

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 3 SEPTEMBER 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
 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 – Interim 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 B Collins – Emergency Preparedness Resilience and Response Manager (for Minute 162/20/7 only)
 Mr R Cooper – Financial Improvement Director
 Ms N Green – Deputy Chief Nurse (on behalf of Ms C Fox, Chief Nurse)
 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 166/20)
 Ms H Leatham – Assistant Chief Nurse (for Minute 162/20/1 only)
 Mr M Patel – Emergency Planning and Business Continuity Officer (for Minute 162/20/7 only)
 Dr P Patel – Clinical Director, Clinical Support and Imaging Services (for Minute 162/20/5 only)
 Mrs K Rayns – Corporate and Committee Services Officer
 Mr S Ward – Director of Corporate and Legal Affairs
 Mr M Wightman – Director of Strategy and Communications
 Ms H Wyton – Director of People and Organisational Development

ACTION**158/20 APOLOGIES AND ANNOUNCEMENTS**

Apologies for absence were received from Mr J Adler, Chief Executive and Ms C Fox, Chief Nurse. The Chairman welcomed Ms N Green, Deputy Chief Nurse to the meeting, noting that she was attending on behalf of the Chief Nurse.

159/20 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS

Mr A Johnson, Non-Executive Director and the Interim 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.

160/20 MINUTES

Resolved – that the Minutes of the 6 August 2020 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN****161/20 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the matters arising log from the 6 August 2020 Trust Board meeting and any outstanding matters arising from previous meetings. Particular discussion took place

regarding the following entries:-

- item 2a (Minute 138/20/2 of 6 August 2020 refers) – a report on Winter Planning had been considered at the People, Process and Performance Committee (PPPC) Assurance Call on 27 August 2020 and monthly updates would be provided to PPPC thereafter;
- item 2b (Minute 138/20/2 of 6 August 2020 refers) – a consolidated summary of the actions being taken in response to the third phase of the NHS response to Covid-19 was due to be considered at the informal Trust Board discussion on 10 September 2020 and a formal report would be presented to the 1 October 2020 Trust Board meeting, and
- item 8 (Minute 72/20/4 of 26 March 2020 refers) – a discussion on the gender pay report for 2019/20 was scheduled to take place at a future PPPC meeting and the outcomes would be presented to the Trust Board subsequently.

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

162/20 KEY ISSUES FOR DISCUSSION/DECISION

162/20/1 Patient Story – Outstanding Care Connecting Families

The Deputy Chief Nurse and Ms H Leatham, Assistant Chief Nurse introduced paper C, providing the Trust Board with an example of how UHL's staff had demonstrated their ability to rise to the challenges of the changing healthcare landscape during the Covid-19 pandemic whilst continuing to meet the needs of individual patients and their families. Ms N Harding joined the meeting virtually to describe in her own words how she and her sister had been allowed to remain with their father whilst he was receiving end of life care in hospital despite the enhanced visiting restrictions. A series of intensive treatments had been provided, but sadly Ms Harding's father had not responded and the difficult decision had been made to commence his end of life care. Full personal protective equipment (PPE) had been provided to Ms Harding and her sister and they had been well supported throughout their father's care. Other family members had been able to see their relative through the window and communicate with him via a mobile telephone. Whilst the whole clinical team had demonstrated outstanding levels of kindness and compassion, one nurse in particular had stayed with the family once their father had passed away and the breathing devices had been removed. Ms Harding expressed her heartfelt gratitude to this nurse for showing them incredible warmth at such a sad time.

During the discussion on the patient story, the Acting Chief Executive thanked Ms Harding for her valuable feedback and she queried whether there were any areas of learning or opportunities to change any aspects of care to improve the patient and family experience. In response, Ms Harding compared her father's death to that of her mother (who had passed away in LOROS three years previously), adding that the family had been given exceptional care on both occasions. The only aspect which Ms Harding felt could possibly be improved was ease of access by telephone when families were ringing from outside the hospital. On behalf of the Trust Board, the Trust Chairman thanked Ms Harding for her contribution at today's meeting, noting how difficult it could be for close family members when they were not able to spend time with their loved ones at the end of their lives. He highlighted the correlation between this patient story and the organisational values surrounding care and compassion.

