

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 3 FEBRUARY 2022 AT 1.30PM****Voting Members present:**

Mr J MacDonald – Trust Chairman  
 Ms V Bailey – Non-Executive Director and Quality Committee (QC) Non-Executive Director Chair  
 Mr R Cooper – Interim Chief Financial Officer  
 Mr A Furlong – Medical Director  
 Mr S Harris – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair  
 Dr A Haynes – Non-Executive Director  
 Ms L Hooper – Chief Financial Officer  
 Mr J Melbourne – Chief Operating Officer  
 Ms E Meldrum – Acting Chief Nurse  
 Mr R Mitchell – Chief Executive  
 Mr B Patel – Non-Executive Director and People and Culture Committee (PCC) Non-Executive Director Chair  
 Professor T Robinson – Non-Executive Director  
 Mr M Williams – Non-Executive Director

**In attendance:**

Mr A Carruthers – Chief Information Officer  
 Mr B Collins – Emergency Preparedness, Resilience and Response Manager (for Minutes 28/22/6)  
 Ms G Collins-Punter, Associate Non-Executive Director (up to and including Minute 27/22/1)  
 Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement  
 Mr G George – Interim Director of Corporate and Legal Affairs  
 Mr D Kerr – Director of Estates and Facilities  
 Ms E Moss – Chief Operating Officer, East Midlands Clinical Research Network (for Minute 26/22/1)  
 Mrs K Rayns – Corporate and Committee Services Officer  
 Professor D Rowbotham – Clinical Director, East Midlands Clinical Research Network (for Minute 26/22/1)  
 Ms J Tyler-Fantom – Acting Chief People Officer  
 Mr J Worrall – Associate Non-Executive Director

**ACTION****21/22 WELCOME AND APOLOGIES**

The Trust Chairman welcomed everyone to the meeting and introductions took place. He also confirmed that any questions from the press and public relating to business on today's agenda could now be raised via the 'chat' function of the live-streamed meeting. Any questions submitted in this way would be read out and responded to at the end of the meeting. An apology for absence was received from Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair.

**Resolved – that the apologies for absence be noted.**

**22/22 CONFLICTS OF INTEREST**

**Resolved – that (A) the declarations of interests for new Trust Board members (Ms G Collins-Punter, Associate Non-Executive Director; Mr R Cooper, Interim Chief Financial Officer; Dr A Haynes, Non-Executive Director; Ms L Hooper, Chief Financial Officer; Ms E Meldrum, Acting Chief Nurse; Ms J Tyler-Fantom, Acting Chief People Officer, and Mr J Worrall, Associate Non-Executive Director) be received and noted as paper A, and**

**(B) no conflicts of interest were declared in relation to the items of business on the agenda.**

**23/22 MINUTES**

**Resolved – that the Minutes of the virtual public Trust Board meeting held on 4 November 2021 (paper B) be confirmed as a correct record and signed by the Interim Trust Chairman accordingly.**

**CHAIR****24/22 MATTERS ARISING FROM THE MINUTES**

Paper C provided a summary of the matters arising from the Trust Board meeting held on 4

November 2021 and any outstanding matters arising from previous Trust Board meetings. The following additional information was noted:-

- item 8 – Minute 218/21/1 of 1 July 2021 refers – the Acting Chief People Officer was requested to provide an indicative date for the Trust Board to receive high level plans on the work of the LLR People Board (including plans to address future recruitment challenges); **ACPO**
- item 13 – Minute 183/21/5 of 3 June 2021 refers – the Medical Director confirmed that the Quality Committee had recently received a report on the arrangements for reviewing patient harm arising from the Covid-19 pandemic. It was agreed to mark this action as completed and remove it from future iterations of the progress log, and **CCSO**
- item 15b – Minute 148/21/4 of 6 May 2021 refers – the Interim Director of Corporate and Legal Affairs undertook to discuss opportunities for wider application of the innovative approach adopted by Professor J Dias (in supporting patients waiting for elective surgery) with the Chairman outside the meeting. **IDCLA**

