

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD ON THURSDAY 5 MAY 2022 FROM 1.30PM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY 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 A Furlong – Medical Director
 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)
 Mr J Melbourne – Chief Operating Officer
 Ms E Meldrum – Acting Chief Nurse
 Mr R Mitchell – Chief Executive
 Professor T Robinson - Non-Executive Director (attended virtually via MS Teams)
 Mr J Shuter – Director of Operational Finance (deputising for Ms L Hooper, Chief Financial Officer)
 Mr M Williams – Non-Executive Director and Audit Committee Non-Executive Director Chair

In attendance:

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 (attended virtually via MS Teams)
 Ms S Coombes – Continence Nurse Specialist (for Minute 95/22 only)
 Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
 Ms H Kotecha - Leicester and Leicestershire Healthwatch Chair
 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 – Acting Chief People Officer
 Ms S Wilkinson – Patient Experience Lead Nurse (for Minute 95/22 only)
 Mr J Worrall – Associate Non-Executive Director (attended virtually via MS Teams)

ACTION**91/22 APOLOGIES AND WELCOME**

The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Ms L Hooper, Chief Financial Officer and Mr B Patel, Non-Executive Director. Specific note was made of the fact that there was a slight timing delay for those watching the public Trust Board meeting via livestream. Accordingly, the Chairman confirmed that if any questions from the public were received via the livestream chat after the meeting had concluded, these would be addressed within the Minutes of this meeting.

92/22 DECLARATIONS OF INTERESTS

The contents of paper A, which detailed declarations of interest for new Trust Board members and attendees (specifically for Mr M Simpson, Interim Director of Estates and Facilities and Mr G Sharma, Associate Non-Executive Director) were received and noted.

Mr J Shuter Director of Operational Finance declared his role as Finance Director and Company Secretary of Trust Group Holdings Ltd. As this declaration was judged by the Committee to be a non-prejudicial interest, he remained present at the meeting.

Resolved – that these declarations of interest be noted.

93/22 MINUTES

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

94/22 MATTERS ARISING

Paper C provided progress updates for the matters arising from the 7 April 2022 Trust Board meeting and any still-outstanding items from previous meetings.

In respect of item 2a (Minute 70/22/3 of 7 April 2022), the Acting Chief People Officer noted that data relating to themes from staff exit interviews undertaken during the first three months of the new financial year would be available in July 2022. In respect of item 13 (Minute 183/21/6 of 3 June 2021) the Director of Corporate and Legal Affairs confirmed that the Terms of Reference for each of the Trust Board sub-committees was under active review currently and would be scheduled for discussion on the Trust Board agenda for June 2022. In relation to item 14 (Minute 148/21/4 of 6 May 2021), the Chief Operating Officer confirmed that he planned to speak to Professor Dias to further progress the agreed action.

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

CCSO

95/22 PATIENT STORY

The Acting Chief Nurse introduced Ms S Wilkinson, Patient Experience Lead Nurse and Ms S Coombes, Continence Nurse Specialist and a video was played documenting the experience of Mr James Griffiths; a patient who had experienced significant bowel and bladder issues following a diagnosis of Multiple Sclerosis in 2014. During the video, Mr Griffiths discussed his referral to the Castledine Clinic at UHL and how the service had helped him. Following the video, discussions took place regarding the service and its busy clinic and of the opportunity, during the covid-19 pandemic, to develop the service's in-reach work and concentrate on in-patient work. The team worked on the ED floor and aimed to treat patients at an early stage to try and avoid hospital admissions, where possible. This visible presence promoted the profile of the service and was proving to be impactful. In discussion, note was made that during 2021, constipation had been the 10th most common discharge diagnosis for the Trust. As such, staff expressed the desire to further develop the service, particularly the out-patient clinic and by having an increased presence at weekends, the delivery of which would require additional Specialist Nurses. Discussion also took place on the education of wider UHL staff on these issues. Also discussed was the 'Taste the Difference' project launched in the previous year, which had led to a decision to serve only decaffeinated tea and coffee across the Trust, given that drinking decaffeinated tea and coffee reduced the risk of urgency and positive feedback had been received in relation to this change. The team was looking to constantly innovate and educate through a drip-feed approach. Also discussed were the links of the team with the community and the liaison of the team with primary care. Both the Chairman and Chief Executive expressed their thanks to Mr Griffiths and to Ms Wilkinson and Ms Coombes, noting their clear presentation to the Trust Board and evident dedication to their patients and their service.

