

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE TRUST BOARD HELD VIRTUALLY VIA MS TEAMS ON  
THURSDAY 13 APRIL 2023 FROM 1.30PM**

**Voting Members present:**

Mr J MacDonald – Trust Chairman  
Ms V Bailey – Non-Executive Director and Quality Committee (QC) Non-Executive Director Chair  
Mr S Harris - Non-Executive Director and Finance and Investment Committee (FIC) 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 People and Culture Committee (PCC) 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  
Dr D Barnes – Deputy Medical Director (deputising for Mr A Furlong, Medical Director)  
Ms K Ceesay – Deputy Chief People Officer (deputising for Ms C Teeney, Chief People Officer)  
Ms G Belton – Corporate and Committee Services Officer  
Ms D Burnett – Director of Midwifery (for Minute 109/23/2)  
Ms B Cassidy – Director of Corporate and Legal Affairs  
Dr S Jackson – Consultant Physician and Chief Medical Information Officer (deputising for Mr A Carruthers, Chief Information Officer)  
Mr S Pizzey – Associate Director of Strategy and Partnerships (deputising for Mr S Barton, Deputy Chief Executive)  
Mr M Simpson - Director of Estates and Facilities  
Ms M Smith - Director of Communication and Engagement  
Ms S Taylor – Deputy Chief Operating Officer (deputising for Mr J Melbourne, Chief Operating Officer)

**ACTION**

**103/23 APOLOGIES AND WELCOME**

The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Mr S Barton, Deputy Chief Executive, Mr A Carruthers, Chief Information Officer, Ms G Collins-Punter, Associate Non-Executive Director, Mr A Furlong, Medical Director, Dr A Haynes, Non-Executive Director and Reconfiguration and Transformation Committee (RTC) Non-Executive Director Chair, Mr J Melbourne, Chief Operating Officer, Professor T Robinson, Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair, Dr G Sharma, Non-Executive Director, Ms C Teeney, Chief People Officer and Mr J Worrall, Associate Non-Executive Director.

The Trust Chairman noted that the duration of this meeting would be shorter than usual and the meeting was being held virtually in view of the Junior Doctor industrial action taking place this week.

**104/23 CONFIRMATION OF QUORACY**

**Resolved** – the meeting was confirmed as quorate (i.e. at least one-third of the whole number of Directors were present, including at least one Executive Director and one Non-Executive Director).

**105/23 DECLARATIONS OF INTERESTS**

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

**106/23 MINUTES**

**Resolved** – that the Minutes from the public Trust Board meeting held on 9 March 2023 (paper A refers) be confirmed as a correct record.

**107/23 MATTERS ARISING**

Paper B provided progress updates for the matters arising from the 9 March 2023 Trust Board meeting and any still-outstanding items from previous meetings, the contents of which were received and noted.

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

**108/23 STANDING ITEMS**

108/23/1 Chair's Report – April 2023

The Trust Chairman reported verbally, noting that the Annual Plan for 2023/24 was being finalised and would be presented at the next public meeting of the Trust Board on 11 May 2023.

**CFO/DCE**

The Trust Chairman noted that real progress was beginning to be observed after a significant amount of work over a period of time and it was important that this continued. He also noted that the benefits of this hard work were being noticed both regionally and nationally, with other Trusts interested in looking at the work underway in UHL to improve elective care and he expressed thanks to colleagues for all of their work during a really difficult year.

The Trust Chairman also noted that the Hewitt Report had now been published and represented the next stage in further developing the Integrated Care Boards.

**Resolved – that (A) the contents of this verbal report be noted and**

**(B) the Annual Plan 2023/24 be submitted to the May 2023 public Trust Board meeting.**

**CFO/DCE**

108/23/2 Chief Executive's Update – April 2023

The Chief Executive presented paper C, which detailed information in respect of the following items:-

1. Access Improvements
2. Adult and Paediatric Urgent and Emergency Care
3. LGBTQ+ Network
4. Industrial Action
5. Health Service Journal Awards
6. Leicester, Leicestershire and Rutland Integrated Care Board

In presenting his report, the Chief Executive specifically highlighted the following:-

