

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 1 JULY 2021 AT 9AM****Voting Members present:**

Mr J MacDonald – Trust Chair

Ms V Bailey – Non-Executive Director and Quality and Outcomes Committee (QOC) Non-Executive Director Chair

Professor P Baker – Non-Executive Director

Ms R Brown – Acting Chief Executive

Col (Ret'd) I Crowe – Non-Executive Director and People, Process and Performance Committee (PPPC) Non-Executive Director Chair

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 – Chief Financial Officer

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

Mr M Williams – Non-Executive Director and Audit Committee Non-Executive Director Chair

**In attendance:**

Ms M Ball – Team Leader, Theatres (for Minute 217/21)

Mr N Bond – Deputy Director of Estates and Facilities (on behalf of Mr D Kerr, Director of Estates and Facilities)

Professor N Brunskill – Director of Research and Innovation (for Minute 220/21/4)

Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement

Ms J George – Programme Lead, Health Level 5, Learning and Development (for Minute 217/21)

Ms K Gillatt – Associate Non-Executive Director

Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair (up to and including Minute 186/21)

Ms F Lennon – Deputy Chief Operating Officer (on behalf of Ms D Mitchell, Acting Chief Operating Officer)

Ms J McCarthy – Head of Learning and Development (for Minute 217/21)

Ms E Moss – Chief Operating Officer, East Midlands Clinical Research Network (for Minute 220/21/3)

Mr I Orrell – Associate Non-Executive Director

Mrs K Rayns – Corporate and Committee Services Officer

Professor D Rowbotham – Clinical Director, East Midlands Clinical Research Network (for Minute 220/21/3)

Mr S Ward – Director of Corporate and Legal Affairs

Mr M Wightman – Director of Strategy and Communications

Ms H Wyton – Chief People Officer

**ACTION****211/21 WELCOME AND APOLOGIES**

The Trust Chair welcomed everyone to the meeting. Apologies for absence were received from Ms D Mitchell, Acting Chief Operating Officer, Mr D Kerr, Director of Estates and Facilities, Mr A Carruthers, Chief Information Officer and Mr R Cooper, Financial Improvement Director.

It was noted that Ms F Lennon, Deputy Chief Operating Officer was attending on behalf of the Acting Chief Operating Officer and Mr N Bond, Deputy Director of Estates and Facilities was attending on behalf of the Director of Estates and Facilities.

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

**212/21 DECLARATIONS OF INTERESTS IN THE PUBLIC BUSINESS**

Mr A Johnson, Non-Executive Director, Ms K Gillatt, Associate Non-Executive Director and the Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Directors of Trust Group Holdings Ltd (respectively). With the agreement of the Trust Board, these individuals remained present.

**213/21 MINUTES**

**Resolved** – that the Minutes of the virtual Trust Board and Reconfiguration Programme Trust Board meetings held on 3 June 2021 (papers B1 and B2) be confirmed as correct records and signed by the Chair accordingly. CHAIR

**214/21 MATTERS ARISING FROM THE MINUTES**

Papers B1 and B2 provided the summaries of the matters arising from the Trust Board and Reconfiguration Programme Trust Board meetings and any outstanding matters arising from previous Trust Board and Reconfiguration Programme Trust Board meetings. The Director of Corporate and Legal Affairs confirmed that a process was in place to map across any outstanding Trust Board matters arising into the new Board Committee structure and that any outstanding Reconfiguration Programme Trust Board matters arising were being followed up and built into the discussions regarding System working.

**Resolved** – that the Trust Board and Reconfiguration Programme Trust Board matters arising logs be received as papers B1 and B2.

**215/21 REPORT FROM THE TRUST CHAIR – JULY 2021**

In presenting his monthly report at paper C, the Trust Chair advised that interviews for the substantive Chief Executive post had been held on 30 June 2021 and that it was hoped that an announcement could be made about the successful candidate at the end of that week.

Noting that this was the last UHL Trust Board meeting that Professor P Baker would be attending as the University of Leicester's nominated UHL Non-Executive Director, the Trust Chair recorded his thanks to Professor Baker for his contribution to UHL's Trust Board. The University of Leicester had recently nominated a successor for Professor Baker who would be commencing at the beginning of September 2021 (subject to NHS England/NHS Improvement approval). The Trust Chair also advised that this was the last UHL Trust Board meeting for Mr S Ward, Director of Corporate and Legal Affairs who would be retiring from the Trust at the end of July 2021. He expressed the Board's appreciation to Mr Ward for his contribution to the Trust. The Acting Chief Executive added her thanks to Professor Baker and Mr Ward and wished them well for the future.