Finally, the Acting Chief Executive paid tribute to the work of Ms H Leatham, Assistant Chief Nurse who had been leading the Trust's proactive approach to connecting with families using a variety of methods including telephones, iPads and Skype. The Trust Chairman added his note of thanks to Ms Leatham noting that her assistance with preparations for a national workshop on volunteering within the NHS had been much appreciated.

Resolved – that the patient story on connecting families be received and noted as paper C.

162/20/2 Chairman's Monthly Report – September 2020

In presenting his monthly report at paper D, the Trust Chairman highlighted the immediate service focus on restoration of services and ensuring ongoing Covid-19 protection, together with planning for winter scenarios – a report on this issue was due to be presented to the 1 October 2020 Trust Board meeting (via the September 2020 PPPC summary). Paper D detailed the Chairman's five organisational priorities, and set out a proposal for the Trust Board to take stock of progress against these priorities at three-monthly intervals. Now that the Pre-Consultation Business Case (PCBC)

had been signed off for UHL's Reconfiguration Programme, the Clinical Commissioning Groups (CCGs) would be progressing a detailed public consultation process and the Trust would continue to work with Leicester, Leicestershire and Rutland (LLR) Healthcare System partners to build relationships and structures to support collaborative subsidiary decision-making processes. A report on population health and addressing healthcare inequalities featured later in today's agenda and a report on this key issue was expected to be presented to the Trust Board each month going forwards. A dedicated Trust Board meeting had been scheduled at 2pm that day to consider the Reconfiguration Programme and this arrangement was planned to be repeated on a monthly basis. The report also highlighted the contribution of volunteers within the NHS and the role they provided in acting as a bridge to local communities. The role of the volunteer had been scaled back significantly at UHL during the Covid-19 pandemic, but it would be coming into greater focus again as part of the restoration and recovery phase.

As stated in paper D, Mr J Adler's role as UHL's Chief Executive would be ending on 18 September 2020 and Trust Board members wished him and his family well for the future. Arrangements were in hand to recruit to this key post and Trust Board members would be kept informed of progress. Finally, the Trust Chairman welcomed the following individuals to today's Trust Board meeting:-

- Mr M Williams in his role as incoming Non-Executive Director and Chair of the Audit Committee, and
- Mr R Cooper in his role as Financial Improvement Director. Mr Cooper would be attending meetings of the Finance and Investment Committee and the Trust Board on a regular basis as part of his role in assisting UHL with improving financial governance and identifying key priorities for financial sustainability.

In discussion on paper D, the following comments and queries were noted:-

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| (a) Col (Ret'd) I Crowe, Non-Executive Director welcomed the proposal for quarterly monitoring of progress against the organisational priorities, suggesting that the progress reports should be presented in December 2020 and again at the end of the 2020/21 financial year. The Director of Corporate and Legal Affairs was requested to schedule these reports accordingly; | DCLA |
| (b) Mr A Johnson, Non-Executive Director suggested that monitoring of progress against the organisational priorities should be undertaken in a simplistic manner with a focus on time/specification/cost parameters and that a dashboard approach would be helpful to monitor the outcomes and identify when any corrective actions were required in the event of any risks to non-achievement; | |
| (c) the Medical Director commented upon the need to align the monitoring process for the organisation priorities with the existing processes for monitoring the Board Assurance Framework and the Strategic and Operational Risk Registers. The Director of Corporate and Legal Affairs was requested to arrange for some additional clarity to be provided in the December 2020 Trust Board report surrounding the purpose and function of these respective documents, and | DCLA |
| (d) Ms V Bailey, Non-Executive Director commented upon the need to ensure that carers were provided with relevant service information (in addition to patients and their families). | |

Resolved – that (A) the Trust Chairman's monthly report for September 2020 be noted, and

(B) the Director of Corporate and Legal Affairs be requested to:-

(1) schedule quarterly updates on UHL's organisational priorities to be presented to the Trust Board, and

(2) arrange for clarity to be provided about the role and function of the organisational priorities, the Board Assurance Framework and the Strategic and the Operational Risk Registers within the December 2020 report.

