

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 5 NOVEMBER
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
 Ms C Fox – Chief Nurse
 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:

Ms T Armechin – Trainee Theatre Assistant Practitioner (for Minute 236/20/1 only)
 Ms C Bradley – Lead Nurse, Assessment and Accreditation (for Minute 236/20/2 only)
 Mr A Carruthers – Chief Information Officer
 Mr R Cooper – Financial Improvement Director
 Ms L Davies – Director of Leicester Hospitals Charity (for Minute 248/20/2 only)
 Ms J Freer – Sister, Brain Injury Unit, Leicester General Hospital (for Minute 236/20/2 only)
 Ms J George – Learning and Development Quality Lead (for Minute 236/20/1 only)
 Mr D Kerr – Director of Estates and Facilities
 Mr V Karavadra – Associate Non-Executive Director
 Ms J McCarthy – Senior Learning and Development Manager (for Minute 236/20/1 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 – Chief People Officer

ACTION**232/20 APOLOGIES AND ANNOUNCEMENTS**

An apology for absence was received from Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair.

233/20 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.

234/20 MINUTES

Resolved – that the Minutes of the 1 October 2020 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.

**CHAIR
MAN****235/20 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the matters arising log from the 1 October 2020 Trust Board meeting and any outstanding matters arising from previous meetings. Particular discussion took

place regarding the following entries:-

- item 1 (Minute 195/20/2 of 1 October 2020 refers) – the Chairman advised that the forthcoming Board to Board meeting with the University Hospitals Coventry and Warwickshire NHS Trust on 12 November 2020 would now be held informally and that Executive Director attendance would be stood down due to the operational pressures associated with the Covid-19 pandemic, and
- item 3b (Minute 195/20/4 of 1 October 2020 refers) – the Chairman confirmed that he would be exploring the scope to invite representation from Healthwatch at a future informal Trust Board discussion on the strategic review of lessons learned from the first peak of Covid-19.

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

236/20 KEY ISSUES FOR DISCUSSION/DECISION

236/20/1 Staff Story – Apprentice Trainee Practitioner

The Chief People Officer introduced paper C, providing an overview of the UHL Apprenticeship Programme and giving Trust Board members an insight into the experiences of Ms T Armecin, who was undertaking a 24 month apprenticeship (as a Trainee Theatre Assistant Practitioner) and had recently been nominated as a National Black, Asian and Minority Ethnic (BAME) Apprentice Finalist. Ms J McCarthy, Senior Learning and Development Manager, Ms J George, Learning and Development Quality Lead and Ms T Armecin, Trainee Theatre Assistant Practitioner attended the virtual meeting for this item.

During the presentation, Trust Board members particularly noted the benefits of the Apprenticeship Programme in respect of developing new roles and in broadening the range of available opportunities to enter NHS careers. Since the Apprenticeship Programme had been launched in 2017, UHL had enrolled over 700 apprentices and over 200 of these had now completed their Programmes and achieved their qualification. The Trainee Practitioner Apprenticeship Programme was a bespoke two year programme with entry requirements similar to that of a University course with the £13,000 fee per applicant being funded from the Apprenticeship Levy.

Ms Armecin spent a few minutes describing her personal experiences of the Apprenticeship Programme, advising that she had worked as a Theatre Support Assistant for eight years and that she had previously completed two further apprenticeships as well as functional skills training in Maths and English, all whilst she was raising her two young children. Her overall career ambition was to become an Operating Department Practitioner. Ms Armecin was proud to have been nominated for this award and she saw it as an opportunity to inspire others to enrol in the Apprenticeship Programme in order to achieve their own career goals and deliver high quality patient care. The Trust Chairman thanked the attendees for providing this valuable insight into UHL's Trainee Practitioner Programme and wished Ms Armecin the best of luck with her award nomination. He invited Trust Board members to raise any questions about the staff story and the following points were noted:-

- (a) thanking everybody for this presentation, the Acting Chief Executive noted that it was heartening to hear of the good work that was taking place within the Apprenticeship Programme. She requested additional information about how involved the Intensive Care, Theatres, Anaesthetics, Pain and Sleep (ITAPS) Clinical Management Group (CMG) had been in developing the Trainee Theatre Assistant Practitioner Programme, noting in response that the ITAPS CMG had been extremely supportive and that this Programme had been specifically tailored to develop candidates for this role;
- (b) Ms V Bailey, Non-Executive Director also thanked the presenters and wished Ms Armecin good luck with her nomination. She highlighted an opportunity for the Director of Strategy and Communications to arrange to showcase such staff stories across the Leicester, Leicestershire and Rutland health economy to demonstrate the benefits of life-long learning, developing new roles and supporting family commitments – all of which would strengthen the linkages with the Social Values Programme and raise awareness of the NHS as a good local employer;
- (c) Mr B Patel, Non-Executive Director thanked Ms Armecin, advising that he looked forward to hearing whether her nomination had been successful and he invited Ms Armecin to expand upon aspects of her motivation during the most challenging periods of her chosen career path. In response, Ms Armecin advised of her view that learning never stops and that her children had

