

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 9 JUNE 2022 FROM 1.30PM IN THE CUMULUS ROOM, LEICESTER DIABETES CENTRE, LEICESTER GENERAL HOSPITAL AND VIA MS TEAMS

Voting Members present:

Mr J MacDonald – Trust Chairman
Ms V Bailey – Non-Executive Director and Quality Committee (QC) Non-Executive Director Chair
Mr S Harris – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair (attended virtually via MS Teams)
Dr A Haynes - Non-Executive Director and Reconfiguration and Transformation Committee (RTC) Non-Executive Director Chair (attended virtually via MS Teams)
Ms J Hogg – Chief Nurse
Ms L Hooper - Chief Financial Officer
Mr J Melbourne – Chief Operating 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 CFC 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
Ms E Concannon – Freedom to Speak Up Guardian (for Minute 128/22/1 only)
Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
Mrs A Fine – Patient of UHL (attending for Minute 124/22 only)
Mr M Fine – accompanying Ms A Fine (for Minute 124/22 only)
Ms B Hanney – CQC – Observing (virtually via MS Teams)
Mr J Jameson – Deputy Medical Director (deputising for Mr A Furlong, Medical Director)
Ms M Khiroya – Managing Director / Superintendent Pharmacist, TrustMed Pharmacy (Observing)
Mr P Latham – CQC – Observing (virtually via MS Teams)
Ms E Moss – Chief Operating Officer, CRN East Midlands (attended virtually via MS Teams for Minute 130/22/1 only)
Mr N Patel – Consultant Plastic Surgeon (for Minute 124/22 only)
Dr G Sharma - Associate Non-Executive Director (attended virtually via MS Teams)
Mr M Simpson- Interim Director of Estates and Facilities
Ms J Tyler-Fantom – Deputy Chief People Officer (deputising for Ms C Teeney, Chief People Officer)
Mr J Worrall – Associate Non-Executive Director (attended virtually via MS Teams)

ACTION

120/22 APOLOGIES AND WELCOME

The Trust Chairman welcomed everyone to the meeting. A particular welcome was made to Ms J Hogg, Chief Nurse and Dr R Abeyratne, Director of Health Equality and Inclusion, as this was their first Trust Board meeting since appointment. Mr S Barton, Deputy Chief Executive, was due to join the Trust on 13 June 2022. Apologies for absence were received from Mr A Furlong, Medical Director, Ms C Teeney, Chief People Officer and Mr M Williams, Non-Executive Director.

121/22 DECLARATIONS OF INTERESTS

Mr S Harris, declared his role as a Director of TGH Ltd. As this declaration was judged by the Committee to be a non-prejudicial interest, he remained present at the meeting.

Resolved – that this declaration of interest be noted.

122/22 MINUTES

Resolved – that the Minutes from the public Trust Board meeting held on 5 May 2022 (paper A refers) be confirmed as a correct record.

123/22 MATTERS ARISING

Paper B provided progress updates for the matters arising from the 5 May 2022 Trust Board meeting and any still-outstanding items from previous meetings.

In reference to item number 17 (Minute 148/21/4 of 6 May 2021), the Chief Operating Officer confirmed that this action would be progressed by the Theatre Productivity Group and could therefore be RAG-rated '5' and removed from the Trust Board Matters Arising Log accordingly.

Resolved – that the matters arising report be received and noted as paper B and updated accordingly as per discussions at the meeting.

CCSO

124/22 PATIENT STORY

The Deputy Medical Director introduced Mr N Patel, Consultant Plastic Surgeon and his patient, Mrs A Fine and her husband, Mr Fine. Mrs Fine described the patient journey she had experienced since she was diagnosed with achalasia (a rare disorder of the oesophagus) at the age of 25, which had encompassed a number of serious operations, following one of which she was in a coma for almost three months, and the complications she had experienced over the course of her treatment for this condition, and also the types of treatments she had undergone over the years such as ECMO and dialysis. Mrs Fine noted that such was the severity of her condition at one point that she had spent 24 months in the Glenfield Hospital over a 3-year period and it had been a long and arduous period of recovery. The main focus of discussion centred on the two operations most recently performed for Mrs Fine by Mr Patel, Consultant Plastic Surgeon, to help with her condition and Mr Patel gave the Trust Board a presentation describing, in detail, these particular cutting-edge operations and how they had significantly helped. Mrs Fine noted that she had experienced no chest infections since her most recent surgery undertaken by Mr Patel, which had been a common occurrence for her previously, and advised that she had managed to regain her stamina and spend time with her grandchildren. Mrs Fine informed the Trust Board that she had received excellent care at the Glenfield Hospital and had nothing but praise for Mr Patel, the Plastics team and the staff at the Glenfield Hospital. She noted that her only source of dissatisfaction would be that she had never received a GI follow-up from the original team who had treated her at Glenfield Hospital which she could not understand given that achalasia was a lifelong condition. In response to this point, the Chief Executive noted that it was important that patients were safe and should be provided with such follow up where required. Reference was also made in respect of the provision of hospital food, which could be particularly unsatisfactory for patients requiring lengthy hospital stays and it was noted that this was an issue currently under review, with a taste test provisionally planned for Trust Board members during July 2022.

