

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON  
THURSDAY 2 JULY 2020 AT 8AM****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

Ms D Mitchell – Acting Chief Operating Officer

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

**In attendance:**

Mr A Carruthers – Chief Information Officer

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 125/20)

Mrs K Rayns – Corporate and Committee Services Officer

Mr J Shuter – Deputy Chief Financial Officer (on behalf of Mr S Lazarus, Interim Chief Financial 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****118/20 APOLOGIES AND ANNOUNCEMENTS**

Apologies for absence were received from Mr J Adler, Chief Executive; Mr S Lazarus, Interim Chief Financial Officer; Ms K Jenkins, Non-Executive Director and Mr M Traynor, Non-Executive Director. The Chairman welcomed Mr J Shuter, Deputy Chief Financial Officer to the meeting, noting that he was deputising for the Interim Chief Financial Officer.

**119/20 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

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

**120/20 MINUTES**

**Resolved – that the Minutes of the 4 June 2020 virtual Trust Board meeting be confirmed as a correct record and signed by the Chairman accordingly.**

**CHAIR  
MAN****121/20 MATTERS ARISING FROM THE MINUTES**

Paper B provided a summary of the matters arising log from the 4 June 2020 Trust Board meeting and any outstanding matters arising from previous meetings. Particular discussion took place regarding the following entries:-

- Item 1 (Minute 106/20/1 of 4 June 2020 refers) – the Trust Chairman advised that the informal Trust Board discussion planned for 9 July 2020 would focus on workforce-related issues and he intended to invite the Leicester and Leicestershire Healthwatch Chair to participate in a future informal Trust Board discussion which would focus upon healthcare inequality issues, and
- Item 6 (Minute 72/70/4 of 26 March 2020 refers) – the Chairman briefed the Trust Board on

**CHAIR  
MAN**

potential future requirements for NHS Trusts to report on any pay gaps relating to ethnicity and disability (in addition to the existing reporting requirements relating to gender pay gaps).

In respect of the four items that were currently RAG-rated as 3 (amber), the Trust Chairman and the Director of Corporate and Legal Affairs agreed to review these outside the meeting with a view to reducing the number of outstanding items on the Trust Board matters arising log.

**CHAIR  
MAN/  
DCLA**

**Resolved – that (A) the Trust Board matters arising log be received as paper B;**

**(B) the Trust Chairman be requested to invite the Leicester and Leicestershire Healthwatch Chair to participate in a future informal Trust Board discussion on healthcare inequality issues, and**

**CHAIR  
MAN**

**(C) the Trust Chairman and the Director of Corporate and Legal Affairs be requested to review the Trust Board matters arising log (outside the meeting) with a view to reducing the number of outstanding items.**

**CHAIR  
MAN/  
DCLA**

**122/20 KEY ISSUES FOR DISCUSSION/DECISION**

**122/20/1 Chairman's Monthly Report – July 2020**

In presenting his monthly report at paper C, the Trust Chairman advised that the recently implemented lock down restrictions in Leicester would be covered later in the Acting Chief Executive's report. He outlined a proposal to extend UHL's revised Trust Board and Board Committee governance arrangements (as implemented at the end of March 2020 in response to the Covid-19 pandemic) for a further three months until the end of September 2020. During that period, he would be working with the Acting Chief Executive and the Director of Corporate and Legal Affairs to develop initial proposals for Board and Board Committee governance going forwards and he invited members to provide him with their views on this subject.

**CHAIR  
MAN/  
ACE/  
DCLA**

In other aspects of his report at paper C, the Trust Chairman highlighted the Trust's statutory responsibility to focus on delivering high quality and safe services that were receptive and responsive to meet the emerging needs of local communities. He highlighted the five themes for the Trust Board to focus upon in respect of (i) maintaining UHL's CQC rating of Good and ultimately achieving an Outstanding rating; (ii) restoration and transformation of services; (iii) delivering the reconfiguration programme; (iv) achieving financial sustainability, and (v) addressing health inequalities as part of a system wide approach.

