

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 1 SEPTEMBER 2022 FROM 1.45PM

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
Dr A Haynes - Non-Executive Director and Reconfiguration and Transformation Committee (RTC) Non-Executive Director Chair
Ms J Hogg – Chief Nurse
Ms L Hooper - Chief Financial Officer
Mr R Mitchell – Chief Executive
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
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
Mr A Carruthers – Chief Information Officer
Ms B Cassidy – Director of Corporate and Legal Affairs
Ms G Collins-Punter – Associate Non-Executive Director (virtually via MS Teams)
Ms E Concannon - Freedom to Speak Up Guardian (for Minute 183/22/2)
Ms J Dawson – Freedom to Speak Up Guardian (for Minute 183/22/2)
Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
Ms S King – Training Manager (for Minute 179/22)
Ms H Kotecha - Leicester and Leicestershire Healthwatch Chair (virtually via MS Teams)
Ms J McCarthy – Head of UHL Apprenticeships and Development Centre (for Minute 179/22)
Ms E Moss – Chief Operating Officer, Clinical Research Network: East Midlands (for Minute 185/22/1)
Mr M Simpson- Interim Director of Estates and Facilities
Ms M Smith – Director of Communications and Engagement (observing)
Ms C Teeney – Chief People Officer
Ms F Umatia – Radiology Department Assistant (for Minute 179/22)
Mr J Worrall – Associate Non-Executive Director
As part of the CQC Well-Led Inspection this meeting was observed by members of the CQC Inspection Team.

ACTION

175/22 APOLOGIES AND WELCOME

The Trust Chairman welcomed everyone to the meeting. A particular welcome was made to Ms M Smith, the newly appointed Director of Communications and Engagement, who was due to take up appointment at the Trust in October 2022 and to the CQC Representatives who were observing this meeting as part of the Trust's CQC Well-Led Inspection.

Apologies for absence were received from Mr J Melbourne, Chief Operating Officer Chair and Dr G Sharma, Associate Non-Executive Director.

176/22 DECLARATIONS OF INTERESTS

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

177/22 MINUTES

Resolved – that the Minutes from the public Trust Board meeting held on 7 July 2022 (paper A refers) be confirmed as a correct record.

178/22 MATTERS ARISING

Paper B provided progress updates for the matters arising from the 7 July 2022 Trust Board meeting and any still-outstanding items from previous meetings. In relation to action 2a (Minute 154/22/4) regarding the work being undertaken currently to increase capacity within the Trust, the Chief Executive noted that 24 beds of community capacity had been opened and that internal capacity was currently being reviewed ahead of Winter.

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

179/22 STAFF STORY

Ms F Umatia, Radiology Department Assistant, Ms J McCarthy, Head of UHL Apprenticeships and Development Centre and Ms S King, Training Manager attended to present paper C, which detailed the story of Ms Fatema Umatia, who had applied for the workforce development employability programme, Princes Trust and detailed how this route had helped her to gain employment at UHL, thereby providing assurance that workforce development work, through such schemes, was effective in supporting UHL in attracting its future workforce.

Following Fatema presenting her employment story and sharing her aspirations for the future with the Trust Board, the following points were raised in the discussion that followed:-

- (i) the benefits for both the applicants to such schemes and to UHL in attracting its workforce through such means were recognised;
- (ii) the Trust Chairman and other Trust Board members commended Fatema on her perseverance and resilience in her achievements to date, in the face of a number of setbacks and made particular note of Fatema's comments regarding barriers to access. The Chief People Officer noted that Fatema was a very inspiring young person who was sure to fulfil her ambitions in her leadership journey and UHL was lucky to have her as a member of its staff;
- (iii) the Chief People Officer highlighted the support which Ms McCarthy, Head of UHL Apprenticeships and Development Centre and Ms S King, Training Manager, provided to the young people commencing employment in the Trust, however acknowledged that this might not be particularly visible within the wider organisation and she requested that the Trust Board supported a wider pool of placements noting that, from feedback received, both the apprentices and the staff who mentored or sponsored them had found significant benefits;
- (iv) Fatema noted how the programme and UHL working together had been a huge help to her in paving a way for a career and offered an opportunity to people who have may lost hope due to, for example, an inability to access higher education for financial reasons. Fatema noted that she would have appreciated an increased number of educational talks, specifically talks from senior members of the organisation on their career journeys to offer inspiration to those at the start of their career journey;
- (v) in recognition of the need to offer inspiration, note was made of the need to consider how to reflect job descriptions which were exciting and innovative. There was a recognition that job descriptions were often not well written. Also recognised was an inequality in access to jobs, in response to which Fatema requested that the Trust, in its job application process, gave consideration of people's experience and not just their education, in terms of whether they had a degree or not. In light of Fatema's experiences, the Chief Executive noted that he would be grateful for her participation in helping to shape the Trust's recruitment processes, including a high street event, in response to which Fatema confirmed her wish to participate in helping move forward this agenda;
- (vi) also recognised was the need to remove any unnecessary hurdles when trying to facilitate the next step on a career path to those who had completed this programme, in response to which the Chief People Officer noted that if an individual had already completed a placement with the Trust, it should be unnecessary for them to undergo multiple other processes and she further noted the need to pause and reflect on some of the ways in which things had traditionally been done, and
- (vii) the Trust Chairman thanked Ms F Umatia, Ms J McCarthy and Ms S King for attending today's meeting to speak to the Trust Board, in response to which they expressed their thanks for the opportunity to do so.