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inspired her to progress further in her career journey;

- (d) the Director of Estates and Facilities agreed that all staff (himself included) continued to learn throughout their careers and he highlighted an opportunity to link this valuable staff story with the Social Values Programme. Following the demise of the Regional Apprenticeship Academies, the number and breadth of such learning programmes had reduced and he believed there was some scope for UHL to build upon this platform to create a local training academy in the future;
- (e) the Chief People Officer thanked Ms Armechin for her dedication and for sharing her story today. Irrespective of the outcome of the awards, she felt that Ms Armechin had already achieved success as she was now inspiring others to undertake similar learning programmes;
- (f) the Chief People Officer also paid credit to the achievements of UHL's Learning and Development Team and Trust Board members received a brief overview of UHL's Apprenticeship Centre which was externally regulated by the Education and Skills Funding Agency and the Office for Standards in Education, Children's Services and Skills. Since the Covid-19 pandemic, the team had developed a flexible and versatile approach and a significant proportion of training programmes had been converted to on-line learning to keep learners and trainers safe. Training Programmes were also provided outside of UHL to the local Clinical Commissioning Groups, private healthcare providers, and GP surgeries. In parallel, the Learning and Development Team actively supported the Caring at its Best Awards and the awards for members of staff exceeding 25 years' service in the NHS, and
- (g) Mr M Traynor, Non-Executive Director posed a question using the on-line comments functionality, querying whether UHL was taking on any new apprentices through the "Kickstart" programme. The Chief People Officer was requested to respond to this question outside the meeting.

Finally, the Trust Chairman commented that Ms Twinkle Armechin was already a UHL star and he hoped that her nomination would lead to her achieving the top award when they were announced.

Resolved – that (A) the staff story on the Trainee Practitioner Apprenticeship Programme be received and noted as paper C,

(B) the Director of Strategy and Communications be request to explore ways of capturing such staff stories and publicising them to raise awareness of the NHS as a good local employer and strengthening the linkages with the Social Values Programme, and

(C) the Chief People Officer be requested to respond to a question raised by Mr M Traynor, Non-Executive Director under item (g) above outside the meeting.

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236/20/2

Brain Injury Unit – Blue Ward Accreditation

Further to Minute 208/20/1 of 1 October 2020, the Chief Nurse introduced paper D, providing an overview of the UHL Assessment and Accreditation process which measured a ward's performance against 15 Standards (aligned to the Care Quality Commission's essential standards). Following their 3 consecutive Green assessments, the Brain Injury Unit had been the first UHL ward to be invited to apply (through a rigorous process) for Blue Ward Accreditation and the outcome had been successful.

Ms C Bradley, Lead Nurse for Assessment and Accreditation briefed the Trust Board on UHL's outstanding improvement journey through the Assessment and Accreditation Programme since she had joined the Trust in 2019. During a series of unannounced visits, each ward was assessed against the 15 Standards which included over 200 elements of care. At each assessment, wards were RAG-rated against the results. The Brain Injury unit had been the first UHL ward to achieve 3 consecutive Green assessments and had been invited to apply to the multidisciplinary Panel for Blue Ward Accreditation. This process (which usually took at least one year to complete) included a presentation and the submission of a detailed portfolio of evidence for review by the Panel.

Ms J Freer, Sister of the Brain Injury Unit advised Trust Board members that this 9 bedded unit was located on the Leicester General Hospital site and accepted patients with moderate to severe brain injuries from across the Midlands region (including referrals from Intensive Therapy Units, Major

Trauma Centres and Neurosurgery Units). She highlighted the whole-team engagement which had contributed to their success, noting that this included everybody from the domestics and housekeepers, through to the multi-professional clinical teams. A streamlined approach had been developed to de-clutter the ward environment to support enhanced cleaning regimes. Everyone was seen as an equal team member and everyone helped each other in their roles. The Unit maintained a particular emphasis on delivering the Trust's values and several examples of the practical application of these were provided. As part of the Trust value 'We are one team and we are best when we work together' the team had set a common goal of redecorating the ward's gymnasium and this had been achieved. Other areas of good practice were highlighted in relation to staff and patient engagement, focusing upon harm-free care, effective cost controls, and adherence to budgets. Patients and staff were all treated with respect, dignity and honesty and the Brain Injury Unit received very few complaints as a result.