In discussion on paper C, the following comments and queries were raised:-

- (1) Mr A Johnson, Non-Executive Director FIC Chair noted the need to include opportunities for generating alternative sources of income, as part of the wider efficiency programme to achieve bullet point (iv) above relating to financial sustainability. He also noted that UHL's loans were not being written off, but they were effectively being consolidated into Public Dividend Capital. In response to this point, the Deputy Chief Financial Officer briefed Board members on the impact of these arrangements, advising that the Trust would be expected to pay an annual dividend in place of the interest which it was currently paying on its loans;
- (2) in respect of bullet point (v) above, Mr B Patel, Non-Executive Director CFC Chair commented upon the importance of system-wide visibility of healthcare data held by partner organisations, (eg the higher incidence of respiratory issues in West Leicestershire), which might (in turn) be used to inform plans for the location of community based outpatient services. The Chairman suggested that this theme be discussed further at the forthcoming informal Trust Board discussion on healthcare inequalities;
- (3) Professor P Baker, Non-Executive Director commented upon the need to avoid making any reactive changes to services on the basis of less than perfect data, noting instead the benefits of holding robust evidence-based conversations with stakeholders. Professor Baker also advised that he would discuss his suggestions for UHL's Trust Board and Board Committees governance arrangements with the Trust Chairman outside the meeting, and
- (4) the Leicester and Leicestershire Healthwatch Chair reiterated the importance of informing and engaging with patients in the development of service development plans, noting the need to provide clear information on what would be happening (and when) in order to avoid any 'mixed messages' going forwards.

In addition, the Trust Chairman highlighted the forthcoming 72<sup>nd</sup> anniversary of the NHS on 5 July 2020, paying tribute to the contribution of all NHS staff in this special institution. As an employer of over 16,000 staff with a significant proportion being from black and ethnic minority backgrounds, it was especially important for UHL's Trust Board to support a culture of equal opportunities and development for all staff.

The Trust Chairman advised that he was pleased to announce that Mr B Patel and Professor P Baker had been formally re-appointed for another two year term in their roles as UHL Non-Executive Directors. The Trust Chairman also advised that since the last Trust Board meeting, Mr J Adler, Chief Executive had tendered his resignation from the Trust. Mr Adler (who was currently away on sick leave) would now be retiring from the Trust in mid-September 2020. Responding to these announcements, the Acting Chief Executive added her own congratulations to Mr B Patel and Professor P Baker, commending the excellent level of support and challenge that they currently provided to the Executive Team in their roles as Non-Executive Directors. She also expressed her sadness at the forthcoming retirement of the Chief Executive, whilst acknowledging that Mr Adler's own health considerations had to be his main priority.

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

**(B) the Trust Chairman be requested to liaise with the Acting Chief Executive and the Director of Corporate and Legal Affairs to develop initial proposals for UHL's Board and Board Committee governance going forwards.**

CHAIR  
MAN/  
ACE/  
DCLA

122/20/2

Acting Chief Executive Monthly Update July 2020 and Covid-19

The Acting Chief Executive introduced paper D, providing her monthly report for July 2020. The report detailed the arrangements for supporting and protecting Black, Asian and Minority Ethnic (BAME) colleagues and appendix 1 set out the detailed measures being implemented in line with the NHS 5 Point Plan. Appendix 2 provided the month 2 quality and performance dashboard. An update on UHL's Reconfiguration Programme was provided in section 5 of the report.

A series of detailed presentation slides outlining the position in respect of Covid-19 Restoration and Recovery were displayed on the screens during the meeting. These were subsequently made available on the Trust's external website as paper D1. Key themes included in the slides related to numbers of Covid-19 discharges and deaths as at 1 July 2020; additional restrictions being implemented in Leicester as a result of the local outbreak; pillar 1 and pillar 2 testing data, and UHL's preparations for responding to any potential surge in admissions arising from the local outbreak.

In the absence of any increase in Covid-19 related admissions, the Trust continued to address the key challenges relating to waiting times, waiting list growth, cancer performance, outpatient activity (including consideration of technical support for patients with virtual appointments), elective surgery and diagnostics. Theatre capacity was currently back to between 71% and 72% of normal capacity and over the next few weeks it was expected that all specialties would be repatriated to their original base site. Within the Emergency Department (ED), arrangements were in place to maintain segregation of patients and performance against the 4-hour standard was expected to improve with the implementation of rapid Covid-19 testing within the ED. Ambulance handover delays had reduced to 0.4% during June 2020. Plans for winter 2020/21 were expected to be completed by the end of July 2020 for discussion at an informal Trust Board meeting in August 2020 and a formal meeting in September 2020.