DCLA

DCLA

162/20/3

Acting Chief Executive Monthly Update – September 2020

The Acting Chief Executive introduced paper E, and briefed the Trust Board verbally on the relatively stable position in relation to Covid-19, noting that the total number of Covid-19 positive patients in Leicester's hospitals was currently fluctuating between eight and twelve. Overall rates of admissions appeared to be reducing, but the Trust was monitoring the position very closely for signs of any deterioration. Research and Innovation (R&I) had played a very important part in Leicester's response to Covid-19 and the latest R&I update report (as provided at appendix 2 to paper E) advised of new research funding totalling £12m. UHL had been the highest recruiter to Covid-19

studies in England and this had been recognised nationally. A Patient Recruitment Centre (PRC) was now being established at the Leicester General Hospital to deliver late-phase commercial research studies and this was also intended to support Covid-19 vaccine studies.

Other aspects of the Acting Chief Executive's briefing note covered (a) the award of £2m of additional capital funding for the Emergency Department; (b) a donation of £250,000 for the Children's Hospital Appeal from the Leicester-based Muslim charity 'Drop of Compassion'; (c) re-accreditation of UHL's Microbiology Service following the annual UKAS inspection on 18 August 2020; (d) confirmation of the Director of Strategy and Communications as UHL's lead Executive Director for addressing health inequalities (as required under the third phase of the national response to Covid-19); (e) the recent publication of the NHS People Plan, and (f) the quality and performance dashboard (appendix 1 to paper E refers).

The Acting Chief Executive reiterated the importance of delivering safe and effective patient care in parallel with delivering the Reconfiguration Programme and making inroads into achieving financial sustainability with the support of the Interim Chief Financial Officer and the Director of Financial Improvement.

Finally, the Medical Director emphasised the importance of UHL's partnerships with the University of Leicester and the Leicestershire Partnership NHS Trust (LPT) in respect of research and innovation, advising that a major research investment was expected to be announced within the next few days. The Trust Chairman supported this point, commenting upon the valued relationship with the University of Leicester in respect of training and education, research and innovation. Professor P Baker, Non-Executive Director endorsed these comments and noted the need to continue to focus on these aspects throughout today's Trust Board meetings (including the separate session on the Reconfiguration Programme).

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

162/20/4

Understanding Health Inequalities

Paper F1 briefed the Trust Board on the level of pre-existing unintentionally inequitable healthcare in the NHS prior to Covid-19 and the subsequent disproportionate impact that Covid-19 had had upon individuals from Black, Asian and Minority Ethnic (BAME) backgrounds. Taking the report as read, the Director of Strategy and Communications highlighted the deep-seated nature of healthcare inequality and the need to develop an equally deep-seated response. As set out in the third phase of the NHS response to Covid-19, all Trusts had been tasked with strengthening leadership and accountability for tackling inequalities and nominating a named Executive Board member for leading this workstream and UHL's lead was the Director of Strategy and Communications.

The Director of Strategy and Communications particularly highlighted the proposal to invert the Equality Impact Assessment (EIA) process into a more proactive Inequality Improvement Action process, working with partners in the Leicester, Leicestershire and Rutland (LLR) System. As detailed on page 9 of paper F1, the LLR Triple Aim had set out the following key focus areas for the design groups that were being established to redesign services and pathways:- (i) reducing inequalities; (ii) improving outcomes and wellbeing, and (iii) restoring the LLR System's finances.

In discussion on paper F1, the following comments and queries were noted:-

- (a) the Trust Chairman commented upon the importance of addressing the wider health inequalities affecting certain sections of the population which had been brought to the forefront due to the Covid-19 pandemic and the important role that the Trust Board could have in this respect;
- (b) Mr B Patel, Non-Executive Director emphasised the importance of cross-working within the LLR System to address further inequalities within mental health services and social care services;
- (c) Col (Ret'd) I Crowe, Non-Executive Director thanked the Director of Strategy and Communications for this timely report, noting that practical application of the proposed approach would be the real challenge. He highlighted that, if the LLR System implemented locality based service planning, there might be a risk that some rural areas of social and economic deprivation could be overlooked or masked by the more affluent communities within those same rural areas;
- (d) Ms V Bailey, Non-Executive Director highlighted the plethora of useful research and available

data to support the Trust's response to health inequalities, noting the need to keep this issue 'live' at Trust Board level. She also noted the impact of the City and County Council's social care housing strategy upon the health and wellbeing of local communities. Finally, Ms Bailey suggested the need to consider reducing some services or delivering them in different ways in order to support the development of other services, eg consider not bringing patients into an Acute hospital setting if this level of care was not required;