**Resolved** – that the Trust Chair's monthly report for July 2021 be received and noted as paper C.

**216/21 REPORT FROM THE ACTING CHIEF EXECUTIVE – JULY 2021**

The Acting Chief Executive introduced paper D, providing her monthly update on key issues. Taking the report as read, she advised that the Integrated Quality and Performance Report now featured as a separate item on the Trust Board agenda (Minute 218/21/1 below refers). She reported verbally on the current situation with Covid-19 activity, noting that UHL was treating between 28 and 30 Covid-19 patients with up to 6 patients in intensive care and 2 in ECMO. The Covid-19 position had broadly stabilised over the last week and the Trust continued to manage the impact upon services. However, urgent and emergency attendances had reached a point that was unsustainable, with over 1,000 patients coming through the door in a single day. In other news, the Acting Chief Executive advised that:-

- the Decision-Making Business Case (DMBC) for UHL's Reconfiguration Programme had been signed-off by the governing bodies of the 3 local Clinical Commissioning Groups (CCGs) and the Acting Chief Executive thanked everyone who had been involved in making this possible;
- UHL had been successful in its bid to host the Adult Critical Care Transfer Service (ACCTS) in the East Midlands;
- the Leicester and Northamptonshire Hepatitis C Network had won a Royal College of Physicians' Excellence in Patient Care Award in the category of Patient-Centred Care;
- the 7 community projects which would benefit from a share of the £490,000 Community Partnership Grant from NHS Charities together, supporting local people in the wake of the Covid-19 pandemic;
- the positive findings of the Care Quality Commission (CQC) Cancer Provider Collaborative Review which had recognised a number of areas of good practice and no issues for concern.

In response to a query from Col (Ret'd) I Crowe, Non-Executive Director in relation to the ACCTS, the Medical Director confirmed that UHL already hosted the equivalent network for children's

services and that there was some synergy between the two networks. The Trust Chair suggested that it would be helpful to review the way that UHL utilised the assurance and learning opportunities arising from external reviews such as the visit from the Emergency Care Intensive Support Team (ECIST) to celebrate success where appropriate and to identify issues for further investigation.

MD/CN

**Resolved – that (A) the Acting Chief Executive’s monthly report for July 2021 be received and noted as paper D, and**

**(B) the Medical Director and the Chief Nurse be requested to review (and update if necessary) UHL’s process for utilising the assurance and learning opportunities arising from external reviews.**

MD/CN

## 217/21 STAFF STORY – TRAINEE ASSISTANT PRACTITIONER APPRENTICE PROGRAMME

The Chief People Officer introduced paper E providing an overview of the bespoke Level 5 Apprenticeship Education Programme to support a new Trainee Practitioner role in Theatres which was equivalent to a two year University Foundation Degree. UHL was the first Trust in the country to deliver this programme covering three clinical areas. The Apprenticeship and Development Centre also delivered this training for other NHS Trusts. Ms J McCarthy, Head of Learning and Development, Ms M Ball, Theatres Team Leader, and Ms J George, Programme Lead attended for this item. Ms Ball described her personal career journey culminating in completion of the Trainee Assistant Practitioner Programme and the welcome opportunity to support and guide others who were undertaking the same journey. The June 2019 pilot scheme had seen nine of the ten learners completing the programme (all with distinctions or merits), but the final student had taken a break in learning. The programme had been paused in June 2020 due to the Covid-19 pandemic, but it was re-starting for 2021 and the interviews had already been held for the second cohort.

The Chief People Officer thanked Ms Ball for presenting her story, commenting upon her sense of pride in this programme. She also paid tribute to the contribution that had been provided by Mr J Loughran, Head of Nursing for the Intensive Therapy, Anaesthesia, Pain and Sleep (ITAPS) Clinical Management Group. His inspirational leadership had been crucial in enabling staff to achieve their career ambitions. Trust Board members commended this excellent initiative which was helping to transform workforce development, and noted an opportunity for the People and Culture Committee to receive a report on the wider work of UHL’s Apprenticeship Programme.

CPO

**Resolved – that (A) the Staff Story on the Trainee Assistant Practitioner Apprentice Programme be received and noted as paper E, and**

**(B) the Chief People Officer be requested to present an overview of the Apprenticeship Programme to a future meeting of the People and Culture Committee.**

CPO

## 218/21 PERFORMANCE

### 218/21/1 Integrated Quality and Performance Report – Month 2 (May 2021)

The Acting Chief Executive introduced the above report as paper F, advising that this would be the last time that the report was presented in the current format and that a revised report would be presented to the Trust Board in September 2021. The revised format was intended to build upon the fundamental elements and Statistical Process Controls (SPC) approach, whilst making the report more streamlined with an increased focus on exception reporting. Each of the Executive Director leads provided an overview of the key aspects of the report relating to their portfolios, as follows:-

- (a) Deputy Director of Operations – fractured neck of femur care, TIA clinic performance, and the number of long stay patients (over 21 days);
- (b) Medical Director – percentage of VTE risk assessments on admission, the published mortality SHMI data, and percentage of 7 day turnaround for outpatient clinic letters;
- (c) Chief Nurse – positive news relating to Infection Prevention performance (Clostridium Difficile and nosocomial Covid-19 infections), Friends and Family Test feedback, and low levels of nursing vacancies;
- (d) Chief People Officer – staff turnover, sickness absence, staff appraisals, and statutory and mandatory training.