Following Mr Patel's presentation, Trust Board members thanked Mrs Fine, Mr Fine and Mr Patel for attending the meeting and speaking to them. Mr Patel made note of the lessons learned for future application in terms of the importance of planning, multi-disciplinary team work and the drive to continue to push the boundaries in terms of what could be achieved surgically in order to help patients. In response to a question posed following the presentation, Mrs Fine confirmed that she had a direct access route back into the Trust to receive treatment for her condition through the Clinical Decisions Unit at the Glenfield Hospital. In response to a question posed as to how Mrs Fine felt about the future and coming into the Trust again should she have other medical problems, Mrs Fine noted that she had also received treatment at the Trust for cancer of the tonsils and was now clear following treatment by the Oncology Department, who had been wonderful. Note was also made by Trust Board members, in discussion, of how much support was provided to patients by their family, which had only become really evident when the family was no longer able to provide this support, such as during the covid-19 pandemic.

Particular discussion took place regarding the experiences of Mr Fine as he had supported his wife through her condition, operations and recovery and the personal impact and toll these had taken on him also, in order to gain some insight into how the Trust might be able to help in terms of the support offered to a patient's family in such circumstances through the provision of a more holistic offering.

In concluding discussion on this item, the Chairman reiterated the thanks of the Trust Board, and also noted that the learning points from this discussion were the fact that care was over not at the point that the clinicians considered it to be over, but at the point that the patient and their family

considered it to be over. Also noted were further issues for exploration, as referenced above, in relation to the Trust's catering provision and also the provision of family support.

Resolved – that the contents of this presentation, and associated discussion, be received and noted.

125/22 STANDING ITEMS

125/22/1 Chairman's Report – June 2022

The Chairman provided a verbal update report for June 2022 which focused on the following:

- congratulations were expressed to the University of Leicester who had been ranked second for medical research in the country;
- congratulations were expressed to Dr A de Bono, Consultant Occupational Physician, who had received an OBE in the New Year's Honours List;
- the Integrated Care Board (ICB) was to be formally established from 1 July 2022 and the Chairman thanked CCG staff for their work in this respect, many of whom the Trust would continue to work with;
- the national publication of a report by Dr Fuller regarding integrating primary care, which would be reviewed by the Trust Board. Specific note was made of the primary care expertise which the Trust now benefited from following the appointment of three GPs to the Trust's Executive Board and the appointment of Dr Sharma, General Practitioner, as Associate Non-Executive Director to the Trust Board;
- the independent review published on 8 June 2022 into Health and Adult Social Care Leadership and the pragmatic proposals in response;
- the need to reflect upon the outcome of the Government report into smoking and its implications, and
- a recent visit by a number of members of the Trust Board to the Secret Garden at the Glenfield Hospital and acknowledgement and recognition of the large number of volunteers who support UHL and also recent visits to a number of non-clinical departments (e.g. Finance) and diagnostic departments (e.g. pathology and microbiology laboratories).

Resolved – that the Chairman's verbal June 2022 briefing report be noted.

125/22/2 Chief Executive's update – June 2022

The Chief Executive introduced paper C, which detailed updates regarding the following items:- Covid, CQC, Research Education Framework, LLR Finances, Reconfiguration, Cost of Living, Community Communication, Friday Focus Sessions and New Executive Starters.

In presenting this report, the Chief Executive offered a personal welcome to Ms J Hogg, Chief Nurse, Dr R Abeyratne, Director of Health Equality and Inclusion and Ms C Teeney, Chief People Officer, who had all recently joined the Trust's Executive Team. He made reference to the Trust's recent financial challenges and the pressure which the Trust's Corporate Finance Team had been operating under, which had cultural underpinnings. He acknowledged that patient experience was variable at the moment and poor in some instances due to lengthy ambulance waits, waits for beds and waits for discharge relating to the emergency pressures being experienced and he expressed his apologies to the Ambulance Service, the Trust's patients and colleagues working in the Emergency Department and Clinical Decisions Unit in this respect. The Chief Executive noted that the Trust had been issued with a Warning Notice from the CQC in relation to its urgent and emergency care core service at the LRI, highlighting the work required in this respect, albeit he was pleased that the CQC had recognised the positive partnership relationships in place. Waiting times for elective care were decreasing, albeit note was made of the number of patients waiting over two years for surgery.

In terms of staff experiences, the Chief Executive expressed his gratitude to colleagues and his apologies for the pressure under which they were consistently working, noting that this was causing some staff to retire or leave. He did not under-estimate how hard staff were working and how much harder generally it now was for staff. He noted that there was significant work to undertake, both for UHL and LLR as a whole and acknowledged the risk of trying to undertake too much and achieving too little. He noted that the best organisations focused on small incremental improvements and noted that the Trust was now seeing progress around elective waits. A significant amount of work

was required to make the achievements desired, however there existed a massive opportunity to make a difference. The Chief Executive made reference to a session he had recently attended for the most challenged providers and noted that one of the elements which made organisations amongst the best was stable leadership. This had not been the case at UHL for some time, however the Trust was quickly moving into a position of stability moving forward. The role of the leadership team would be to absorb the pressure of staff and listen directly to the staff providing the care and to be clear that the Trust's plans were clear and realistic with a sense of 'pragmatic optimism'. There was a need to use the information available more effectively.