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

96/22 STANDING ITEMS

96/22/1 Chairman's Report – May 2022

The Chairman introduced his monthly update report provided at paper D, highlighting the following matters: (1) the Integrated Care Board was to be established as a Statutory Authority on 1 July 2022 (2) the means by which the Trust intended to strengthen its partnership with Primary Care, including the appointment of Dr G Sharma, GP, as an Associate Non-Executive Director to the Trust and the appointment of three other General Practitioners (Dr Bukhari, Dr Patel and Dr Tejani) to the Senior Leadership Team working closely with the Executive and Clinical Directors (3) the legacy of Covid and its impact on patients and staff and (4) progress in terms of the Trust's reconfiguration programme. In addition to the items listed within his written report, the Chairman formally acknowledged and expressed thanks for the excellent work undertaken by Ms E Meldrum, who had been acting up as Chief Nurse and Ms J Tyler-Fantom, who had been acting up as Chief People Officer. Specific discussion ensued regarding reconfiguration, as a result of which Dr A Haynes, the Non-Executive Director Chair of the Reconfiguration and Transformation Committee was requested to discuss and agree, outside the meeting with Non-Executive Director Chairs of other Trust Board sub-committees and other relevant colleagues, an approach to ensure an appropriate assessment of risk as arising out of the Trust's Reconfiguration Programme.

RTC
NED
Chair

Resolved – that (A) the Chairman’s May 2022 briefing report be received and noted as paper D, and

(B) the Non-Executive Director Chair of the Reconfiguration and Transformation Committee be requested to discuss and agree, outside the meeting with Non-Executive Director Chairs of other Trust Board sub-committees and other relevant colleagues, an approach to ensure an appropriate assessment of risk as arising out of the Trust’s reconfiguration programme.

**RTC
NED
Chair**

96/22/2

Chief Executive’s update – May 2022

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

- Covid;
- CQC (and the unannounced April 2022 visit to inspect the emergency department and medical care);
- Mental health and well-being;
- Staff Survey;
- Access and Elective Care Centre;
- 2020/21 Annual Report and Accounts, and
- New Executive starters (including the GP colleagues referenced in the Chair’s report) and recruitment to a new post of Director of Health Equality and Inclusion.

The Chief Executive noted how proud he was to be part of the team at UHL; with teams making a significant difference every day. He had recently spent time in the Emergency Department and in other services with colleagues and he expressed his gratitude in respect of how hard staff were working. He also noted the challenges within the NHS currently and the need not to forget the pressure which staff were working under, with it being particularly difficult to restore and re-build services whilst the emergency pressure continued. He noted that patients who were medically fit for discharge required the system to work together. The Chief Executive also emphasised the effort being put into engagement, in terms of listening, identifying actions and delivering on those actions. Whilst engagement with patients did take place, there needed to be more effective engagement with patients and communities and there was to be a concerted effort in this respect. The organisational strategy was currently being reviewed and updated, with a £39m opportunity to invest in the Leicester General Hospital in an Elective Care Hub. By the end of May 2022, the Chief Executive undertook to hold a Facebook Live Event with the community. The Chairman welcomed the Chief Executive’s comments on strengthening patient engagement. Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair, noted that she would welcome the opportunity to comment on the Strategy before it was circulated for wider stakeholder engagement, and this was acknowledged.

The Chief Executive welcomed Mr Mike Simpson, Interim Director of Estates and Facilities, to the Trust, noting the positive impact he had made in a short space of time. He also reiterated the Chairman’s expression of thanks to Ms E Meldrum, Acting Chief Nurse and Ms J Tyler-Fantom, Acting Chief People Officer, for their support at a very challenging time and looked forward to continue to working with them.