In discussion on the Acting Chief Executive's briefing and the Covid-19 presentation slides, the following comments and queries were raised:-

- (a) the Trust Chairman suggested that it would be helpful for each LLR healthcare organisation to present a common System-wide dashboard at their respective public Board meetings;
- (b) the Leicester and Leicestershire Healthwatch Chair welcomed the Acting Chief Executive's comments about supporting those patients who did not have the digital technology to access virtual outpatient appointments. She sought additional information about UHL's Covid-19 testing arrangements prior to patient discharge, noting that such results could take up to 48 hours. In response, the Acting Chief Executive provided additional information on the stringent testing regime and the arrangements for patients being discharged to an appropriate location to avoid any transmission, if their results had not been received by the time of their discharge.

- Equally, if a patient was not discharged within 48 hours of their test being taken, they were being re-tested. She provided assurance that the Trust wasn't seeing incidence of Covid-19 transmission from UHL into the community;
- (c) the Leicester and Leicestershire Healthwatch Chair asked a follow-up question about whether a patient being discharged to their own home was expected to self-isolate. In response, the Acting Chief Executive reported on the differential approach for patients which were dependent upon their individual circumstances. In each case, very clear guidance was provided. The Medical Director also briefed the Trust Board on the admissions process for elective patients who were required to self-isolate for 14 days prior to admission and undergo a Covid-19 test 72 hours prior to admission. Such patients were treated in a Covid-19 secure environment and testing was repeated at 5 days and 13 days;
  - (d) Col (Ret'd) I Crowe, Non-Executive Director Chair of the People, Process and Performance Committee (PPPC) commended the work that was being undertaken to support restoration and recovery and address reductions in patient waiting lists, in the context of the additional local lockdown restrictions in Leicester;
  - (e) Ms V Bailey, Non-Executive Director Chair of the Quality and Outcomes Committee (QOC) thanked the Acting Chief Executive for her comprehensive reports, acknowledging the organisation's significant achievements in responding to the challenges presented during the Covid-19 pandemic. However, she noted the need to modify some of the language used in Trust Board reports, citing the example of the term 'medically fit for discharge' when it was used to describe a patient who had been suffering with a long term health condition for many years. This was seen as an important factor in the messaging surrounding appropriate patient care in an acute hospital setting, which was no longer to be perceived as 'one size fits all';
  - (f) the Medical Director summarised UHL's preparations for responding to the Covid-19 outbreak in Leicester, noting that capacity was being readied to enable an agile response to a possible surge of cases (if required), providing assurance that the Trust would continue to monitor the position closely;
  - (g) Mr A Johnson, Non-Executive Director Chair of the Finance and Investment Committee (FIC) queried whether plans for shielding staff to return to work on-site would be delayed by the restrictions in Leicester and whether any potential unintended consequences had been considered in relation to patients cancelling their appointments due to the enhanced restrictions. In response, the Acting Chief Executive advised that UHL was not expecting any significant changes to the existing plans for staff returning to the workplace. A listening event was planned for engagement with staff with disabilities and (where necessary) the arrangements for them to continue working from home would be strengthened. In terms of engaging with patients, enhanced messaging arrangements were planned for communicating with non-English speaking patients using a broad range of social media, radio and door-to-door communications routes. The Director of People and Organisational Development added that many of the staff who were currently working from home were 'shielding' for a variety of reasons and a significant piece of work was taking place to identify each person and the actions required to keep them safe as they returned to site-based working, and
  - (h) Mr B Patel, Non-Executive Director Chair of the Charitable Funds Committee (CFC) advised that the two letters sent from the Acting Chief Executive to BAME staff had been much appreciated. In respect of the NHS 5 Point Action Plan, he noted an opportunity for UHL to support other protected equality characteristics in addition to race equality. The Trust Chairman suggested that this theme could be discussed at the 9 July 2020 informal Trust Board discussion.