Particular discussion took place regarding the following in relation to this item:-

- (i) the Chairman made reference to the significant cost of living challenge which all colleagues were facing in terms of rising costs of food, petrol etc. Note was made of the potential for Trust colleagues to be experiencing 'in-work poverty' and UHL was currently looking into actions which other Trusts were undertaking in this area. Note was made of the on-going work arising from the Staff Survey whereby 12 key areas for action had been identified. Professor Robinson, Non-Executive Director, referenced the fact that 90,000 died in poverty, some of whom were young and of the need to be aware of and take account of this in the Trust's planning / responses. The Chief Executive noted that the Trust had the opportunity to make a significant difference through working in partnership and whilst wanting to be forward-thinking in its approach, there was a need not to forget how difficult the 'day-to-day' was;
- (ii) Mr B Patel, Non-Executive Director, noted that the PILS service was one of the gateways through which patients could raise issues and highlight their experiences and he suspected this service was quite overwhelmed and queried any other approaches which might be adopted – in response, the Chief Executive noted the incoming Director of Communications at the Trust, once appointed, would be involved in taking forward this aspect, and
- (iii) Ms V Bailey, Non-Executive Director, acknowledged the significant work undertaken recently by the Trust in the movement of its services (with 20% of wards moved over the last couple of months) and, whilst there had been no particular organisational 'noise' arising from these moves, noted that it would be helpful to be informed of the outcome of the impact of the moves in 3-4 months' time –it was agreed, in discussion, that the Chief Operating Officer would submit an evaluation report to the Trust Board in September 2022.

COO

Resolved – that (A) the contents of the Chief Executive's June 2022 briefing report (paper C refers) be received and noted, and

(B) the Chief Operating Officer be requested to submit an evaluation of the impact of the service moves currently on-going to a Trust Board meeting in September 2022.

COO

125/22/3 Integrated Performance Report (IPR) – Month 1 2022/23

The Chief Operating Officer introduced paper D, providing the Integrated Performance Report (IPR) for April 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 – the Chief Operating Officer noted that both planned and emergency patients were currently waiting too long for treatment and he noted that the last week, in particular, had been very challenging following the extended Bank Holiday Jubilee weekend with flow problems across the system within LLR, which was putting particular stress on East Midlands Ambulance Service, which was not acceptable. Increased medical in-reach had been introduced, in response to which there had been positive feedback. The Minor Illness and Minor Injury (MIaMI) Unit had launched this week and was currently seeing 100 patients a day, although it was hoped that this would increase to 200 patients per day over time. This was a wonderful achievement and its impact would be monitored. There continued to be a weekly executive meeting with Urgent and Emergency Care colleagues, with a number of promising interventions planned in the coming weeks. There were currently 122,000 patients waiting for treatment and the position remained very challenged, with particular focus on those 104 week waiters as at the end of June 2022. Treatment capacity remained the largest challenge currently. Mr Worrall, Associate Non-Executive Director, identified the core issue as being the number of patients delayed within

the system due to poor flow and queried what actions were being taken to address this. In response, the Chief Operating Officer advised that there were currently up to 270 patients awaiting discharge. A number of actions (both internal and external) were being taken including creating additional capacity within the community, the progression of plans to open 200 virtual ward beds, the setting of internal targets for discharge and revision of the structure of the discharge teams within the last two weeks, albeit there was recognition that the scale of the problem would require further actions. Specific discussion took place regarding the practicalities of virtual wards in terms of any additional demands on or additional skills required of staff and assurance was provided that the Trust would be recruiting into posts to support this development therefore ensuring the required capacity was available. Particular discussion took place regarding on-the-day cancellations, noting that these often arose due to either capacity or patient choice. The Trust was currently looking at a business case for an improved pre-assessment model. Specific note was also made that when making decisions about patient access to beds, such decisions were clinically led. Dr Sharma, Associate Non-Executive Director, commented that it would be helpful to involve primary care in the pre-assessment process. In response to a query raised by Dr Haynes, Non-Executive Director, as to the Trust's bed deficit and issues associated with falls, delirium and deconditioning, the Chief Operating Officer noted that up to 70 beds could be released through virtual wards and work was on-going looking at options to create capacity outside of the hospitals. The issue of deconditioning was on the risk register given that increased lengths of stay led to an increased risk of deconditioning, noting also that patients were at risk of falling when in hospital due to being in an unfamiliar environment. In response to a query raised as to any lessons that could be learned from pressures over the Jubilee Bank Holiday weekend in order that these could be applied to upcoming Bank Holidays, the Chief Operating Officer advised that the Trust planned very carefully for Bank Holidays and had commenced planning for the August Bank Holiday and also winter planning, noting the need to decrease occupancy and also acknowledging the natural variation that occurred whereby some days there were high numbers of patients waiting for beds and then few patients on other days. The Director of Health Equality and Inclusion noted that in-reach into ED was a good opportunity to meet patients early in their journey, noting the potential gap for ownership and queried whether a system was in place to allow clinicians to vocalise any challenges, in response to which the Chief Operating Officer acknowledged that further work was required around ownership. Mr Worrall, Associate Non-Executive Director, noted the need for a clear narrative about the consequences of any delay on a patient's condition, in response to which the Chief Executive noted that despite being early in the process, progress was being made and he expressed his thanks to the Chief Operating Officer and his team who had inherited a difficult position, with the Chief Operating Officer's deputies only coming into post this week. In concluding discussion on operational performance, it was agreed that the Operations and Performance Committee should receive and review the System and Emergency Care Plan;