The Chief Executive referenced the CQC’s visit to the Emergency Department, noting the likelihood of the Trust having a Well-Led Inspection later in the year. The Chief Executive noted that he was very keen for staff to feel that they could speak up and felt this was demonstrated to be the case due to an increase in the response rate to the staff survey and an increased use of the mechanisms available to staff through Freedom to Speak Up. The Trust had received a letter from the CQC documenting initial high-level feedback and no serious safety concerns had been flagged. Particular note was made of the need for improvement in respect of nurse staffing establishments, and work was underway to mitigate the impact of these. Junior cover in the ED was considered to have improved and Consultant cover was satisfactory. Issues relating to privacy and dignity had significantly improved and there was a strong local leadership team in ED. Improvements were required in respect of the 4 hour performance figure and in relation to ambulatory care as the area was not designed for intense medical or nursing intervention. Poor flow had been observed, with waits for discharge, waits in ambulance handover, triage in ED and length of stay in ED due to time waiting for beds. Challenges around paper records and electronic notes had been identified and Infection Prevention practices had been evident across the department. The CQC had provided positive feedback regarding the staff who were working in a difficult situation. A series of actions had been identified and were being progressed in response to the high level feedback received. The Medical Director commented on his reflections of the CQC visit, noting that this had been a fair and

balanced assessment of the situation and of the fact that all of the issues raised had been matters to which the Trust was already sighted and had workstreams in place for these. He noted the work being undertaken regarding the Treatment Centre and looking for a more substantial home for this by way of the creation of a Minor Illness and Minor Injury (MIAMI) Unit. He further referenced the weekly meeting held to discuss outflow and discharge processes. The Chairman expressed his pleasure that the CQC had considered staff to be honest and comfortable in speaking to them, and he emphasised the need to approach the improvements required with a sense of pace and priority. The Chairman also referenced the need for UHL and its partners to work hard in terms of addressing issues with the emergency care pathway. Ms V Bailey, NED Chair for the Quality Committee noted that the CQC inspections represented one of the many assurance mechanisms the Trust used and she welcomed their view, particularly with regard to safety and harm. She emphasised the opportunity lost when patients occupied beds who did not need to occupy them given the Trust's finite capacity. She also welcomed the important development of a Director of Health Equality and Inclusion post, in response to which the Chief Executive noted that he had been very pleased with the level of interest expressed in the role, noting that whilst work was underway in this area, there was much to do, particularly given the diversity of Leicester City, with over 70 languages spoken.

Resolved – that the Chief Executive's May 2022 briefing report be received and noted as paper E.

96/22/3 Integrated Performance Report (IPR) – Month 12 2021/22

The Chief Operating Officer introduced paper F, providing the Integrated Performance Report (IPR) for March 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 the Trust was in a difficult and challenged position with regard to emergency flow. A series of interventions had been established and the Trust was clear about managing risks to patients. The Minor Illness and Minor Injury (MIAMI) Unit would be in place by June 2022. Changes were being made to the Discharge Team, with 247 patients requiring optimising for discharge as at that morning. An Urgent and Emergency Care Steering Group had been established which was focusing on issues, action and outcomes. Significant planning work had been undertaken in relation to the Easter Bank Holidays which had proven very valuable and would be repeated again for future Bank Holidays including the extended Jubilee Bank Holiday weekend. With regard to planned care, there were currently close to 118,000 patients on the waiting list for surgery, out-patient appointments etc and there was a need to address the backlog in an equitable way. There was focus on clearing the 104ww as quickly as possible and progress was being observed in this respect. The Trust remained in a challenging position with regard to cancer performance due to a significant increase in referrals and the conversion rate, which was causing some of the backlog issues referenced. Plans were being implemented in this regard, and there was also enthusiasm as to the opportunities afforded by the Elective Hub. Particular discussion took place regarding the need to ensure patients medically optimised were able to be discharged (figures relating to numbers of patients medically optimised for discharge had been measured for the past three months). The Chief Operating Officer was requested to submit a summary report to the Operational Performance Committee, to feed into the public Trust Board, regarding the reasons for any delays experienced by patients medically optimised for discharge. Also discussed was whether the special interests of Consultant ED staff reflected the caseload through the front door, in response to which the Medical Director noted that emergency medicine was now a specialty in its own right with staff having undergone an accredited training programme, the quality of which had been commented on very positively, some of whom then had specialty interests, with staff utilised according to their expertise and interests;
- Quality – the Acting Chief Nurse particularly highlighted the 50% decrease in hospital acquired pressure ulcers and the maintenance of quality around education. The Medical Director made reference to the Never Events reported, noting that one of these may subsequently be stepped down. All appropriate procedures had been followed and learning was being identified and processes quality assured. In terms of mortality figures, the HSMR was now below 100 and represented a return to more normal metrics. Ms Bailey, NED Chair of the Quality Committee, referenced the discussion held at the Committee regarding Serious Untoward Incidents and the collective work being undertaken in terms of learning from Never Events with process issues and human factors being important issues;
- People – the Acting People Officer noted that sickness absence rates remained challenged,