In discussion on the Quality and Performance report members particularly considered:-

- (a) opportunities to present the actions to respond to exception reports as 'SMART' actions; ACOO
- (b) whether to present the exception reports at the beginning of the document in future;
- (c) the impact of long patient lengths of stay upon the Trust's bed base;
- (d) the need for an increased focus on the trajectory for improvements;
- (e) assurance surrounding the process to review the learning from Never Events and Serious Untoward Incidents;
- (f) opportunities for benchmarking the performance of key services with other major teaching Trusts (eg emergency readmissions);
- (g) a lack of clarity surrounding the underlying response rates within the Friends and Family Test (FFT) data;
- (h) opportunities to provide greater clarity surrounding mortality data (eg to explain perceived variances between SHMI and SHMR data);
- (i) whether the 'stretch' sickness absence target of 3% was still considered to be appropriate, and
- (j) an opportunity to present a high level report to a future Trust Board meeting on the work of the LLR People Board, including proposals to address future recruitment challenges (eg the next 5 to 10 years) in the context of forecast constraints in the labour market – noting that the detailed workstreams would be monitored by the People and Culture Committee. CPO

It was agreed that the above issues would all be considered during the re-design of the Quality and Performance report and that the first iteration of the new format report would be presented to the Trust Board meeting on 2 September 2021. ACOO

**Resolved – that (A) the Month 2 Quality and Performance report be received and noted as paper F;**

**(B) the format of the Quality and Performance report be reviewed, building upon the fundamental elements, the SPC approach and the themes highlighted in points (a) to (j) above;** ACOO

**(C) the first iteration of the new format Quality and Performance report be presented to the Trust Board in September 2021, and** ACOO

**(D) the Chief People Officer be requested to present a high level report on the work of the LLR People Board to address future recruitment challenges to a future Trust Board meeting.** CPO

218/21/2

Financial Performance Report – Month 2 (May 2021)

Paper G update the Trust Board on the financial performance of the Trust as at the end of Month 2 2021/22, reflecting an actual position of £3.8m surplus (inclusive of Top Up Funding for Covid-19). The Chief Financial Officer highlighted the forecast surplus likely to be delivered against the financial plan for the first half of 2021/22 (H1). This forecast excluded the impact of a third wave of Covid-19 and the 2021/22 Agenda for Change pay awards and no income from the Elective Recovery Fund (ERF) had been assumed. The Trust's cash position and Cost Improvement Programme both remained strong. Elective activity levels were starting to recover and it was expected that access to some ERF monies would be achieved in due course.

Trust Board Workshop events were planned for 15 July 2021 and 12 August 2021 in order to consider and agree the Trust's financial plan for the second half of 2021/22 (H2) and the medium term financial plan. Discussion took place regarding the arrangements for developing coherent control totals and assumptions as part of the LLR System financial plan and members agreed that the first meeting held on 30 June 2021 had been helpful in terms of developing a System overview of the financial challenges in an open, transparent and professional manner. In response to a query from Ms V Bailey, Non-Executive Director, the Chief Financial Officer agreed to brief her on the mechanism for the Clinical Senate and other clinician discussions to feed into the transformation process for clinical services as part of the Integrated Care System (ICS) to drive improvements in financial performance outside the meeting.

**Resolved – that (A) the Financial Performance report for May 2021 be received and noted as paper G, and**

**(B) the Chief Financial Officer be requested to provide a briefing to Ms V Bailey, Non-** CFO

**Executive Director (outside the meeting) on her query relating to the arrangements for clinical input within the transformation process for clinical services as part of the Integrated Care System (ICS).**

**219/21 ITEMS FOR DECISION/APPROVAL**

219/21/1 Final Draft UHL Quality Account 2020/21

The Chief Nurse introduced paper H, seeking Trust Board approval of the final draft UHL Quality Account for 2020/21. She outlined the prescribed presentational and structural aspects of the report and the mandated approach towards the narrative and statements of Directors' Responsibilities as contained within the report. Due process had been followed in terms of data quality checks and balances, engagement had taken place with patient partners, Clinical Commissioning Groups, Healthwatch, and Local Authorities. External Audit assurance had not been undertaken (as per NHSE/I guidance for 2020/21) due to Covid-19 and the deadline for publishing the Quality Account by 30 June 2021. Areas of key focus for UHL were noted to be: restoration and recovery of clinical services, learning from deaths, patient feedback, pressure ulcer prevention, dementia care, VTE assessments, emergency care, diagnostics and cancer performance and reducing patient complaints.

Trust Board members approved the report and recorded their thanks to the authors, noting the significant work that was involved in producing such a comprehensive document. A brief discussion took place regarding the innovative development of virtual visiting arrangements during the Covid-19 pandemic and opportunities to re-use some of the key information contained within this report to engage with the press and public on positive aspects of clinical care at UHL. It was also noted that extracts from the Quality Account would feature within the Trust's Annual Report for 2020/21

**CN**

**Resolved – that the Final Draft UHL Quality Account 2021/21 be approved as presented in paper H.**

**CN**

**220/21 ITEMS FOR DISCUSSION/CONSIDERATION**

220/21/1 Roadmap to Sustainable Financial Improvement – Assurance Report

Further to Minute 184/21/1 of 3 June 2021, the Acting Chief Executive introduced paper I describing the development of UHL's Roadmap to sustainable financial improvement and the proposed actions and eventual outcomes that would demonstrate 'good' financial governance and (in turn) support the Trust's ambition to exit NHS England/Improvement's Financial Special Measures (FSM) Programme. The Financial Improvement Director provided feedback from a national FSM meeting, which suggested that UHL's progress was considered to be 'on track'. The position was due to be reviewed again in September 2021 and it was feasible that a more independent recovery programme would be implemented, with a potential tapering of the existing scrutiny arrangements from that point onwards.