**Resolved – that the Trust Board matters arising log and the additional verbal information be received and noted.**

**25/22 STANDING ITEMS**

25/22/1 Trust Chairman’s Report – February 2022

In presenting his report at paper D, the Trust Chairman extended a warm welcome to new Trust Board members, advising that the new Board Committee Chairmanship and membership would be published on the Trust’s external website, alongside a short biography of the new Board members. The final remaining Non-Executive Director vacancy was being recruited to and it was hoped that the successful candidate would be appointed by the end of March 2022. The Chairman outlined some of the key challenges currently facing the Trust – including the legacy of Covid-19, addressing deep-rooted problems, supporting staff and ensuring that the Trust was on a sustainable financial footing. He also outlined some great opportunities, such as the continued development of an Integrated Care System to support closer working with partners across health and social care; investment in the estate; strengthening relationships with local universities and working with partners to address inequalities and support the economic development in Leicester, Leicestershire and Rutland. The Chairman, together with the Chief Executive and Mr B Patel, Non-Executive Director had been meeting people from the local community as well as staff who were leading on diversity and inclusiveness to develop recruitment plans to attract staff with a wide range of skills and a different perspective with new ideas and an understanding of the community that the Trust served.

**Resolved – that (A) the Trust Chairman’s monthly report for February 2022 be received and noted as paper D, and**

**(B) the Interim Director of Corporate and Legal Affairs be requested to publish information on the Trust’s external website to confirm the Chairmanship and membership of the Board Committees.**

25/22/2 Chief Executive’s Update – February 2022

The Chief Executive welcomed all the new Trust Board members to today’s meeting, also noting that Ms N Kerr, Mr A Mulla and Ms J Hiden were observing today’s virtual meeting as part of their NHS Graduate Management Trainees placements. He expressed his hope that it would be possible to hold more face-to-face meetings in the near future.

In presenting his monthly Trust Board update for February 2022 (paper E refers), he particularly highlighted the deep rooted long standing challenges that the Trust was facing and the need to develop long term plans as well as more immediate robust actions to address them. Noting that UHL’s workforce was essential to the future viability of the Trust, he emphasised the importance of supporting staff and he highlighted the holistic support that was provided by the Norther Care Alliance in Manchester in this respect and a hyperlink to additional information was included on page 1 of his briefing report. Other sections of the Chief Executive’s report provided an overview of the Covid-19 legacy, vaccination as a condition of employment for healthcare workers, staff culture, LLR system working, clinical engagement, Honours and Executive appointments. He thanked Mr G George, Interim Director of Corporate and Legal Affairs for his contribution to the Trust, advising

that Ms B Cassidy would be commencing in her role as UHL's Director of Corporate and Legal Affairs on 7 February 2022. He invited Ms L Hooper, Chief Financial Officer and Mr J Melbourne, Chief Operating Officer to say a few words and the Trust Chairman suggested that it would be helpful to publish a short biography for each of the new Board members on the Trust's external website.

**Resolved – that (A) the Chief Executive's monthly briefing report for February 2022 be received and noted as paper E, and**

**(B) the Interim Director of Corporate and Legal Affairs be requested to publish information on the Trust's external website to provide a short biography for each of the new Executive and Non-Executive Directors.**

IDCLA

25/22/3

Integrated Performance Report – Month 9

The Chief Executive introduced paper F, providing the Integrated Performance Report (IPR) for December 2021. Each of the Executive Director leads were invited to provide an overview of the key aspects of the report relating to their portfolios and the Non-Executive Director Chairs of Board Committees presented their escalation reports, as follows:-

