

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A VIRTUAL MEETING OF THE TRUST BOARD HELD ON THURSDAY 4 NOVEMBER  
2021 AT 1.30PM****Voting Members present:**

Mr J MacDonald – Interim Trust Chairman  
 Ms V Bailey – Non-Executive Director and Quality Committee (QC) Non-Executive Director Chair  
 Mr R Cooper – Interim Chief Financial Officer  
 Col (Ret'd) I Crowe – Non-Executive Director and People and Culture Committee (PCC) Non-Executive Director Chair  
 Mr A Furlong – Medical Director  
 Mr A Johnson – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair  
 Mr R Mitchell – Chief Executive  
 Mr B Patel – Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair  
 Professor T Robinson – Non-Executive Director

**In attendance:**

Mr P Brookes-Baker – Improvement Lead (for Minute 271/21)  
 Professor N Brunskill – Director of Research and Innovation (for Minute 275/21/2)  
 Mr A Carruthers – Chief Information Officer  
 Mr B Collins – Emergency Preparedness, Resilience and Response Manager (for Minute 279/21/3)  
 Ms E Concannon – Freedom to Speak up Guardian (for Minute 277/21/3)  
 Ms J Dawson – Freedom to Speak up Guardian (for Minute 277/21/3)  
 Mr B Diepeveen – Senior Quality Improvement Lead (for Minute 271/21)  
 Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement  
 Mr G George – Interim Director of Corporate and Legal Affairs  
 Ms K Gillatt – Associate Non-Executive Director  
 Ms N Green – Deputy Chief Nurse (on behalf of Ms C Fox, Chief Nurse)  
 Dr A Haynes – Adviser to the Trust Board  
 Ms S Holt – Service Manager, Vascular Services (for Minute 271/21)  
 Mr D Kerr – Director of Estates and Facilities  
 Ms S Khalid – Clinical Director, Renal Respiratory and Cardio Vascular Services (for Minute 271/21)  
 Ms H Kotecha – Leicester and Leicestershire Healthwatch Chair  
 Ms E Moss – Chief Operating Officer, East Midlands Clinical Research Network (for Minute 275/21/1)  
 Ms A Onyemah – Head of Equality Diversity and Inclusion (for Minute 277/21/2)  
 Mr I Orrell – Associate Non-Executive Director  
 Mr S Pizzey – Head of Strategy and Planning (for Minute 276/21/1)  
 Mrs K Rayns – Corporate and Committee Services Officer  
 Ms B Read – Transformation Lead (for Minute 271/21)  
 Professor D Rowbotham – Clinical Director, East Midlands Clinical Research Network (for Minute 275/21/1)  
 Ms P Vaughan – Deputy Chief Operating Officer (on behalf of Ms D Mitchell, Acting Chief Operating Officer)  
 Mr G Wood – Improvement Lead (for Minute 271/21)

**ACTION****269/21 WELCOME AND APOLOGIES**

The Interim Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Ms C Fox, Chief Nurse; Ms D Mitchell, Acting Chief Operating Officer; Mr M Wightman, Director of Strategy and Communications; Mr M Williams, Non-Executive Director and Ms H Wyton, Chief People Officer. It was noted that Ms N Green, Deputy Chief Nurse and Ms P Vaughan, Deputy Chief Operating Officer were attending on behalf of the Chief Nurse and the Acting Chief Operating Officer (respectively).

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

**270/21 CONFLICTS OF INTEREST**

**Resolved – that (A) the declarations of interests for new Trust Board members (Mr R Mitchell, Chief Executive; Professor T Robinson, Non-Executive Director, and Mr G George, Interim Director of Corporate and Legal Affairs) be received and noted as paper B, and**

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

**271/21 TRANSFORMATION STORY: THE IMPROVEMENT COLLABORATIVE**

The Director of Quality Transformation and Efficiency Improvement introduced paper A, which aimed to update the Trust Board on progress of the activities being undertaken to improve the quality and efficiency of UHL processes by sharing examples of the work of the Improvement Collaborative. Ms S Khalid, Ms S Holt, Ms B Read, Mr G Wood, Mr B Diepeveen, and Mr P Brookes-Baker also attended the virtual meeting for this item. The pilot activity had been undertaken within vascular services in order to diagnose the causes of theatre cancellations and late starts to the operating lists. The implementation phase had included nurse-led pre-operative assessment of patients, redesigning the pre-anaesthetic assessment, using advanced theatre capacity modelling to provide timely access for emergency and urgent patients, and testing a local anaesthetic varicose veins patient at the start of each list (to reduce late starts). To date, the results were very encouraging with zero late starts, extra theatre throughput equating to 305 minutes or £6,100 productivity gain, and improved working relationships between the Vascular and Theatre Teams.