In further discussion on this item:-

- (a) Ms V Bailey, Non-Executive Director advised that she had been the Non-Executive Director member on the Blue Ward Accreditation Panel and she had found the level of enthusiasm demonstrated during the presentation most inspiring, as was the level of care being delivered to patients;
- (b) the Acting Chief Operating Officer commented that Sister Freer and her team were a credit to the Trust and she sought her view on the best single piece of advice that she would offer to other wards which aspired to achieve Blue Ward Accreditation. In response, Sister Freer commented that whole team involvement was a crucial factor;
- (c) the Chief People Officer had visited the Brain Injury Unit during a previous Trust Board walkabout and she commented upon the fantastic work that they were doing. She invited Sister Freer to participate in the forthcoming arrangements for launching UHL's Compassionate Leadership Programme and agreed to contact her outside the meeting to discuss this further;
- (d) the Acting Chief Executive paid tribute to the work of the Chief Nurse in implementing the Assessment and Accreditation Programme at UHL. At the time of implementation, this programme had appeared to be a challenging ambition but it was reaping the benefits now and it helped to make staff feel engaged and valued. Having worked with the Assessment and Accreditation Lead Nurse before in a previous role, she commended the great work that was taking place, noting the enthusiasm that was being generated through social media and the momentum that was being created to inspire other wards to achieve Blue ward status, and
- (e) the Trust Chairman thanked the Chief Nurse, the Assessment and Accreditation Lead Nurse and the Sister of the Brain Injury Unit for this presentation, noting that their level of enthusiasm was infectious and expressing the hope that it would be possible to replicate this culture in other areas of the Trust going forwards.

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Resolved – that (A) the briefing on the award of Blue Ward Accreditation to UHL's Brain Injury Unit be received and noted as paper D, and

(B) the Chief People Officer be requested to liaise with Sister J Freer, outside the meeting to seek her input in the launch of the Compassionate Leadership Programme.

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236/20/3

Chairman's Monthly Report – November 2020

In presenting his monthly report at paper E, the Trust Chairman re-iterated the five priorities which UHL's Trust Board should continually be seeking tangible delivery outcomes against in relation to (i) quality of services, (ii) restoration and transformation of services, (iii) ensuring that the physical reconfiguration of the estate was delivered on time and to budget, (iv) achieving financial sustainability and (v) addressing health inequalities. He highlighted the following key themes within his report which were being progressed and monitored through the identified Board Committees:-

- (a) the ongoing challenges associated with Covid-19 and the restoration of services to meet the non-Covid-19 related healthcare needs of local communities, also taking account of seasonal winter pressures (People, Process and Performance Committee);
- (b) understanding and addressing the drivers behind UHL's current financial position and the development of transparent and robust reporting processes going forwards (Finance and

- Investment Committee) and
- (c) sustaining the quality and safety of clinical services, including a specific focus on improving the current Care Quality Commission (CQC) rating of 'Good' in the context of potential changes in the inspection regime, and robust infection prevention processes (Quality and Outcomes Committee).

In respect of the continued Trust Board focus on addressing health inequalities, an informal Board to Board discussion had been scheduled with the University Hospitals of Coventry and Warwickshire NHS Trust to consider ways in which acute hospitals might make a positive contribution towards addressing health inequalities as employers, service providers and anchor institutions within their local communities. He advised that the NHS People Plan (which featured as an agenda item later on today's Trust Board agenda) would be a crucial document for addressing equality and diversity within the NHS.

During UHL's second annual Black, Asian and Minority Ethnic (BAME) Staff Network Conference, Dr H Naqvi, Director of the NHS Race Equality Observatory had provided some thought-provoking information in relation to perception of or experiences of racial discrimination and individual health, discrepancies between UHL's staff from different ethnic groups, and staff experience within the recruitment and selection processes. The slides from Dr Naqvi's presentation were provided via a hyperlink contained within paper E.

