

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY ON THURSDAY 6 OCTOBER 2022 FROM 1.30PM****Voting Members present:**

Mr J MacDonald – Trust Chairman
 Ms V Bailey – Non-Executive Director and Quality Committee (QC) Non-Executive Director Chair
 Mr S Barton – Deputy Chief Executive
 Mr A Furlong - Medical Director
 Mr S Harris - Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair (virtually via MS Teams)
 Dr A Haynes - Non-Executive Director and Reconfiguration and Transformation Committee (RTC) Non-Executive Director Chair (virtually via MS Teams)
 Ms J Hogg – Chief Nurse
 Ms L Hooper - Chief Financial Officer
 Mr R Mitchell – Chief Executive
 Mr J Melbourne – Chief Operating Officer
 Mr B Patel - Non-Executive Director and PCC Non-Executive Director Chair
 Professor T Robinson - Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair (virtually via MS Teams)
 Mr M Williams - Non-Executive Director and Audit Committee Non-Executive Director Chair

In attendance:

Dr R Abeyratne – Director of Health Equality and Inclusion
 Ms G Belton – Corporate and Committee Services Officer
 Professor N Brunskill – Director of Research and Development (for Minute 216/22/2)
 Mr A Carruthers – Chief Information Officer
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Ms G Dublin – Modern Matron (for Minute 213/22)
 Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
 Dr E Evans – Consultant in Respiratory Medicine (for Minute 216/22/2)
 Ms H Kotecha - Leicester and Leicestershire Healthwatch Chair (virtually via MS Teams)
 Mr M Simpson- Director of Estates and Facilities
 Ms C Teeney – Chief People Officer
 Ms S Zavery – Head of Equality Diversity and Inclusion (for Minute 213/22)

ACTION**209/22 APOLOGIES AND WELCOME**

The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Ms G Collins-Punter, Associate Non-Executive Director and Mr J Worrall, Associate Non-Executive Director.

210/22 DECLARATIONS OF INTERESTS

Resolved – that there were no specific declarations of interest made.

211/22 MINUTES

Resolved – that the Minutes from the public Trust Board meeting held on 1 September 2022 (paper A refers) be confirmed as a correct record.

212/22 MATTERS ARISING

Paper B provided progress updates for the matters arising from the 1 September 2022 Trust Board meeting and any still-outstanding items from previous meetings, the contents of which were received and noted.

Resolved – that the matters arising report be received and noted as paper B.

213/22 STAFF STORY

Ms G Dublin, Modern Matron and Ms S Zavery, Head of Equality, Diversity and Inclusion attended for this item and were introduced to the Trust Board by Ms C Teeney, Chief People Officer.

In acknowledgement of October as Black History Month and Freedom to Speak Out Month, Ms Dublin, Modern Matron, attended to speak to the Trust Board about her experiences working in UHL as a black Nurse. Ms Dublin had had a long and varied career as a Nurse, most of which was in UHL and she had retired in April 2022, returning part-time in June 2022. Ms Dublin had three children; two sons and a daughter, the youngest of whom still lived at home and Ms Dublin spoke about the colloquial language used by her son with one particular example being 'low it' meaning 'to allow it; give me a chance, let me be me' and the relevance of this expression to her experiences as a black Nurse working in UHL.

Ms Dublin spoke of occasions where Junior Staff would look past her and assume that the white colleague stood next to her was in charge when she, in fact, was the Senior Nurse. This often led to her feeling obliged to make the situation better when both she and the junior staff member became uncomfortable both realising the hidden message behind their mistaken assumption. Ms Dublin explained that racism had formed part of both her personal and professional life, it had been career limiting and she believed she could now use her experiences to help others who would, perhaps, not feel empowered to complain or speak up. Ms Dublin informed the Trust Board of a concern she had previously communicated in relation to racism she had experienced in the Trust and expressed her disappointment, although not surprise, at the outcome; noting also that she had felt very let down by the process and considered that the Trust's values had not been demonstrated in the way in which they should have been. Ms Dublin noted that within UHL, staff often spoke about patient safety and, to a lesser extent, staff safety and she emphasised the need to focus on what action could be taken to make BAME staff feel safe within the Trust. From a personal perspective, Ms Dublin had spoken openly about the subject and shared her black experience with her colleagues, who had been relieved to be able to address the subject, not knowing previously how to approach it and they had apologised, communicating that they were 'sorry, we never knew'. This suggested to Ms Dublin that her white colleagues were afraid to talk about the subject as they did not wish to cause offence and she believed this was now the time for education and development and to learn the lessons from the past and she wished to do so by using her experience and influence to ensure that the Trust was 'getting it right' for BAME staff, and providing support for staff to work in inclusive environments. The theme now she believed was 'time for change, actions not words'.