COO

however had improved since January 2022. There was a continued focus on statutory and mandatory training, a slight deterioration in appraisal rates and the vacancy position was being managed proactively. The Acting Chief Nurse referenced the slight decrease in adult and paediatric nursing vacancies, with midwifery vacancies being stable currently. A major recruitment event was planned for May 2022 and work was underway to look at a nursing vacancy bridge to determine priority areas for the placement of new starters. The Chairman acknowledged that it would take some time to be able to positively influence the indicators flagged 'red' on the right hand side of the 'Trust Overview (Year to Date)' table within the report, however requested that the appropriate Trust Board sub-committees focus on the indicators currently flagging as 'red' on the left hand side in terms of those which were in the Trust's gift to positively influence. He also noted the importance of the Trust Board being sighted to issues relating to staff turnover and achievement of the required recruitment levels and the PCC NED Chair and Acting Chief People Officer were requested to discuss how best to achieve this. Note was also made of the inter-dependency between the various domains, and

- Finance – the Director of Operational Finance confirmed that the Trust was in a surplus position for the 21/22 financial year, which was subject to prior period adjustments and would be reported through the Audit Committee meeting due to be held the following week. He noted the delivery of elements other than just monetary items and thanked everyone involved for their efforts. He confirmed that the cash position remained strong and acknowledged that this was an unusual position to be in at year end and was due to the covid finance regime. The Chief Executive thanked the Chief Financial Officer and the Director of Operational Finance and their teams for their work in this respect, noting that their reporting had been well received regionally and nationally and represented value for money. In discussion, it was agreed to focus attention on the capital programme; taking learning from this and previous years and noting the need for improvements in 'oven ready' schemes.

IDEF

Resolved – that (A) the month 12 Integrated Performance Report be received and noted as paper F;

(B) the Chief Operating Officer be requested to submit a summary report to the Operational Performance Committee (to feed into the public Trust Board) regarding the reasons for any delays experienced by patients medically optimised for discharge;

COO

(C) the appropriate Trust Board sub-committees be requested to focus on the indicators currently flagging 'red' on the left hand side of the 'Trust Overview (Year to Date)' table within the Integrated Performance Report in terms of those which were in the Trust's gift to positively influence,

**NED Chairs
of TB sub-
committees**

(D) the People and Culture Committee NED Chair and the Acting Chief People Officer be requested to discuss how best to appropriately sight the Trust Board to issues relating to staff turnover and achieving the required recruitment levels following discussion at the People and Culture Committee, and

**PPC
Chair /
ACPO**

(E) the Interim Director of Estates and Facilities be requested to focus attention on the capital programme; taking learning from this and previous years.

IDEF

97/22 DECISIONS FOR THE TRUST BOARD – no items

98/22 PROVIDE OUTSTANDING CARE (QUALITY)

98/22/1 Escalation Report from the Quality Committee - 28 April 2022

Ms V Bailey, Quality Committee Non-Executive Director Chair, presented paper G, which provided a summary of the key issues considered at the Quality Committee meeting held on 28 April 2022 and recommended the CQC Statement of Purpose (attached as an appendix to paper G) to the Trust Board for formal approval. The Trust Board approved the CQC Statement of Purpose and made specific note of discussions held by the Committee relating to ensuring compliance with a national directive regarding security for the mortuary.