Resolved – that the contents of paper C, and the additional verbal information, be received and noted.

180/22 STANDING ITEMS

180/22/1 Chairman's Report – September 2022

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

- recovery of services following the pandemic;
- continued pressure on emergency services, with a resulting impact across the system and actions being taken in response to this;
- investments in buildings and digital as part of reconfiguration plans and the implementation of a number of related projects;
- the increase in the cost of living and resulting challenges to colleagues, and details of assistance being offered by the Trust in response to this, and
- recent visits to the following departments / staff groups: medical records, catering, domestics and volunteers.

In presenting his report, the Trust Chairman thanked colleagues for their achievements to the end of July 2022 in terms of the figures for elective recovery. Whilst the Trust was not yet where it wanted to be, the work undertaken to-date was recognised and represented a milestone.

In response to a query raised as to what more the Trust could do with regard to issues relating to the cost of living, the Chief People Officer noted that work remained on-going in this respect, including maximising opportunities for staff to work flexibly. The Chief Executive emphasised the need to pay people accurately and on time. He also recognised, in relation to the move to virtual wards, that home was not always a good place for people to be. The Director of Health Equality and Inclusion highlighted the importance of communicating to colleagues the measures the Trust was implementing in relation to cost of living pressures.

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

180/22/2 Chief Executive's update – September 2022

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

- Covid;
- Care Quality Commission;
- Health inequalities;
- Cost of living;
- Staff Survey;
- Leicester Pride;
- Emergency care, ambulance handovers and winter;
- Conversations since the last Board meeting and
- The appointment of Michelle Smith, Director of Communication and Engagement.

In presenting this report, the Chief Executive highlighted a growing concern currently about the Winter ahead. An organisational plan was in place but was not yet sufficient to see the Trust through the forthcoming Winter. The Medical Director made reference to an Internal Emergency Care Steering Group meeting held the preceding night, noting of the significant work on-going which all ED colleagues were not yet aware of. As soon as the plan had been confirmed, it would be communicated to all relevant staff.

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

180/22/3 Integrated Performance Report (IPR) – Month 4 2022/223

In the absence of the Chief Operating Officer, the Chief Executive introduced paper F, providing the Integrated Performance Report (IPR) for July 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 respect of Planned Care, the Chief Executive highlighted that too many patients were waiting too long, however positive steps were being taken with zero capacity breaches by the end of July 2022. A ringfenced elective care hub was to be opened at the Leicester General Hospital site within the next 12 months. Ambulance handover delays at the LRI were unacceptable, in respect of which the Chief Executive expressed his apologies to patients, EMAS and colleagues working on the emergency care pathway, noting that a whole range of actions were being taken in response to this situation. The opening of 24 community beds had gone smoothly, in respect of which the Chief Executive expressed his thanks to everyone involved. Work regarding the interface between pathways had been commissioned and would be utilised to activate change. Confirmation had been received of additional funding to support the Trust's winter plan and would be utilised to the maximum possible means in order to provide safe and timely care. The Trust Chairman noted that it would be helpful for the Trust Board to have sight of the key actions and their expected outcome, to which end it was noted that the Trust Board would be sighted to the in-depth discussions at the Operational Performance Committee and thereby have oversight of the key interventions and their expected outcomes. In response to a query raised as to how the Trust would staff the new Elective Care Hub, the Medical Director noted that there would be a blended workforce comprising existing staff and those staff who had retired and returned and would allow an opportunity to trial some of the productivity models. Mr Worrall, Associate Non-Executive Director, made reference to the currently long length of stay (LOS) at UHL, noting that a decrease in length of stay would increase capacity and he noted the value in the Trust Board having a clearer understanding of the proportion of long stay patients and the reasons for this. Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair made reference to ambulance waits and handover delays and advised of the survey which Healthwatch were currently carrying out at the Emergency Department to understand people's experiences and her hope that the resulting report could be considered at a future Trust Board meeting, in response to which the Trust Board noted that this would be very useful and expressed their wish to work in partnership with Healthwatch. Dr Haynes, Non-Executive Director, highlighted that the out-patient Did Not Attend (DNA) rate had increased again and queried whether the Trust's out-patient transformation was aligned to that agenda, in response to which the Chief Executive undertook to seek to confirm this for Trust Board members. Further discussion held related to operations cancelled on the day, with note made by the Medical Director that the causes of this were complex and multi-factorial and of the intention to centralise with an electronic pre-assessment. In concluding discussion on this element of the performance report, the Chief Executive and relevant colleagues were requested to discuss how work across all three main pathways (emergency, elective and out-patients) was brought together (given their impact on each other), with a greater focus on patient experience.
- Quality – the Chief Nurse reported on the data from July 2022, during which period there had been a significant heatwave, specifically in relation to two exception reports. The first exception report related to C Diff, with eleven cases in three months, which was the highest it has been for the past three months, albeit was significantly lower than the national average. No evidence of transmission had been identified and a trust-wide reduction plan had been developed. The second exception report related to an increase of 34 hospital-acquired pressure ulcers, some of which had arisen as a result of a change to the validation process and the rest a combination of factors including temperature, dehydration, delays in equipment and staff knowledge and education. An external review had been commissioned and an advertisement had also been placed for a Tissue Viability Nurse Consultant. This workstream would form a key focus going forward. The Medical Director reported to confirm that both the SHMI and HSMR mortality indices remained in the 'expected' range, with no specific concerns in relation to these. The action plan developed in relation to Never Event reduction had been reviewed and shared with UCLH. The thematic reviews had been completed and one potential finding related to positive patient identification. Work was ongoing to determine any further themes. Ms Bailey, QC NED Chair, commended the joint work undertaken, noting that overall the Quality Committee had been broadly assured in respect of the Learning from Deaths data. In response to Dr Haynes' exploration of the rise in pressure ulcer cases, the Chief Nurse confirmed that work was underway to review the data for each individual patient. Further work had been requested in order to triangulate any themes and determine any specific gaps; the learning from which would be submitted to the Trust Board via consideration at the Quality Committee.