- (e) the Leicester and Leicestershire Healthwatch Chair sought further information about patient and public involvement in the design cells that were being established to redesign pathways and services. In response, the Director of Strategy and Communications briefed the Trust Board on proposals for gathering information on patients' 'lived' experiences by engaging with those patients who were accessing acute services from less-advantaged backgrounds and asking about them about their experiences;
- (f) the Director of Strategy and Communications noted that the NHS held detailed information on 52-week waits and referral to treatment trajectories, but this information was not currently broken down by population demographics. The Trust Chairman expressed surprise at this comment, suggesting that ethnicity data and postcode data was readily available from patient records, and
- (g) the Trust Chairman also highlighted the importance of focusing upon disease prevention and reducing any factors causing healthcare conditions within communities. On a practical note, he requested that the monthly Trust Board reports on addressing healthcare equalities focus on one key theme each month.

Resolved – that (A) the report on Understanding Health Inequalities be received and noted as paper F1, and

(B) the Director of Strategy and Communications be requested to structure the monthly Trust Board reports on addressing health inequalities to focus on one key theme each month.

DSC

162/20/5

Seroprevalance of Covid-19 in Healthcare Workers at UHL

Dr P Patel, Consultant Chemical Pathologist/Metabolic Physician and Clinical Director, Clinical Support and Imaging Services attended the meeting virtually to present a series of slides outlining the detailed results of the voluntary Covid-19 antibody testing programme carried out on UHL's staff between 29 May 2020 and 29 June 2020 (as detailed in paper F2). Dr Patel was also an Honorary Senior Lecturer at the University of Leicester. It was noted that any staff who were symptomatic or had received a confirmed positive infection within the previous three weeks were advised not to attend for screening. Noting that 10,662 members of staff had been tested and 1,148 (10.8%) of these had tested positive, he drew members' attention to the key findings which had been analysed by ethnicity, age, sex, job role, specialty, level of seniority and deprivation index within the presentation slides.

A detailed discussion took place regarding the testing outcomes, during which the following comments were particularly noted:-

- (a) Professor P Baker, Non-Executive Director strongly endorsed the testing programme and welcomed the robust evidence it had provided, suggesting that this programme had exemplified the partnership between UHL and the University of Leicester. He expressed some concerns about the infection rates amongst Junior Doctors from a BAME background and the impact that this data might have upon the future pipeline of trainees;
- (b) the Trust Chairman commented upon the number of Healthcare Assistants that had tested positive for Covid-19, although data was not available to indicate the proportion of these infections that had been community acquired or hospital acquired;
- (c) the Medical Director supported this point, noting that it was crucial not to extrapolate the data to automatically assume that infections had been hospital acquired. He highlighted some of the multiple factors that might have contributed to the infection rates and provided assurance regarding UHL's nosocomial (hospital acquired) infection rates which were lower than many other Trusts. Social distancing and a meticulous approach to Personal Protective Equipment (PPE) had played a major role in keeping nosocomial infection rates to a minimum at UHL;
- (d) Mr M Williams, Non-Executive Director sought additional information on any lessons learned or actions to be taken on the basis of the results of the staff antibody testing programme. In response, the Director of Strategy and Communications referred back to the previous agenda item in respect of the LLR System actions for reducing the disproportionate and unequal impact

of Covid-19 on key sectors of society (Minute 162/20/4 above refers). The Trust Chairman highlighted an opportunity for the People, Process and Performance Committee (PPPC) to focus upon any assurance or lessons learned arising from the staff antibody testing programme;

PPPC
Chair/
DPOD

In summary, Dr Patel advised that, whilst the data was not yet fully understood, indications were that early implementation of PPE and staff testing had been beneficial. He also noted some anecdotal evidence that the communications process could have been improved with some groups of staff (eg Estates and Facilities). On behalf of the Trust Board, the Trust Chairman thanked Dr Patel for this excellent study which would help to inform the risk assessment process going forwards and ensure that leaders were asking the right questions and focusing upon the right issues to protect patients and staff in Leicester's Hospitals.