Following the presentation, discussion took place regarding (a) the wider cultural benefits of the Improvement Collaborative in terms of inspiring and enabling other teams to improve services; (b) opportunities for scaling up the individual projects to reduce variability and drive enthusiasm, and (c) how to communicate the benefits to the wider organisation. In response to the latter point, the Director of Quality Transformation and Efficiency Improvement advised that UHL had implemented a 'Life Q!' hub via MS Teams Channels and that all UHL Teams would be encouraged to access a wide repository of Improvement Collaborative resources using this hub. The Interim Trust Chairman commented upon the effective nature of using this methodical approach towards problem solving, identification of issues, sharing of ideas and building capacity for future projects and he thanked the team for their presentation.

**Resolved – that the Improvement Collaborative Transformation Story be received and noted as paper A.**

**272/21 MINUTES**

**Resolved – that the Minutes of the virtual public Trust Board meeting held on 2 September 2021 (paper C) be confirmed as a correct record and signed by the Interim Trust Chairman accordingly.**

**CHAIR****273/21 MATTERS ARISING FROM THE MINUTES**

Paper D provided a summary of the matters arising from the Trust Board meeting held on 2 September 2021 and any outstanding matters arising from previous Trust Board meetings. The Interim Director of Corporate and Legal Affairs provided a short progress update against the following items which were RAG-rated as amber in the report:-

- Item 15(d) – Minute 218/21/1 of 1 July 2021 refers – a date had not yet been agreed to present a high-level report on the work of the LLR System People Board to address future recruitment challenges to the Trust Board;
- Item 21 – Minute 183/21/6 of 3 June 2021 refers – proposals for the revised Board Committee structure and terms of reference for the new Board Committees were currently being developed and it was expected that these would be presented to the Trust Board in February or March 2022, and
- Item 25 – Minute 149/21/2 of 6 May 2021 refers – it had been agreed that a new Board Assurance Framework (BAF) would be developed which would align with the UHL Business Strategy (when finalised). In the interim period, the existing BAF would be updated and presented to the next public Trust Board meeting.

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

**274/21 STANDING ITEMS****274/21/1 Interim Trust Chairman's Report – November 2021**

In presenting his report at paper E, the Interim Trust Chairman highlighted forthcoming changes in

the Trust Board's composition, announcing the appointment of Mr J Melbourne as Chief Operating Officer and recruitment plans for 4 new Non-Executive Directors. He particularly recognised the contributions provided by Col (Ret'd) I Crowe and Mr A Johnson, as Non-Executive Directors; Ms K Gillatt and Mr I Orrell as Associate Non-Executive Directors, Ms D Mitchell as Acting Chief Operating Officer and Mr S Lazarus as Chief Financial Officer and wished them well for the future. He also briefed Board members on the development of the LLR Integrated Care Board which was due to become a statutory body with effect from April 2022. A programme of Non-Executive Director visits to UHL's wards and departments was currently being developed taking into account the appropriate Covid-19 infection prevention precautions. Finally, he provided his best wishes for all the religious festivals in the coming few months.

**Resolved – that the Interim Trust Chairman's monthly report for November 2021 be received and noted as paper E.**

274/21/2

Chief Executive's Update – November 2021

Mr R Mitchell, Chief Executive introduced paper F, providing his first monthly Trust Board update since he had commenced in post on 4 October 2021. He thanked his predecessors Mrs R Brown and Mr J Adler and their teams for their significant contributions to the Trust during the Covid-19 pandemic and the development of the Reconfiguration Programme (respectively). In presenting his report, he highlighted the following key points:-