- People – the Chief People Officer reported that appraisals performance and performance in terms of completion of statutory and mandatory training were both below target and plans were in place in relation to both of these. Particular areas of focus included covid (a programme of support for sickness absence going into Winter), the cost-of-living pressures and the importance of psychological well-being. A tobacco reduction scheme would launch and the vaccination programme for flu and covid would commence in September 2022. There remained vacancies in nursing, midwifery and Healthcare Support workers and further work was required in relation to domestic recruitment. Specific work was planned in relation to recruitment processes including methods of recruitment and tailored job descriptions. In response to a query raised, the Chief People Officer noted that both short term and long-term absence were monitored and of potential supportive actions that could be taken around shorter-term sickness absence to help staff return to work. There had been a recruitment drive for Healthcare Assistants over the Summer and whilst more HCAs had been recruited, this was not to the level desired due to turnover and the length of the recruitment process. Retention of HCAs and some staff in Estates and Facilities roles could be improved and focus would be given to this going forward. In response to a query raised in relation to the vaccination programme for staff, the Chief People Officer advised that there were no specific issues relating to supply and of the information campaign element of the programme in light of the sharp decrease in the prevalence of flu and of the previously nationally mandated vaccination programme for covid in the previous year. The Medical Director confirmed that a clear communications plan was required in this respect and noted that the use of Peer Vaccinators had worked very well previously and would be utilised again this year. The Director of Health Inequality and Inclusion noted the need to give consideration as to how the vaccine was offered to the most deprived, those most likely to contract the illness the vaccine prevented and those most at risk from cost-of-living related issues. The Trust Chairman noted the need to maintain close observation of the figures relating to retention and the Chief Executive highlighted the need for the Trust to be a much more flexible employer, with a need for timely, supportive and understanding conversations and he expressed his thanks to the Chief People Officer and her team for the work they had been undertaking particularly in relation to paying people accurately and on time.
- Finance – the Chief Financial Officer provided the headlines from the financial element of the performance report, noting that the Trust had a current deficit of £1.5m, which was £2.4m better than plan, with the run rate holding steady. Work remained on-going in relation to creditor payments. The capital programme was £6m behind plan, however this related to specific large items. The Month 5 report relating to the Roadmap for Sustainable Financial Recovery formed an appendix to paper F for this month, and the Trust's RSP Exit review was scheduled for November 2022. The Accounts for 20/21 were nearing completion and would be submitted to the Trust Board for approval in September 2022. Mr Harris, FIC NED Chair, acknowledged the transparency and clarity of the information provided, noting that this improved month upon month. Ms Bailey, Non-Executive Director, highlighted that there had been a valuable discussion at the most recent Audit Committee meeting regarding the on-going financial improvement plan. In response to a query raised by the Trust Chairman, the Chief Financial Officer advised that there was a target for 80% of the CIP to be recurrent, against which the Trust was currently at 60%. In response to a query raised relating to risks, the Chief Financial Officer noted that there were a range of risks in relation to finances, some of which were outside of the control of UHL. The LLR System Finance Committee had spent considerable time discussing this and the Chief Financial Officer confirmed that, as at the current time, UHL was achieving the system financial commitments to which it had agreed.

Resolved – that (A) the month 4 2022/23 Integrated Performance Report (paper F) be received and noted, and the additional verbal information provided be noted,

(B) in light of continuing increases in the Out-Patient DNA rate, the Chief Executive and Chief Operating Officer be requested to determine whether the out-patient transformation was appropriately aligned to this agenda,

CEO/COO

(C) the OPC NED Chairman and the Chief Operating Officer be requested to ensure the Trust Board were sighted to the in-depth discussions at the Operational Performance Committee and thereby had oversight of the key interventions and their expected outcomes, and

**OPC NED
Chair / COO**

(D) the Chief Executive and relevant colleagues be requested to discuss how work across all three main pathways (emergency, elective and out-patients) was brought together (given their impact on each other), with a greater focus on patient experience.