Resolved – that (A) the presentation on Seroprevalance of Covid 19 in Healthcare Workers at UHL be received and noted as paper F2, and

(B) the PPPC Chair and the Director of People and Organisational Development be requested to consider any assurance or lessons learned arising from the staff Covid-19 antibody testing programme.

PPPC
Chair/
DPOD

162/20/6

LLR System Expectations and Actions

The Director of Strategy and Communications introduced paper G, setting out the proposed high level expectations to inform the nature of recovery and the future disposition of healthcare locally following the Covid-19 pandemic. Some corresponding actions to support each high level expectation were provided at Appendix 1. This document had been considered in some detail at the Trust Board informal discussion on 12 June 2020 and in the private section of the Trust Board meeting held on 6 August 2020. No changes had been made to the document since it was originally drafted. This was an intentional strategy to keep it meaningful as the relevant stakeholder input was being sought from across the wider LLR System.

Particular discussion took place regarding expectation 4 (have a virtual by default approach) and the aim to conduct 70% of outpatient and follow-up appointments virtually by 30 December 2020. The Director of Strategy and Communications highlighted the requirement to allocate resources fairly across the LLR System on the basis of need rather than historical trends and the need to promote greater parity between mental health and physical health. Ms V Bailey, Non-Executive Director commented upon the rapid transformation of services arising from the Covid-19 pandemic and highlighted opportunities to learn from examples of best practice going forwards. Following due consideration, the Trust Board supported the LLR System Expectations and Actions for approval by the wider LLR System, subject to appropriate engagement with the relevant stakeholders.

DSC

Resolved – that the LLR System Expectations and Actions (as set out in paper G) be supported for approval within the wider LLR System, subject to appropriate engagement with all relevant stakeholders.

DSC

162/20/7

Emergency Preparedness Resilience and Response (EPRR) Annual Report 2019/20

The Acting Chief Operating Officer introduced paper H, providing the EPRR Annual Report for 2019/20 and seeking Trust Board approval of the revised EPRR work programme which was attached to the report. Mr B Collins, EPRR Manager and Mr M Patel, Emergency Planning and Business Continuity Officer attended the meeting virtually for this item. As detailed in the report, a self-assessment had been undertaken against NHS England's core standards for EPRR on 13 July 2020 and the Trust was fully compliant with 92% of the core standards it was required to achieve. On this basis, UHL would be assigned an overall assurance rating of 'substantially compliant'. In order to achieve full compliance, five key areas of work were required to be completed and this work had been scheduled for completion within the next twelve months. A full time Emergency Planning and Business Continuity Officer had been recruited in October 2019 to support the delivery of the EPRR work programme. Sections 5.1.2 and 5.1.3 of paper H outlined the significant EPRR training activity undertaken in the last twelve months, including a Time to Train event on the Clinical Guidelines for Major Incidents. This event had been well-attended by 392 medical and senior nursing staff and the learning had been used to inform the new UHL and LLR Major Incident and Mass Casualty Plan.

As the Non-Executive Director with a special interest in EPRR within his portfolio, Col (Ret'd) I

Crowe confirmed that he was reasonably content with EPRR progress overall, but he intended to liaise with the Acting Chief Operating Officer to schedule individual 'deep-dive' reports on key issues to the People, Process and Performance Committee. Col (Ret'd) I Crowe also paid tribute to the significant efforts of the Command and Control Team's response during the Covid-19 pandemic, highlighting the robust Covid-19 daily situation reporting process and the benefits of agile working. The Acting Chief Executive particularly commended the exceptional contributions by Mr B Collins, EPRR Manager, Mr M Patel, Emergency Planning and Business Continuity Officer, Ms F Lennon, Deputy Chief Operating Officer and Ms N Green, Deputy Chief Nurse in supporting the Trust's response to the Covid-19 pandemic.

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NED/
ACOO

Resolved – that (A) the EPRR Annual Report for 2019/20 and the associated work programme be approved (as contained in paper H), and

(B) Col (Ret'd) I Crowe, Non-Executive Director be requested to liaise with the Acting Chief Operating Officer to schedule a series of 'deep dive' reports on specific EPRR issues at the People, Process and Performance Committee.