- (a) the positive aspects of developing an Integrated Care System across Leicester, Leicestershire and Rutland (LLR);
- (b) the continued impact of Covid-19 upon the organisation, apologising that staff were still being required to work harder and patients were waiting longer for treatment than he would have liked. He provided assurance that everything that could be done to alleviate the pressures would be done, but the short-term reality was that this was likely to be another very difficult winter;
- (c) in the medium to longer term, the arrangements for clinical engagement at the Trust were being strengthened to ensure that a clinician was in the room whenever key decisions were being made. He noted that 6 of the 7 Clinical Management Groups were led by Doctors, but he also recognised the role of Nurses, Midwives and Allied Health Professionals in key decision-making;
- (d) interviews for the substantive roles of Chief Financial Officer and Director of Corporate and Legal Affairs were due to be held in November and December 2021 (respectively) and he thanked Mr S Lazarus the former Chief Financial Officer, Mr R Cooper Interim Chief Financial Officer and Mr G George, Interim Director of Corporate and Legal Affairs for their valued contributions, and
- (e) his positive outlook for UHL in 2022 as the Trust became a stronger employer and care provider, providing his best wishes to everyone for the forthcoming religious festivals.

**Resolved – that the Chief Executive's monthly report for November 2021 be received and noted as paper F.**

274/21/3

Integrated Performance Report – Month 6

The Chief Executive introduced paper G, providing the Integrated Performance Report (IPR) for September 2021. Each of the Executive Director leads provided 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) Deputy Chief Operating Officer – Emergency Department (ED) performance, 12 hour trolley waits, ambulance handovers, delayed patient discharges, specific investment in winter planning, elective capacity, demand for ITU beds, and cancer performance;
- (b) Medical Director – the development of a revised Never Events reduction plan, and detailed work being undertaken to understand the 12 month rolling Hospital Standardised Mortality Ratio (HSMR) for April 2020 to March 2021 which appeared to correlate with 2 peaks of the Covid-19 pandemic and was expected to normalise in due course. Assurance was also provided that the monthly HSMR (as at March 2021) was below 100;
- (c) Deputy Chief Nurse – increases in Clostridium Difficile infection rates (which had been impacted by high bed occupancy rates and high antibiotic prescribing linked to Covid-19 infections), performance against the internal stretch targets to reduce MSSA infections and Hospital Acquired Pressure Ulcers (HAPUs) through the quality improvement plan 'Every Action Counts';

- (d) Quality Committee Non-Executive Director Chair – key issues considered by the Quality Committee at the meetings held on 30 September 2021 and 28 October 2021 (papers G1 and G2 refer), including pertinent safety issues, midwife staffing levels, staffing challenges within the Chemotherapy Suite at the LRI and Ward 35 at Glenfield Hospital, and potential changes in the Care Quality Commission’s approach to monitoring NHS Trusts. She sought and received the Trust Board’s approval for the proposal to open up to 9 additional paediatric beds in the event that Paediatrics was at OPEL Level 3 or 4 and the associated derogation from NHSE/I guidance that this would entail;
- (e) People and Culture Committee Non-Executive Director Chair – revised meeting frequency for this Committee which now met on a bi-monthly basis, the arrangements for oversight of the delivery arrangements for the UHL People Strategy, key issues affecting UHL’s medical and nursing workforce, off-payroll reporting and progress of the flu and Covid-19 staff vaccination programmes. Separate reports featured later in today’s Trust Board agenda in relation to gender pay and equality and diversity performance (Minute 277/21/1 below refers);
- (f) in the absence of the Chief People Officer, the Chief Executive built upon the issues considered at the People and Culture Committee and the ongoing focus on staff sickness levels, Freedom to Speak Up and Staff Survey feedback, and
- (g) the Interim Chief Financial Officer and the FIC Non-Executive Director Chair agreed to provide an overview of financial performance later in the agenda (Minute 278/21/1 below refers).

In discussion on the month 6 Integrated Performance Report and the Committee escalation reports, the following question and comments were noted:-

- (1) the Interim Trust Chairman queried whether the Trust Board was fully sighted to the number of cancelled operations (including those prior to the day of surgery). It was agreed that a report on this matter would be presented to a future meeting of the Quality Committee; DCOO
- (2) Mr B Patel, Non-Executive Director sought additional information regarding the causes of a deterioration in the ED Friends and Family Test response rates and feedback scores and whether there were any ‘fixable’ issues which might help to improve this, such as offering refreshments in the event of long waits. The Deputy Chief Nurse advised that the main themes of the ED FFT feedback related to waiting times and communications regarding the delays. Assurance was provided that appropriate use was being made of the display boards to communicate waiting times and that regular nutrition and hydration was being provided;
- (3) Dr A Haynes, Adviser to the Trust Board queried when the 8-10 week improvement programme led by NHSI to increase the focus of Board Rounds on the medical wards was expected to conclude, noting in response that the diagnostic had been completed and that a 10 week implementation plan was being rolled out to 5 medical wards currently, and
- (4) the Interim Trust Chairman announced that a new Board Committee was being implemented to oversee UHL’s Operations and Performance and that it would be chaired by Mr M Williams, Non-Executive Director and attended by Dr A Haynes, Adviser to the Trust Board and Ms V Bailey, Non-Executive Director. IDCLA