**CEO/COO
& relevant
colleagues**

181/22 DECISIONS FOR THE TRUST BOARD

181/22/1 Board Assurance Framework (BAF)

The Director of Corporate and Legal Affairs presented paper G, which detailed the proposed Board Assurance Framework, for Trust Board approval thereon. The BAF had been worked up through discussions with colleagues at the Executive Planning Meeting and Non-Executive Directors' monthly meeting, the Trust Board Workshop in May 2022 and subsequently through the Trust Board sub-committees; FIC, PCC, QC and OPC and also at Audit Committee on the previous day for consideration in terms of the process for gaining assurance and utilising the BAF as a dynamic tool. The Director of Corporate and Legal Affairs thanked colleagues for their support in the development of the BAF and highlighted the need for it to be owned collectively as a Trust Board.

In discussion on this item, the Trust Chairman expressed his view that it was not necessary to reference 'reputation' within the BAF because this was dependent upon other elements and the Trust would enjoy a good reputation if it undertook all of the actions it needed to. Specific acknowledgement was also made of the fact that the convening of the Risk Committee had facilitated a better understanding of risk than was the case a few months ago and a good oversight of risks.

In conclusion, the Trust Board approved the proposed BAF and agreed to review its effectiveness at the Audit Committee in Spring 2023.

Resolved – that (A) the proposed Board Assurance Framework be approved as presented, and

(B) the effectiveness of the approved Board Assurance Framework (BAF) be reviewed at the Audit Committee in Spring 2023.

**DCLA/
CCSM**

181/22/2 Patient Experience Annual Report 2021/22

The Chief Nurse presented paper H, which highlighted the scale and variety of methods used to capture, monitor and respond to patient experiences across UHL, providing an overview of the national patient survey results and Friends and Family Test (FFT) survey results received during 2021/22. In addition, the report highlighted the work completed in relation to delivery of the Patient Experience Driving Excellence Priorities 2021-23 prior to a new strategy being formulated and agreed. The Trust Board was requested to receive assurance that patient experience was actively sought, monitored and acted upon and to receive the new strategy for input and ratification in quarter 4.

In presenting this report, the Chief Nurse noted that UHL had the lowest satisfaction in terms of cancer care in the region and this would form a particular focus for work going forward. There had also been a deterioration in the Trust's 'recommended' score and work was underway to identify possible reasons for this. The experience of those requiring long term care had deteriorated and also the experience of carers and families had deteriorated, although this coincided with the covid restrictions which could be a contributing factor in this respect. Focus would now be given to determining how the Trust could start to drive change for those patients who had a worse experience.

In discussion on this item:-

- (i) in relation to FFT scores, Mr Patel, Non-Executive Director, queried whether there was any attempt made to extrapolate data around protected characteristics, albeit the Director of Health Equality and Inclusion noted the issue of intersectionality, with some patients likely to belong to more than one group. She also made reference to the apparent disparity between the experience of adults with learning disabilities compared to children and noted the need to learn from Children's Services in this respect;

- (ii) the Trust Chairman queried against which indicators improvement was expected when the same report was received the following year, in response to which the Chief Nurse advised that there would be enhanced co-production with an anticipated better family experience score and that she would also like to see an improvement in the score associated with cancer care;
- (iii) Mr Patel, Non-Executive Director, highlighted that LLR covered a wide geographical area which could potentially cause issues for some carers in terms of transport difficulties, and he noted that having this kind of context available would be helpful – in response, the Chief Nurse advised of the work being undertaken in relation to the Carer's Passport, and
- (iv) also highlighted was the variability of people's experience of UHL, in respect of which it would be helpful to set care standards.

In concluding discussion on this item, it was agreed that the Quality Committee would continue to progress the patient experience agenda, in particular the means by which the Trust could determine if its actions were making a positive difference to patients.

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

(B) the Quality Committee be requested to continue to progress the patient experience agenda, in particular the means by which the Trust could determine if its actions were making a positive difference to patients.

**QC NED
Chair / CN**

182/22 PROVIDING OUTSTANDING CARE (QUALITY)

182/22/1 Maternity Safety Update

The Chief Nurse presented paper I, which provided an update from the maternity service in relation to mandatory reporting to meet recommendations in Ockenden and meeting safety action requirements for CNST. The report had triangulated UHL outcomes with national benchmarking, via the nationally mandated perinatal surveillance scorecard.