Following Ms Dublin sharing her story, the following points were raised in the discussion that followed:-

- (i) Trust Board members conveyed their thanks to Ms Dublin and recognised her courage for sharing her experiences with them, noting how powerful her story was and the importance of the Trust Board listening in order to address this for the workforce of the future, noting that Ms Dublin would be an inspiration to younger nurses. The Trust Chairman expressed the Trust Board's commitment to supporting Ms Dublin's work in this respect;
- (ii) recognised that now was the time for change and highlighted the need to consider how best the Trust could make and maintain positive changes in this respect, with the help of Ms Dublin and other colleagues who were willing to assist, so that the Trust could do better;
- (iii) acknowledged that the demographic of LLR was not represented in UHL;
- (iv) Professor Robinson, Non-Executive Director and also Pro Vice-Chancellor, Head of College and Dean of Medicine at the University of Leicester considered that the University faced challenges in this respect and he had reached out to Dr Abeyratne, UHL's Director of Health Equality and Inclusion, for assistance in training healthcare professionals;
- (v) a recognition that staff may try to hide their culture for fear of non-acceptance or being misunderstood, as Ms Dublin expressed that she had done in the past, and Ms Dublin's observation that there were not enough people of colour looking after patients of colour;
- (vi) Mr B Patel, Non-Executive Director, spoke of his involvement with the West Indian Senior Citizens Project and highlighted a particular example of poor treatment of which he had been informed;
- (vii) the Director of Health Equality and Inclusion noted how hard it was for staff to speak personally and her wish to make it easier for people to speak up, and she sought Ms

- Dublin's view as to how to make this process much easier for people. It was agreed that Ms Dublin and the Director of Health Equality and Inclusion would progress this aspect further outwith the meeting;
- (viii) Ms Bailey, Non-Executive Director, noted that whilst the UHL Trust Board now comprised many new faces, the Trust Board in its previous incarnation had given commitments to the BAME network and she suggested reviewing those commitments and any progress made against them. Ms Dublin noted that a strategy was important, particularly in terms of how it could be embedded and work effectively and, of utmost importance, that it was the right strategy;
 - (ix) in response to a query posed as to what would let the Trust know that it was making progress in this respect, Ms Dublin noted that the strategy would need to be supported from both the top down and bottom up, noting that the majority of BAME staff were working in lower-banded job roles and there was a need to support junior staff and give staff on the ground the tools they needed. Also recognised as of importance was ensuring that the messaging was appropriate, with a fundamental shift required, and potential actions that could be implemented were debated and ultimately it was agreed, as expressed by Ms Dublin, that a range of strategies and ideas would be required as a 'one size fits all' approach would not be sufficient

DHEI / MM

In concluding discussion on this item, the Chief Executive thanked Ms Dublin for sharing her experiences with the Trust Board and expressed his apologies for the experience which Ms Dublin and others had had in UHL, noting that he accepted that staff were not working in a 'high trust environment' and he undertook to work tirelessly with Ms Dublin and colleagues, the Trust Board and the organisation as a whole to implement improvements for the future. The Chairman noted that similar messages had been conveyed by Junior Doctors and reiterated the Trust Board's commitment to develop a clear programme, furthermore noting that it was incumbent on all staff to speak up. It was agreed to devote time to consideration as to how to take forward this matter at a future Trust Board Development session.

Resolved – that (A) the contents of the presentation be received and noted,

(B) the Director of Health Equality and Inclusion be requested to meet with Ms G Dublin, Modern Matron, outside the meeting, to discuss how to make it easier for people to speak up and regarding the escalation process for any such concerns raised, and

DHEI / MM

(C) the Chief People Officer and Director of Corporate and Legal Affairs be requested to schedule in a session on race and addressing racism as part of the forward programme of Trust Board Development sessions.

CPO/DCLA

214/22 STANDING ITEMS

214/22/1 Chairman's Report – October 2022

The Chairman presented his October 2022 Trust Board report (paper C refers) which detailed information in respect of the following: -

- the New Government;
- the British Association of Physicians of Indian Origin (BAPIO) Conference;
- 2020/21 Accounts signed off;
- Meeting with System Partners, and
- Board and Organisational Development.

In presenting his report, the Trust Chairman emphasised that there would not be the levels of funding available in the public sector as previously and there was a requirement on the Trust Board to be clear as to its focus and priorities as it began work on its strategy. This was a very challenging time and there was a need to be clear on how the Trust could help its staff. He also requested that Trust Board members utilised the opportunity to encourage staff to speak up through the Freedom to Speak Up mechanisms when on any visits around the Trust.

Resolved – that the contents of paper C be received and noted.

The Chief Executive introduced paper D, which detailed updates regarding the following items: -

1. Covid
2. Overall assessment
3. Care Quality Commission
4. Unrest in East Leicestershire
5. Locally Employed Doctors
6. Celebrating Diversity and Inclusion - Black History Month 2022
7. Staff Survey
8. Emergency care, ambulance handovers and winter
9. Elective care
10. Wider improvement

In presenting this report, whilst acknowledging the many challenges, the Chief Executive particularly highlighted specific areas in respect of which there was evidence that progress was being made, albeit acknowledging that there was still much more to do, and these included the experience of receiving care in UHL and the experience of working at UHL. Patient experience was not consistently where it should be and there was much work to do, however the progress being demonstrated was important. Similarly, UHL was starting to become a better place to work, albeit opportunity did not present itself equally and he spoke of the experience of Locally Employed Doctors in this respect. Also emphasised was the need to pay staff accurately and on time and significant work was on-going in this respect.