Resolved – that (A) the CQC Statement of Purpose be approved, and

(B) the contents of paper G be received and noted.

Mr M Williams, Operations and Performance Committee Non-Executive Director Chair, presented paper H, which summarised the key issues discussed at the Operations and Performance Committee meeting held on 27 April 2022. Particular discussion took place regarding the considerable risks associated with the Patient Administration System Replacement Project. The Director of Corporate and Legal Affairs, Audit Committee Chair, Finance and Investment Committee Chair and the Chief Information Officer were requested to hold discussions, outside of the meeting, to determine the appropriate governance process for the management of risks associated with the Patient Administration System Replacement Project. Ms G Collins-Punter, Non-Executive Director, noted that she was able to provide support on this matter.

Resolved – that (A) the Director of Corporate and Legal Affairs, Audit Committee Chair, Finance and Investment Committee Chair and the Chief Information Officer be requested to hold discussions, outside of the meeting, to determine the appropriate governance process for the management of risks associated with the Patient Administration System Replacement Project, and

**DCLA/AC
Chair/FIC
Chair/ CIO**

(B) the contents of paper H be received and noted.

99/22 BE THE BEST PLACE TO WORK (PEOPLE)

99/22/1 Staff Survey Feedback

The Acting Chief People Officer presented paper I, which provided an overview and update on the NHS Staff Survey results from 2021 and sought to provide assurance that commitments had been given in response to the key themes that had emerged. The report highlighted to the Trust Board the significant decline in a number of results, in particular two key questions: 'I would recommend my organisation as a place to work' (2021 – 55%, 2020 - 65.7%) and 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (2021 – 62.8%, 2020 – 71.4%)'. The decline in results mirrored the national and regional picture with Covid-19 undoubtedly having a significant impact on how colleagues were feeling and their experience at work. Three high level themes were evident: - recruitment and retention, inclusivity and feeling valued and supporting health and well-being. The People directorate had sought to widely engage with colleagues through Executive Board and had shared individual CMG and corporate breakdowns alongside the narrative comments to identify key themes and areas for immediate priority and improvement. The survey results had also been the focus of a separate Trust Board development session to ensure collective oversight, ownership and development of next steps. The report provided assurance that actions were in place to enable positive change and to make improvements over the next six months in response to what colleagues had said. In presenting this report, the Acting Chief People Officer made particular note of the fact that this most recent Staff Survey had been the most responded to, with a 'best ever' response rate.

Specific discussion took place regarding time to hire, with the intention to make the process faster than currently and, where possible, simplified and the Chief Executive noted his ambition for UHL to be in the top three in the country for its Staff Survey results by 2026. The Director of Quality Transformation and Efficiency Improvement made reference to exit interviews, in terms of review of the content of these at Trust Board and in how feedback was provided to staff in this respect. The Acting Chief People Officer acknowledged poor reporting on this metric previously and more work was to be undertaken in this respect going forward.

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

99/22/2 Junior Doctor Guardian of Safe Working Quarterly Update

The Acting Chief People Officer presented paper J, which documented the Junior Doctors Contract Guardian of Safe Working Report and was provided for assurance quarterly in line with national requirements. From 1 December 2021 to 28 February 2022, 186 exception reports had been recorded, which represented a decrease of 18 from the previous quarter. Some of these exceptions were raised at a time significant medical workforce pressures existed across many clinical areas and included higher levels of sickness and the need to isolate following Covid contacts. 8 Immediate Safety Concern (ISC) exceptions had been raised, which was higher than usual and at a time of significant medical workforce pressures across many clinical areas. The period was linked to higher

than normal sickness and the need to isolate following Covid contacts. The Medical Director noted that the safety concerns were taken very seriously by the Trust and acknowledged that these had occurred during the peak period of the omicron variant of covid and its associated sickness absence levels. The Medical Director further noted the quarterly survey undertaken for all trainees and the forum run with Junior Doctors.