**Resolved – that (A) the Acting Chief Executive's monthly report and Covid-19 briefing be received and noted as papers D and D1, and**

**(B) a report on Winter Planning for 2020/21 be presented to the Trust Board meeting in September 2020.**

**ACOO**

122/20/3

Revised Trust Priorities 2019 – 2022

The Acting Chief Executive and the Director of Strategy and Communications introduced paper E, setting out the proposed revisions to the Trust's Priorities for 2019 to 2022 in the context of the Covid-19 pandemic. The proposals had been presented to the Executive Strategy Board on 5 May 2020 and an informal Trust Board discussion on 12 June 2020. The five Quality Priorities would remain unchanged, but the six Supporting Priorities had been updated to reflect the impact of Covid-19 and the fact that the restoration, recovery and renewal programme was expected to last for the equivalent period of the Trust's Priorities. The Director of Strategy and Communications

highlighted each of the revisions and substitutions to the Supporting Priorities (illustrated by the green cogs within the diagram) providing an insight into the rationale for each of the changes.

Noting that an in-depth Trust Board discussion had already taken place on 12 June 2020, the Trust Chairman suggested that members should resist the temptation to undertake a complete re-draft at this stage. However, he highlighted the need to consider the language used within the Priorities to ensure that they were readily understood by a wide range of audiences. For example, he suggested that it might be helpful to substitute the word 'Fair' in place of 'Equitable' within the priority 'Implement our Equitable People Strategy'. Mr A Johnson, Non-Executive Director Chair of the Finance and Investment Committee commended the overall improvements reflected in the revised Trust Priorities, which now read much better. However, in respect of the 'Sustainable, Well Governed Finances' Priority, he advocated the use of the phrase 'Self-Sustaining' to underline the message about 'living within our means'.

Subject to some final nuancing by the Director of Strategy and Communications to determine the most appropriate wording to suit a wider variety of audiences, the revised Trust Priorities for 2019 – 2022 were approved.

**Resolved – that (A) the Director of Strategy and Communications be requested to review and nuance the wording of the Supporting Priorities to ensure that they were suitable and readily understood for a wider range of audiences, and** DSC

**(B) subject to the above review (to be undertaken by the Director of Strategy and Communications), the Trust Priorities for 2019 – 2022 be approved.** DSC

122/20/4

Nurse Establishment Review (National Quality Board)

Further to Minute 38/20/4 of 6 February 2020, the Chief Nurse introduced paper F, detailing the findings of the bi-annual nurse establishment review process that had been undertaken in conjunction with each Clinical Management Group (CMG) in accordance with the National Institute for Clinical Excellence (NICE) safe staffing and National Quality Board (NQB) standards. The report had also been presented to the Executive People and Culture Board on 16 June 2020, with no significant concerns or recommendations being raised. Taking the report as read, the Chief Nurse drew members' attention to the appendix providing the ward level staffing data. Overall, the review had confirmed that nursing and midwifery roster templates were correct and budgets were aligned to planned establishment and enabled effective rostering with the exception of the budgets for some band 3 and 4 trainee and registered Nursing Associate and Assistant Practitioner posts, which were being progressed. Two wards had not met the recommended day time nurse to patient ratios and five wards had not achieved the required night time ratios. The Board noted the descriptions of the mitigations put in place to address these shortfalls.

In response to a question from the Trust Chairman, the Chief Nurse highlighted the arrangements for third year nursing students working as aspirant nurses during the Covid-19 pandemic (including the plans for re-starting their training going forwards) and national changes to the overseas nurse recruitment process. The Trust Chairman reiterated the need for the Trust to engage with local community education providers in terms of increasing UHL's presence as a local employer of choice. Ms V Bailey, Non-Executive Director Chair of the Quality and Outcomes Committee thanked the Chief Nurse and the Deputy Chief Nurse for this comprehensive report, requesting that consideration be given to including a greater focus on nursing workforce trends and any areas of movement within future iterations of the report.

