong	3	1	33
K Singh (until 16.4.21)	2	2	100	A Johnson	3	3	100
V Bailey	3	3	100	S Lazarus	3	3	100
P Baker	3	2	100	D Mitchell	3	3	100
R Brown	3	3	100	B Patel	3	3	100
I Crowe	3	3	100	M Williams	3	3	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	3	3	100	I Orrell	3	3	100
M Durbridge (from 6.5.21)	1	1	100	S Ward	3	3	100
K Gillatt	3	2	66	M Wightman	3	3	100
D Kerr	3	3	100	H Wyton	3	1	33
H Kotecha	3	3	100				