The Trust Chairman drew members' attention to the final section of his report relating to the multiple facets of environmental sustainability, including issues such as air pollution, transportation, the built environment, recycling and the behaviours necessary to make a sustained commitment to improving UHL's impact upon sustainability. This was a theme which he would like to consider in some depth at a future informal Trust Board discussion early in 2021. Finally, the Trust Chairman reported that he had recently been invited to join a local Health and Wellbeing Board, and that he was minded to accept this invitation.

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

(B) the Trust Chairman be requested to schedule an informal Trust Board discussion early in 2021 on the subject of environmental sustainability.

CHAIR
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236/20/4

Acting Chief Executive Monthly Update – November 2020

The Acting Chief Executive introduced her monthly briefing report (paper F refers), also providing a verbal update on the position with Covid-19 following the recent national escalation to incident level 4, meaning that NHS England/NHS Improvement (NHSE/I) were once again leading the command and control element of the pandemic response nationally. Under the new national lockdown, more severe restrictions had been put into place and the whole Leicester, Leicestershire and Rutland (LLR) health community would be working together to address the challenges of a second wave of Covid-19. UHL's Covid-19 alert level remained at level 3, although it was recognised that the number of cases was growing and starting to impact upon non-Covid services. In terms of patient flow and Emergency Department attendances, the Trust remained at Opel Level 2. There were currently over 150 Covid-19 positive patients in UHL beds with approximately 18 of these requiring intensive care and others requiring advanced oxygen therapy within the respiratory wards. At the current time, no wide-scale cancellations were planned, although a watching brief was being maintained in respect of any 'hotspot' areas.

The Acting Chief Operating Officer briefed the Trust Board on the detailed activity and capacity planning process for managing the restoration and recovery of non-Covid related patient activity, alongside the seasonal winter activity pressures and the impact of the second wave of Covid-19. A series of escalation measures and trigger points were in place and these were reviewed on a daily basis through the Tactical, Strategic and Infection Prevention Covid-19 Groups. Business as usual was being maintained where possible and all staff were fully engaged in the process. The LLR Healthcare System as a whole had recently been commended for its focus on cancer performance, with performance in September 2020 being the best month on record in the preceding ten year period. Performance against the 28 day target for diagnostics was good, although there were some challenged specialities, such as lower Gastro Intestinal services (where limited access to Endoscopy facilities was causing delays). An additional mobile endoscopy facility had now been delivered in order to increase Endoscopy capacity and this unit would start taking the first patients in December 2020.

The Medical Director provided a short briefing in response to a recent media article regarding potential discriminatory access to Intensive Therapy Unit (ITU) care, advising that this issue related to some tentative discussions at the beginning of the first wave of Covid-19 and that the draft clinical guidance had never been finalised and formalised or adopted in Leicester. He confirmed that UHL continued to follow NICE guidance and assess the clinical factors of individual patients in the normal way when they were referred for intensive care. The staff guidance surrounding ITU referrals had been reviewed recently by the UHL Senior Clinical Cabinet and the UHL Ethics Committee. As part of the lessons learned from the first wave of Covid-19, a detailed review of the way patients were referred to ITU had been undertaken and research had shown that the decision to admit was not influenced by the nature of illness or any of the equality characteristics. A comprehensive electronic referral and decision making support tool had been developed for this purpose which was now live within Nervecentre.

As outlined in paper F, the Acting Chief Executive paid tribute to Professor C Brightling and his colleagues whose pioneering workstreams were helping to shape the NHS response to patients suffering with symptoms of 'long Covid' – the online rehabilitation service 'YourCovidRecovery' aimed to provide personalised support to such patients. Professor P Baker, Non-Executive Director supported this point, adding that the work of Professor S Singh, Head of Pulmonary and Cardiac Rehabilitation and Professor K Khunti, Professor of Primary Care Diabetes and Vascular Medicine had also been recognised nationally in respect of the response to Covid-19.

In respect of the Care Quality Commission (CQC) warning notice that was issued following the unannounced inspection of UHL's Emergency Department on 27 January 2020, confirmation had now been received from the CQC that all of the areas highlighted for improvement had been addressed and they had been re-assessed as compliant. However, the warning notice would not be formally lifted until their next on-site inspection which would not take place until Covid-19 restrictions were lifted. Endoscopy Services at the Leicester Royal Infirmary had retained their Joint Advisory Group (JAG) accreditation for a further year, reflecting the significant efforts of the clinical and management teams to maintain service quality during the Covid-19 pandemic.