- (a) the Chief Operating Officer provided a briefing on emergency care, patient flow (including discharges and delays at the front door), referral to treatment waiting times, improvements in elective capacity (through the use of a trauma orthopaedic ward and the Vanguard theatre), cancer performance, care pathways for the frail elderly, and the continued impact of the Omicron variant on progress of UHL's recovery and restoration;
- (b) the Operations and Performance Committee (OPC) Chair introduced paper F1, providing an overview of the key issues considered at the inaugural OPC meeting held on 26 January 2022. These included urgent and emergency care, cancer performance, elective performance, action plans for the next 3, 6 and 12 months, early planning for winter 2023 and validation of the current elective waiting lists. The Chief Executive highlighted the impact of the Covid-19 legacy upon patient access, workforce and patient quality and safety, noting the need to use the collective responsibilities within the LLR System to establish greater control of the emergency care pathways and discharge processes. Ms V Bailey, Non-Executive Director commented on the importance of effective communications with patients in respect of their extended waiting times and the processes in place to escalate any changes in their clinical condition whilst they were waiting to be seen;
- (c) the Acting Chief Nurse drew members' attention to the hospital acquired pressure ulcer data for November 2022 and December 2022 which correlated with increases in patient activity, acuity, frailty and reductions in staffing associated with sickness absence. A robust process was in place to mitigate the risk of patient harm and monthly improvement trajectories had been agreed with each of the Clinical Management Groups;
- (d) the Medical Director reported on the continued operational pressures associated with the Omicron variant, with circa 200 patients being treated for Covid-19 although not all of these patients had Covid as their primary diagnosis. Clinical teams were alert to the risk of ongoing patient harm and increased vigilance was being maintained. A detailed quarterly report on Learning from Deaths would be presented to the Quality Committee in February 2022, but there were no concerns to be escalated. The Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI) were both within the expected range;
- (e) the Quality Committee Non-Executive Director Chair introduced papers F2, F3 and F4, providing summaries of that Committee's meetings held on 25 November 2021, 23 December 2021 and 27 January 2022. She particularly highlighted the themes considered during the monthly discussion on pertinent safety issues. The Trust Chair commended the ongoing monitoring of pressure ulcer data as a key quality indicator going forwards;
- (f) the Acting Chief People Officer briefed the Trust Board on the challenging sickness absence rates which were largely as a result of Covid-19 and other respiratory illnesses. The underlying absence trend was improving and episodes of sickness were being appropriately managed. From a staff health and wellbeing perspective, work was taking place to ensure that the Trust was listening to the lived experiences of staff and that this feedback was being used to shape

the available support for staff. The Trust Chairman queried whether staff at Leicester's hospitals had suffered more extreme pressures than in other areas of the country and the Medical Director provided feedback from his discussions with colleagues at similarly sized teaching hospitals which suggested that similar patterns of compounded pressures were being felt nationally. In respect of Covid-19 vaccination as a condition of deployment, the formal process had been paused whilst the Government was undertaking its review, but in the meantime, UHL staff were being supported in a considerate and compassionate manner to access appropriate guidance on this important issue. The Chief Executive confirmed the continued collective focus on staff welfare and well-being, suggesting that whilst there was a very good offer in place currently, there was some scope to improve this further. He thanked UHL staff for completing the recent staff survey, advising that the survey feedback would be presented to the next available public Trust Board meeting and he emphasised the importance of equality, diversity and inclusion within the context of the diverse workforce and the communities of Leicester, Leicestershire and Rutland;

- (g) the People and Culture Committee Non-Executive Director Chair presented paper F5, providing a summary of the items discussed by that Committee on 23 December 2021. There were no issues to draw to the Trust Board's attention;
- (h) the Chief Financial Officer provided a high-level summary of the Trust's financial performance as at month 9, advising of an in-month deficit of £1.9m (in line with plan) and a year-to-date surplus of £9.2m. Year-to-date capital expenditure stood at £32.9m against a plan of £33.1m and a strong cash position was being maintained;
- (i) the Finance and Investment Committee (FIC) Non-Executive Director Chair introduced papers F6, F7 and F8, providing the summaries from the FIC meetings held on 25 November 2021, 23 December 2021 and 27 January 2022. He commented upon the in-depth nature of that Committee's work programme and confirmed his confidence in the Chief Financial Officer and her team.