Resolved – that the contents of paper J be approved.

99/22/3 Escalation Report from the People and Culture Committee – 28 April 2022

Paper K, as presented by the PCC NED Acting Chair, provided a summary of the key issues considered at the People and Culture Committee meeting held on 28 April 2022, including recommendation of the Junior Doctors Guardian of Safe Working quarterly report for approval (Minute 99/22/2 above refers). There had been considerable discussion on the Strategic Workforce Plan, work relating to which would continue to be highlighted to the Trust Board. Professor T Robinson, Non-Executive Director, made reference to the GMC consultation document, which was out currently for comment, a specific question in which related to research. The Medical Director emphasised that UHL was a teaching University Hospital with a focus on patient care, teaching and research. In discussion, the People and Culture Committee and Quality Committee were requested to highlight to the Trust Board as soon as possible in the event of any staff shortages in specific specialties and any associated quality issues.

Resolved – that (A) the People and Culture Committee NED Chair and the Quality Committee NED Chair be requested to highlight to the Trust Board as soon as possible in the event of any staff shortages in specific specialties and any associated quality issues.

**PCC &
QC Chair**

(B) the contents of paper K be received and noted.

100/22 **DEPLOY OUR RESOURCES IN THE BEST POSSIBLE WAY (FINANCE AND PERFORMANCE)**

100/22/1 Month 12 Financial Performance and Roadmap to Sustainable Financial Improvement

The Director of Operational Finance, deputising for the Chief Financial Officer, introduced papers L1 and L2, providing the detailed financial performance report for March 2022 (a surplus of £4.1m against the Trust's 21/22 Control Total including a technical prior period adjustment to income and expenditure of £6.6m relating to 19/20 and 20/21 - subject to external audit) and setting out progress against the criteria for exiting the NHSE/ Recovery Support Programme (respectively).

In discussion on this item, the Chairman queried the increase in the pattern of premium pay, in response to which the Director of Operational Finance confirmed that this related to initiatives around winter resilience. Winter resilience had completed as at the end of March 2022, although nursing payments would be maintained until the end of June 2022, but could not be sustained in the long term. In response to a query raised by Ms Bailey, Non-Executive Director, as to the Trust's capital allocation, the Director of Operational Finance confirmed that a very systematic process was followed in this respect. The Interim Director of Estates and Facilities noted the need to better align the spend profile with the availability of 'ready to go' projects. Capital was apportioned based upon clinical need and an objective review of risk.

The Director of Quality Transformation and Efficiency Improvement presented paper L2 which provided assurance against the actions necessary to meet the criteria required to exit the Recovery Support Programme, noting that progress was monitored on a weekly basis. Particular note was made of the need for UHL and the ICB to be totally aligned.

Resolved – that the Month 12 Financial Performance report and Roadmap to Sustainable Financial Performance report be received and noted as papers L1 and L2.

100/22/2 Escalation Report from the Finance Committee – 28 April 2022

Resolved – that the contents of paper M (detailing a summary of the key issues considered at the Finance and Investment Committee on 28 April 2022) be received and noted.

101/22 CORPORATE GOVERNANCE/REGULATORY COMPLIANCE

101/22/1 Risk and Assurance Report

The Director of Corporate and Legal Affairs presented paper N, which noted that the Risk and Assurance report would enable the Trust Board to review the effectiveness of risk management within the Trust's Board Assurance Framework (BAF) and operational risk register. The BAF was currently undergoing a review by the Executive Team and the newly formed Risk Committee to ensure that processes were effective, embedding and maturing and the BAF was due to be presented at the Trust Board meeting in June 2022. Principal risks on the BAF had been reviewed and updated by the relevant Lead Directors and there had been no recommendations made for changes in principal risk scores this period. There were currently 328 risks recorded on the organisational risk register and risks entered on CMG and Corporate Director risk registers were reviewed at the Risk Management Committee. In discussion on this item, the Chairman noted the need for a future discussion on risk appetite as a Committee.

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

(B) the Director of Corporate and Legal Affairs be requested to submit the Board Assurance Framework to the Trust Board meeting in June 2022.