The Acting Chief Executive also reported that UHL had accepted an invitation from NHSE/I Midlands to act as a buddy organisation to Lincoln Clinical Commissioning Group/United Lincolnshire Hospitals NHS Trust in order to share UHL's internal processes and governance arrangements surrounding the management of Serious Untoward Incidents (SUIs). Following a further successful accreditation assessment, the Acting Chief Executive was pleased to report that all of UHL's Pathology Laboratories were now fully compliant. The Acting Chief Executive drew members' attention to the success of the Black, Asian and Minority Ethnic (BAME) Network event held on 29 October 2020, particularly thanking Mr B Patel, Non-Executive Director for his contribution to this event.

Section 5 of paper F described the current position in respect of planning for the end of the transition period for the United Kingdom's exit from the European Union. Mr M Williams, Non-Executive Director queried whether there were any particular issues which the Trust Board should be aware of. In response, the Acting Chief Executive provided an overview of UHL's operational planning arrangements and she described the close working that was taking place with LLR System partners to support the system-wide preparations. In the event of any urgent issues arising which the Trust Board needed to be made aware of, she undertook to circulate a briefing note to Trust Board members.

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In discussion on the remaining aspects of the Acting Chief Executive's monthly briefing report:-

- (a) the Chief Nurse highlighted a moderate increase in the number of Clostridium Difficile infections – 10 cases for the month of September 2020, making a year-to-date total of 39 against the threshold of no more than 108 cases annually. A deep-dive audit was being undertaken to explore the reasons for the increase (eg whether there had been any changes in prescribing or clinical practice). The Chief Nurse also advised that Friends and Family test reporting had returned to the monthly Quality and Performance report and that regular reporting of pressure ulcer data would recommence in the near future;
- (b) Mr B Patel, Non-Executive Director requested additional information regarding discharge processes and how these arrangements were being made as 'Covid-secure' as possible. In response, the Acting Chief Executive advised that some complex discharges were taking up to 7 days to arrange. In some cases, patients were being discharged into a community hospital

setting or another appropriate setting such as a nursing home. Appropriate testing regimes and isolation mechanisms were in place, and

- (c) Ms V Bailey, Non-Executive Director sought an update in respect of Personal Protective Equipment (PPE) supplies and the Acting Chief Executive briefed the Trust Board on her recent visits with members of the Procurement Team to the various storage areas for PPE stocks. Much of the PPE was now manufactured in the United Kingdom and there were currently no issues in respect of the local or imported supply lines. Stocks and supplies of PPE were discussed on a weekly basis at the Strategic and Tactical Covid-19 Groups. The Director of Estates and Facilities added that he was not aware of any issues being escalated recently in relation to PPE supplies and the physical location of the PPE stock areas had been expanded. The Director of Estates and Facilities also paid tribute to the support that UHL had received from local community groups and from other NHS Trusts in maintaining key supplies during the first wave of Covid-19.

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

(B) the Acting Chief Executive be requested to circulate a briefing note to Trust Board members in the event that any particular issues or concerns arose in relation to Britain’s exit from the European Union.

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236/20/5

NHS People Plan and UHL People Strategy

Further to Trust Board Minute 63/19/5.2 of 7 March 2019, the Chief People Officer introduced paper G, providing an update on the UHL People Strategy and its accompanying appendices (the Medical Workforce Plan and the Nursing and Midwifery Workforce Plan). An update on the first year deliverables had been presented to the People, Process and Performance Committee (PPPC) in June 2020. Since then the UHL People Strategy had been updated in the context of local priorities and the Covid-19 pandemic and the refreshed People Strategy had been presented to the 29 October 2020 PPPC meeting. Appendix 1 provided a summary of the high level priorities and next steps across each of the four key areas:-

- Looking after our People – our NHS People Promise relating to health and wellbeing;
- Belonging in the NHS – with a particular focus on Equality, Diversity and Inclusion (EDI);
- New Ways of Working and delivering care – making effective use of skills and experience, and
- Growing for the Future – recruitment, retention and welcoming back colleagues who wished to return to work at UHL.