**Resolved – that (A) the Month 9 Integrated Performance report be received and noted as paper F, and**

**(B) the Escalation reports from the inaugural meeting of the Operational Performance Committee in January 2022 and the Quality Committee, People and Culture Committee and Finance and Investment Committee meetings held in November 2021, December 2021 and January 2022 be received and noted as papers F1 to F8 (respectively).**

## 26/22 DECISIONS FOR THE TRUST BOARD

### 26/22/1 East Midlands Clinical Research Network – Quarterly Update

The Medical Director introduced paper G, providing the quarterly update on progress and the current priorities of the NIHR Clinical Research Network for the East Midlands, advising that UHL was the Host Organisation and was contracted to take responsibility for monitoring the Network's governance arrangements and performance. Professor D Rowbotham, EMCRN Clinical Director and Ms E Moss, EMRCN Chief Operating Officer attended the virtual meeting for this item and they highlighted the current priorities, financial performance and key risks. Clarity was provided that the financial underspend arising from an additional funding receipt in 2021/22 would not impact upon future years' income. Trust Board members noted that five of the seven CRN-EM Research Awards in 2021 had been won by staff or teams from UHL and they commended this achievement.

In discussion on the report, Professor T Robinson, Non-Executive Director sought and received confirmation that UHL's research workforce capacity was in line with other major teaching hospitals and that good training and engagement was taking place through promotion of the Associate Principal Investigator (PI) scheme. This scheme had now been expanded to include nearly all areas and the network was looking to be more creative in buddying the Associate PIs with existing PIs. Mr B Patel, Non-Executive Director commented on a recent 'Sunrise Radio' item relating to the Panoramic Trial and he offered to support the network with responding to any feedback from this item if required. The EMCRN Chief Operating Officer undertook to liaise with the Oxford University lead on this issue. Discussion also took place regarding the visibility of research being translated into patient outcomes and the working arrangements for promoting population health research within the Integrated Care System. The EMCRN Clinical Director and Chief Operating Officer

undertook to liaise with Professor Robinson to explore ways in which the Trust and the University of Leicester could help to stimulate additional engagement within the Integrated Care System in relation to population health research.

**Resolved – that (A) the EMCRN Quarterly Update report be received and noted as paper G, and**

**(B) the EMCRN Clinical Director and Chief Operating Officer be requested to liaise with Professor Robinson to explore ways in which the Trust and the University of Leicester could help to stimulate additional engagement within the Integrated Care System in relation to population health research.**

CD,  
EMCRN/  
COO  
EMCRN

26/22/2

UHL Green Plan and System Plan for Taking Forward the Greener NHS Agenda

Further to Minute 275/21/3 of 4 November 2021, the Director of Estates and Facilities introduced paper H, seeking the Trust Board's approval of the UHL Green Plan. Ms H Evans, National Head of Sustainability, Rider Levett Bucknall (RLB) also attended for this item and she highlighted the wide-reaching scope of the Plan which was expected to drive significant changes in behaviour and influence the Trust's communications processes through changes in the format of the Annual Report and other statutory reporting mechanisms. The Director of Estates and Facilities briefed Board members on the next steps which would involve a greater degree of System working to produce an Integrated Care System Green Plan by the end of April 2022 for approval by the Trust Board in May 2022.

DEF

In discussion on the report, Mr J Worrall, Associate Non-Executive Director sought and received additional information relating to the potential benefits of rooftop solar panels, battery storage devices, buying in renewable energy such as that produced by windfarms, and an opportunity to revisit the Trust's use of Desflurane as an anaesthetic gas to increase the level of ambition. The Director of Estates and Facilities confirmed that there had been a significant reduction in the use of Desflurane within the last month. The Trust had met its target for renewable energy in the last year and it was also exploring the use of ground source heat pumps. In response to a query from Professor T Robinson, Non-Executive Director, it was confirmed that there was a representative from the University of Leicester within the membership of the ICS Green Board. Ms V Bailey commended the report, suggesting that it would energise staff in many ways and that it would be helpful if the communications plan could highlight individual and team actions to influence changes in behaviour. The Chief Executive commented upon the need to clarify how UHL's progress compared to that of other organisations and identify how it would be possible to achieve multiple individual actions in the context of other competing priorities. He also made reference to the discussions held at the Clinical Senate in relation to anaesthetic gases and potential reductions in the use of disposable plastics and face masks.