DCLA

102/22 CORPORATE TRUSTEE BUSINESS

102/22/1 Charitable Funds Committee Escalation Report – 8 April 2022

Professor T Robinson, CFC Non-Executive Director Chair, introduced paper O providing a summary of the issues considered at the 8 April 2022 meeting of the Charitable Funds Committee. In presenting this report, he thanked Mr B Patel, Non-Executive Director, for his prior stewardship of the Committee. He also noted that the Charitable Funds Committee had not been quorate at its meeting on 8 April 2022 and therefore there were a number of items for Trust Board approval as highlighted within the report. Mr Sharma, Associate Non-Executive Director, queried the mechanism for oversight of the Volunteer Workforce, in response to which the Acting Chief Nurse confirmed that an Annual Report for Volunteers was produced and addressed this matter.

Resolved – that the contents of paper O be received and noted, and the recommended items therein be approved.

103/22 ANY OTHER BUSINESS

Resolved – that no additional items of business were raised.

104/22 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 from Ms S Ruane: - How much funding will be required for the Urgent Treatment Centre planned for LRI? Will UHL be running the UTC or is another organisation involved and, if so, what is it?

The Chief Operating Officer confirmed that the Trust would be establishing a Minor Injury and Minor Illness (MIAMI) Unit, the funding for which comprised two elements: capital and revenue. The Trust would be adapting existing space for this purpose which would require around £40k in capital. Confirmation could not yet be provided with regard to revenue costs, as this was likely to be sub-contracted, albeit UHL would remain the responsible organisation.

Question 2 from Ms S Ruane: - Congratulations on securing funding for the elective care hub on the site of LGH. Is it a day case only centre or both day case and overnight? How many beds will it have and how many theatres and are these all additional to what UHL currently has? How many additional staff do you envisage being required for the hub and does the

board believe recruiting these staff will be challenging?

In response, the Chief Operating Officer advised that the clinical operating model was that the Elective Care Hub would be utilised primarily for day-case procedures, with some short-stay overnight provision being considered too. There would be a high-volume caseload and it was currently anticipated that there would be two theatres and 32 beds, although bed numbers would be flexed and this plan was not final. These would be additional to the Theatres / beds already in existence in UHL. Staffing would depend on the final case mix, although an estimate would be between 70 to 100 multi-professional staff required when fully running. Whilst recruitment was always challenging, the Elective Hub would be an exciting place to work.

Questions from Mr G Smith: - What is the involvement of patients in the decisions and implementation of the reconfiguration schemes referred to in paper D? In respect of the reconfiguration schemes mentioned in paper D is the Board satisfied that the involvement of patients followed or exceeded to expectations of best practice?

In response, the Chief Executive noted that this question was partially answered in paper E (CEO Report) and the discussion that had arisen in relation to this during today's meeting. He noted that the Trust could evidence through Healthwatch and other wider examples that it had listened to views from patients and the wider public, albeit he noted that there were many more opportunities to undertake this effectively and the Trust would be doing so during the next 12 months.

Resolved – that the information be noted.

105/22 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 31.3.2022;
- Finance and Investment Committee – Minutes of 31.3.2022, and
- Operations and Performance Committee – Minutes of 23.3.2022.

106/22 DATE OF NEXT TRUST BOARD MEETING

Resolved – that the next virtual public Trust Board meeting be held on Thursday 9 June 2022 from 1.30pm.

The meeting closed at 3.50pm

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	2	2	100	J Melbourne	2	2	100
V Bailey	2	2	100	E Meldrum	2	2	100
A Furlong	2	2	100	R Mitchell	2	2	100
S Harris	2	2	100	B Patel	2	1	50
A Haynes	2	1	50	T Robinson	2	1	50
L Hooper	2	1	50	M Williams	2	2	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Carruthers	2	2	100	H Kotecha	2	1	50
B Cassidy	2	2	100	G Sharma	2	1	50
G Collins-Punter	2	2	100	J Tyler-Fantom	2	2	100
M Durbridge	2	2	100	J Worrall	2	2	100