The Chief People Officer particularly drew members’ attention to the alignment between the NHS People Plan, the UHL People Strategy and the LLR System People Plan, noting that the Human Resources and Organisational Development teams would now be jointly known as the People Services Directorate. In further discussion on this report, the following comments were noted:-

- (a) Col (Ret’d) I Crowe, Non-Executive Director PPPC Chair provided feedback from the PPPC consideration of the refreshed UHL People Strategy, commenting upon the large number of underlying workstreams and the agreed plan to focus on a smaller number of priority areas over the coming Winter period. Overall, PPPC had been pleased with the progress made to date and he confirmed that continued monitoring of progress against the refreshed delivery plan would be undertaken on a regular basis via the PPPC meetings;
- (b) the Trust Chairman highlighted three key aspects of the Race Equality in the NHS slides by Dr H Naqvi (as hyperlinked within paper E which was considered earlier in today’s agenda). This research had demonstrated that racial discrimination could lead to poorer health outcomes, a distribution of the workforce which was not reflective of the local community it served, and variations in shortlisting and appointment levels. He also advised that the PPPC would be reviewing progress of the actions in train to deliver the UHL People Strategy on a regular basis, ideally every six months;
- (c) the Acting Chief Executive advised that she would welcome scrutiny at PPPC in respect of the actions being taken to support staff health and wellbeing and that it would be helpful to receive any suggestions or ideas for additional actions that might help to support staff further, and
- (d) Professor P Baker, Non-Executive Director endorsed the Trust Chairman’s comments in point

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(b) above, providing his view that the proposals set out in paper G were both comprehensive and thoughtful and reflected a significant step forwards. He also noted that the results and impact of the delivery plan would be key.

Resolved – that (A) the update on the NHS People Plan and the UHL People Strategy be received and noted as paper G, and

(B) the Chief People Officer be requested to present progress reports on the delivery programme to the PPC at six monthly intervals.

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237/20 ITEMS FOR ASSURANCE

237/20/1 Integrated Risk and Assurance Report (Incorporating the Board Assurance Framework and Organisational Risk Register)

The Director of Corporate and Legal Affairs introduced paper H providing the latest iteration of the quarterly Integrated Risk and Assurance Report. Appendix 1 provided the quarter two version of the 2020/21 Board Assurance Framework (BAF) and appendix 2 detailed those entries on the Organisational Risk Register which had been assessed as a risk rating of 15 or over. The report was taken as read, but the Director of Corporate and Legal Affairs provided a short overview of the process whereby the Executive Boards reviewed each of the Principal Risks in depth on a monthly basis and reviewed any new risks rated 15 and above on a weekly basis. In addition, the Clinical Management Group (CMG) risk registers were reviewed each month at the CMG Performance Review Meetings. The Medical Director supported this point, advising that the agenda for each CMG Performance Review Meeting contained a separate section to consider the current and emerging risks affecting each CMG.

Section 2.5 of paper H described the embedded arrangements for overseeing the strategic risks emerging from the Covid-19 pandemic through the BAF and assurance was provided that the UHL Strategic Recovery Group was reviewing this entry on the BAF on a weekly basis. The Director of Corporate and Legal Affairs advised that the Audit Committee would be reviewing the overall approach to Risk Management and undertaking a deep-diver review of specific Principal Risks. On the 16 November 2020, a specific review of the risk management process associated with the Trust's Reconfiguration Programme would be undertaken by the Audit Committee.

In discussion on the report, the Trust Chairman requested additional information about how responsive the risk management process would be in the context of a second wave of Covid-19, given that the Trust Board only reviewed this report on a quarterly basis. In response, the Director of Corporate and Legal Affairs advised that these risks were scrutinised on a weekly basis by the Strategic and Tactical Covid-19 meetings and that the frequency of these meetings was being increased to three times per week during the second wave. In addition, as part of the dynamic risk management arrangements the Executive Team and the CMGs were actively horizon-scanning for any new or developing risks. In respect of Principal Risk 8 relating to Covid-19 recovery, restoration and renewal, the Director of Strategy and Communications advised that the September 2020 risk score of 12 had been predicated on UHL's progress with returning to 'business as usual'. However, in the context of revised capacity modelling and daily analysis of the key inputs, this score was likely to increase within the next iteration of the BAF to reflect the growing impact of a second wave of the pandemic.

In his capacity of Non-Executive Director Chair of the Audit Committee, Mr M Williams, Non-Executive Director observed that each of the Principal Risks aligned with the relevant Strategic Objective, but he was keen for the Audit Committee to explore further how the Principal Risks aligned to key issues such as health inequalities. He also indicated his wish for the Audit Committee to explore how any risks relating to replacement equipment were being managed through the Capital Programme. At the invitation of the Director of Corporate and Legal Affairs, the Director of Estates and Facilities provided an overview of the arrangements for monitoring the medical equipment programme via a robust clinical prioritisation process which was overseen by the Medical Equipment Executive. Noting that there was a significant backlog of medical equipment which had exceeded its expected life-cycle, he advised that approximately £3.5m of capital funding was expected to be allocated to the medical equipment programme for 2020/21. In addition, the Director of Estates and Facilities reported on the scope to mitigate any slippage in the 2020/21 capital programme by increasing the medical equipment allocation. The Interim Chief Financial Officer clarified that capital funding was a scarce resource and that the robust governance

processes were in place to ensure that capital funding was spent appropriately.