**Resolved – that (A) the UHL Green Plan be approved as presented in paper H, and**

**(B) the ICS Green Plan be presented to the Trust Board for approval in May 2022.**

DEF

27/22

**DEPLOY OUR RESOURCES IN THE BEST POSSIBLE WAY (FINANCE AND PERFORMANCE)**

27/22/1

Month 9 Financial Performance and Roadmap to Sustainable Financial Improvement

The Chief Financial Officer introduced paper I, briefing the Trust Board on the Trust's financial performance as at month 9 (December 2021) and paper I1, providing assurance in respect of UHL's Roadmap to sustainable financial improvement. As detailed in paper I, the Trust had delivered a year to date surplus of just over £9m (inclusive of Top Up funding) which was favourable to the planned and forecast positions. The full year forecast was expected to achieve a break-even position after adjusting for headroom income in respect of elective recovery. The Cost Improvement Programme (CIP) remained on track to deliver cash releasing savings of £12.8m against a target of £9.4m. The cash position remained strong at £96.6m. Capital expenditure to date stood at £32.8m against a planned £33.1m and there remained a risk of deliverability, given the commitments required in the final quarter of the financial year. In respect of the Roadmap assurance report, good progress was being made and regular accountability meetings were being held in respect of the pace of improvements in areas such as the Finance Directorate restructure, the control environment and finalisation of the 2019/20 and 2020/21 Annual Accounts.

In response to a query from the Trust Chairman, the Director of Estates and Facilities provided a short briefing on the impact of increasing energy costs upon UHL's financial position, noting that the could increase annual energy costs by £8.3m per annum, despite much of the Trust's energy requirements being purchased in advance. In parallel the Trust had appointed a new Sustainability Lead and part of this role would be to undertake an energy saving campaign to reduced expenditure through good housekeeping measures and appropriate capital investment. The Chairman also sought and received additional information about the development of the long-term and medium-term financial plans, noting that the System allocation for 2022/23 would be based upon a block-type contract with some modifications relating to efficiency requirements and progress of elective activity recovery. Years 2 and 3 of the medium-term plan would include the indicative allocations in the Spring to enable the development of a longer-term financial plan in the Summer.

**Resolved – that the month 9 Financial Performance Report and the Roadmap Assurance Report be received and noted as papers I and I1 (respectively).**

## 28/22 CORPORATE GOVERNANCE/REGULATORY COMPLIANCE

### 28/22/1 Integrated Risk and Assurance Report (incorporating the Board Assurance Framework)

The Interim Director of Corporate and Legal Affairs introduced paper J, providing assurance on the current position with progress of the risk control and assurance environment, including those risks recorded within the organisational risk register and the BAF. There were currently eight principal risks on the BAF, each with a current risk score of 20. Whilst none of the principal risk scores had changed since the last reporting period, the financial principal risk (PR 4) was expected to be further reviewed in the light of recent actions that had been implemented. Principal risks 1 and 3 (relating to quality of care and adequate staffing capacity) were included as detailed highlight reports in appendix 2a and 2b, setting out what was going well, what the current challenges were and how the Trust was meeting those challenges. As part of the next steps, it was noted that the Trust was planning to establish a new Risk Management Committee and develop the content of the BAF going forwards. In discussion on paper J, the following comments and observations were noted:-

- Ms V Bailey, Non-Executive Director commended the simplicity of the 'hot risk' commentaries, but she suggested that the context was not currently sufficient (ie how were the challenges being met and how were the issues being directed to the appropriate Committee or group if the actions to address the risk were going off-track). She also noted the need to include an appropriate narrative if it was decided to accept and tolerate a certain level of risk going forwards;
- Mr S Harris, Non-Executive Director sought clarity about the risk scores and whether they were pre or post-mitigation. In response it was noted that both sets of risk scores were included and that some further work was taking place to ensure consistency within the scoring mechanism;
- the Chief Nurse provided assurance that robust monitoring arrangements were in place to manage the impact of the current challenges relating to PR1 (adverse impact on quality of care) and the Medical Director confirmed that these risks were always going to be possible, but the Trust was striving to reduce the likelihood of them occurring;
- the Chief Executive confirmed his strong support for the establishment of the Risk Management Committee at the earliest possible opportunity. He also noted the assurance provided by the Audit Committee oversight of the Trust's Risk Management arrangements and he commented on the scope to hold a future Board Development session on the BAF.