IC,
NED/
ACOO

163/20 ITEMS FOR ASSURANCE

163/20/1 Reports from Virtual Board Committee Assurance Conference Calls

Papers I1 – I3 comprised summaries of the Board Committee assurance conference calls being held between April – September 2020 in lieu of full formally-constituted Board Committee meetings.

Resolved – that the position be noted.

163/20/1.1 Quality and Outcomes Committee (QOC)

Paper I1 summarised the issues covered during the 27 August 2020 QOC assurance conference call. In presenting the summary, the QOC Non-Executive Director Chair particularly highlighted the issues relating to delays with patient letters in the Pain Service, the Cardiology Reconfiguration update and the arrangements for addressing long term follow up of Ophthalmology patients, and she sought Trust Board approval of the most recent Learning from Deaths quarterly report, which was appended to paper I1. An extract from the Patient Safety data report and the Infection Prevention annual report for 2019/20 were also appended to paper I1. The QOC Non-Executive Director Chair briefed Trust Board members on proposals to refocus the QOC agenda going forwards to focus on more business as usual issues and the link with equality workstreams.

In discussion on the QOC summary, the following additional comments were raised:-

- (a) the Medical Director provided assurance that the two national metrics for measuring mortality rates were both within the expected range – the Summary Hospital Mortality Index (SHMI) stood at 96 and the Hospital Standardised Mortality Ratio (HSMR) stood at 94.7. He also briefed Trust Board members on the work of the Mortality Review Committee and the robust Medical Examiner process which had recently benefited from three professionals returning to the service during the Covid-19 pandemic. A detailed review of perinatal deaths had been undertaken and there were no issues with avoidable mortality. An action plan had been developed to focus on key themes which included diabetes, access to ultrasound scans, English as a second language, maternal age, and multiple pregnancies;
- (b) in respect of the Infection Prevention Annual Report for 2019/20 which was appended to paper I1, the Deputy Chief Nurse confirmed that the Trust continued to focus on the prevalence of all infections (not solely Covid-19). The Deputy Chief Nurse was pleased to report that UHL had achieved full assurance against each of the 11 assessment areas within the Care Quality Commission's Framework for Infection Prevention and Control;
- (c) reporting verbally, the Medical Director advised that UHL's patient outcomes for Covid-19 had been among the top three of 147 Trusts nationally. The Director of Strategy and Communications commended this breaking news, commenting that Leicester had been in the news for the wrong reasons during the extended lock-down and now there was some positive news to be celebrated, which paid testimony to the hard work of UHL's front-line staff.

Resolved – that the summary of public issues discussed at the 27 August 2020 QOC assurance conference call (paper I1) be noted and the Learning from Deaths quarterly report be (as appended to paper I1) be approved.

163/20/1.2 People, Process and Performance Committee (PPPC)

Paper I2 summarised the issues covered during the 27 August 2020 PPPC assurance conference call. The PPPC Non-Executive Director Chair particularly drew members' attention to the following items:-

- (a) Winter Planning for 2020/21, including the work still to be completed on the Escalation Framework and the importance of interfacing UHL's Winter Plan with the wider LLR System Winter Plan;
- (b) the NHS People Plan and UHL People Strategy Update, noting that more detailed reports would be presented to the October 2020 PPPC meeting and the November 2020 Trust Board meeting, and
- (c) the Security Management Report – including the improvements in CCTV coverage and quality, the helpful nature of body worn cameras, and the reduction in assault statistics which correlated with a decrease in footfall to UHL's sites during the Covid-19 pandemic.

Ms V Bailey, Non-Executive Director noted the impact of Covid-19 in terms of reductions in cancer activity, and increases in patient cancellations/DNA (did not attend) rates and she queried the scope to strengthen the messaging surrounding Covid-19 secure arrangements for attending hospital appointments. In response, the Director of Strategy and Communications advised that his colleagues in the LLR System were responsible for the public messaging surround Covid-19 and hospital attendances. The Trust Chairman requested the Director of Strategy and Communications to provide a few slides illustrating the key messages in this area for the October 2020 Trust Board meeting.