COO

- Quality – the Deputy Medical Director commented that the Summary Hospital-Level Mortality Indicator (SHMI) was 104, and remained within the expected range. He also made reference to the nine Never Events which had occurred, an action plan in relation to which was in place. There had been three Never Events in May 2022, as referenced within the escalation report from the Quality Committee. The Trust Board acknowledged the high number of Never Events and expressed their wish to continue to be updated by the Quality Committee in respect of the on-going work in the Trust around Never Events. The Chief Nurse highlighted that the number of significant perineal tears post-delivery had recently been flagging as an indicator, in response to which an action plan had been developed. C Diff and Hospital Acquired Pressure Ulcers were both flagging as indicators, however there existed an improving picture in both respects, albeit further action was required in response. There had also been an increase in MSSA bacteraemia and investments had been made in the Infection Prevention and Control team. There was currently a particular focus on cannulas. Ms Bailey, Non-Executive Director Chair of the Quality Committee confirmed that the Quality Committee received regular reports on these items and was currently undertaking a deep dive into falls and pressure ulcers.
- People – Ms Tyler-Fantom, Deputy Chief People Officer, noted that there had been a deterioration in the sickness absence position and also in the figures relating to statutory and mandatory training, both of which were currently challenging areas. Action was underway to review the appraisal process and the statutory and mandatory training provision to facilitate a more easily accessible and more time effective process. Consultant appraisal formed a separate process and had been subject to changes during the covid-19

pandemic, with a rigorous follow-through in place since April 2022. In response to a query raised as to any plans to utilise those staff who 'retired and returned' as appraisers, this was not an area for which such staff members had expressed a wish to pursue involvement in, albeit significant work was on-going regarding how the Trust used its 'retire and return' workforce, which would be reported through the People and Culture Committee in due course. The Deputy Chief People Officer also confirmed the significant strategic work being undertaken currently in relation to improving vacancies, which would be reported back in due course, and

- Finance – the Chief Financial Officer confirmed that the Trust was reporting a Month 1 deficit of £3.8m; which was £0.6m adverse to the April plan of a deficit of £3.2m and significant work was on-going in this respect. The most significant issue currently was drugs and devices and the Finance Team were undertaking a deep dive into these areas. It was noted, in discussion, that the Finance and Investment Committee received a detailed review of working capital.

Resolved – that (A) the month 1 2022/23 Integrated Performance Report (paper D) be received and noted, and the additional verbal information provided be noted, and

(B) the Operations and Performance Committee be requested to receive and review the System and Emergency Care Plan.

COO

126/22 DECISIONS FOR THE TRUST BOARD

126/22/1 Quality Account

The Chief Nurse introduced paper E which, following review and approval by the Quality Committee, sought formal Trust Board approval of the Quality Account prior to publication on the Trust's public website and uploading to the NHSE/I by 30 June 2022.

During discussion on this item, the Trust Board requested that the Chief Nurse reviewed ways in which to make the Quality Account a more digestible document and to determine a means by which to utilise it as a source for learning.

CN

Resolved – that (A) the Quality Account (paper E refers) be approved, and

(B) the Chief Nurse be requested to review ways in which to make the Quality Account a more digestible document and to determine a means by which to utilise it as a source for learning.

CN

127/22 PROVIDE OUTSTANDING CARE (QUALITY)

127/22/1 Maternity Safety Report

The Chief Nurse presented paper F, which was the first monthly report to be provided to the Trust Board detailing oversight of the Maternity Safety agenda and had been prepared using the national perinatal surveillance tool template, combined with the relevant data in a refined dashboard, and was presented in this way to report essential data and outcomes with more detail around the exceptions. To meet the NHS Resolution Safety Standards and Interim Ockenden report, the template included all Saving Babies Lives Care bundle audits of compliance and other relevant maternity indicators including number of term admissions to NNU, midwifery staffing vacancies, FFT and training. The report aimed to provide assurance and inform the Trust Board of all of the current risks and challenges by exception and was a new and evolving report overseen by the Quality Committee.

The turnaround time for HSIB reports had now been updated to reflect the challenging position and there was confidence that the new timelines would be met. A plan was in place to improve the position with regard to training issues and a plan was being implemented with regard to vacancies in midwifery (currently 52 wte) which was less reliant on newly qualified staff. Post-partum haemorrhage was currently flagging as an exception. Feedback on the report had been received when discussed at the Quality Committee and was welcomed from the Trust Board also. Trust Board members thanked the Chief Nurse for her report, noting that it represented a real step forward and provided the Trust Board with a good level of visibility of the salient issues. Also noted by Board members was the planned Executive representation at the upcoming Midwifery Open Day

on Saturday 11 June 2022. In discussion, the Chief Nurse and Non-Executive Director Chair of the Quality Committee were requested to give consideration as to how to reflect upon, and incorporate into, the monthly reports 'softer' measures such as feedback from staff, feedback from patients / parents and professional relationships.

CN/
NEDC, QC

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

(B) the Maternity Safety Report be submitted to the Trust Board on a monthly basis from today's meeting, and

CN/CCSO

(C) the Chief Nurse and Non-Executive Director Chair of the Quality Committee be requested to give consideration as to how to reflect upon, and incorporate feedback into, the monthly reports 'softer' measures such as feedback from staff, feedback from patients and parents and professional relationships.