Particular discussion took place regarding the one red-rated risk (production of the 2019/20 and 2020/21 Accounts) and the five amber-rated risks (relating to the Finance Directorate restructure; longer term financial planning; System-wide recovery planning; the Trust's control environment, and delivery of the H1 budget for 2021/22). Further discussion on each of these themes would be held at the 12 August 2021 Trust Board Workshop.

**Resolved – that the Roadmap to Sustainable Financial Improvement assurance report be received and noted as paper I.**

220/21/2 UHL Covid-19 Wave Two Post Peak Learning Exercise

Further to Minute 195/20/4 of 1 October 2020, Ms F Lennon, Deputy Chief Operating Officer attended the virtual meeting to present a comprehensive overview of learning from the response to the second wave of the Covid-19 pandemic (from October 2020 to April 2021) in order to inform plans for future potential waves of the infection and to support the development of plans for winter preparedness. During the second wave of the pandemic, cases had increased to a peak on 24 January 2021, with 499 patients being treated for Covid-19. The peak number of Covid-19 patients requiring intensive care or ECMO during the second wave was reached on 2 and 4 February 2021, with 71 patients requiring such care. Staff had generally felt more confident during the second wave

and the escalation framework had enabled them to manage patient flow, deliver point of care testing, surgical triage, outbreak management, and appropriate use of Alliance capacity for urgent cancer care. In parallel, the Trust had maintained a proportion of planned elective activity using the structured escalation framework and delivered approximately 171,864 doses of the Covid-19 vaccine as part of the Covid-19 Vaccination Programme. Clinical teams had also established a virtual ward which allowed appropriate patients to remain at home whilst they received their care. Key learning points had been identified in respect of staff health and wellbeing, avoiding staff 'burn out'; logistics staff training, working with the independent sector providers, formalised 7-day working, blending learning, theatre scheduling and a more detailed report had been shared with the Operational Management Group, the Executive Finance and Performance Board and the LLR System Tactical Group.

In discussion on this report, the Acting Chief Executive paid tribute to the significant achievements of UHL's staff under such tremendously difficult circumstances. In preparation for the forthcoming public enquiry into the Covid-19 pandemic UHL was beginning to gather the evidence/audit trail to capture key developments/decisions (prior to the retirement of the Director of Corporate and Legal Affairs at the end of July 2021), recognising that the Interim Director of Corporate and Legal Affairs would become the lead for this workstream and that a project manager resource might be required to support the detailed process. It was agreed that an update on the Trust's performance against the Emergency Preparedness Resilience and Response (EPRR) Core Standards to the Trust Board in September 2021.

IDCLA

ACOO

Ms V Bailey, Non-Executive Director commented that this report had been very informative, but it had not captured the broader behavioural issues that had arisen in the way that patients had utilised health care services during the pandemic, having changed their approach to tolerance of more minor complaints in the context of the severity of the pandemic. The Director of Strategy and Communications supported this point, advising that it would feed into the 'Big Conversation' events that were being organised by the Clinical Commissioning Groups. Mr I Orrell, Associate Non-Executive Director sought and received confirmation that regular benchmarking of Covid-19 activity levels was undertaken with other Trusts during the pandemic to monitor regional trends.

The Medical Director advised that during the first wave of the pandemic, UHL's patient outcomes had been ranked as one of the top four performing Trusts nationally. A recent national GIRFT (Getting It Right First Time) report had cited several examples of good practice which had originated in Leicester's Hospitals. He also reflected upon the Covid-19 activity levels in Birmingham and Nottingham and the impact of the extended 'lockdown' in Leicester. During the second wave, UHL had provided mutual aid to other centres (including those in London) for provision of intensive care and ECMO services. The Interim Chairman noted the importance of agile and effective decision-making during the height of the pandemic, noting that it was crucial to maintain an appropriate balance and this would be considered as part of the Board Development Programme going forwards.

**Resolved – that (A) the report on the lessons learned from the second wave of the Covid-19 pandemic be received and noted as paper J;**

**(B) the Acting Chief Operating Officer be requested to present an update on the Trust's performance against the Emergency Preparedness Resilience and Response (EPRR) Core Standards to the Trust Board in September 2021, and**

ACOO

**(C) in preparation for the forthcoming public enquiry into the Covid-19 pandemic to begin gathering the evidence/audit trail capturing key developments/decisions (prior to the retirement of the Director of Corporate and Legal Affairs at the end of July 2021), recognising that the Interim Director of Corporate and Legal Affairs would become the lead for this workstream and that a project manager resource might be required to support the detailed process.**

IDCLA

220/21/3

East Midlands Clinical Research Network – Quarterly Update

The Medical Director introduced paper K, noting that UHL was the host organisation for the National Institute of Health Research (NIHR) Clinical Research Network (CRN) in the East Midlands and was contracted by the Department of Health and Social Care to take overall responsibility for monitoring the governance and performance of the Network. Professor D Rowbotham, Clinical Director and Ms E Moss, Chief Operating Officer attended the virtual meeting to present this report and to seek the

Trust Board's approval of the LCRN Annual Report for 2020/21, the LCRN Annual Plan for 2021/22 and the updated LCRN Governance Framework (appendices 2, 3 and 4 refer) as the host organisation for the Network. The report was taken as read and a brief discussion took place regarding the arrangements for completion of the pandemic-related studies and re-starting the wider research programme.