**Resolved – that (A) the Integrated Risk Management report and BAF be received and noted as paper J;**

**(B) the Director of Corporate and Legal Affairs be requested to explore the scope establish the Risk Management Committee at the earliest possible opportunity, and**

DCLA

**(C) consideration be given to scheduling a future Trust Board Development session on the BAF.**

DCLA

### 28/22/2 Audit Committee Escalation Reports - 17 December 2021 and 21 January 2022

The Non-Executive Director Audit Committee Chair introduced papers K and K1, providing summaries of the issues considered at the 17 December 2021 and 21 January 2022 Audit Committee meetings. He particularly highlighted progress with the Trust's response to the External

Auditor's Statutory Recommendations, waiting list management and the ability of different systems to consistently manage these in the absence of an effective Patient Administration System (PAS), and the findings of the Internal Audit review of Health and Wellbeing which had highlighted some recommendations relating to the governance process, and how well embedded the programme was in the culture of the Trust. The Chief Executive confirmed that these were fair questions in respect of the Health and Wellbeing Programme and he requested the People and Culture Committee to review the arrangements accordingly.

**Resolved – that (A) the summary of issues considered by the Audit Committee on 17 December 2021 and 21 January 2022 be received and noted as papers K and K1, and**

**(B) the Acting Chief People Officer and the PCC Non-Executive Director Chair be requested to undertake a review the Health and Wellbeing governance structure and the arrangements for embedding the Health and Wellbeing Programme into the culture of the Trust.**

ACPO/  
PCC  
NED  
Chair

28/22/3 Charitable Funds Committee Escalation Report – 17 December 2021

Mr B Patel, Non-Executive Director Charitable Funds Committee Chair introduced paper L, providing a summary of the issues considered by the Committee at its meeting on 17 December 2021. There were no recommended items for Trust Board approval (as Corporate Trustee), but the Interim Director of Corporate and Legal Affairs confirmed that the Charity's Annual Report and Accounts for 2020/21 had been approved by the Trust Board (as Corporate Trustee) on 13 January 2022 and that they had now been submitted to the Charity Commission as required.

**Resolved – that the summary of issues discussed at the 17 December 2021 CFC meeting be received and noted as paper L.**

28/22/4 Reconfiguration and Transformation Committee Escalation Report – 27 January 2022

Dr A Haynes, Non-Executive Director Chair of the Reconfiguration and Transformation Committee (RTC) introduced paper M, providing a summary of the issues considered at the RTC meeting held on 27 January 2022 and seeking Trust Board approval of the RTC Terms of Reference (provided at paper M1). He particularly highlighted the Committee's discussion on the alignment of the Reconfiguration Programme with the LLR System Strategy and the Digital Strategy, communications and engagement plans, and opportunities to improve engagement with hard to reach sectors of the community. Professor T Robinson, Non-Executive Director apologised that he had been unable to attend the January 2022 RTC meeting, but he commented upon an opportunity to embed research into the future design of clinical pathways. The Chief Executive provided his view that Leicester's hospitals were in a strong position, being one of the eight pathway organisations moving forwards.

In respect of the RTC Terms of Reference, Ms V Bailey commended the format and the clarity that they provided, suggesting that they were an improvement on the other Committees' Terms of Reference. The Trust Board approved the RTC Terms of Reference, noting an opportunity to align all of the Committee Terms of Reference with the Board Assurance Framework and the Trust's key strategic risks. A short discussion took place regarding the direction of travel towards a way of working where the Board Committees became the 'engine room' for the Trust Board by increasing visibility of the key risks and he highlighted the requirement to review the reporting routes accordingly. The Interim Director of Corporate and Legal Affairs confirmed that this work was underway and that the work programmes and Terms of Reference for each of the Board Committees would be presented to the Trust Board in the coming months. The Chief Executive also highlighted the need for Trust Board members who did not sit on particular Committees to trust in the work of those Committee members.