**Resolved – that (A) the Month 6 Integrated Performance report be received and noted as paper G;**

**(B) the Escalation reports from the Quality Committee, People and Culture Committee and Finance and Investment Committee meetings held in September 2021 and October 2021 be received and noted as papers G1 to G5 (respectively);**

**(C) the recommendation by the Quality Committee to derogate from NHSE/I guidance to re-open an additional 9 beds in the Children’s Hospital be endorsed;**

**(D) the Deputy Chief Operating Officer be requested to review the monitoring arrangements for hospital cancellations prior to the day of surgery and present a report to a future Quality Committee meeting, and** DCOO

**(E) the Interim Director of Corporate and Legal Affairs be requested to establish a new UHL Board Committee to oversee the Trust’s Operations and Performance.** IDCLA

275/21 **DECISIONS FOR THE TRUST BOARD**

275/21/1 East Midlands Clinical Research Network – Quarterly Update

The Medical Director introduced paper H 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, EMCRN Chief Operating Officer attended the virtual meeting for this item. The main focus of priority was currently upon the recovery of the CRN Portfolio as part of the Government's Covid-19 Antiviral Taskforce. The Network's current financial position and operational performance were summarised in sections 3 and 4 of the report and appendix 1 provided the detailed 2021/22 financial position. Section 5 of the paper outlined the key risks and issues. The Chief Executive advised that he currently chaired the Partnership Group, but that a new independent Chair was due to be appointed to this group in future. Having chaired the Partnership Group for the last 2.5 years, he was well-sighted to the commendable strength, quality and quantum of research activity and the value of the Trust's relationship with the University of Leicester.

**Resolved – that the EMCRN Quarterly Update report be received and noted as paper H.**

275/21/2

Research and Innovation Quarterly Update

The Director of Research and Innovation introduced paper I, highlighting the central role that Leicester's research had provided in the response to the Covid-19 pandemic with almost 32,000 patients being recruited into portfolio studies during 2020/21. In the context of continuing Covid-19 infections, the focus was beginning to shift back to 'business as usual' studies, many of which had been paused during the pandemic. Since the report had been written, 2021/22 recruitment had increased to 5,500 in line with the trajectory to recruit 12,000 patients to studies by the end of the financial year. In respect of the NIHR funded infrastructure, full bids had been submitted for 6 Biomedical Research Centre (BRC) themes in mid-October 2021 and a full bid for a Clinical Research Facility (CRF) covering 7 clusters had been submitted at the end of September 2021. Section 5 of the report detailed some of the business considered by the Leicestershire Academic Health Partnership Board at the meeting held in September 2021. A copy of the Research and Innovation bulletin was appended to the report.

Professor T Robinson, Non-Executive Director suggested that the Director of Research and Innovation was being overly-modest about the significant contribution of Leicester's research at a national level during the Covid-19 pandemic, given the references that had been made at Prime Minister level. He commended the Trust's participation in the re-bidding processes for BRC and CRF funding, noting the benefits of raising the profile of research and innovation in Leicester which (in turn) helped to support good clinical engagement, recruitment and retention and improved patient outcomes. The Chief Executive supported the BRC re-bidding submission and preparations for the interviews that were expected to be held in April 2022. He commented upon the opportunity to develop a joint UHL/UoL communications message to promote the branding of Leicester's research identity.

**Resolved – that the Research and Innovation Quarterly Update be received and noted as paper I.**

275/21/3

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

The Director of Estates and Facilities shared some presentation slides updating the Trust Board on the carbon footprint of the NHS and the priority areas to be addressed within the development of the Trust's Green Plan. Ambitious targets were being set to reduce the carbon footprint of buildings, the supply chain, travel and transport. One of the key priorities was to reduce the Trust's use of the anaesthetic gas Desflurane by raising awareness of the environmental impact and encouraging the use of the available alternative techniques and a presentation had been made to the UHL Clinical Senate on this issue. In parallel with developing a UHL Green Plan, the LLR System Plan would also be developed and a System Green Board had been established to oversee this workstream.