The Chief Executive also made reference to a draft letter received from the Care Quality Commission following their recent visit which indicated that they had been pleased with what they had found and in the ability of the Leadership Team. In terms of areas for improvement, these aligned with those already identified within the Trust. Formal feedback from the CQC was expected within next few weeks.

In conclusion, the Chief Executive noted his intention to submit to a future Trust Board meeting, details around priorities for the NHS as outlined by the Secretary of State for Health, as had already started to be discussed during that morning's Trust Board Development session.

Resolved – that (A) the contents of paper D, and the additional verbal information provided, be received and noted, and

(B) the Chief Executive be requested to submit to a future Trust Board meeting details around priorities for the NHS as outlined by the Secretary of State for Health.

CEO

The Chief Operating Officer introduced paper E, providing the Integrated Performance Report (IPR) for August 2022. Each of the Executive Director Leads were invited to provide an overview of the key aspects of the report relating to their portfolios and the Non-Executive Director Chairs of Board Committees were invited to comment, as follows:-

- Operational Performance – in reference to emergency and planned care, the Chief Operating Officer noted that people were waiting longer than would be wished for and this had consequent impacts on EMAS, for which he expressed his apologies. There had been some improvement in ambulance handover times in August 2022, however there remained the challenge of flow, with approximately 50 patients awaiting a bed in the Emergency Department every morning. There had been 150 more admissions than discharges and there was a need to build in capacity to handle the variation. UHL had opened a Care Home in August 2022 and was utilising the capacity it provided. The MIAMI unit was being expanded and a Winter Plan had been agreed with more interventions. The Trust's waiting list continued to grow. Significant progress was being made with regard to the Trust's 78 week and 104-week waiters and there was a continued improvement trajectory in that respect. It was recognised that focus was required on productivity and utilising capacity in the best way. Clinical models were currently being reviewed across specialties following changes made during the covid pandemic. Specific note was made that the backlog of care facing the Trust was not of a level it had ever faced previously. In response to a query raised as to the reason behind the worsening performance in out-

patients, the Chief Operating Officer noted that this was due to worsening Did Not Attend (DNA) rates and focused work was required in this respect, including targeted interventions with groups most likely to not attend. Particular note was made of the need to find the right balance between face to face and virtual appointments, and the Deputy Chief Executive noted that the virtual model needed to be developed around both what patients wanted and what was most appropriate clinically.

- Quality – the Chief Nurse reported verbally to highlight exceptions. There had been five additional cases of C Diff, none of which were due to hospital transmission. The Trust was not an outlier in this respect, however needed to maintain focus on this indicator. There was a new Lead for the Antimicrobial Working Party and work was underway with Estates and Facilities colleagues in relation to deep cleans. There had been 7 cases of MSSA in a month, which represented an increase of 2. Surgical surveillance was to re-commence and it was hoped that this would make a positive difference. Hospital acquired pressure ulcers had decreased for the last reporting month, however there remained significant work to do in this respect, with an external colleague invited in to review the Trust's processes during the next week, the preliminary findings from which would be shared with the Quality Committee. The Medical Director reported verbally to highlight that UHL's crude mortality rate was as per the national average. In respect of perinatal mortality, the UHL team had visited Leeds Teaching Hospital NHS Trust and a detailed report would be submitted to the Quality Committee. The Trust had a robust process, however there had been beneficial learning from the visit for both UHL and Leeds staff. In response to a query raised by the Trust Chairman as to patient falls, the Chief Nurse confirmed that the latest available falls data was good, however acknowledged that this was likely to be under-reported and she would be able to provide a further update at a future meeting regarding the more pro-active approach to patient falls. Ms Bailey, Non-Executive Director and Quality Committee Chair, confirmed that the Quality Committee regularly reviewed falls data. The Director of Health Equality and Inclusion referenced a new international framework developed around Falls Prevention, noting that the President was local to Leicester and could be a useful contact in progressing the falls work further within UHL;
- People – the Chief People Officer reported verbally noting that the Trust was not yet at the desired target in respect of mandatory training and appraisals and there was a need to think realistically about this going forward. Sickness absence rates continued to be affected by covid, and there was a need to consider how to support capacity. Recruitment of international nurses was strong, with the intention to recruit at scale for nurses and Healthcare Support workers where possible. More focus was required in relation to rostering and flexible working within the Staff Bank. The vaccination programme for staff had been deployed ahead of Winter and arrangements were being implemented to provide psychological support with teams throughout the Winter period. There was a move towards an emphasis on supporting staff well-being as opposed to sickness management absence. In response to a query raised as to whether there was sufficient support for staff to access in relation to stress, anxiety and depression, the Chief People Officer noted that the Trust had a good programme of support for staff in this respect through AMICA etc. The area for specific focus was consideration of whether the people who needed this support were accessing it. Also in relation to a query raised regarding retention of staff on lower bands, the Chief People Officer noted that there were currently high areas of turnover particularly in administrative and clerical groups and Healthcare Support Worker groups and a review was underway into the reason for this and further support that could be provided to counteract this. In response to a question raised by the Trust Chairman as to what could be done in response to the reports of many NHS staff leaving their jobs, the Chief People Officer noted that there was no consistency within LLR of what staff on specific bands were paid and that unnecessary turnover could be addressed by removing this variation, and
- Finance – the Chief Finance Officer reported verbally noting the latest reported deficit of £4.3m, which was £1.5m ahead of planned. The Trust's position in relation to CIP was also ahead of that expected. Capital expenditure was behind that expected at this point in the year, mainly due to a large item of kit. Detailed work was on-going and any slippage would be mobilised. There was currently focused effort on aged creditors which would impact on the Trust's cash balance and the Better Payment Practice Code. The Trust had an ambitious plan to breakeven and had identified risks to delivery of £25m and mitigations to-date of £12m, with £13m of risk. The Trust was working on this internally and with ICS partners and a further update would be submitted to the Trust Board next month.