**Resolved – that (A) the summary of the RTC meeting held on 27 January 2022 be received and noted as paper M, and**

**(B) the RTC Terms of Reference be approved by the Trust Board (as presented in paper M1).**

28/22/5 UHL Approach to Preparing for the Covid-19 Public Inquiry

Further to Minute 279/21/3 of 4 November 2021, Mr B Collins, Emergency Preparedness Resilience and Response Manager attended the virtual meeting to brief the Trust Board on the arrangements for responding to the National Covid-19 Public Inquiry (as detailed in paper N). The Trust Chairman

welcomed the robust approach towards maintaining factual and accurate evidence (as part of the organisational Corporate memory) and he noted his expectation that the formal Terms of Reference for this Public Inquiry would be released imminently. The Interim Director of Corporate and Legal Affairs advised that the start date of the Inquiry was yet to be announced but it was due to be chaired by the Right Honourable Baroness Heather Hallett DBE. The EPRR Manager provided a short overview of the very detailed records that had already been collated and safely stored in preparation for the Inquiry to commence. The UHL Covid-19 Public Inquiry Group had met twice since the last Trust Board update and it would continue to meet to oversee delivery against the agreed project plan. The Trust had also appointed a fixed term Public Inquiry Officer to support the project plan.

In discussion on the report, the Chief Executive sought additional information about whether the documentation repository was readily searchable and Mr M Williams, Non-Executive Director queried whether the evidence submissions were likely to be of a standardised format or 'open text'. In response, it was noted that the spreadsheets were readily searchable but the searching mechanism for the underlying documentation would require further development and it was too early to tell what format the evidence submissions would be. It was also noted that whilst the Inquiry might only focus on selected organisations, Leicester had been badly affected by the pandemic and was therefore likely to be one of the organisations selected.

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

28/22/6

**Emergency Preparedness Resilience and Response (EPRR) Core Standards**

Further to Minute 238/21/4 of 2 September 2021, Mr B Collins, Emergency Preparedness Resilience and Response (EPRR) Manager attended the virtual meeting to present paper O, briefing the Trust Board on UHL's compliance with NHS England's EPRR core standards. Following the initial self-assessment, a confirm and challenge process had been undertaken with the Midlands NHS England team and the LLR Clinical Commissioning Group which had resulted in four of UHL's standards being downgraded from fully compliant to partially compliant. A number of other Trusts in the Midlands area had also had some of their standards downgraded as a result of the confirm and challenge process. Of the 46 core standards, 41 were now fully compliant and the remaining 5 were partially compliant. The partially compliant standards related to (i) plans for mutual aid, (ii) shelter/evacuation of whole buildings or sites, (iii) review of the chemical, biological, radiological and nuclear (CBRN) plan, (iv) training of the CBRN lead, and (v) CBRN training for staff.

In discussion on the report, confirmation was provided that the Trust had been assessed as being substantially compliant overall and that the EPRR work plan continued to be fit for purpose to enable the Trust to achieve full compliance in all of the 46 core standards. The Chief Operating Officer highlighted the benefits of the EPRR core standards which provided a framework to manage the Trust's response to incidents which might affect the health and safety of staff and patients. He thanked the EPRR Manager and his team for their significant achievements in this important area.

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

29/22

**ANY OTHER BUSINESS**

**Resolved – that there were no items of additional business.**

30/22

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

Members of the press and public had been invited to submit any questions relating to the business on the agenda by typing them into the 'chat' function of the live-streamed meeting. The following questions were read out and responded to:-

**Question 1: When will the Board be brought up to its full complement of Non-Executive Directors, following the recent departures?**

In response to question 1, the Trust Chairman advised that all but one of the new Non-Executive Directors had been appointed and had started in post. It was expected that the final Non-Executive Director vacancy would be recruited to by the end of March 2022.

**Question 2: When will the 2019/20 and 2020/21 Accounts be finalised so that the Trust can hold an Annual Public Meeting in public?**

In response to question 2, the Non-Executive Director Audit Committee Chair advised that it was currently planned to submit both sets of Annual Accounts to the Trust Board in April 2022 for approval.

**Question 3: what plans does the Trust have for involving patients in all the reconfiguration and transformation projects, so that their voice is heard, and seen to be heard, at every stage?**

In response to question 3, the Non-Executive Director Reconfiguration and Transformation Committee (RTC) Chair advised that the communications and engagement plan had been considered by the RTC at the end of January 2022 and discussion had taken place about developing wider engagement plans with stakeholders (eg Healthwatch and the channels that would become available as an Integrated Care System). Further clarification of the proposed Communications and Engagement Strategy would be provided at a future Trust Board meeting.