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

- (i) there had been an increase in stillbirths (1% for July 2022), in response to which a review had been undertaken but no specific themes identified. 5 of the stillbirths had met the criteria for HSIB referral. There were no immediate concerns, however the data would be reviewed collectively and would be peer reviewed with Leeds Teaching Hospitals NHS Trust;
- (ii) the post-partum haemorrhage rate was flagging as a red indicator for the first time, in response to which the team had adopted and were piloting a checklist developed in another Trust;
- (iii) there had been more third- and fourth-degree tears, particularly at the LGH, many of which were attributable to the birth and position and action was being taken in response to this;
- (iv) further attention was required in terms of training and action was in progress in relation to this;
- (v) the next iteration of this report, which continued to remain under development, would more closely resemble that of the Integrated Performance Report (IPR), and
- (vi) in response to a query raised by the Trust Chairman as to whether the service was listening to parents sufficiently and taking appropriate account of cultural issues, the Chief Nurse advised of a system-wide review of maternity governance which would include the issue of listening to parents. She further noted that whilst processes were good, there was the opportunity for these to be further strengthened. The Chief Nurse also noted that she, along with Ms Bailey, as NED Maternity Champion, undertook a monthly listening and walkaround event.

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

182/22/2 Mortality and Learning from Deaths Quarterly Report

The Medical Director presented paper J, which detailed the quarterly report on Mortality and Learning from Deaths, noting that the UHL Learning from Deaths framework provided assurance in

respect of both the national risk adjusted mortality measure (SHMI) and also delivery of Death Certification, Medical Examiner Scrutiny and Case Record Review as per national statutory requirements.

In presenting this report, the Medical Director noted that UHL was within the expected range in terms of the national metrics. The Trust continued to undertake specific diagnostic reviews and build the learning from these into actions and pathways. The Medical Director also highlighted the findings of the final report on 2021 Stillbirths and had engaged Leeds Teaching Hospital NHS Trust to undertake a joint exercise in this respect, the learning from which would be submitted to the Quality Committee. The LfD programme continued to be rolled out and there had been good engagement with Leicestershire Partnership Trust (LPT), albeit its engagement with primary care was more challenging as this was not yet a statutory requirement. Discussions had also been undertaken about strengthening the Trust's relationship with the Coroner, and the Coroner was due to attend a Friday Focus event at the Trust. In response to a query raised, it was confirmed that the process for deaths of patients with learning disabilities had been included within the quarterly report.

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

182/22/3 Escalation Reports from the Quality Committee – 28 July 2022 and 25 August 2022

Ms Bailey, Non-Executive Director and Quality Committee Chair, presented papers K1 and K2, which detailed a summary of the key issues considered at the Quality Committee meetings held on 28 July 2022 and 25 August 2022 respectively. She specifically noted that the Annual Fire Report for 2021/22 had been received at the Quality Committee meeting on 28 July 2022 when only partial assurance had been taken from the report due to compliance maintenance issues, albeit there was an action plan in place to address these. It was noted that the Annual Fire Report had been recommended onto the Trust Board for formal approval and, due to pressure on today's agenda, would be scheduled on the agenda for the Trust Board meeting on 6 October 2022.

In presenting the escalation reports, Ms Bailey, QC NED Chair, highlighted the positive work undertaken by the New Interventional Procedures Advisory Group (NIPAG) which was particularly inspiring and important to note and also discussions at Quality Committee on 28 August 2022 in relation to safer surgery and the Never Event action plan.

Resolved – that (A) the contents of papers K1 and K2 be received and noted, and

(B) the Annual Fire Report be scheduled on the Trust Board agenda for 6 October 2022, following consideration by the Quality Committee at its meeting on 25 August 2022.

**IDEF/
CSSO**

182/22/4 Escalation Report from the Operations and Performance Committee – 27 July 2022 and 24 August 2022

Mr Williams, Non-Executive Director and Operational and Performance Committee Chair, presented papers L1 and L2, which detailed a summary of the key issues considered at the Operational and Performance Committee meetings held on 27 July 2022 and 24 August 2022 respectively. Mr Williams, OPC NED Chair noted that Mr A Williams, Chief Executive of the ICB, had been invited to the August 2022 OPC meeting, at which time UHL ED attendance figures had been discussed. The Trust Chairman highlighted the need for mutual understanding of the LLR System position across all encompassed organisations, noting a period of only 6-8 weeks before the winter period commenced. Also highlighted was the need for the voice of Healthwatch and the CQC in the Winter Plan.

Resolved – that the contents of papers L1 and L2 be received and noted.

183/22 **BE THE BEST PLACE TO WORK (PEOPLE)**

183/22/1 Annual Organisational Audit and Board Report

The Medical Director presented paper M on behalf of Mr Jameson, Deputy Medical Director. Paper M provided assurance that the relevant governance structures were in place to allow the Trust to meet the statutory requirements under the Responsible Officer Regulations 2013 and sought Trust Board approval for the Trust Chairman to sign the Statement of Compliance.

In presenting this report, the Medical Director noted that, whilst there was no national requirement to do this, the Trust considered that it was good practice to continue to do so. This report had been considered at the People and Culture Committee (as detailed in paper O on today's agenda). Specific note was made of the fact that the role of Responsible Officer would be transitioning to Dr D Barnes, Deputy Medical Director (initially as RO Designate, with Mr Jameson supporting) and the Medical Director formally recorded his personal thanks to Mr Jameson who had been a strong Responsible Officer. The Chief People Officer also formally recorded her thanks to Mr Jameson and made note of work planned in relation to pre-employment checks.