Resolved – that the month 5 2022/23 Integrated Performance Report (paper E) be received and noted, and the additional verbal information provided be noted.

215/22 DECISIONS FOR THE TRUST BOARD

215/22/1 Annual Accounts and Annual Report 2020/21

The Chief Financial Officer introduced papers F1 to F4 which detailed the Annual Accounts 2020/21 (paper F1 – Appendix A), the Letter of Representation (paper F1 – Appendix B), the Annual Report 2020/21 and Annual Governance Statement (paper F2), the Annual Audit Letter (paper F3) and the Draft Audit Opinion (paper F4). These papers had been due to be considered at an extraordinary public Trust Board meeting scheduled for 9 September 2022, however this meeting had not been able to take place publicly, as planned, due to the passing of Queen Elizabeth II the day before and the need to respect the period of public mourning. Due to the need to submit the Trust's accounts by a specified deadline, the meeting had taken place in private, during which time the Accounts had been approved, and were now being presented in the public domain.

In presenting these reports, the Chief Financial Officer noted that these represented the second set of accounts for which there had been a delayed adoption. A disclaimer opinion had been given on the 2019/20 accounts and a modified adverse opinion had been given on the 2020/21 accounts, which represented a significant step forward as confirmed by the Trust's External Auditors for the 2019/20 and 2020/21 Accounts; Grant Thornton, with there no longer being any reference to management override of controls. The draft 2021/22 accounts had been produced prior to completion of this audit and were therefore likely to incorporate some of the same issues; an impact assessment would be undertaken in this respect and reported to the Audit Committee. Mr M Williams, Non-Executive Director and Audit Committee Chair, acknowledged this significant improvement and expressed his congratulations and thanks to all involved for their work. He reiterated the likelihood of elements within the 2021/22 accounts which the Auditor would need to qualify and highlighted the need for the Audit Committee to maintain a relentless focus on the improvement plan. The Trust Chairman thanked the Chief Financial Officer and her team and Mr Williams, Non-Executive Director and Audit Committee Chair and re-confirmed the Trust Board's approval of the accounts for 2020/21.

Resolved – that the Annual Accounts for 2020/21 be publicly confirmed as approved at the private Trust Board meeting held on 9 September 2022.

215/22/2 Annual Fire Report 2021/22

The Director of Estates and Facilities presented paper G, which detailed the Annual Fire report for 2021/22 which provided assurance that suitable and sufficient arrangements were in place, as required by the Regulatory Reform (Fire Safety) Order 2005 (FSO), to meet the duties placed upon it with regard to the management of fire safety, to enable the Annual Fire Statement to be signed off and to advise of the priorities for the forthcoming year. The report informed the Trust Board of the current level of Fire Safety provisions across the Trust portfolio, highlighted where improvements had been made and indicated where further Fire Safety related improvements and investments were necessary.

In presenting this report, the Director of Estates and Facilities noted that the provision of face-to-face fire training had increased and work was underway in relation to all fire doors within the Trust. Work was being undertaken at a rapid pace, with 900 live jobs having been closed to-date and the aim of achieving 100% compliance.

In response to a query raised by the Trust Chairman as the priority of fire-related risks within the Estates and Facilities risk register, the Director of Estates and Facilities confirmed that fire was the top priority, followed by water. Ms Bailey, Non-Executive Director and Chair of the Quality Committee, noted that the Quality Committee had taken limited assurance from this report due to the residual issues detailed within the report. The Director of Estates and Facilities was requested to notify the Trust Board once the residual issues referenced within the Annual Fire Report 2021/22 had been addressed. In response to a question raised by the Chief Executive as to which of the Trust's three sites was of most concern, the Director of Estates and Facilities advised that this would be the LRI site due to compliance and backlog maintenance issues.

Resolved – that the contents of this report be received and noted, and the Annual Fire Report 2021/22 be endorsed.

215/22/3 Infection Prevention Annual Report 2021/22

The Chief Nurse presented paper H, which detailed the Infection Prevention Annual Report for 2021/22, which was a statutory requirement. Ms Bailey, Non-Executive Director and Quality Committee Chair, noted that the Quality Committee received a regular quarterly report relating to infection prevention. The Trust Chairman noted the good work represented by this report in respect of which he requested that the Chief Nurse extend the Trust Board's thanks to the Infection Prevention team.