The Medical Director drew members' attention to the two amber-rated sections of contract compliance which related to the frequency of the Executive Group meetings and analyses to identify disparities between local health and care needs and the local research portfolio. Both of these themes would be picked up as part of the annual performance review meeting with the Regulator in July 2021. Assurance was provided that budget plans had been submitted and approved for the additional £2m income allocation in 2021/22, as demonstrated in the summary financial report provided at appendix 1. The Clinical Director provided his view that everything was progressing well within the Network and that UHL was providing good support and advice and that the services provided by the logistics and financial teams did not lack for anything. He recorded his mild anxiety about the future provision of physical accommodation for the CRN teams as part of the reconfiguration programme, but was assured that suitable accommodation would be allocated to the CRN going forwards.

**Resolved – that (A) the quarterly update on the East Midlands Clinical Research Network be received and noted as paper K, and**

**(B) the LCRN Annual Report 2020/21, Annual Plan 2021/22 and updated Governance Framework be approved.**

MD

220/21/4

Research and Innovation – Quarterly Update

Professor N Brunskill, Director of Research and Innovation attended the virtual meeting to present paper L, providing the quarterly update on research and innovation activity at UHL. Noting that the previous quarter's report had reflected upon research activity relating to the Covid-19 pandemic, this report now focused upon the recovery of paused studies and the arrangements for reactivating the 'business as usual' studies and preparing important bids for research infrastructure funding. In parallel, the Trust continued to undertake a full role within the Leicestershire Academic Health Partnership (LAHP) in respect of ethnicity, healthcare inequalities, access to health data, mass Covid-19 screening, and development of an Integrated Care System (ICS) Research Strategy. The bidding processes had now opened for the NIHR Leicester Biomedical Research Centre and the NIHR Leicester Clinical Research Facility and the first stage applications had been submitted.

In discussion on the report, the Director of Strategy and Communications noted an opportunity for the Trust Board to receive a presentation on 'Long Covid' from Dr R Evans at a future Trust Board meeting. Board members also considered whether there were any additional supporting actions that could be undertaken to support the NIHR applications. In response, the Acting Chief Executive advised that it was her privilege to Chair the Research and Innovation Board and that she would be monitoring the position closely in this respect.

**Resolved – that the xxx be received and noted as paper L.**

221/21

**GOVERNANCE AND ASSURANCE**

221/21/1

Board Committees and Roles

Further to Minute 183/21/6 of 3 June 2021, the Interim Chairman introduced paper M, seeking Trust Board approval of the proposed chairmanship and membership of the new Board Committees, the revised Board meeting timetable, and the additional specific roles for Non-Executive Directors (as set out in appendix 3). Noting that the role of Senior Independent Director (SID) was not strictly required for non-Foundation Trusts, he commented upon the helpful nature of this role at other organisations and expressed his appreciation to Ms V Bailey, Non-Executive Director for agreeing to undertake this role at UHL. The Trust Board approved the proposals as set out in paper M.

CHAIR

Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair raised a question about where Patient and Public Involvement (PPI) and the role of carers would slot into the new Committee structure, noting in response that the Quality Committee would be overseeing both of these elements and that Healthwatch engagement would be welcomed going forwards. The Quality

Paper C

Committee Non-Executive Director Chair advised that there would be no changes to the reporting route for these issues which would continue to be through PIPEAC to the Quality Committee. It was agreed that the Quality Committee Non-Executive Director Chair and the Chief Nurse would meet with the Leicester and Leicestershire Healthwatch Chair to confirm these arrangements going forwards.

CN/  
QC NED  
CHAIR

**Resolved – that (A) the proposals for chairmanship and membership of the Board Committees, the revised Board meeting timetable, and the additional specific roles for Non-Executive Directors be approved as presented in paper M, and**

CHAIR

**(B) the Chief Nurse and the Quality Committee Non-Executive Director Chair be requested to meet with the Leicester and Leicestershire Healthwatch Chair outside the meeting to confirm the arrangements for PPI and the role of carers to be overseen by the Quality Committee.**

CN/  
QC NED  
CHAIR

221/21/2 Reports from Virtual Board Committee Meetings – June 2021

221/21/2.1 Audit Committee

The Non-Executive Director Audit Committee Chair introduced paper N1, providing the Minutes of the Audit Committee meeting held on 21 June 2021. He particularly highlighted the Internal Audit review of Sustainability – Green Plan which was appended to the Minutes. Noting that this important issue had not been paid sufficient attention in the past, he advised that the newly formed Reconfiguration and Transformation Committee would be monitoring the progress of UHL's Green Plan. The Interim Chairman added that all NHS Trusts would be asked to publish their carbon footprint in coming months.