DSC

Resolved – that (A) the summary of public issues discussed at the 27 August 2020 PPPC assurance conference call be received and noted as per paper I2, and

(B) the Director of Strategy and Communications be requested to present a few slides to the October 2020 Trust Board meeting illustrating the key messages surrounding the Covid-19 secure arrangements for attending hospital appointments.

DSC

163/20/1.3 Finance and Investment Committee (FIC)

Paper I3 provided a summary of the public issues covered during the 27 August 2020 FIC assurance conference call. The FIC Non-Executive Director Chair noted that the Interim Chief Financial Officer would be introducing the month 4 financial performance report in the next item on today's agenda. He particularly highlighted the Committee's review of key financial controls and the improvements that were taking place to strengthen the monitoring arrangements within the accounts trial balance process. In respect of the Financial Recovery Board (FRB), the FIC Non-Executive Director Chair had expressed concern that the meetings were not focusing upon the primary focus and he had requested sight of the FRB's Objectives and Terms of Reference. Finally, FIC had highlighted a potential weakness within UHL's contract management processes and had requested that the Audit Committee considered seeking an Internal Audit review in this area.

AC
Chair/
ICFO

Resolved – that (A) the summary of public issues discussed at the 27 August 2020 FIC assurance conference call be received and noted as per paper I3, and

(B) the Audit Committee be requested to consider seeking an Internal Audit review of UHL's contract management processes.

AC
Chair/
ICFO163/20/1.4 2020/21 Month 4 Financial Position

As detailed in paper I4, the Trust was reporting a break-even position for month 4 inclusive of Covid-19 top-up funding of £34m. Excluding top-up funding, the underlying position was a deficit of £34m (which was favourable to plan by £7.3m). The Interim Chief Financial Officer provided his view that these results were encouraging and that they reflected the tighter financial controls provided through the Financial Recovery Board (FRB) which was the only forum where new expenditure could be approved. Recent meetings of the FRB had focused upon implementing a new process for investment approvals. This work was almost complete which would allow the FRB to increase its focus on financial recovery plans. 94% of supplier invoices (by number of invoices) were now being paid within 30 days. The current arrangements for Covid-19 funding were due to

continue until the end of September 2020. Thereafter, a retrospective calculation relating to the impact of Covid-19 would be implemented from 1 October 2020. The Interim Chief Financial Officer also briefed the Trust Board on the arrangements for forecasting and budget-setting for the remainder of 2020/21 and the valued input from the Financial Improvement Director in this regard.

Resolved – that the month 4 financial performance report be received and noted (as paper I4)

164/20 ITEMS FOR NOTING

164/20/1.1 Quality and Outcomes Committee (QOC)

Resolved – that the public Minutes of the 30 July 2020 QOC assurance conference call be received and noted as per paper J1.

164/20/1.2 People, Process and Performance Committee (PPPC)

Resolved – that the public Minutes of the 30 July 2020 PPPC assurance conference call be received and noted as per paper J2.

164/20/1.3 Finance and Investment Committee (FIC)

Resolved – that the public Minutes of the 30 July 2020 FIC assurance conference call be received and noted as per paper J3.

165/20 CORPORATE TRUSTEE BUSINESS

165/20/1 Charitable Funds Committee (CFC)

The CFC Non-Executive Director Chair introduced the public Minutes arising from the 6 August 2020 virtual CFC meeting, advising that there were no recommended items for Trust Board approval as Corporate Trustee. As detailed in Minute 27/20/1, fundraising performance was on track (as at the end of June 2020) with 38% of the annual fundraising goal being achieved in the context of a challenging first quarter of 2020/21 due to the Covid-19 pandemic.

Resolved – that the public Minutes of the 6 August 2020 virtual CFC meeting be received and noted as per paper K.

166/20 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

The following questions/comments were raised in advance of today's meeting in relation to business on the Trust Board agenda:-

- (1) Question: the Board papers make reference to the increasing delays in elective diagnosis and treatment, notably the increase in 52 week wait numbers from 1495 last month to 2359 this month. Please could the Board say more about the action plan to improve the position, how the independent sector has been and will be used, and what are the constraints on implementing the plan?