Resolved – that the contents of this report be received and noted and the Infection Prevention Annual Report 2021/22 be endorsed.

215/22/4 Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2021/22

The Chief Operating Officer presented paper I, the work relating to which supported meeting the Trust's emergency preparedness, resilience and response (EPRR) responsibilities under the Civil Contingencies Act (2004) and NHS England's Core Standards for EPRR which were audited on an annual basis.

The report provided the Trust Board with an annual update against its EPRR arrangements for the period of August 2021 – August 2022, to help ensure the Trust was well prepared to respond to any disruptive challenge or emergency and serve the patients and community irrespective of the circumstances faced.

The EPRR Team had completed its annual self-assessment against NHS England's Core Standards for EPRR, which provisionally rated the Trust as being fully compliant against 52 of the 64 standards; an overall compliance rating of 'partially compliant'. The new core standards released in August 2022 now required Trusts to update plans annually, provide more frequent training, testing and exercising for all of its plans to key personnel across UHL. Additionally, a further 18 parameters had been included this year, relating to the plans required, cooperation, training and exercising, and warning and informing. A retrospective completion of last year's core standards had also been conducted and it was deemed that the Trust would have remained as being substantially compliant (89%) against the previous year's iteration. Therefore, whilst the Trust had moved to being 'partially compliant' due to the timing of the new core standards being released, there was confidence with the plans in place that the Trust would be substantially compliant against NHS England's EPRR Core Standards (i.e. fully compliant with 89 – 99% of the standards) by August 2023.

In response to a question posed by the Trust Chairman as to whether there was a relative priority order for the 18 new standards, the Chief Operating Officer confirmed that the EPRR Board had assigned an order of priority. It was noted that the Quality Committee would receive any future such reports and escalate any issues to the Trust Board, as appropriate.

Resolved – that the contents of this report be received and noted, specifically the progress made against the EPRR work programme and agreement of the key priorities for the Trust over the next 12 months relating to EPRR.

216/22 **PROVIDING OUTSTANDING CARE (QUALITY)**

216/22/1 Approach to the Development of a new Strategy, Values and Vision for UHL

The Deputy Chief Executive presented paper J, which outlined the engagement and design process for the Trust's new seven-year strategy given that Becoming the Best (BtB) came to an end this year and in light of the difficulties now facing UHL and the wider NHS as a consequence of the events of recent years. The 7 year period was likely to be phased into what the immediate strategy (next 2 years) would be, the medium term (2-5 years) and beyond (5-7 years). This process had been designed to achieve a strategy that was:

- Collaborative; engaging a wide range of stakeholders in their views;
- Realistic and could be implemented, and

- Adaptable to the constantly changing world, healthcare environment and political environment.

The Chief People Officer noted that, along the same theme, there now existed the opportunity to re-visit the Trust's stated values and test these out with colleagues and this would be undertaken through a number of different platforms. In discussion around this point, it was also noted that the Trust's values should resonate with the patients and public served by the Trust, in response to which the Chief People Officer confirmed that consultation would take place with staff and patients / the public in tandem. The Chief Financial Officer also highlighted the potential need for the Trust to make difficult choices about where it did and did not spend its funding.

In discussion on this item:-

- (i) note was made that, with regard to the November 2022 to January 2023 timeframe, two weeks would be affected due to the Christmas and New Year leave periods;
- (ii) the Deputy Chief Executive noted that LLR ICB were currently developing their strategy and both strategies would dovetail appropriately;
- (iii) Mr B Patel, Non-Executive Director, requested that clarity was provided on how the Trust would feedback to stakeholders on its strategy;
- (iv) in relation to the proposed consultation, it was highlighted that the Trust should ensure the people involved in the consultation were representative of staff and the communities served by the Trust, and there was a need to utilise different strategies for engagement with different groups;
- (v) with regard to the Trust's current stated values, the Chief Executive noted that these were currently a series of statements and that there was an apparent disconnect between the values displayed on the wall and the lived experienced of patients and staff, with recognition of the need also to change the Trust's culture;
- (vi) members considered that the Strategy needed to be something different to those developed previously and that it should address the most significant risks. It was also considered important to return to speak again to the people who had been involved in the Strategy's development, and
- (vii) in terms of ascertaining whether an effective strategy had been achieved, it was considered that this would be if the staff on the ground were able to communicate it; it would be known about and actionable, including a few simple statements that people could easily understand and remember, which would then be supported by detailed implementation plans.

Resolved - that the contents of paper J be received and noted, and the approach outlined be approved.