DEF/  
RTC NED  
CHAIR

**Resolved – that (A) the Minutes of the 21 June 2021 Audit Committee meeting be received and noted as paper N1, and**

DEF/  
RTC NED  
CHAIR

**(B) progress of UHL's Green Plan be monitored through the newly formed Reconfiguration and Transformation Committee.**

221/21/2.2 Quality and Outcomes Committee (QOC)

Paper N2 summarised the issues covered during the virtual QOC meeting held on 24 June 2021. The Non-Executive Director QOC Chair sought and received Trust Board approval of the evidence and declaration of compliance for the Clinical Negligence Scheme for Trusts (CNST) submission to NHS Resolution. The Chief Nurse provided a short briefing for Board members on the CNST evidence, advising that UHL had been compliant against each of the ten separate standards. The risks that had been identified were mainly relating to changes that had taken place during the Covid-19 pandemic which had reduced the scope for face to face meetings and investigations. The QOC Non-Executive Director Chair confirmed that testing had taken place in respect of any vulnerabilities and that the Committee had been re-assured that actions were being taken to address any weaknesses. A short discussion took place regarding potential arrangements for sighting the Trust Board to key aspects of performance in Maternity Services in addition to the data already provided as part of the Learning from Deaths report. The Chief Nurse and the QOC Chair agreed to explore this further and to consider sharing the outputs from the active 'Maternity Voices Network'. The Trust Board had already approved the 2020/21 Quality Account (Minute 219/21/1 above refers).

CN

CN/  
QOC  
NED  
CHAIR

**Resolved – that (A) the summary of public issues discussed at the 24 June 2021 QOC meeting be received and noted as paper N2;**

**(B) the CNST Declaration of Compliance be approved for submission to NHS Resolution (as appended to paper N2), and**

CN

**(C) the Chief Nurse and the QOC Non-Executive Director Chair be requested to explore potential arrangements for sighting the Trust Board to key aspects of performance in Maternity Services.**

CN/  
QOC  
NED  
CHAIR

221/21/2.3 People, Process and Performance Committee (PPPC)

Paper N3 summarised the issues covered during the virtual PPPC meeting held on 24 June 2021. The Non-Executive Director PPPC Chair sought and received Trust Board approval of the two

PPPC



recommended items relating to the Nurse Staffing Review and the Guardian of Safe Working Quarterly report (as appended to paper N3).

NED  
CHAIR

PPPC had also received detailed briefing reports on elective diagnostic performance and urgent and emergency care performance and copies of these reports were appended to paper N3 for information. In addition, the Deputy Chief Operating Officer provided a short overview of the key aspects of the Trust's recent operational performance. Following a discussion about the actions required to manage demand for urgent and emergency care, it was agreed that the Acting Chief Executive, Acting Chief Operating Officer and the Director of Strategy and Communications would hold further discussions regarding the Urgent and Emergency Care Improvement Plan and opportunities for the LLR System to communicate externally with patients about appropriate attendances at UHL's Emergency Department.

ACEO/  
ACOO/  
DSC

**Resolved – that (A) the summary of public issues discussed at the 24 June 2021 PPPC meeting be received and noted as paper J3 and the reports on the Guardian of Safe Working and Nurse Establishment review be approved, and**

PPPC  
NED  
CHAIR

**(B) the Acting Chief Executive, Acting Chief Operating Officer, and Director of Strategy and Communications be requested to hold further discussions in relation to the Urgent and Emergency Care Improvement Plan and the process for LLR System partners to communicate externally with patients regarding appropriate Emergency Department attendances.**

ACEO/  
ACOO/  
DSC

#### 221/21/2.4 Finance and Investment Committee (FIC)

The FIC Non-Executive Director Chair introduced paper N4, providing a summary of the issues covered during the virtual FIC meeting held on 24 June 2021. Noting that the Trust Board had already considered the Month 2 Financial Performance report earlier in the meeting (Minute 218/21/2 above refers), he highlighted the update reports that the Committee had received in relation to transformation and cost improvements, noting that discussions would be held at the forthcoming Trust Board Workshops regarding the medium term financial plan.

CFO

**Resolved – that (A) the summary of public issues discussed at the 24 June 2021 FIC meeting be received and noted as paper N4, and**

**(B) further discussions on the process for developing UHL's medium term financial plan be held at the Trust Board Workshop on 12 August 2021 and the Trust Board meeting on 2 September 2021.**

CFO

#### 221/21/2.5 Charitable Funds Committee (CFC)

The CFC Non-Executive Director Chair introduced paper N5, providing the Minutes of the CFC meeting held on 18 June 2021 and seeking Trust Board approval (as Corporate Trustee) of the recommended items to approve the following applications for charitable funding which exceeded the £50,000 threshold for approval by the Committee:-

- 7779 – respiratory physiology equipment (£84,175);
- 7823 – retina screening machine (£145,000);
- 7867 – continuation of staff room project (£50,000), and
- 7827 – theatres patient toilet, changing rooms and theatre reception upgrade at Glenfield Hospital (£279,755).

The CFC Non-Executive Director Chair recorded the Committee's thanks to Col (Ret'd) I Crowe, Non-Executive Director (who would no longer be attending these meetings due to the change in membership) and to Mr S Ward, Director of Corporate and Legal Affairs for their support of the Charitable Funds Committee.

**Resolved – that (A) the Minutes of the CFC meeting held on 18 June 2021 be received and noted as paper N5, and**

**(B) the four Charitable Funding Applications 7779, 7823, 7867 and 7827 be approved by the Trust Board (acting as Corporate Trustee).**

## 222/21 ITEMS FOR NOTING

222/21/1 Trust Board Annual Declarations of Interests

**Resolved** – that the Trust Board Declarations of Interest for Miss M Durbridge, Director of Quality Transformation and Efficiency Improvement and Dr A Haynes, Adviser to the Trust Board be received and noted as paper O.