CN/NEDC,
QC

127/22/2 Mortality and Learning from Deaths Report

The Deputy Medical Director presented paper G, which sought to provide assurance that robust processes and oversight was in place to review deaths, involved families and identified learning, where appropriate. In presenting this report, the Deputy Medical Director specifically reported on the following: the HSMR was moving in the right direction, maintenance of the Medical Examiner process was in place, some themes had arisen relating to communication and managing expectations and also that perinatal mortality was reducing in the MBRRACE data which reported two years retrospectively, with efforts underway to report this on a more timely basis.

Resolved – that the Mortality and Learning from Deaths report be approved, as per the recommendation from the Quality Committee (paper H, Minute 127/22/3 below refers).

127/22/3 Escalation Report from the Quality Committee – 26 May 2022

Ms V Bailey, Non-Executive Director Chair of the Quality Committee presented paper H, which detailed the escalation report from the Quality Committee meeting held on 26 May 2022, confirming the Committee's assurance in respect of the Mortality and Learning from Deaths report which it had recommended onto the Trust Board for approval (Minute 127/22/2 above also refers) with the SHMI and HSMR in the expected range for deaths. She noted that the Quality Committee had received only partial assurance relating to operations cancelled on the day of procedure and further work was ongoing in this respect. The Trust Chairman made reference to a welcome development in terms of post-mortems being undertaken through scanning, which helped to address the national issue relating to the shortage of Histopathologists and provided a better experience for patients' relatives.

Resolved – that the contents of the escalation report from the Quality Committee meeting held on 26 May 2022 (paper H) be received and noted.

127/22/4 Escalation Report from the Operations and Performance Committee – 25 May 2022

The Chief Operating Officer presented paper I, which detailed the escalation report from the Operations and Performance Committee meeting held on 25 May 2022. The Minor Illness and Minor Injury (MIaMI) Unit had opened this week and it was hoped that this would have a beneficial impact on ED performance; monitoring would take place accordingly. A Point of Prevalence Study was being undertaken to ensure the right level of capacity was commissioned for Winter 2022/23. Note was made that the level of specialty in-reach remained an issue. Specific note was made in respect of the 104 week waiters, as detailed within the report. A deep dive into the Dermatology Cancer site had been undertaken and more deep dives (two per month) were planned into challenging tumour sites to ensure that every specialty could be reviewed, as appropriate. In response to a query posed by Ms Bailey, Non-Executive Director, regarding mutual aid, the Chief Operating Officer confirmed that the Trust was working with partners to provide mutual aid for cancers and long waiters in an effort to clear backlogs.

Resolved – that the contents of the escalation report from the Operations and Performance Committee meeting held on 25 May 2022 (paper I) be received and noted.

128/22 BE THE BEST PLACE TO WORK (PEOPLE)

128/22/1 Freedom to Speak Up Annual Highlight Report

The Director of Corporate and Legal Affairs introduced Ms E Concannon, Freedom to Speak Up Guardian, who presented paper J, which provided an update to the Trust Board on Freedom to Speak Up activity in 2022/21 and provided assurance in relation to the Freedom to Speak Up (F2SU) Guardian Service. The Trust Board was requested to note and approve the contents of the annual report for publication and to be assured that the development of F2SU at UHL would focus upon establishing a more robust framework of response to staff concerns and support for the F2SU Guardians.

In presenting this report, Ms Concannon expressed how important F2SU was at UHL and thanked those people who had spoken up, noting the continued development of the F2SU strategy. During 2021/22, 231 concerns had been raised across four mechanisms and included issues relating to communication, staff attitude, professionalism, bullying, the pressures of the pandemic, poor managerial performance, staffing levels and skill level mix on the wards. Whilst there had been an increase in the use of F2SU mechanisms due to word of mouth, publicity and support from the Executive Team, Ms Concannon expressed concern that the impact remained too low with insufficient sustainable change taking place which required addressing. Planned developments for the service were in place, including addressing any barriers to speaking up, and there was now a direct route for the F2SU Guardians into the Executive Team, with the Guardians now reporting into the People and Culture Committee. Note was made that there was one F2SU Guardian (one full time post covered by two individuals) and the possibility of creating F2SU Champions, and how these might be used, was being explored, including helping staff to access the Guardians. A more robust framework of response was desired, and it was intended to review best practice from the best five Trusts in the country. The Chairman thanked the F2SU Guardians for their honest and ambitious report, noting the importance of the information accessible through the F2SU function and also the Staff Survey. The Director of Quality Transformation and Efficiency Improvement commended the Trust's two Guardians, noting that whilst encouraging people to speak up was important, it was also crucial to listen and follow-up, and she queried the possible need to undertake a re-launch of the Junior Doctor Gripe Tool. Mr Patel, Non-Executive Director, made note of the different models around the country in the implementation of F2SU, noting the view at UHL that the Guardians needed to be independent and that both Guardians had direct access to both the Chief Executive and himself as the relevant NED Lead and he highlighted the importance of conveying this message to the UHL workforce. The Director of Health Equality and Inclusion acknowledged that it was difficult to achieve organisational change with low numbers and welcomed the idea of creating F2SU Champions, also noting that the Guardian of Safe Working information would be a rich source of data to work with. The Chief Financial Officer commented that her own portfolio provided an example of what happened when staff felt that they could not speak out, and she noted that the Finance function now had a number of informal ways of speaking out. Ms Collins-Punter, Associate Non-Executive Director, explained her experience within her own workplace of how issues such as staff attitude and behaviour were addressed, with only one incident needing to be made in order for it to be addressed, such was the active promotion which took place regarding speaking up about bad behaviour and it was noted that this might provide a learning opportunity for UHL by exploring this example further. The Chief Nurse thanked the F2SU Guardian for her report and expressed her wish to work with the Guardians to address issues of nursing staffing and skill mix issues on the wards. The Chief Executive commended the report, noting that UHL was currently in the bottom 25% of Trusts in terms of F2SU results and sought to be in the top three Trusts in 2025 for its Staff Survey results and on the top page for F2SU results and he noted his sense that staff did share information, however it was difficult for the Guardians to activate change, hence the planned improvements to continue to advance this agenda within the Trust.