Resolved – that the Integrated Risk Management Report be received and noted as paper H.

237/20/2 Reports from Virtual Board Committee Meetings

237/20/2.1 Quality and Outcomes Committee (QOC)

The QOC Non-Executive Director Chair introduced paper I1 summarising the issues covered during the virtual QOC meeting held on 29 October 2020. She particularly highlighted the Committee's consideration of the Covid-19 position, the arrangements for restoration and recovery of non-Covid activity, the rigorous process surrounding Covid-19 testing and how this linked into the overarching arrangements for maintaining the quality of services. The Committee had received an update on the improving position within the Neurology Service and agreed to continue to monitor this service for any impact upon staff or patients, given that recruitment to substantive vacancies was proving challenging and there was a continued reliance upon long term locum Consultants.

Resolved – that the summary of public issues discussed at the 29 October 2020 QOC meeting be received and noted as paper I1.

237/20/2.2 People, Process and Performance Committee (PPPC)

Paper I2 summarised the issues covered during the virtual PPPC meeting held on 29 October 2020. The PPPC Non-Executive Director Chair sought Trust Board approval of the recommended items relating to the UHL People Strategy as discussed earlier under paper G (Minute 236/20/5 above refers) and the Equality, Diversity and Inclusion (EDI) Strategic Plan, noting that the EDI Strategy was a comprehensive and well-presented plan which would be published on UHL's external website. He drew members' attention to the Committee's consideration of the updated LLR System winter planning arrangements. He particularly commended the Covid-19 escalation framework which was being monitored using a balanced scorecard approach to ensure that the right decisions were taken at the right time. He also commended the work of the Chief Information Officer and his team in progressing the roll-out of the e-Meds module on Nervecentre following a successful pilot on four wards, especially during the current operational climate. At the end of this discussion, the Trust Chairman sought and received clarity that Trust Board members were content with the refreshed UHL People Strategy and the Equality, Diversity and Inclusion Strategic Plan and these documents were approved accordingly.

Resolved – that (A) the summary of public issues discussed at the 29 October 2020 PPPC meeting (paper I2) be received and noted, and

(B) the UHL People Strategy and the Equality, Diversity and Inclusion Strategic Plan be approved (as per paper G and the document hyperlinked within paper I2).

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237/20/2.3 Finance and Investment Committee (FIC)

Paper I3 summarised the issues covered during the virtual FIC meeting held on 29 October 2020. The FIC Non-Executive Director Chair advised that there were no recommended items for the Trust Board's approval. He particularly congratulated the Chief Information Officer and his team in respect of the clarity and comprehensive nature of the proposals relating to UHL's strategic IT partner which featured in the confidential FIC summary (for reasons of commercial interests). He also highlighted the improving position in relation to organisational behaviours and appropriate focus upon financial controls. Noting that the UHL People Strategy could not be considered in isolation from financial sustainability, he provided his view that there was a role for FIC and the Trust Board in making sure that public NHS funding was allocated appropriately and spent wisely, especially in relation to workforce expenditure.

Responding to the FIC Chair's comments about the UHL People Strategy, the Acting Chief Operating Officer briefed Trust Board members on the integrated planning process that had been undertaken jointly by the Clinical Management Groups, Corporate Operations, Corporate Finance and People's Services teams to ensure that the Phase 3 planning was balanced and appropriately challenged using a multidisciplinary approach. The Director of People and Organisational Development also provided assurance that the UHL People Strategy had not been written in isolation. She absolutely recognised the need for integrated working, alongside compassionate

leadership and a robust understanding of the drivers for financial challenges.

Resolved – that the summary of public issues discussed at the 29 October 2020 FIC meeting (paper I3) be received and noted.

237/20/2.4 2020/21 Month 6 Financial Position

The Interim Chief Financial Officer introduced paper I4, advising that the Trust was reporting a break-even position for month 6 of 2020/21, inclusive of the NHSE/I Covid-19 top-up funding of £59.4m. Excluding top-up funding, the underlying position was a £59.4m deficit which was favourable to plan by £2.9m. The budget-setting process for months 7 to 12 of 2020/21 had been driven by realistic clinical and operational forecasts, aligned with plans for recovering and restoring clinical activity in the context of winter pressures, and a further wave of the pandemic. He commented on recent improvements in financial behaviours, noting that the Clinical Directors and the Heads of Operations now presented the CMG financial position to the CMG Performance Review Meetings (instead of the CMG Heads of Finance). These changes were encouraging and he felt confident that the CMGs could be held to account to deliver their financial control totals on the basis of these realistic budgets. Restoration and recovery of clinical activity had been progressing well during September 2020. However, this had resulted in a £7m increase in non-pay expenditure associated with these higher activity levels (principally relating to the cost of additional drugs, consumables and prostheses).