Trust Board members broadly welcomed the approach set out within paper J, noting that it was important to set the work programme against the context of the impact of the Covid-19 pandemic and manage any communications sensitively without adding to the burden of the workforce, many of whom were physically exhausted after more than 2 years of responding to the pandemic. The Deputy Chief Nurse suggested that she would expect a strong degree of enthusiasm to support the development of the Green Plan as it represented something positive to focus upon. The Interim

Trust Chairman suggested that the communications surrounding the UHL Green Plan should emphasise the strong links with addressing health inequalities and improving population health. The Chief Executive also commented that it would be helpful to use 'lived experiences' as evidence to support the required changes going forwards.

**Resolved – that the presentation on the development of the UHL Green Plan and the arrangements for taking forward the greener NHS agenda be received and noted as paper J.**

275/21/4 Fire Safety Annual Report 2020/21

Paper K provided a short summary of the UHL Annual Fire Report for 2020/21. The full report had been published on the Trust's external website and a hyperlink to this document was provided within paper K. The Director of Estates and Facilities briefed the Trust Board on the challenges associated with delivering fire safety training and reviewing workplace fire risk assessments at the height of the pandemic. Section 3 of the summary report set out a list of the improvements that had been achieved during the 2020/21 financial year. The full report provided an analysis of the unwanted fire signals and fire incidents during the year. The Leicestershire Fire and Rescue Service had conducted 4 visits to UHL premises within the reporting period and no enforcement notices had been issued. It was also noted that a sum of £1.2m had been allocated from the Capital budget to fund improvements to UHL's fire alarm systems.

**Resolved – that the Fire Safety Annual Report for 2020/21 be approved (as presented on the external website and summarised in paper K).**

275/21/5 Premises Assurance Model (PAM) 2020/21

The Director of Estates and Facilities introduced paper L providing a short summary of UHL's self-assessment process against the set criteria of the Premises Assurance Model for the period April 2020 to March 2021. The full report had been published on the Trust's external website and a hyperlink to this document was provided within paper L. The data gathered from this exercise was used to provide assurance across the range of Estates and Facilities Services and helped to identify the areas for improvement going forwards. The Medical Director commented that whilst the PAM self-assessment process fulfilled the statutory requirements for gathering data, the Quality Committee had not been able to take any real assurance from the findings in relation to the fabric and structure of the Trust's buildings as the scope of the self-assessment was more confined to policies and processes. In response, the Director of Estates and Facilities advised that this feedback had been provided to NHSE/I previously and that the PAM data was not being used in isolation. Instead, it was being triangulated with the ERIC data, PLACE scores and the condition of estate surveys to make it more meaningful. The Trust Board recognised the context of the PAM process and endorsed the report accordingly.

**Resolved – that the Premises Assurance Model Report for 2020/21 be approved (as presented on the external website and summarised in paper L).**

276/21 **PROVIDE OUTSTANDING CARE (QUALITY)**

276/21/1 Understanding and Reducing Healthcare Inequalities

Further to Minute 148/21/1 of 6 May 2021, Mr S Pizzey, Head of Strategy and Planning attended the virtual meeting to present paper M, briefing the Trust Board on the process being used to understand the differences in access to healthcare, patient experience and outcomes for different sectors of the population (eg socio economic, gender, race, etc), developing positive evidence based interventions to reduce these differences and engage with research and wider LLR System partners to deliver the proposed solutions through changes in process, improved education, and training and research. Full service reviews were being undertaken in 3 particular services (Rheumatology, Neonatology/Paediatrics and Respiratory) using a deep-dive approach – these areas having been identified by their clinical desire to address this issue and a supportive management culture.

In discussion on the report and the proposed approach, Mr B Patel, Non-Executive Director expressed a degree of frustration that these issues had been well-known for some 10 years or more and only now were they being acted upon. The Director of Quality Transformation and Efficiency Improvement sought and received some additional information regarding the accountability

structure and the pace of the work, noting that this would be overseen and monitored by the Executive Strategy Board. Discussion took place regarding the arrangements for academic engagement, opportunities to strengthen the relationship between primary and secondary care, Local Authority service provision, social values, and appropriate use of neighbourhood agendas. Ms V Bailey, Non-Executive Director commented that it was not helpful that outbound telephone calls from UHL wards and departments showed up as being from an '0870' number which made patients less-likely to answer calls or ring the number back. The Chief Information Officer confirmed that this issue was being addressed as part of a wider telephony review. The Head of Strategy and Planning welcomed all of the comments on the proposals and undertook to provide an update to the Trust Board in 6 months' time.