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

(B) approval be granted for the Trust Chairman to sign the Statement of Compliance.

183/22/2 Freedom to Speak Up Q1 2022/23 Update Report

Ms J Dawson and Ms E Concannon, Freedom to Speak Up Guardians, attended to present paper N, the purpose of which was to provide the Board with an update on the F2SU activity during quarter 1 of 2022/23 and provide assurance on the progress made by the F2SUG Service in addressing barriers to speaking up at UHL. This report had also been presented to the People and Culture Committee at its last meeting (paper O on the Trust Board agenda referred).

During quarter 1 of 2022/23, 63 concerns had been raised via the four F2SU reporting mechanisms within the Trust, the most persistent themes relating to which included lack of staffing resources and re-deployment, negative behaviour of staff and team culture and issues concerning transactional services. The F2SU Guardians continued to provide Speaking Up training and awareness activities as well as ward walkabouts and drop-in sessions. In presenting this report, the Freedom to Speak Up Guardians noted that similar themes continued to arise as those raised during the previous year, of the continued efforts to tackle barriers to speaking up and the intention to develop a communications plan. A decision had been taken to pause development of the F2SU Strategy to ensure it aligned with the corporate strategy and it was therefore intended to develop a one-year plan followed by a further one-to-three-year plan. The Freedom to Speak Up Guardians noted that it had been a busy quarter and highlighted the difficulties in being visible to staff as well as working operationally including undertaking training. There was agreement on the future vision for the service and its continual improvement through adapting to what was required.

In discussion on this item:-

- (i) a query was raised as to the figures for UHL's F2SU service compared to those for similarly sized organisations – in response, it was noted that the Guardians had started a process of benchmarking and scrutinising what other similar organisations were doing and of the networking which took place between NHS organisations in relation to freedom to speak up;
- (ii) members expressed their thanks to Ms Dawson and Ms Concannon for the energy they brought to their roles as F2SU Guardians, noting that they had a difficult job and the Trust Board expressed gratitude for the difference the Guardians were making. The importance of the Board being assured of the independence of the Guardians was acknowledged;
- (iii) members queried the response from services / departments when the Guardians raised issues with them – in response, the Guardians noted that the response was often variable and, in this respect, there needed to be as much of a focus on listening and following-up within the organisation as on encouraging staff to speak up initially. The Guardians considered that, currently, the process which staff entered after speaking up could be more supportive in some instances. Part of the Guardians' role was to support people through this and, in order to do so effectively, they required the support of the Trust Board. In discussion on this particular point, and at the suggestion of the Director of Quality Transformation and Efficiency Improvement, it was agreed that the Guardians would re-promote the Gold Standard Approach of responding to staff concerns;
- (iv) the Deputy Chief Executive agreed to discuss the issue of strategy outwith the meeting with the Guardians to ensure that development of the UHL corporate strategy did not cause delays to development of the F2SU Strategy;
- (v) the Director of Quality Transformation and Efficiency Improvement queried whether any work could be undertaken to strengthen the Junior Doctor Gripe Tool to ensure that the

F2SUG

DCE

Trust was appropriately sighted to all potential issues – in response, it was noted that the Guardians had attended a meeting with Clinical Fellows, who would be undertaking a project specifically on the Junior Doctor Gripe Tool which would be very beneficial in this respect;

- (vi) Professor Robinson, UHL Non-Executive Director and Pro-Vice Chancellor at the University of Leicester queried whether the Guardians had the interaction they required from the University, in response to which the Guardians confirmed that this was the case;
- (vii) the Chief Executive sought the view of the Guardians in terms of their interpretation of the F2SU data and any concerns they had – in response, the Guardians noted that the data was fairly consistent and definitely demonstrated signs of ‘green shoots’ with note made of the encouragement given to staff to speak up by the Executive Team. If concerns were being raised by staff, then this allowed the Trust to respond to them. One particular concern raised by staff was behaviours in terms of how people were spoken to, and
- (viii) queried the proportion of open concerns to those raised confidentially – in response, the Guardians noted that figures for both had been evenly matched during the last quarter, albeit it during the last month there had been a healthy shift towards staff speaking up more openly. It was noted, however, that once a concern had been raised confidentially, the guidance stated that it should continue to be progressed as such even if the staff member later decided they did not wish to remain anonymous.

In concluding discussion on this matter, the Chairman thanked Ms Dawson and Ms Concannon, Freedom to Speak Up Guardians for attending the meeting to present their report, noting the importance of their work in terms of helping people. It was noted that it should be possible to gain some understanding of how much the culture was changing as a result of this work continuing to be reviewed on a regular basis.