**Resolved – that (A) the Nurse Establishment Review (National Quality Board) be received and noted as paper F, and**

**(B) the Chief Nurse be requested to consider including additional information on nursing workforce trends and key areas of movement within future iterations of the Nurse Establishment Review report.** CN

123/20

**ITEMS FOR ASSURANCE**

123/20/1

East Midlands Clinical Research Network – 2019/20 Annual Report

The Medical Director introduced paper G, providing the 2019/20 East Midlands Clinical Research

Network (EMCRN) Annual Report for 2019/20 and a short update on the Network's response to Covid-19 and the arrangements for supporting the national research effort. Professor D Rowbotham, EMCRN Clinical Director and Ms E Moss, EMCRN Chief Operating Officer joined the virtual meeting at this point. In recognition of the current Trust Board focus on priorities surrounding Covid-19, it was noted that the 2019/20 Annual Report was being presented for information and sign-off, rather than the usual requirement for formal review and approval.

Professor Rowbotham provided a short overview of the report, advising that UHL had been the top recruiting site to the national RECOVERY trial. Focus on Covid-19 vaccine studies continued alongside the arrangements for re-starting paused research studies dependent upon local services and capacity. The National Institute for Health Research (NIHR) had published the 'Framework For Restart' to set out the principles and pre-conditions for restarting NIHR research activities. In response to findings about the disproportionate impact of Covid-19 on patients from a Black Asian and Ethnic Minority (BAME) background, a collaboration had been established with the Centre for BME Health and the NIHR CRN Co-ordinating Centre. As part of this work programme, a network of clinical champions had been developed to help identify the different issues acting as a barrier to recruitment and a 'call to action' video and dedicated web page had been produced.

In discussion on paper G, Professor P Baker, Non-Executive Director commended the revised format of the report, but he noted the need to provide a key to the High Level Objectives (HLOs) against which performance was being measured and reported upon. He also suggested that it would be helpful to see the performance data for Leicester's Hospitals separately. In response, the Medical Director agreed that a key to the HLOs would be helpful. He also highlighted the requirement for UHL (as the Host Trust) to monitor the research performance data for the whole of the East Midlands, adding that UHL's local research performance was provided to the Trust Board via the quarterly updates on Research and Innovation. Finally, the Acting Chief Executive commented upon the positive impact of strong research performance during the challenging times of the Covid-19 pandemic and she recorded her thanks to the Research Teams involved (on behalf of the Trust Board).

**Resolved – that (A) East Midlands Clinical Research Network 2019/20 Annual Report be received, noted and endorsed, and**

**(B) the EMCRN Clinical Director be requested to arrange for a key to define each of the High Level Outcomes (HLOs) to be provided in future iterations of the report.**

**CD,  
EMCRN**

123/20/2

Audit Committee

Col (Ret'd) I Crowe, Non-Executive Director and Audit Committee Deputy Chair, introduced paper H providing the Minutes of the 19 June 2020 virtual Audit Committee meeting. There were no questions or comments raised.

**Resolved – that the Minutes of the 19 June 2020 virtual Audit Committee be received and noted as paper H.**

123/20/3

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.**

123/20/3.1

Quality and Outcomes Committee (QOC)

Paper I1 summarised the issues covered during the 25 June 2020 QOC assurance conference call. In presenting the summary, the QOC Non-Executive Director Chair particularly highlighted the UHL Quality Account 2019/20 and the Fire Safety Annual Report for 2019/20, both of which were appended to the QOC summary for Trust Board approval. In addition, the Medical Director highlighted the QOC discussion on the Internal Audit review of the Five Steps to Safer Surgery, noting that this review had also been considered at the 19 June 2020 Audit Committee.

**Resolved – that (A) the summary of public issues discussed at the 25 June 2020 QOC assurance conference call be received and noted as per paper E1, and**

**(B) the UHL Quality Account 2019/20 and the Fire Safety Annual Report for 2019/20 be approved (as provided in the appendices to paper I1).**

MD

123/20/3.2 People, Process and Performance Committee (PPPC)

Paper I2 summarised the issues covered during the 25 June 2020 PPPC assurance conference call. The PPPC Non-Executive Director Chair drew members' attention to the helpful inclusion of new metrics relating to Covid-19 as detailed in the month 2 Quality and Performance report. He also sought and received Trust Board approval for the Junior Doctors Guardian of Safe Working quarterly report and the IM&T Strategy 2019-22. Both of these key documents were appended to paper I2 for ease of reference. For the July 2020 meeting, PPPC had requested an update on the impact of Covid-19 in respect of multi-professional training and education.