**Resolved – that the update on Understanding and Reducing Health Inequalities be received and noted as paper M and an update on this issue be presented to the Trust Board in 6 months' time.**

**277/21 BE THE BEST PLACE TO WORK (PEOPLE)**

277/21/1 Gender Pay, Equality and Diversity Reports

Ms A Onyemah, Head of Equality, Diversion and Inclusion attended the virtual meeting to present papers N and N1, seeking the Trust Board's endorsement of the Gender Pay Report and the submissions for the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standards (WDES). Noting that UHL's gender pay gap remained relatively static at 29% (an increase of 1% from the prior year) she provided an overview of the actions planned to address this issue by building capacity of the UHL Gender Network, delivering a series of focus groups to understand the lived experiences of staff, rolling out Diversifying Leadership development sessions, and reviewing recruitment and promotion processes through a gender lens. The Trust Board endorsed the Gender Pay Gap report for publication on the UHL and Government websites accordingly.

In respect of the WRES and WDES reports, the Head of Equality, Diversity and Inclusion noted modest improvements in BAME representation (from 35.9% to 37.3%) and disabled staff representation (from 4.0% to 4.58%). She provided an overview of the arrangements for addressing race and disability equalities through the UHL People Strategy, underpinned by the Trust's People Promise, in respect of attracting and developing a diverse workforce and developing an inclusive, accessible and civil culture. Collaboration was also being undertaken with De Montfort University and the University of Leicester to develop the cultural intelligence required to achieve the desired outcomes. In discussion on the report, Ms V Bailey, Non-Executive Director queried what interventions were being undertaken to address WRES indicator number 8 (the % of staff who had personally experienced discrimination at work from a manager or colleague) and Mr B Patel, Non-Executive Director noted the need for a wider leadership discussion on the reasonable adaptations that could be made to accommodate staff with disabilities. The Interim Trust Chairman noted that the WRES and WDES reports raised a number of challenging issues and he sought a view from the Head of Equality and Diversity as to whether the Trust was taking these issues seriously enough. In response, Ms Onyemah suggested that the position was mixed; some leaders were modelling positive and inclusive behaviours, but this was not consistent across the Trust. Members agreed that it would be helpful to highlight examples of positive leadership behaviours alongside clear messages regarding upholding the Trust's values to encourage other leaders to emulate them. The Interim Director of Corporate and Legal Affairs highlighted his involvement in a national Race Code workstream which aimed to embed the fact that racism would not be tolerated in any organisation.

**Resolved – that the Gender Pay Gap, WRES and WDES reports (papers N and N1 refer) be approved for publication.**

277/21/2 Guardian of Safe Working Quarterly Update

**Resolved – that the quarterly update on the Junior Doctors Guardian of Safe Working be presented to the Trust Board meeting in February 2022.**

CPO

277/21/3 Freedom to Speak Up Annual Report 2020/21

Ms E Concannon, Freedom to Speak Up Guardian attended the virtual meeting to present paper P, providing the F2SU Annual Report for 2020/21 and a briefing on the continued progress and

development in responding to concerns raised and fostering a speaking up culture at UHL. There were now 2 part-time F2SU Guardians working at UHL and they were supported by the Director of Quality Governance and had access to the entire Executive Team for any specific issues. The report summarised the wide range of mechanisms available to staff for speaking up and provided a thematic analysis of the concerns that had been raised throughout the year. It was noted that bullying and harassment was the most frequent theme raised, closely followed by infection control and communications. The report also outlined planned service developments for the 2021/22 financial year.

The Director of Quality Transformation and Efficiency Improvement invited the Trust Board to consider the actions required to address any specific problematic behaviours that might be causing the increase in concerns raised in relation to bullying and harassment and queried whether it would be helpful to re-publicise the availability of the 'Junior Doctors Gripe Tool' in view of the reduced usage of this mechanism (64 occasions compared to 156 in the previous year). The F2SU Guardian confirmed that the 'Junior Doctors Gripe Tool' would be highlighted during a presentation at a forthcoming Junior Doctors Forum. Mr B Patel, Non-Executive Director advised that he was the lead Non-Executive Director for F2SU and he emphasised the independent nature of the F2SU service, also recognising the valued support of the Trust Chairman and the Chief Executive. The Chief Executive provided his personal commitment that he would be working closely with the F2SU Guardians to ensure a relentless focus upon people and culture within all decision-making to ensure that all staff felt safe to speak up within the organisation and that their views would be heard.