Response: the Acting Chief Operating Officer advised that, in line with the first draft of UHL's response, it was expected to take between 12 and 18 months to fully recover elective activity. All theatre lists had been re-instated with effect from September 2020 and additional waiting list initiatives were being undertaken to help address the backlog. This would include some use of private sector providers to aid the recovery phase until at least the end of the 2020/21 financial year. The Trust would continue to focus on treating cancer and clinically urgent patients alongside the long waiters. Social distancing and the Infection Prevention (IP) guidelines (set to protect patients and staff), meant that less patients were scheduled on each theatre list and this slowed down recovery. However, work continued with the clinical teams and Infection Prevention staff to improve the efficiency in a safe way. The Phase 3 recovery plan would be considered at the informal Trust Board discussions on 10 September 2020 and a report would be presented to the 1 October 2020 Trust Board;

- (2) Question: please may the public know the name of the Financial Recovery Programme

Partner referred to in the paragraph headed Financial Recovery Board on Trust Board Paper 13?

Response: the Interim Chief Financial Officer advised that the name of the Financial Recovery Programme Partner was Kingsgate, and

- (3) Question: in the light of the varying lengths of public and confidential Boards, please could the chair tell us what criteria are used to determine which matters are reserved for the private Board? Are the same criteria to be used for the Reconfiguration Boards?

Response: the Trust Chairman advised that UHL was observing and complying with the national guidance relating to access to Board meetings, but the main reasons for considering items of business in private were on the basis of personal information or information that was considered to be commercial in confidence. He added that he would want to ensure that as much business as possible was considered in the public domain going forwards. He also confirmed that the same criteria would be used for the Reconfiguration Trust Board meetings, noting that the majority of the business cases for the Reconfiguration Programme were likely to contain commercially sensitive information.

Resolved – that the position be noted.

167/20 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 168/20 to 177/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

168/20 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS

Mr A Johnson Non-Executive Director, and the Interim Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd (respectively) and, with the agreement of the Trust Board, they remained present.

169/20 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the 6 August 2020 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

Chairman

170/20 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.

171/20 KEY ISSUES FOR DISCUSSION/DECISION

171/20/1 Confidential Reports from the Trust Chairman

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

171/20/2 Confidential Report from the Director of Corporate and Legal Affairs

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

172/20 ITEMS FOR ASSURANCE

172/20/1 Reports from Board Committees

172/20/1.1 Finance and Investment Committee (FIC)

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

172/20/1.2 Remuneration Committee

Resolved – that it be noted that the 14 August 2020 confidential Remuneration Committee Minutes would be submitted to the Trust Board on 1 October 2020.

173/20 REPORTS FROM EXECUTIVE GROUPS

173/20/1 Executive Strategy Board (ESB)

Resolved – that the action notes from the 4 August 2020 virtual ESB meeting and the agenda for the 1 September 2020 virtual ESB meeting be received and noted as papers Q1 and Q2 (respectively).

174/20 CORPORATE TRUSTEE BUSINESS

174/20/1 Charitable Funds Committee (CFC)

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.

175/20 ITEMS FOR NOTING

175/20/1 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 30 July 2020 virtual FIC meeting be received and noted as paper S.

176/20 ANY OTHER BUSINESS

176/20/1 UHL Nominations for External Awards

The Deputy Chief Nurse advised that UHL had been nominated in seven categories for the Patient Experience Awards. In addition, the Trust's Vascular Limb Salvage award had been nominated for a British Medical Journal Award and the Trust had been shortlisted for the virtual Nursing Times Awards.

Resolved – that the information be noted.

176/20/2 Confidential Verbal Report by the Interim 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.

177/20 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board virtual meeting be held on Thursday 1 October 2020 from 9am.

The meeting closed at 12.07pm

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	6	6	100	K Jenkins (until 27.7.20)	3	2	67
J Adler	6	0	0	A Johnson	6	6	100
V Bailey	6	6	100	S Lazarus	6	5	83
P Baker	6	6	100	D Mitchell	6	4	67
R Brown	6	6	100	B Patel	6	6	100
I Crowe	6	6	100	M Traynor	6	5	83
C Fox	6	5	83	M Williams (from 2.9.20)	1	1	100
A Furlong	6	5	83				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	6	6	100	S Ward	6	6	100
D Kerr	6	6	100	M Wightman	6	6	100
H Kotecha	5	5	100	H Wyton	6	5	83
V Karavadra	6	4	67				