216/22/2 Research and Innovation Quarterly Report, including a presentation on Long Covid

Professor N Brunskill, Director of Research and Development, attended virtually to present paper K, which detailed UHL Research and Innovation activities, performance and delivery in the last few months. Since the last Research & Innovation report in April 2022 there was some legacy COVID-19 urgent public health research activity, however other study activity had returned to business as usual. The Director of Research and Development particularly drew members' attention to the sections of the report relating to the actions undertaken to improve engagement with staff and patients in research and regarding the good results achieved from the NIHR Participants in Research Experience Survey (PRES) survey. The main recommendation arising from the Survey was to consider and improve the mechanism for how the results of research were fed back to participants and the Research and Innovation Team had some ideas on how to progress this aspect. In response to a query raised by the Trust Chairman as to any other action which could be taken by the Trust to further support research, the Director of Research and Development advised that top-down encouragement was valuable, as was ensuring ring-fenced time embedded within job plans for staff delivering research-related work, the importance of which was reiterated by the Medical Director. The Deputy Chief Executive informed the Trust Board of a meeting he had scheduled with the Director of Research and Development and Professor Robinson, Non-Executive Director, regarding the embedding of research into new hospitals in the future.

The Director of Research and Development introduced Dr Evans, Consultant in Respiratory Medicine, who had attended the meeting virtually to inform the Trust Board of world leading research being led from Leicester regarding long covid.

Dr Evans noted that this was the largest study of its type internationally involving 83 different hospital sites with 700 plus collaborators and represented an excellent example of what could be achieved together. Recruitment to this study had finished and had involved 8000 participants and approximately 3000 very detailed 4-hour visits had been undertaken which had yielded a rich resource of data, which was now being utilised internationally. Industry had started working with researchers and two papers had been published to-date. Findings, sadly, indicated that patients were not recovered at the one-year mark and had provided information on risk factors (e.g. obesity, exercise capacity etc.) for not recovering. The Director of Research and Development advised that information arising from the research study had provided targets to aim for in the treatment of long covid and it was likely that funding would be forthcoming to progress the research onto the next stage in developing treatment for long covid and two intervention trials were on-going in relation to this. The Medical Director highlighted the importance of embedding research into clinical practice, noting that, in future, patients attending a University Hospital, should expect to be involved in developing new technology and treatments. Dr Evans highlighted the good collaborative working between the Trust's Research and Innovation team and the BRC, noting that there was always a good portfolio of clinical research and that good research sites had better patient care. The Director of Health Equality and Inclusion noted, from the information detailed within the report, that a pro-active approach was being taken with regard to addressing the lack of ethnicity as evident from the PRES study, which she found reassuring.

In concluding discussion on this item, the Trust Chairman thanked the Director of Research and Development and Dr Evans for attending the meeting today to present on this item which had been very interesting for the Trust Board to learn about. The Medical Director noted the intention to undertake quarterly such presentations to the Trust Board in order to enable research to come alive.

Resolved – that the contents of paper K and the additional verbal information provided be received and noted.

216/22/3 Maternity Safety Update

The Chief Nurse presented paper L, which provided an update of the maternity service's progress against the recommendations in Ockenden and against the recommendations in Saving Babies Lives, highlighting areas of challenge and actions required to achieve compliance. It also detailed exception data for the monthly maternity scorecard for August 2022 data and the maternity quality scorecard for August 2022.

In presenting this report, the Chief Nurse specifically highlighted the following: -

- (i) Ms D Burnett had been recently appointed to the post of Director of Midwifery at the Trust;
- (ii) the roll out of Continuity of Carer had been paused nationally until safe staffing was in place;
- (iii) difficulty in recruiting to some posts which affected compliance against the Ockenden recommendations, however there was confidence that progress would be made with the majority of those recommendations against which the Trust was currently partially compliant. One recommendation was that all maternity units had centralised CCG monitoring and this was currently on hold awaiting national confirmation, and
- (iv) the current 'red' indicator in terms of insufficient Allied Health Professions in neonatal care. Funding was anticipated which would convert this to an 'amber' indicator. More of such professionals were required at UHL due to the nature of the split site working.

Resolved – that the contents of paper L be received and noted.

216/22/4 Escalation Report from the Quality Committee – 29 September 2022

Resolved – that the contents of paper M, which detailed a summary of issues discussed at the Quality Committee meeting held on 29 September 2022, be received and noted.

216/22/5 Escalation Report from the Operations and Performance Committee – 28 September 2022

Mr M Williams, Non-Executive Director and Chair of the Operations and Performance Committee, presented paper N, which detailed a summary of issues discussed at the Operations and

Performance Committee meeting held on 28 September 2022. He particularly highlighted the potential deep dives being undertaken into cancer services, particularly Urology and noted the importance of ensuring that the impact of interventions and changes was understood; the Operations and Performance Committee would evaluate and assess this.

Resolved – that the contents of paper N be received and noted.

217/22 BE THE BEST PLACE TO WORK (PEOPLE)

217/22/1 Quarterly Update in response to 2021 Staff Survey Commitments and Update on 2022 Staff Survey

The Chief People Officer presented paper O, which provided an update on the commitments that have been given in response to the NHS Staff Survey results from 2021 and the delivery plans for the 2022 NHS Staff Survey. The report also recognised some of the challenges the Trust had in addressing some of the issues raised by colleagues, which would take time to change.

The Staff Survey for 2022 had been live for ten days to-date for colleagues to complete in order to provide anonymous feedback, in order that the Trust could respond and prioritise resulting actions in a timely way. Significant work had been undertaken to make this as accessible as possible to staff and there had been a good start to the process in terms of the number of responses received to date, although there was a need to continue this momentum. It was hoped to achieve a better response rate than in previous years and a rate above the national average and to see an improvement in scores relating to whether staff members would recommend UHL as a place to work and for their family members / friends to receive treatment.