**Resolved – that the F2SU Annual Report for 2020/21 be received and noted as paper P.**

**278/21 DEPLOY OUR RESOURCES IN THE BEST POSSIBLE WAY (FINANCE AND PERFORMANCE)**

**278/21/1 Month 6 Financial Performance and Roadmap to Sustainable Financial Improvement**

The Interim Chief Financial Officer introduced paper Q, briefing the Trust Board on the Trust's financial performance as at month 6 (September 2021) and paper Q1, providing assurance in respect of UHL's Roadmap to sustainable financial improvement. As detailed in paper Q, the Trust had delivered a year to date surplus of £5.4m (inclusive of Top Up funding) which was favourable to the planned and forecast positions. The Cost Improvement Programme (CIP) remained on track to deliver cash releasing savings of £8.4m against a target of £4.8m for the first half of 2021/22. The cash position remained strong at £91m. The underlying financial position continued to be the subject of detailed analysis but the main movements between month 5 and month 6 were highlighted in a graph on page 7 of paper Q. Performance against the Better Payment Practice Code (BPPC) stood at 94% by volume and 91% by value. The target to pay SME suppliers within 5 days was not yet being met although this was more about robust processes rather than cash availability. Capital expenditure to date stood at £22.5m against a planned £25.8m, but this slippage was expected to recover and the forecast 2021/22 capital plan of £72.4m was expected to be delivered.

Mr A Johnson, Finance and Investment Committee (FIC) Non-Executive Director Chair introduced papers G4 and G5, providing the summaries of the FIC meetings held on 30 September 2021 and 28 October 2021, noting the recent improvements in the capital plan, the helpful nature of new financial schedules which enabled a greater depth of understanding surrounding the Trust's underlying financial position, and the Committee's concerns relating to the workforce numbers. The Interim Trust Chairman reiterated the need for UHL to continue to focus upon delivering its control total for the second half of the 2021/22 financial year, increase understanding of the factors affecting the underlying financial position, and develop the financial plans for 2022/23 and the medium term in order to exit the Financial Special Measures Programme and enter a more normalised financial governance regime going forwards.

**Resolved – that the month 6 Financial Performance Report and the Roadmap Assurance Report be received and noted as papers Q and Q1 (respectively).**

**279/21 CORPORATE GOVERNANCE/REGULATORY COMPLIANCE**

**279/21/1 Audit Committee Escalation Report 8 October 2021**

In the absence of the Non-Executive Director Audit Committee Chair, the Interim Chief Financial Officer introduced paper R, providing a summary of the issues considered at the 8 October 2021



Audit Committee meeting. He particularly highlighted the sections relating to (a) the Trust's response to the draft Audit Findings Report, noting that a revised AFR was being developed for consideration at the December 2021 Audit Committee, and (b) the timeliness of responses to the recommendations arising from Internal Audit reviews. In terms of the process for finalising the Annual Accounts for 2019/20 and 2020/21, there were no major issues to report and he continued to meet with the External Auditors once per fortnight to review progress.

**Resolved – that the summary of issues considered by the Audit Committee on 8 October 2021 be received and noted as paper R.**

279/21/2 Charitable Funds Committee Escalation Report – 15 October 2021

Mr B Patel, Non-Executive Director Charitable Funds Committee Chair introduced paper S, providing a summary of the issues considered by the Committee at its meeting on 15 October 2021. There were no recommended items for Trust Board approval (as Corporate Trustee).

**Resolved – that the summary of issues discussed at the 15 October 2021 CFC meeting be received and noted as paper S.**

279/21/3 UHL Approach to Preparing for the Covid-19 Public Inquiry

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 T). Whilst the date of the inquiry and not been announced and the terms of reference had not yet been circulated, the Trust was acting in line with the NHSE/I guidance of 8 July 2021 and had appointed the Interim Director of Corporate and Legal Affairs as the Inquiry Lead and issued guidance to staff in relation to housekeeping and retention of records. In response to a query from the Interim Trust Chairman, it was confirmed that engagement was taking place with the LLR System in order to adopt best practice in a consistent manner and avoid any unnecessary duplication.