**Resolved – that (A) the summary of public issues discussed at the 25 June 2020 PPPC assurance conference call be received and noted as per paper I2, and**

**(B) the quarterly Guardian of Safe Working report and the IM&T Strategy for 2019-22 be approved (as appended to paper I2).**

DPOD/  
CIO

123/20/3.3 Finance and Investment Committee (FIC)

Paper I3 provided a summary of the public issues covered during the 25 June 2020 FIC assurance conference call. The FIC Non-Executive Director Chair noted that the Deputy Chief Financial Officer would be introducing the month 2 financial performance report in the next item on today's agenda. He particularly highlighted the revised arrangements for the monthly Performance Review Meetings (PRMs) with the Trust's Clinical Management Groups (CMGs) to ensure that the right questions were being asked and that reliable CMG forecasts were provided which would form the basis of the Trust-wide forecasts. The Acting Chief Executive briefed Trust Board members on the strengthened governance arrangements for the Financial Recovery Board (FRB) recognising that the FRB was a key decision-making body (for approvals falling below the threshold required for FIC and/or Trust Board approval) and the Minutes needed to be recorded in the same way as a Trust Board Committee. The FIC Non-Executive Director Chair advised that he would be speaking to the Acting Chief Executive and the Chief Financial Officer (outside the meeting) to confirm his expectations for the FRB going forwards – including the need to implement effective arrangements for targeting and facilitating the financial improvements required to deliver a sustainable position.

**Resolved – that the summary of public issues discussed at the 25 June 2020 FIC assurance conference call be received and noted as per paper I3.**

123/20/3.4 2020/21 Month 2 Financial Position

As detailed in paper I4, the Trust was reporting a break-even position for month 2 inclusive of Covid-19 top-up funding of £16.6m. Excluding top-up funding, the underlying position was a deficit of £16.6m (which was favourable to plan by £3.6m). The underlying deficit reflected the impact of additional Covid-19 expenditure (£9.6m) and a reduction in patient care income of £4.3m, some of which was offset by reduced expenditure on the lower activity. In respect of the cash position, the Trust had received approximately £121m of payments earlier than usual (including £88m of block contract income) and this was being used to pay invoices more quickly, leading to compliance against the Better Payments Practice Code (BPPC) of 94.2% by number of invoices and 93.9% by value. In respect of capital expenditure, there had been a change of focus in respect of Covid-19 restoration and recovery. Close monitoring of the 2020/21 Capital Programme was being undertaken by the Financial Recovery Board (FRB). The Deputy Chief Financial Officer also highlighted some of the changes made to the CMG-level reviews of financial performance, advising that approximately one third of each Performance Review Meeting would now focus upon financial performance and that these presentations would be led by the relevant Clinical Directors.

In discussion on the month 2 financial performance report, the Trust Chairman provided feedback from a meeting of the NHS Providers Board, noting that the current arrangements for additional Covid-19 funding were expected to conclude at the end of July 2020 and querying what this might mean for NHS Trusts going forwards. Board members discussed current speculation about the future NHS funding regime, noting a suggestion that a proportion of the additional funding might be allocated to Sustainability and Transformation Partnerships (STPs) which currently had no

legislative form or function in terms of governance and accountability. In response, the Deputy Chief Financial Officer advised that he would expect the current financial regime to continue in a similar sense of direction in a slightly different form, but he suggested that it would be prudent to maintain close engagement with local healthcare partners to monitor the position going forwards.

Mr A Johnson, Non-Executive Director FIC Chair commented upon the fact that UHL was reliant upon the additional Covid-19 top-up funding to deliver a break-even position and it was important for the Trust to understand the proposed next steps in order to prepare for the potential impact. He noted the need to ensure that sufficient System-level working was taking place in order to deliver the required plans. In terms of the cash position, he noted the impact of cash reserves on UHL's balance sheet and the need to monitor BPPC performance closely, in case of any future deterioration in the position. The Acting Chief Executive provided assurance that UHL was keeping in close contact with the Regional NHSE/I Team in respect of the future proposals for allocation of Covid-19 top-up funding.