In discussion on this matter, the Trust Chairman queried any attempts to seek views from staff in - year in between the release of the national staff surveys, in response to which the Chief People Officer noted that, when trialled previously, there had been poor uptake and resulting difficulties in achieving a good response rate to the national staff survey. There was a need therefore to receive staff feedback through other forums and not through use of additional surveys in the period between circulation of the annual staff survey. The Chief Executive noted that feedback provided by staff to Directors when on visits through the organisation and from a review of their emails from colleagues would provide a good indicator of how staff were feeling. Ms Bailey, Non-Executive Director, highlighted the need to confirm the changes made to resolve issues experienced around not paying some staff accurately and in a timely fashion, in response to which the Chief People Officer noted that a further update on actions and progress would be submitted to the People and Culture Committee and would also be communicated to the wider organisation.

Resolved – that the contents of paper O be received and noted.

217/22/2 Flu Vaccine and Covid Autumn Boosters

The Chief People Officer presented paper P, which provided assurance that planning had taken place to address the requirements of the Covid-19 autumn booster and seasonal flu vaccine for the UHL workforce and that these were now being deployed. The covid vaccines would be provided through the established covid vaccine hubs and the flu vaccine would be provided to staff utilising a mixed methodology including peer vaccinators. It was too early, as yet, to report on uptake of these vaccines. Two particular risks were flagged to the Trust Board as follows:- (i) the uptake of the flu vaccine and third dose of Covid-19 in staff cohorts last year was adversely affected by the government's Vaccination as a Condition of Deployment (VCOD) strategy, which was later abandoned. There was a much higher than expected degree of distress in the workforce about this which could potentially have a legacy effect and (ii) the Trust could extract data on vaccinated staff to provide the necessary data returns for staff vaccinated in the hubs, by peer vaccinators and by Occupational Health. However, clarification was awaited as to if/ how data could be extracted on staff vaccinated elsewhere e.g. by their GP. This disparity could lead to a significant underreporting of uptake and remained an unresolved issue from last year. This was a national issue and had been raised via regional forums.

Resolved – that the contents of paper P be received and noted.

218/22 DEPLOY OUR RESOURCES IN THE BEST POSSIBLE WAY (FINANCE AND PERFORMANCE)

218/22/1 Winter Plan Update 2022/23

The Chief Operating Officer presented paper Q, which provided an update and assurances on actions that were being taken in relation to winter planning and pressures. It specifically provided an update on (1) the UHL projected 'Bed Gap' based upon three scenarios and actions to address the bed gap (i.e. a bed gap of approximately 132 – 348 beds across UHL, with national advice to plan for the upper end of the scale) (2) system schemes to address the gap (3) an update on discharge plans and infection prevention guidance for winter (4) risks and (5) the escalation process. The Trust Board were requested to (a) be assured that there was a clear plan to support through winter pressures (b) discuss the plan and agree the interventions (c) note and understand the risks which remained and the next steps and (d) agree to receive updates on the plan through the Urgent and Emergency Care (UEC) governance structure.

In presenting this report, the Chief Operating Officer noted that a question had been received from a member of the public querying how many extra in-patient beds were needed, and he trusted that this report answered that question. He noted that there was a balanced plan across the System and acknowledged the need to do more swiftly and as safely as possible. The Chief Executive noted that the Trust was keen to engage with the CQC in respect of the Winter Plan and also had a meeting scheduled for the following week with Healthwatch.

In further discussion on this item:-

- (i) in response to a question raised as to the biggest risk currently, the Chief Operating Officer noted that the biggest risk was the Trust's workforce, both in terms of its numbers and also morale, noting that there were vacancies and more staff were leaving;
- (ii) the Trust Chairman queried what additional actions could be implemented to support staff, in response to which the Chief Operating Officer advised that this needed to be on every agenda across the Trust. There was a need to communicate well and undertake actions more swiftly for colleagues and for EMAS. The Chief People Officer noted the importance of considering what actions staff could be asked not to do, as they were not absolutely necessary, in order to reduce the burden, in response to which the Chief Executive noted that some tasks had already been stopped, and
- (iii) in response to a query raised, it was noted that there would be active communications over the winter period and there was a need for the Trust to actively engage with its communities. In terms of communication with primary care, it was noted that there were three GPs who sat on the Trust's Executive Board representing primary care and further engagement was also planned.

Resolved – that the contents of this report be received and noted and the direction of travel described be supported.