Resolved – that (A) the contents of this report, and the additional information provided, be received and noted,

(B) the Deputy Chief Executive and the Freedom to Speak Up Guardians to discuss links between the F2SU Strategy and the UHL Corporate Strategy, in order that the F2SU Strategy could continue to be progressed, and

**DCE /
F2SUGs**

(C) the Freedom to Speak Up Guardians to re-promote the Gold Standard Approach to responding to staff concerns.

F2SUGs

183/22/3 Escalation Report from the People and Culture Committee – 25 August 2022

Mr B Patel, PCC NED Chair, presented paper O, which detailed the escalation report from the People and Culture Committee meeting held on 25 August 2022 and specifically highlighted the discussions held in relation to transactional services and WRES / WDES data sets. Also highlighted was the Volunteers Annual Report for 2021/22, with note made that the next iteration of this report would be scheduled for receipt at the Trust Board in 2023.

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

(B) the next iteration of the Annual Report from Volunteer Services be submitted to the Trust Board in June 2023.

CPO

184/22 **DEPLOY OUR RESOURCES IN THE BEST POSSIBLE WAY (FINANCE AND PERFORMANCE)**

184/22/1 UHL Annual Plan 2022/23

The Deputy Chief Executive presented paper P, which outlined the Annual Priorities for the financial year 2022/23. The Annual Priorities had emerged from the BAF Strategic Themes and had been created to direct the focus of UHL through 2022/23, with a view to mitigating known key risks within UHL. The development of a 2022/23 Annual Plan would ensure that UHL was best placed to meet the priorities of the organisation, wider Integrated Care System and the population served by UHL. The presence of a credible but ambitious Annual Plan would support the organisation to realise its potential and minimise known risks throughout 2022/23.

The Plan had been agreed by the NHSE, subject to a number of caveats in a letter which would be shared with Trust Board members.

In discussion on this item:-

- (i) the Medical Director highlighted that his initials should sit alongside those of the Chief Nurse for the Lead Executive Director against some of the entries – the Deputy Chief Executive undertook to update the priorities accordingly; **DCE**
- (ii) it was agreed that the Deputy Chief Executive would submit updates on progress against the Annual Plan to the Trust Board on a quarterly basis; **DCE**
- (iii) in response to a query as to how the cost-of-living pressures could be more broadly reflected in the Annual Plan, the Deputy Chief Executive noted that this would fall under the category of 'Looking After Our People';
- (iv) members commended the Plan as being readable and easily understandable, with note made that addressing health inequality would form one of the most important actions to progress, and
- (v) note was made that planning for the next year had started in the current week .

Resolved – that (A) the 2022/23 priorities, as described within paper P, were approved, and

(B) the Deputy Chief Executive be requested to:-

(1) submit updates against the Annual Plan 2022/23 to Trust Board meetings on a quarterly basis, and

(2) add in reference to the Medical Director (alongside the references to the Chief Nurse) as an Executive Director Lead within the Plan. **DCE**

184/22/2 Escalation Reports from the Finance and Investment Committee – 28 July 2022 and 25 August 2022

Mr S Harris, FIC NED Chair, presented papers Q1 and Q2 which detailed, respectively, the escalation reports from meetings of the Finance and Investment Committee on 28 July 2022 and 25 August 2022. In presenting these reports, Mr Harris, FIC NED Chair, noted that whilst the Trust was ahead of target in terms of its CIP, there remained much work to do. The Director of Quality Transformation and Efficiency Improvement added some contextual information, noting that the CIP target was heavily weighted to the end of the financial year.

Resolved – that the contents of papers Q1 and Q2 be received and noted.

184/22/3 Escalation Report from the Reconfiguration and Transformation Committee (RTC) – 28 July 2022

Dr A Haynes, RTC Non-Executive Director Chair, presented paper R, which provided a summary of the key public issues considered at the Reconfiguration and Transformation Committee meeting held on 24 August 2022. In discussion on this item, it was agreed to utilise a future Trust Board Development Session to understand the approach and methodology in relation to the Reconfiguration Programme.

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

(B) a future Trust Board Development Session be utilised to understand the approach and methodology in relation to the Reconfiguration Programme. **DCLA/
DCE**

185/22 **CORPORATE GOVERNANCE / REGULATORY COMPLIANCE**

185/22/1 East Midlands Clinical Research Network (EM-CRN) Quarterly Report

The Medical Director introduced Ms E Moss, Chief Operating Officer of the East Midlands Clinical Research Network, who attended the meeting to present paper S, the purpose of which was to provide assurance against the CRN Host Contract. Appended to paper S, for the information of the Trust Board, was the 2021/22 Highlight Report and formal Annual Report. The LCRN Governance Framework had undergone an annual review and required approval from the Trust Board; the minor governance and administrative changes had been highlighted as tracked changes in red text to make them visible. The risks and issues register had been attached as appendix 5 to the report with one new risk added (RO63) relating to the fact that the CRN Host Contract was due to expire

in March 2024, which introduced some uncertainty for the future Research Delivery Network and roles within partner organisations which could make it difficult to appoint to vacant posts on a short-term basis.