Resolved – that the contents of the F2SU Annual Report be received and noted and approved for publication.

129/22 DEPLOY OUR RESOURCES IN THE BEST POSSIBLE WAY (FINANCE AND PERFORMANCE)

129/22/1 Month 1 Financial Performance and Roadmap to Sustainable Financial Improvement

The Chief Financial Officer and the Director of Quality Transformation and Efficiency Improvement introduced papers K and K1, with paper K providing the detailed financial performance report for

April 2022 (a Month 1 deficit of £3.8m, which was £0.6m adverse to the April plan of a deficit of £3.2m. The main driver of this adverse position was non-pay, which was £807k overspent against Plan. The Trust had spent £3.9m capital; £1m less than Plan and ended April 2022 with a cash balance of £103m) and paper K1 providing assurance against the actions necessary to meet the criteria required to exit the Recovery Support Programme (RSP). The Director of Quality Transformation and Efficiency Improvement drew members' attention to the key risks detailed in the table within the report, noting that the Grip and Control Project had been closed, having now achieved its aims.

The Chief Financial Officer confirmed that the Trust would continue to report on the risks and mitigations in delivering the financial plan.

The Trust Chairman noted that the Trust Board needed to clear in terms of its plans and mitigations, noting that further discussion would take place on this matter within the Trust Board and would also link into other Committees.

Resolved – that the Month 1 Financial Performance report (paper K) and Roadmap to Sustainable Financial Performance report (paper K1) be received and noted.

129/22/2 Escalation Report from the Finance and Investment Committee – 26 May 2022

Resolved – that the contents of paper L (detailing a summary of the key issues considered at the Finance and Investment Committee on 26 May 2022) be received and noted.

130/22 **CORPORATE GOVERNANCE/REGULATORY COMPLIANCE**

130/22/1 East Midlands Clinical Research Network (EM-CRN) Quarterly Report

The Deputy Medical Director introduced paper M, the purpose of which was to provide assurance against the Clinical Research Network Host Contract; noting that UHL was the Host Organisation for the National Institute for Health and Care Research (NIHR) Clinical Research Network East Midlands (CRN-EM) and was contracted by the Department of Health and Social Care to take overall responsibility for the monitoring of governance and performance of the network. Ms E Moss, Chief Operating Officer of CRN East Midlands attended the meeting virtually and presented the report to Trust Board members, which detailed recent progress and current priorities of CRN East Midlands. The latest financial report and the current risks and issues register were appended to paper M and the conclusion from both appendices was summarised on page 2 of the report. In presenting this report, Ms Moss noted that the formal CRN-EM Annual Report would be submitted to the UHL Trust Board in due course. The National Plan had been approved, and a Regional Plan was now being developed.

The Trust Board thanked Ms Moss for her report and, in discussion, the Director of Corporate and Legal Affairs was requested to give consideration as to where the Trust placed items on its Board Assurance Framework (BAF) in relation to organisations it hosted.

DCLA

Resolved – that (A) the East Midlands Clinical Research Network (EM-CRN) Quarterly Report (paper M) be received and noted, and

(B) the Director of Corporate and Legal Affairs be requested to give consideration as to where the Trust placed items on the Board Assurance Framework (BAF) in relation to the organisations it hosted.

DCLA

130/22/2 Annual Conflicts of Interest for Trust Board members

The Director of Corporate and Legal Affairs presented paper N, which provided assurance that interests were declared by Trust Board members, reviewed on an on-going basis, and recorded publicly in line with governance requirements. The annual table of declarations for 2022/23 would be available on the Trust's external website.

Mr B Patel, Non-Executive Director, reported verbally to advise that his entry relating to outside employment with the RNIB could now be removed from the register.

DCLA

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

(B) the Director of Corporate and Legal Affairs be requested to update the entry for Mr B Patel, Non-Executive Director, by removing reference to outside employment with the RNIB.

DCLA

130/22/3 Board Assurance Framework 22/23

The Director of Corporate and Legal Affairs presented paper O, which related to the Board Assurance Framework for 2022/23, and specifically summarised and reflected the amendments suggested to the six strategic themes discussed at the Trust Board Workshop on 24 May 2022, set out the process for how the BAF would be completed and used, included a copy of the new BAF template and described the next steps and timescales. The key next steps were as follows: to update the Trust Committee reporting template to incorporate the strategic themes outlined within the report, to submit the new BAF through Trust Committees on a monthly basis from June 2022 onwards, to complete population of the BAF including controls and assurances from June 2022 onwards and to agree risk appetite and score BAF risks (via a Trust Board Development Session) in November 2022.