Ms V Bailey, Non-Executive Director QOC Chair commented that it was helpful to hear about the structural changes in the CMG performance meetings in terms of their timings and areas of focus, but it would also be helpful to understand the expectations in terms of staff behaviours and cultural changes and what measures were being put in place to monitor the outcomes going forwards. Professor P Baker, Non-Executive Director supported this point which was particularly relevant to robust delivery of UHL's Reconfiguration Programme. Finally, on behalf of the Trust Board, the Trust Chairman recorded an appreciation of the significant efforts of the Interim Chief Financial Officer and the Deputy Chief Financial Officer in terms of strengthening the organisational mind sets and behaviours required to deliver a sustainable financial position.

**Resolved – that the month 2 financial performance report be received and noted (as paper I4).**

## 124/20 CORPORATE TRUSTEE BUSINESS

### 124/20/1 Charitable Funds Committee (CFC)

The Non-Executive Director CFC Chair introduced paper J, providing the Minutes of the CFC meeting held on 24 June 2020 and seeking Trust Board approval of the Leicester Hospitals Charity Annual Plan for 2020/21 (as presented to the CFC at paper D). He apologised that this document was not appended to the Minutes of the CFC meeting, but suggested that copies be circulated outside the meeting. Trust Board members supported the 2020/21 Annual Plan in principle, subject to any comments being sent to the Director of Corporate and Legal Affairs once it had been circulated electronically.

CCSO/  
DLHC

In respect of the agreed action for the Director of Leicester Hospitals Charity to undertake benchmarking of the Charity's performance against other NHS Trust Charities and wider good practice, the Non-Executive Director CFC Chair confirmed that the Director of Leicester Hospitals Charity already undertook such benchmarking. However, the Trust Chairman suggested that it would be helpful for a report on such comparison data to be presented to a future CFC meeting.

DLHC

**Resolved – that (A) the Minutes of the 24 June 2020 CFC meeting be received and noted;**

**(B) the Leicester Hospitals Charity Annual Plan for 2020/21 be approved in principle, subject to the document being circulated to Trust Board members outside the meeting and any comments being provided to the Director of Corporate and Legal Affairs, and**

CCSO/  
DLHC

**(C) the outputs of benchmarking between Leicester Hospitals Charity and other NHS Charities and wider good practice be presented to a future CFC meeting.**

DLHC

## 125/20 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:-

- (a) paper D1 at the 4 June 2020 meeting outlined a draft vision and action plan for an LLR System Approach to Recovery. The public Minutes of that meeting (Minute 106/20/2) did not indicate



whether or not the draft approach had the support of the UHL Board. Did this draft Approach secure the support of the Board?

- (b) Since then, the LLR CCGs had approved a new version of the Approach and there would be public engagement on it. It was a wide reaching and inspiring vision for the future of NHS and Social Care with a demanding timetable for urgent decisions and actions and many implications for UHL. Paper C for today's Trust Board meeting contained a reference to 'the ten overarching principles that will be guiding the future direction of the LLR health system to which we should be an active contributor'. When would the Board consider in public the version of the LLR System Approach to Recovery approved by the LLR CCGs or public engagement?

In response to the above questions, the Trust Chairman advised that the draft System Approach to Recovery had been presented to the 4 June 2020 Trust Board for noting (not for formal approval). However, he suggested that (as the updated Approach had already been reviewed by the CCG Boards) the UHL Trust Board would also want to discuss and agree the principles at a public Trust Board meeting. Responding to this point, the Director of Strategy and Communications suggested that a further report could be scheduled on a future Trust Board agenda. He took the opportunity to remind Trust Board members of the discussions held at a recent Trust Board thinking day and the progress that had been made with developments such as the proportion of outpatient appointments being carried out virtually instead of face-to-face. He provided assurance that he and the Acting Chief Executive were in regular contact with System colleagues and that they would raise any required changes to the System Approach accordingly.

DSC

In further discussion on the questions raised, the Leicester and Leicestershire Healthwatch Chair confirmed that Healthwatch held regular meetings with CCG colleagues and that the CCGs were holding a series of engagement events. Ms V Bailey, Non-Executive Director QOC Chair noted the need to adapt the language being used to recognise that UHL was an integral part of the System and she highlighted opportunities to improve the communications and alignment between publication of the draft and final reports. Responding to this point, the Acting Chief Executive noted that the phasing issues between the UHL and CCG Board meeting dates had contributed to this position, but she provided assurance that UHL was an active participant in both the communications and delivery processes.