In discussion on this item, it was noted that the specification for the networks was anticipated shortly and would be shared with UHL. Also discussed was the need to look at a broader range of research and how this could most effectively be shared, thinking about Leicester as a brand for joint promotion between UHL and the CRN: EM.

Resolved – that (A) the contents of paper S be received and noted, and (B) the governance framework, as detailed within paper S, be approved.

186/22 CORPORATE TRUSTEE BUSINESS

186/22/1 Escalation Report from the Charitable Funds Committee – 12 August 2022

Paper T, as presented by Professor Robinson, CFC NED Chair, provided a summary of the key public issues considered at the Charitable Funds Committee meeting on 12 August 2022, the contents of which were received and noted.

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

187/22 ANY OTHER BUSINESS

Resolved – that no additional items of business were raised.

188/22 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: - Paper H includes a Patient Engagement Update and I note that it does not include co-production in the design, planning and delivery of UHL services. As co-production is part of the LLR ICS People and Communities Strategy and the NHSE Statutory Guidance on Working with People and Communities will UHL include it in its Strategy?

Mr J Melbourne, Chief Operating Officer, noted that this would be a key enabler as part of the Patient Experience Strategy and would be undertaken through recruitment of Patient Partners and stakeholders.

Mr S Barton, Deputy Chief Executive, noted that there would be full engagement of patients and the public in the Trust's Strategy.

The Trust Chairman noted that consideration would need to be given as to how the Trust engaged with its communities.

Question 2:- Is the further delay in the provision of the UHL Elective Hub at LGH attributable to DHSC, NHSE, the LLR ICS or the Trust?

The Chief Executive noted that the business case continued to progress with the plan still being for the creation of the Hub by the end of this year or into next year and, as such, there was no further delay.

Question 3:- Thank you for the reports and papers. Why is the use of day case surgery low in comparison with other Trusts in the country? And what practical actions will be taken to improve this?

This was an area which the Trust was focusing on currently, working with GIRFT (Getting It Right First Time) and undertaking a project around high volume, low complexity surgery. Monitoring was taking place through the Theatre Productivity Board, with a particular focus on where day case activity converted into an overnight stay. The creation of the Elective Hub would support day case work.

Question 4:- I appreciate that delays in approving capital create risks for the Trust but what concerns are there with the progress being made with the business case for the elective care hub (paper L1)?

It was noted that this was similar question to question (2) above. The Deputy Chief Executive noted that whether building in a public or private capacity, this could always take longer than expected and noted that he was happy to meet anyone who had concerns in this respect, noting that the void of communication recently relating to the Trust's Reconfiguration Project, was simply due to there being no information available for communication at this point in time.

Question 5:- The public minutes for the Reconfiguration and Transformation Committee seem to appear in public after three months. Please could these Minutes be made available sooner to the public?

The Director of Corporate and Legal Affairs noted, in response, that the Reconfiguration and Transformation Committee met quarterly and therefore that the Minutes had only just been ratified and published on the Trust's website. The Trust Chairman requested that Dr Haynes, RTC NED Chair and the Director of Corporate and Legal Affairs discussed further, outside the meeting, how the public could receive information arising from the Reconfiguration and Transformation Committee meetings more quickly.

**DCLA /
RTC NED
Chair**

Resolved – that the information be noted.

189/22 REPORTS AND MINUTES OF MEETINGS PUBLISHED ON UHL'S EXTERNAL WEBSITE

Resolved – that (A) 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 30 June 2022 and 28 July 2022;
- Finance and Investment Committee – Minutes of 30 June 2022 and 28 July 2022;
- Operations and Performance Committee – Minutes of 29 June 2022 and 27 July 2022;
- Charitable Funds Committee – Minutes of 17 June 2022;
- People and Culture Committee – Minutes of 30 June 2022, and
- Reconfiguration and Transformation Committee – Minutes of 26 May 2022, and

(B) it be noted that Minutes of the LLR NHS Integrated Care Board meetings were available to access from the following public website and would therefore not feature on UHL Trust Board agendas or be published on the UHL public website at future meetings:-

<https://leicesterleicestershireandrutland.icb.nhs.uk/about/board-meetings/>

190/22 DATE AND TIME OF NEXT MEETING

Resolved – that the next public Trust Board meeting would be held from 1.30pm on Thursday 6 October 2022.

The meeting closed at 5pm.

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	5	5	100	J Melbourne	5	4	80
V Bailey	5	5	100	E Meldrum (until May 22)	2	2	100
A Furlong	5	4	80	R Mitchell	5	5	100
S Harris	5	4	80	B Patel	5	4	80
A Haynes	5	4	80	T Robinson	5	3	60
J Hogg (from June 2022)	3	3	100	M Williams	5	4	80
L Hooper	5	4	80				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	3	3	100	G Sharma	5	3	60
A Carruthers	5	5	100	M Simpson (from 11.4.22)	4	4	100

B Cassidy	5	5	100	C Teeney (from June 22)	3	1	33
G Collins-Punter	5	5	100	J Tyler-Fantom (until May 22)	2	2	100
M Durbridge	5	4	80	J Worrall	5	5	100
H Kotecha	5	3	60				