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

(B) the BAF be formally adopted as described within paper O.

130/22/4 NHS Provider Licence Self Certification

The Director of Corporate and Legal Affairs presented paper P, which sought Trust Board approval that it met the requirements of the self-certification declarations for G6 and FT4. The Trust was no longer required to submit the approved templates to NHSEI, however was required to publish and retain them for record-keeping purposes should NHSEI audit the self-certification. It was confirmed that the self-certification documents would be published on the Trust public website by the required deadline of 30 June 2022.

DCLA

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

(B) the self-certification documents be formally approved and placed on the Trust's public website by the required deadline of 30 June 2022.

DCLA

130/22/5 Improvements to Governance

The Director of Corporate and Legal Affairs presented paper Q, which provided the Trust Board with an overview of the improvements made to the financial governance in UHL since entering the Recovery Support Programme (RSP) in August 2020. The report also described the on-going steps being taken to ensure strong leadership and culture across the Trust. To-date there had been significant improvements made to the governance, leadership and culture, however there was considerably more to do as the Trust strived towards sustained improvements. In presenting this report, it was highlighted that the restructuring of the finance team had now been completed, with 25 new posts created and subsequently appointed to, enabling the creation of a finance team which was fit for purpose and reflective of peer Trusts in terms of WTE and grade of staff, leadership roles and number of qualified staff. Increasing the qualified posts within the structure had strengthened the financial control environment and supported improvements to financial reporting. A Finance and Procurement Staff Development Working Group was in place which had delivered significant improvements for the directorate and their work had been instrumental in securing Level 1 accreditation with Future Focused Finance and accreditation with all the professional accountancy bodies. The Trust also commenced its use of the NHSE/I 'Grip and Control Checklist' during quarter 3 of 2020 and, as at April 2022, had completed over 90% of the check list and closed all but nine remaining points, which had been absorbed into the appropriate governance structure for oversight of their completion.

In March 2022, the Trust formally approved its 2019/20 Annual Report and Accounts following extensive work to restate the balance sheet. The 2020/21 Annual Report and Accounts were underway with delivery of these set for late Summer 2022.

Following the 2021 Deloitte review of the Executive level governance structure, a Risk Committee had been established in March 2022 and currently took place every two weeks chaired by the Chief Executive.

Particular discussion took place regarding Board Development Sessions. The Chief Operating Officer commented that these were very helpful and facilitated appropriate challenge. In response to a query raised by the Trust Chair, the Director of Corporate and Legal Affairs confirmed that discussion was already underway as to processes within CMGs.

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

130/22/6 Terms of Reference for Board Committees

The Director of Corporate and Legal Affairs presented paper R, which sought Trust Board approval of the reviewed Terms of Reference (ToR) of all of the sub-committees of the Trust Board (specifically the Audit Committee, Charitable Funds Committee, Finance and Investment Committee, People and Culture Committee, Quality Committee and Reconfiguration and Transformation Committee (appendices 1 – 6 as attached to the report referred). In presenting this report, the Director of Corporate and Legal Affairs advised that the ToR had been reviewed as part of the annual cycle of governance, and there would be further reviews of the sub-committee ToRs and work plans aligned to the implementation of the refreshed Board Assurance Framework and the reviewed Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD). This work would take place over the coming months and the revised versions would be developed through their respective committees and thereafter submitted to the Trust Board for formal approval. The Director of Corporate and Legal Affairs confirmed that there had been no change to any of the statutory duties of the Committees.

In discussion on this item, Ms G Collins-Punter, Non-Executive Director, queried why she had not received an invitation to the Finance and Investment Committee, in response to which the Trust Chairman confirmed that this update to the membership had only just been agreed and the invitations would now be issued.

Resolved – that the updated Trust Board sub-committee Terms of Reference be approved as presented.

130/22/7 Escalation Report from the Audit Committee 9.5.22

On behalf of the Mr Williams, Non-Executive Director Chair of the Audit Committee, Mr Patel, Non-Executive Director, presented the escalation report from the Audit Committee meeting held on 9 May 2022 (paper S refers), noting that there were no specific recommendations for the attention of the Trust Board. Two specific items were highlighted to the Trust Board for information as follows: (1) UHL's progress against the 2019/20 Statutory Recommendations and (2) the need for appropriate management support to progress the Internal Audit (PwC) waiting list audit.

Resolved – that the contents of paper S be received and noted, specifically the two items highlighted for the Trust Board's attention.

130/22/8 Escalation Report from the Reconfiguration and Transformation Committee (RTC) 26.5.22

Dr A Haynes, Non-Executive Director Chair of the Reconfiguration and Transformation Committee, presented the escalation report from the Reconfiguration and Transformation Committee meeting held on 26 May 2022. There were no specific recommendations for approval. Two items were highlighted to the Trust Board for information as follows: (1) the transformation programme discussion, including the need for clarity on UHL's organisational strategy and priorities and how an overview of transformation progress was appropriately reported back through RTC and (2) the need for appropriate alignment to Trust risk management processes and assurance reporting. Note was also made in discussion that the Terms of Reference of the Committee would be reviewed in due course.