Responding to a further comment which had been raised in advance of the meeting, the Director of Corporate and Legal Affairs provided assurance that the Trust would look to increase the profile of documents such as the Quality Account on the Trust Board agenda when they were recommended for Trust Board approval by other Board Committees.

**Resolved** – that (A) the position be noted, and

**(B) the Director of Strategy and Communications be requested to consider scheduling a report on the final System Approach to Recovery on the agenda for a future Trust Board.**

DSC

**126/20 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 127/20 to 132/20), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**127/20 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

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

**128/20 CONFIDENTIAL MINUTES**

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

**129/20 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.

## 130/20 ITEMS FOR ASSURANCE

130/20/1 Reports from Board Committees

130/20/1.1 Audit Committee

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

130/20/1.2 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.

130/20/1.3 Remuneration Committee

**Resolved** – that (A) the 12 June 2020 confidential Remuneration Committee minutes be received, and any recommendations endorsed, and

(B) the Minutes of the 26 June 2020 Remuneration Committee be presented to the 6 August 2020 Trust Board meeting.

CHAIR  
MAN/  
DCLA

## 131/20 CORPORATE TRUSTEE BUSINESS

131/20/1 Charitable Funds Committee

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

## 132/20 ANY OTHER BUSINESS

132/20/1 UHL Quality Account 2019/20

Col (Ret'd) I Crowe, People Process and Performance Committee Non-Executive Director Chair expressed his thanks to the Medical Director and the Chief Nurse in respect of their work on the Quality Account for 2019/20, congratulating them on the new format of this document which read very well.

**Resolved** – that the position be noted.

132/20/2 National Cancer Patient Experience Survey 2019

The Chief Nurse reported verbally to advise that the recently received results from the National Cancer Patient Experience Survey for 2019 had demonstrated a significant improvement in a number of key areas, building on the progress of previous years. A summary of the results would be presented to future meetings of the Executive Quality Board (EQB) and the People Process and Performance Committee (PPPC).

**Resolved** – that a summary of the feedback from the National Cancer Patient Experience Survey 2019 be presented to future EQB and PPPC meetings.

132/20/3 Shanghai Global Ranking of Universities for Clinical Medicine

Professor P Baker, UHL Non-Executive Director and Pro-Vice Chancellor and Dean of Medicine, University of Leicester announced that the University of Leicester had been ranked within the top 5

UK Universities (after Cambridge, Oxford, Imperial and UCL) for Clinical Medicine according to the prestigious Shanghai ranking. The Trust Chairman commended this significant achievement which reflected well upon the partnership between the University of Leicester and UHL (as a Teaching Hospital Trust). The Director of Strategy and Communications was requested to arrange for a media statement to be published on behalf of the Trust highlighting this significant achievement. Professor Baker undertook to circulate an electronic link to the Shanghai global rankings to Trust Board members for information.

**Resolved – that (A) the Director of Strategy and Communications be requested to publish a media statement highlighting the University of Leicester’s significant achievement in the Shanghai global rankings, and**

**(B) Professor P Baker, Non-Executive Director be requested to circulate an electronic link to the Shanghai global rankings (outside the meeting).**

**PB,  
NED**

132/20/4 Confidential Report by 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.**

132/20/5 Confidential Verbal Report by Col (Ret'd) I Crowe, Non-Executive Director

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

133/20 **DATE OF NEXT TRUST BOARD MEETING**

**Resolved – that the next Trust Board virtual meeting be held on Thursday 6 August 2020 from 8am.**

The meeting closed at 11.58am

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	3	3	100	A Furlong	3	2	67
J Adler	3	0	0	K Jenkins	3	2	67
V Bailey	3	3	100	A Johnson	3	3	100
P Baker	3	3	100	S Lazarus	3	2	67
R Brown	3	3	100	D Mitchell	3	3	100
I Crowe	3	3	100	B Patel	3	3	100
C Fox	3	3	100	M Traynor	3	2	67

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	3	3	100	S Ward	3	3	100
D Kerr	3	3	100	M Wightman	3	3	100
H Kotecha	3	3	100	H Wyton	3	2	67
V Karavadra	3	2	67				