222/21/2 Minutes of Meetings Published on UHL's External Website

**Resolved** – that it be noted that the Minutes of the following meetings had been published on the external website alongside the Trust Board papers:-

- Quality and Outcomes Committee – 27 May 2021
- People, Process and Performance Committee – 27 May 2021, and
- Finance and Investment Committee – 27 May 2021.

## 223/21 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

223/21/1 Questions raised by Mr G Smith

In the absence of any Transformation and Reconfiguration report, please could the Board add to the information in the Acting Chief Executive's report and tell the public, in line with UHL's principles of transparency and openness:

1. about the progress on the move of the East Midlands Children's Heart Centre to LRI;
2. about the progress of the New Hospitals Programme discussions with NHSEI and DHSC on the implementation of the building projects in the Reconfiguration Plan, and
3. how UHL will ensure that these building works contribute to local employment and the local economy as envisaged in earlier Board discussions?

Responses to questions raised by Mr G Smith

The Trust Chair began by confirming that progress of the Reconfiguration Programme would be included in the Acting Chief Executive's briefing report and detailed reports on particular aspects of the Reconfiguration Programme would be presented to the Trust Board at key points. In addition the summaries from the bi-monthly Reconfiguration and Transformation Committee meetings would be submitted to the subsequent Trust Board meeting (in the same way that the other Board Committees reported to the Trust Board). The Director of Strategy and Communications responded to question 1 and the Deputy Director of Estates and Facilities responded to questions 2 and 3, noting that:-

1. the East Midlands Congenital Heart Centre (EMCHC) was scheduled to be re-located to the Leicester Royal Infirmary over a three day period between 5 and 8 August 2021. The issues involving contaminants/particulates in the water (which had caused the move to be delayed) appeared to have been resolved and the Infection Prevention, Estates and Facilities, and Engineering teams had all confirmed that the move could go ahead as planned;
2. UHL's Reconfiguration Programme team would continue to work with the New Hospital Programme Team at the Department of Health and Social Care (DHSC) with a specific focus on room standardisation and design (to support modern methods of construction). Workshops were being held over the next two months to inform the design brief space requirements, with the aim of avoiding bespoke designs by individual architects, and
3. UHL's Reconfiguration Programme would contribute towards social values and the local economy in differing ways according to the nature of each scheme:-
  - (a) new build works – these contracts would be limited to tier 1 contractors (likely to be procured by the DHSC) and this selection process would be outside of UHL's control. However, requirements would be placed upon the contractor relating to local workforce

employment, apprenticeship opportunities and use of local small and medium sized enterprise (SME) suppliers and sub-contractors, and

- (b) work on the retained estate – these contracts were likely to be awarded using the Trust's local tendering processes which would provide an opportunity for local contractors (including small and medium sized enterprises). Under the previous year's Capital Programme, UHL had placed some 658 orders with 47 local companies with a total value of approximately £12.3m and the Trust would be looking to continue this trend going forwards.

223/21/2 Question raised by Ms S Ruane

I note from today's papers the plan to reduce the number of public Board Meetings and to drop Board Meetings in public on the Reconfiguration of UHL. What criteria are used for deciding whether an item should be put before a confidential board or workshop rather than the public board?

Response to question raised by Ms S Ruane

The Trust Chair provided absolute clarity that the only items of business that he expected to see on the private Trust Board agenda would be those relating to confidentiality (eg identifiable information about individual patients/staff or groups of patients/staff) and commercial interests (eg tender procedures). All other Trust Board business was expected to be considered in the public section of the Trust Board agenda, especially any items relating to patient safety, quality and performance.

223/21/3 Questions raised by Mr T Patel

We welcome the recent discussion by the previous Chair, Mr K Singh, including those Non-Executive Directors, who have indeed supported to ensure that the voices of us family carers are represented at the Board Executive Level, and also across the UHL Hospitals.

Therefore, we ask that to develop this important work, a Non-Executive Director is appointed to be the Lead, to ensure that the Strategic Directions and Objectives can be set at the Trust Board level, and then for either the Chief Operating Officer or Chief Nurse to undertake, operationally this important work, via Public Engagement, Partnership approach and internally in terms of policy development and therefore, to be outcome focus for us carers, particularly in the "wider hidden and BAME" carers in Leicester, Leicestershire and Rutland.

We do hope the New Chair will take a leadership role to work with us family carers. We would also like to put on the record that Mr K Singh (as an ex-carer himself) understood the plight and the values of supporting family carers in the NHS.

Responses to questions raised by Mr T Patel

The Trust Chair confirmed his support of the role of family carers, noting that the Covid-19 pandemic had emphasised the importance of this role. He confirmed his intention to identify a lead Executive Director and a Non-Executive Director to represent the interests of family carers and to hold conversations in the community on this important issue. He welcomed the support of Mr B Patel, Non-Executive Director who was helping to facilitate meetings with the leaders from a range of community groups. In September 2021 or October 2021, it was planned to review UHL's Patient and Public Involvement (PPI) engagement processes to build in the lessons learned from the Covid-19 Vaccination Programme and he confirmed that the PPI Strategy would be shared more widely within the next few months.