Resolved - that the contents of paper T be received and noted, specifically the two items highlighted for the Trust Board's attention.

131/22 **CORPORATE TRUSTEE BUSINESS – none**

132/22 **ANY OTHER BUSINESS**

Resolved – that no additional items of business were raised.

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. A number of questions had also been raised, in advance, via email. The following questions were read out and responded to during the meeting: -

Question 1:- Regarding the RTC minutes, what does it mean to say the 'clinical and operational principles' had been revised in 2020 - were the then current ones reflected in the late 2020 public consultation exercise?

Trust Response: The clinical and operational principles reflect ways of working to ensure future buildings are right-sized. For example, this includes the number of sessions run per week out of the outpatient department, and how many theatre sessions run per week. The consultation exercise reflected location of clinical services - this review of the principles did not impact on location of services between sites or the consultation exercise.

Question 2:- Is the principle still to move all acute clinical activity off the site of LGH? It seems to me this no longer holds - is this part of what is meant by 'refreshed' and in what ways will these principles be refreshed?

Trust Response: It is still the principle to move acute activity off the LGH site. The revision of the operating principles has no impact on the move of acute services off the LGH site, it purely means that we are re-validating how the services work across the week, in outpatients, theatres and on wards. We will also be reviewing the bed bridge in the coming months.

Question 3:- What are the five derogations from the Hospital Building Notes?

Trust Response: The five derogations reflect 3 rooms which are smaller than HBN standards - all relating to rooms which we have been advised by the NHP to follow as a consequence to agreed national derogations under the P22 procurement process; and 2 are larger than the HBN to allow greater flexibility for long-term use.

Question 4:- I am grateful that the minutes from the Reconfiguration and Transformation Committee are public. Is it possible that all papers for the Reconfiguration and Transformation Committee be attached to future minutes or a weblink to the papers provided to give context for the minutes? The minutes from the Reconfiguration and Transformation Committee attached to this month's Board papers refer to a Paper C. Is it possible to put that paper in the public domain to provide context for the minutes?

Trust Response: UHL will review the paper and share if appropriate.

Question 5:- How many level 3 intensive care beds will remain on the site of LGH to support the new elective care hub?

Trust Response: There will be no level 3 beds left at the LGH, there will be level 2 to support activity that is remaining there and the hub if needed. The type of activity that will go through the hub particularly in the early years will be low complexity so shouldn't need access to critical care.

Question 6:- Paper T (the Reconfiguration and Transformation Committee report) refers to a 'reduced capital allocation' received by UHL for its reconfiguration proposals. What is the reduced capital allocation? How does it compare with the proposals in the recent Better Hospitals public consultation on UHL reconfiguration? What are the implications for these proposals?

Trust Response: The Chief Executive responded verbally to advise that the Trust had received a nominal capital allocation of £460m, albeit costs were increasing and additional monies would be required. The Trust had been expecting £10m this year and had received £1m to-date, with other

Trusts in the same cohort in exactly the same position and discussions in this respect remained on-going. The Trust had not moved away from the original four pillars of its consultation proposals.

Question 7:- In the Trust Board Committee terms of reference (paper R) which of the Committees has responsibility for reviewing the Trust PPI and Co-production Strategy and reporting to the Board on PPI and Co-production throughout UHL?

Trust Response: It was confirmed that this would be picked up through the Trust's PPI committee and strategies would be reviewed and supported by the Quality Committee and approved by the Board.

The Trust Chairman highlighted that community engagement was key and considerable work was planned in this respect.

In view of the series of questions raised at today's Trust Board meeting relating to reconfiguration, the Chief Executive acknowledged the community's interest in this subject and his wish to speak to the wider community and key allies in the community further on this topic.

In concluding discussion on this item, the Trust Chairman acknowledged that feedback had been received regarding the poor sound quality for those Trust Board members who had joined the meeting virtually and members of the public watching the meeting through the live stream and he expressed his sincere apologies in this respect, noting the intention to make improvements at future meetings.

Resolved – that the information be noted.

134/22 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 28 April 2022;
- Finance and Investment Committee – Minutes of 28 April 2022;
- Operations and Performance Committee – Minutes of 27 April 2022, and
- Reconfiguration and Transformation Committee – Minutes of 31 March 2022.

135/22 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next public Trust Board meeting be held on Thursday 7 July 2022 from 1.30pm.

The meeting closed at 4.33pm

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	3	3	100	J Melbourne	3	3	100
V Bailey	3	3	100	E Meldrum (until May 22)	2	2	100
A Furlong	3	2	67	R Mitchell	3	3	100
S Harris	3	3	100	B Patel	3	2	67
A Haynes	3	2	67	T Robinson	3	2	67
J Hogg (from June 2022)	1	1	100	M Williams	3	2	67
L Hooper	3	2	67				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	1	1	100	H Kotecha	3	1	33
A Carruthers	3	3	100	G Sharma	3	2	67
B Cassidy	3	3	100	C Teeney (from June 22)	1	0	0
G Collins-Punter	3	3	100	J Tyler-Fantom (until May 22)	2	2	100
M Durbridge	3	3	100	J Worrall	3	3	100