Thanking the Interim Chief Financial Officer for his update, the Trust Chairman commented upon forthcoming development opportunities for the whole of the Trust Board to strengthen their understanding and develop greater insight of the key drivers for UHL's financial deficit and their associated implications.

Resolved – that the month 6 financial performance report be received and noted (as paper I4).

238/20 ITEMS FOR NOTING

238/20/1 Quarterly Sealings Report – 1 July 2020 to 30 September 2020

Resolved – that the Quarterly Sealings report be received and noted as paper J.

238/20/2 Minutes of the Virtual Board Committee Meetings – September 2020

238/20/2.1 Quality and Outcomes Committee (QOC)

Resolved – that the public Minutes of the 24 September 2020 QOC meeting be received and noted as per paper K1.

238/20/2.2 People, Process and Performance Committee (PPPC)

Resolved – that the public Minutes of the 24 September 2020 PPPC meeting be received and noted as per paper K2.

238/20/2.3 Finance and Investment Committee (FIC)

Resolved – that the public Minutes of the 24 September 2020 FIC meeting be received and noted as per paper K3.

239/20 CORPORATE TRUSTEE BUSINESS

239/20/1 Charitable Funds Committee (CFC)

The Non-Executive Director CFC Chair introduced paper L, providing the public Minutes of the CFC meeting held on 9 October 2020. He particularly drew members' attention to Minute 36/20/1 and the ongoing discussions that were being held in relation to potential patient representation on the Committee and the arrangements to embed patient and public involvement within the charitable funding application process.

Resolved – that the public Minutes of the 9 October 2020 CFC meeting be received and noted as per paper L.

240/20 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

Resolved – that no questions or comments were raised in advance of the meeting by the press or public.

241/20 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 242/20 to 250/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

242/20 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 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.

243/20 CONFIDENTIAL MINUTES

Resolved – that the confidential Minutes of the virtual Trust Board meetings held on 1 October 2020 and 21 October 2020 (papers A1 and A2) be confirmed as correct records and signed by the Chairman accordingly.

Chairman

244/20 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.

245/20 KEY ISSUES FOR DISCUSSION/DECISION

245/20/1 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.

245/20/2 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.

245/20/3 Confidential Reports from 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.

246/20 ITEMS FOR ASSURANCE

246/20/1 Reports from Board Committees

246/20/1.1 People Process and Performance Committee (PPPC)

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.

246/20/1.2 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.

247/20 REPORTS FROM EXECUTIVE GROUPS

247/20/1 Executive Strategy Board (ESB)

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.

248/20 CORPORATE TRUSTEE BUSINESS

248/20/1 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.

248/20/2 Updated Charitable Funds Applications for Approval as Corporate Trustee

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.

249/20 ITEMS FOR NOTING

249/20/1 Finance and Investment Committee (FIC)

Resolved – that the Minutes of the 24 September 2020 virtual FIC meeting be received and noted as paper U.

250/20 ANY OTHER BUSINESS

250/20/1 Confidential Verbal Report by the 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.

250/20/2 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 of commercial interests and that public consideration at this stage could be prejudicial to the effective conduct of public affairs.

251/20 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next Trust Board virtual meeting be held on Thursday 3 December 2020 from 9am.

The meeting closed at 12.28pm

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	11	11	100	K Jenkins (until 27.7.20)	3	2	67
J Adler (until 18.9.20)	7	0	0	A Johnson	11	11	100
V Bailey	11	11	100	S Lazarus	11	10	91
P Baker	11	11	100	D Mitchell	11	8	73
R Brown	11	10	91	B Patel	11	11	100
I Crowe	11	11	100	M Traynor	11	9	82
C Fox	11	9	82	M Williams (from 2.9.20)	6	6	100
A Furlong	11	10	91				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	11	10	91	S Ward	11	11	100
D Kerr	11	11	100	M Wightman	11	11	100
H Kotecha	9	8	89	H Wytton	11	10	91
V Karavadra	11	9	82				