223/21/4 Questions raised by Mr K Mistry

1. With reference to the UHL Equality Strategy, it would be good to know what patient public and community engagement has taken place as I was at the Healthwatch Board Meeting from the public and the chair feedback about this strategy said consultation had taken place but, as someone from an Equality background with interest, I was not aware or engaged?
2. My previous question at the meeting I raised about engagement with the UHL Organ Donation Committee and have not had any feedback or update as we have launched an urgent Kidney Appeal for a Leicester patient and community engagement event for the London community. I

also raised this with Mr K Mayes, Head of Patient and Community Engagement and Ms A Onyemah, Head of Equality, Diversity and Inclusion and I am waiting to hear back from them as it has been over 9 months since our last meeting, and

3. With reference to the UHL Patient, Public Involvement and Engagement post Covid 19 Recovery Strategy, it would be good to know what plans are so we can be engaged.

I would be happy to arrange a meeting between the new Chairman, Mr J MacDonald, Acting CEO Ms R Brown and UHL Non-Executive Director Mr B Patel with South Asian Health Action and communities to explore future collaboration and engagement opportunities on health inequalities, race equality and Patient and Public Involvement as recovery post Covid-19, so welcome further discussions.

The Director of Strategy and Communications thanked Mr Mistry for submitting these questions and he responded to advise that:-

1. lessons learned from the Covid-19 pandemic had been embedded within the sphere of community engagement and outreach and a new Patient and Public Involvement Community Engagement Strategy was now due to be presented to the Trust Board in the Autumn of 2021. He had requested Ms A Onyemah, Head of Equality Diversity and Inclusion to present UHL's Equality Diversity and Inclusion (EDI) Strategic Plan to the UHL Equality Advisory Group for endorsement. He apologised if Mr Mistry had not been invited to attend that group previously, but Ms Onyemah would now be arranging this going forwards. The Leicester and Leicestershire Healthwatch Chair added that the Leicester and Leicestershire Healthwatch Board had reviewed and endorsed the UHL EDI Strategic Plan whilst it was doing the rounds, and that opportunities had been provided for the public to engage at every stage of the process;
2. on the theme of community engagement, a virtual engagement session was being held from 6pm to 8pm that evening on the next steps for Building Better Hospitals. The details and meeting link for this event were available from the Leicester City Clinical Commissioning Group's external website, and
3. the subject of engagement with the UHL Organ Donation Committee had been raised with the Clinical Lead for Organ Donation who would now respond to Mr Mistry's queries directly (outside the meeting).

**Resolved** – that the questions raised in advance of the meeting and the associated responses provided at the meeting be noted.

**224/21 EXCLUSION OF THE PRESS AND PUBLIC**

**Resolved** – that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded during consideration of the following items of business (Minutes 224/21 to 229/21), having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**225/21 DECLARATIONS OF INTERESTS IN THE CONFIDENTIAL BUSINESS**

Mr A Johnson, Non-Executive Director, Ms K Gillatt, Non-Executive Director and the Chief Financial Officer declared their interests as Non-Executive Chair and Non-Executive Directors of Trust Group Holdings Ltd (respectively). With the agreement of the Trust Board, these individuals remained present.

**226/21 CONFIDENTIAL MINUTES**

**Resolved** – that the confidential Minutes of virtual Trust Board and Reconfiguration Trust Board meetings held on 3 June 2021 be confirmed as correct records and signed by the Chairman accordingly.

**CHAIR  
MAN**

**227/21 CONFIDENTIAL MATTERS ARISING REPORTS**

**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.

## 228/21 ITEMS FOR ASSURANCE

228/21/1 Reports from Board Committees

228/21/1.1 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.

228/21/1.2 Finance and Investment Committee

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

228/21/1.3 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.

## 229/21 ANY OTHER BUSINESS

229/21/1 Verbal Report by Ms V Bailey, 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.

## 230/21 DATE OF NEXT TRUST BOARD MEETING

**Resolved** – that the next Trust Board virtual meeting be held on Thursday 2 September 2021 from 1.30pm (please note new time).

The meeting closed at 12.48pm

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) | 5        | 5      | 100          | C Fox      | 7        | 6      | 86           |
|                            |          |        |              | A Furlong  | 7        | 3      | 43           |
| K Singh (until 16.4.21)    | 2        | 2      | 100          | A Johnson  | 7        | 7      | 100          |
| V Bailey                   | 7        | 7      | 100          | S Lazarus  | 7        | 7      | 100          |
| P Baker                    | 7        | 6      | 86           | D Mitchell | 7        | 6      | 86           |
| R Brown                    | 7        | 7      | 100          | B Patel    | 7        | 7      | 100          |
| I Crowe                    | 7        | 7      | 100          | M Williams | 7        | 7      | 100          |

#### Non-Voting Members:

| Name                      | Possible | Actual | % attendance | Name       | Possible | Actual | % attendance |
|---------------------------|----------|--------|--------------|------------|----------|--------|--------------|
| A Carruthers              | 7        | 6      | 86           | I Orrell   | 7        | 7      | 100          |
| M Durbridge (from 6.5.21) | 5        | 5      | 100          | S Ward     | 7        | 7      | 100          |
| K Gillatt                 | 7        | 5      | 72           | M Wightman | 7        | 7      | 100          |
| D Kerr                    | 7        | 6      | 86           | H Wyton    | 7        | 5      | 72           |
| H Kotecha                 | 7        | 6      | 86           |            |          |        |              |