DEF

**Resolved** – that (A) the questions raised and the associated responses be noted, and

(B) the Director of Estates and Facilities be requested to provide further clarification of the proposed Communications and Engagement Strategy for the Reconfiguration Programme at a future Trust Board meeting.

DEF

**31/22 REPORTS AND MINUTES OF MEETINGS PUBLISHED ON UHL'S EXTERNAL WEBSITE**

**Resolved** – that it be noted that the following reports and Minutes meetings had been published on UHL's external website alongside the Trust Board papers:-

- Quality Committee – Minutes of 25.11.21 and 23.12.21;
- Finance and Investment Committee – Minutes of 28.10.21, 25.11.21, and 23.12.21;
- People Process and Performance Committee – Minutes of 28.10.21, and
- Charitable Funds Committee – Minutes of 17.12.21.

**32/22 DATE AND TIME OF NEXT TRUST BOARD MEETING**

**Resolved** – that the date of the next public Trust Board virtual meeting be published on the external website (when known).

The meeting closed at 15.58pm

Kate Rayns, Corporate and Committee Services Officer

**Cumulative Record of Attendance (2021/22 to date):**

Voting Members:

| Name                               | Possible | Actual | % attendance | Name                       | Possible | Actual | % attendance |
|------------------------------------|----------|--------|--------------|----------------------------|----------|--------|--------------|
| J MacDonald (from 19.4.21)         | 14       | 14     | 100          | A Haynes (NED from 1.2.22) | 1        | 1      | 100          |
| K Singh (until 16.4.21)            | 2        | 2      | 100          | L Hooper (from 3.2.22)     | 1        | 0      | 0            |
| V Bailey                           | 16       | 16     | 100          | A Johnson (until 31.1.22)  | 15       | 15     | 100          |
| P Baker (until 30.8.21)            | 7        | 6      | 86           | S Lazarus (until 29.10.21) | 10       | 10     | 100          |
| R Brown                            | 9        | 7      | 78           | J Melbourne (from 3.2.22)  | 1        | 1      | 100          |
| R Cooper (from 1.11.21 to 31.1.22) | 5        | 5      | 100          | E Meldrum (from 4.11.21)   | 5        | 5      | 100          |
| I Crowe (until 31.1.22)            | 15       | 15     | 100          | D Mitchell (until 31.1.22) | 15       | 12     | 80           |
| C Fox (until 7.10.21)              | 10       | 8      | 80           | R Mitchell (from 4.10.21)  | 7        | 7      | 100          |
| A Furlong                          | 15       | 11     | 73           | B Patel                    | 16       | 16     | 100          |
| S Harris (from 1.1.22)             | 3        | 3      | 100          | T Robinson (from 1.9.21)   | 9        | 8      | 88           |
|                                    |          |        |              | M Williams                 | 16       | 13     | 82           |

Non-Voting Members:

**Paper A**

| Name                                 | Possible | Actual | % attendance | Name                          | Possible | Actual | % attendance |
|--------------------------------------|----------|--------|--------------|-------------------------------|----------|--------|--------------|
| A Carruthers                         | 15       | 14     | 94           | H Kotecha                     | 10       | 9      | 90           |
| G Collins-Punter (from 1.2.22)       | 1        | 1      | 100          | I Orrell (until 31.12.21)     | 14       | 14     | 100          |
| M Durbridge (from 6.5.21)            | 13       | 13     | 100          | J Tyler-Fantom (from 4.11.21) | 5        | 5      | 100          |
| G George (from 12.7.21)              | 9        | 9      | 100          | S Ward (until 29.7.21)        | 7        | 7      | 100          |
| K Gillatt (until 31.1.22)            | 15       | 12     | 80           | M Wightman (until 7.10.21)    | 10       | 10     | 100          |
| A Haynes (from 1.7.21 until 31.1.22) | 10       | 8      | 80           | J Worrall (from 1.2.22)       | 1        | 1      | 100          |
| D Kerr                               | 16       | 14     | 88           | H Wyton (until 7.10.21)       | 10       | 6      | 60           |