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

280/21 **ANY OTHER BUSINESS**

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

281/21 **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 12noon on Tuesday 2 November 2021. The Interim Director of Corporate and Legal Affairs read out the following questions which had been received in advance of that deadline and these were responded to during the meeting:-

**Question 1: The Report by Chief Executive Monthly Update (Trust Board Paper F) refers to creating two 'super' intensive care units with 100 beds in total. My question is how can this be delivered when taking into account there aren't enough nurses to operate the current intensive care unit at capacity?**

In response to question 1, the Deputy Chief Nurse acknowledged the workforce challenges affecting the UHL and the NHS more generally (both prior to and during the Covid-19 pandemic). It was only more recently that these staffing shortages had begun to impact upon UHL's Intensive Care Units (ICUs) as the Trust had previously over-recruited into Critical Care Nursing posts prior to the pandemic. The additional ICU beds were due to open in 2026/27 and she provided a broad outline of the actions that were ongoing to recruit to the nursing workforce in order to reduce the occurrence of treatment delays and cancellations. These included: regular recruitment open days with a focus on the ICU service and the new buildings and refurbishment to be delivered under the Reconfiguration Programme, robust plans for domestic and overseas recruitment, career progression, leadership and development opportunities, promoting the Trust's values, listening to staff, workforce planning meetings, and a focus on nursing excellence through the 'Pathway to Excellence' programme, thereby creating a positive practice and environment to attract people to choose nursing as a career and for them to come and work in Leicester's Hospitals.

**Question 2: In his update paper the Chief Executive refers to the Reconfiguration Plans. Please can the Board update the public on the response (published on the UHL web site) given to my questions at the last Board meeting on the progress of the Reconfiguration plans?**

In response to question 2, the Director of Estates and Facilities referenced the comprehensive response that had been provided on this subject at the 2 September 2021 Trust Board meeting, advising that no specific updates had been provided since then and that feedback was still awaited from the New Hospital Programme Team. In the interim period, the Trust continued to support their requests for additional information and preparations were underway for the start of the Outline Business Case, including the development of supporting strategies such as net zero carbon and the digital agenda. He highlighted residual concerns at a national level relating to capacity within the construction industry and advised that the Leicester scheme was now identified and referenced as a phase three scheme (within the five phases of the New Hospital Programme), rather than a pathfinder scheme.

The Trust had also received a further set of questions relating to a personal matter, which would be responded to directly to the requester (outside the meeting). These questions and the associated responses would not be published on the external website.

**Resolved** – that the above two questions and the associated responses be provided to the requesters directly and published on the external website (following the meeting).

CCSO

## 282/21 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:-

- Fire Safety Annual Report 2020/21 (full report);
- Premises Assurance Model Report 2020/21 (full report);
- Quality Committee Minutes – 26 August 2021 and 30 September 2021;
- Finance and Investment Committee Minutes – 26 August 2021 and 30 September 2021, and
- People and Culture Committee Minutes – 26 August 2021.

## 283/21 DATE AND TIME OF NEXT TRUST BOARD MEETING

**Resolved** – that the next public Trust Board virtual meeting be held on Thursday 3 February 2022 from 1.30pm.

The meeting closed at 16.43pm

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)	9	9	100	A Furlong	11	7	64
K Singh (until 16.4.21)	2	2	100	A Johnson	11	11	100
V Bailey	11	11	100	S Lazarus (until 29.10.21)	10	10	100
P Baker (until 30.8.21)	7	6	86	D Mitchell	11	9	82
R Brown	9	7	78	R Mitchell (from 4.10.21)	2	2	100
R Cooper (from 1.11.21)	1	1	100	B Patel	11	11	100
I Crowe	11	11	100	T Robinson (from 1.9.21)	4	3	75
C Fox (until 7.10.21)	10	8	80	M Williams	11	9	82

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	11	10	91	H Kotecha	9	8	89
M Durbridge (from 6.5.21)	9	9	100	I Orrell	11	11	100

**Paper B**

G George (from 12.7.21)	4	4	100	S Ward (until 29.7.21)	7	7	100
K Gillatt	11	8	73	M Wightman (until 7.10.21)	10	10	100
A Haynes (from 1.7.21)	6	4	67	H Wyton (until 7.10.21)	10	6	60
D Kerr	11	9	82				