218/22/2 Month 5 Roadmap to Sustainable Financial Improvement

The Director of Quality Transformation and Efficiency Improvement presented paper R, the purpose of which was to provide assurance against the actions necessary to meet the criteria required for the Trust to exit the Recovery Support Programme (RSP) – previously Financial Special Measures (FSM). In presenting this report, the Director of Quality Transformation and Efficiency Improvement noted that all except one of the current actions were either on track or had been completed and that a large repository of evidence lay behind each of these, noting that there had initially been 102 actions in the first such iteration of this report, the majority of which had been assigned to the Chief Financial Officer and her team to address, with the support of the Director of Corporate and Legal Affairs. A review meeting had taken place with Regional colleagues on 29 September 2022, which had been very helpful and a formal review meeting was now planned for 11 November 2022 at which time it was hoped that it would be confirmed that the Trust was nearing readiness to exit the RSP. The Trust Chairman acknowledged how far the Trust had come in this respect, and the contents of this report were received and noted.

Resolved – that the contents of paper be received and noted.

218/22/3 Escalation Report from the Finance and Investment Committee - 30 September 2022

Mr S Harris, Non-Executive Director and FIC NED Chair, presented paper S, which detailed the escalation report from the meeting of the Finance and Investment Committee held on 30 September 2022. In presenting this report, Mr Harris stressed the vital importance of CIP, noting that there was much work to do to support the Trust's financial position.

Resolved – that the contents of paper S be received and noted.

218/22/4 Escalation Report from the Audit Committee – 31 August 2022

Mr M Williams, Non-Executive Director and Audit Committee Chair, presented paper T, which detailed the escalation report from the Audit Committee meeting held on 31 August 2022. In presenting this report, Mr Williams noted that the Trust's internal auditors had now changed from PWC to 360 and he urged colleagues to urgently action any outstanding audit recommendations.

Resolved - that the contents of paper T be received and noted.

219/22 CORPORATE GOVERNANCE / REGULATORY COMPLIANCE

219/22/1 Remuneration Committee Terms of Reference

The Director of Corporate and Legal Affairs presented updated Terms of Reference for the Remuneration Committee (paper U refers) noting that there had been four small amendments to the previous version. The updated Terms of Reference were approved by the Trust Board.

Resolved – that the updated Terms of Reference for the Remuneration Committee be approved.

220/22 CORPORATE TRUSTEE BUSINESS – none

221/22 ANY OTHER BUSINESS

Resolved – that no additional items of business were raised.

222/22 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

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

Question 1 – What proportion of new locally trained nurses choose to work in UHL and do you know why more local trainees do not remain in LLR?

The Chief Nurse responded to this question, noting that approximately 65 to 70% (dependent upon whether they were adult or paediatric trained) of new locally trained nurses chose to work in UHL. She further noted that, although some individuals may have trained in LLR, they were not necessarily from LLR and may return home after their training. Nevertheless she noted that there was scope for improvement in this figure given the fact that some Nurses who lived in LLR worked outside of LLR. The Trust Chairman noted the need to ensure that UHL was an attractive place to work.

Question 2 - How many extra inpatient beds are needed to handle current need, given persistent problems in discharging patients. And how soon do you think these beds can be provided?

It was noted that this question had already been answered under Minute 218/22/1 (Winter Plan) above.

Question 3 – To give the public confidence in the Board's delivery of improvement of the challenged aspects of performance it would be useful to have published action plans on

which we can see the progress being achieved and the reasons for any failings. Is this possible?

The Chief Executive responded, noting that this related to the work of the Operations and Performance Committee, the details of the which would be submitted to the Trust Board.

Question 4 – Is a decision regarding the funding of the Building Better Hospitals reconfiguration scheme still expected this month or is it now uncertain when a decision will be made given developments at a national level (new government) etc?

The Deputy Chief Executive responded, noting that a decision was currently expected in December 2022 and, as yet, the Trust had not received any notification to indicate this timescale had changed. The Chief Executive noted that he had previously mis-stated that the decision was expected in October 2022, when it was, in fact, expected in December 2022.

Resolved – that the information be noted.

223/22 REPORTS AND MINUTES OF MEETINGS PUBLISHED ON UHL’S EXTERNAL WEBSITE

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

- Quality Committee – Minutes of 25 August 2022
- Finance and Investment Committee – Minutes of 25 August 2022
- Operations and Performance Committee – Minutes of 24 August 2022
- Audit Committee – Minutes of 9 May 2022

224/22 DATE AND TIME OF NEXT MEETING

Resolved – that the next public Trust Board meeting would be held from 1.30pm on Thursday 3 November 2022.

The meeting closed at 4.06pm.

Gill Belton - Corporate and Committee Services Officer

Cumulative Record of Attendance (2022/23 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J MacDonald	6	6	100	J Melbourne	6	5	83
V Bailey	6	6	100	E Meldrum (until May 22)	2	2	100
A Furlong	6	5	83	R Mitchell	6	6	100
S Harris	6	5	83	B Patel	6	5	83
A Haynes	6	5	83	T Robinson	6	4	67
J Hogg (from June 2022)	4	4	100	M Williams	6	5	83
L Hooper	6	5	83				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	4	4	100	G Sharma	6	4	67
A Carruthers	6	6	100	M Simpson (from 11.4.22)	5	5	100
B Cassidy	6	6	100	C Teeney (from June 22)	4	2	50
G Collins-Punter	6	5	83	J Tyler-Fantom (until May 22)	2	2	100
M Durbridge	6	5	83	J Worrall	6	5	83
H Kotecha	6	4	67				