- (a) 96 hours of industrial action by Junior Doctors had commenced on Tuesday 11 April 2023; the right of colleagues to take industrial action was fully respected and it was recognised that this would have been a difficult decision. The work which colleagues had undertaken to provide cover during this period of industrial action was appreciated. The Deputy Chief Operating Officer reported verbally to advise the Board that Clinical Management Groups (CMGs) had established plans and rotas to ensure cover across all of the organisation. The plans made had been agile and swift changes had taken place where any issues were identified. Thanks and appreciation were expressed to the teams keeping patients safe. In response to a query raised by the Trust Chairman as to the expectation of the impact upon elective care, the Deputy Chief Operating Officer advised that there had been approximately 3500 cancellations across the organisation and the final numbers would be confirmed during the next week. It was noted that the number of patients likely to be affected at UHL was smaller than in most Trusts, albeit there was recognition of the disruption this would cause to those patients affected and their families;
- (b) note was made that there were five Executive Directors not at the Trust Board meeting this month and the Chief Executive highlighted the importance of prioritising attendance at Trust Board;
- (c) UHL was making significant and sustained improvements in terms of its operational performance, but could not be complacent and needed to continue to improve and maintain this performance. Work had commenced in respect of the East Midlands Planned Care Centre at the Leicester General Hospital and the first patients would use the Centre next month. Movement in the trust's Tier status had not yet been confirmed. Urgent and Emergency Care was one of the key areas for collaborative working;

- (d) UHL had been nominated for five awards; the details of which were contained within paper C, and
- (e) discussions held during the LLR ICB Board meeting, which had taken place earlier that day, had referenced health equity as the biggest risk faced by LLR and the Director of Health Equality and Inclusion provided verbal feedback to the Trust Board on a recent Learning Event which she had attended in Boston during the previous month and also noted her planned attendance at the NHS National Providers Event due to take place the following week. The Pursuing Equity Programme aimed to tackle racial injustice in healthcare and UHL was the only NHS institution on the programme at the present time. This work was very important for continuing improvement and onward progress which was underpinned by science and evidence and the Trust would be held to account for its progress. The programme would assist the Trust in driving change in a culture-based way and UHL was privileged to be taking part. In response to the Trust Chairman's question as to whether the learning from the States required UHL to change any of its planned work, the Director of Health Equality and Inclusion noted that this was an evolving process and that the learning would feed into and inform UHL's strategy. Ms Bailey, Non-Executive Director, was pleased to hear about this work, noting that the challenge would lie in implementation. She further noted that this would require collective, sustained action from all Trust staff. The Chief Executive noted that a discussion held at an Executive meeting the previous day had confirmed collective responsibility for delivery of this agenda.

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

108/23/3 UHL Performance Update and Integrated Performance Report (M11)

The Deputy Chief Operating Officer introduced paper D, which detailed the Integrated Performance Report (IPR) for February 2023.

In presenting paper D, the Deputy Chief Operating Officer particularly highlighted that patients were waiting too long on some pathways. The pressures previously reported remained in place, albeit there had been improvements in ambulance handover delays. There were a number of underlying issues which needed to be addressed and plans for Urgent and Emergency Care in 2023/24 had recently been published in terms of how the Trust would build on capacity, with a need to turn attention and focus to improvements in performance, including improving 12 hour trolley breaches. The total number of people waiting for elective care had decreased by 13,500 and the number of patients waiting for cancer treatment was now half of what it had been in November 2022. Daily reviews were undertaken of the backlogs.

In discussion on the contents of paper D:-

- (i) whilst acknowledging the improvements made, Ms Bailey, Non-Executive Director, noted the need to recognise that for many patients waiting for treatment, especially on an elective pathway, this was not their perception;
- (ii) Ms Bailey, Non-Executive Director, also queried the accuracy of the RAG-rating and arrows detailed within the cover sheet of paper D, highlighting the need to be realistic of the Trust's position. The Chief Executive highlighted the need for balance, noting the importance of recognising that progress was evident and involved hard work. The current position had been inherited and was not the result of a lack of effort or lack of focus and plans for this year involved a greater level of ambition;
- (iii) the Trust Chairman queried which out of all of the access targets caused the most concern for the Deputy Chief Operating Officer, in response to which she advised that the access targets that most concerned her were ambulance handovers and long waiters for surgical procedures, albeit she highlighted that all were important and all required improvement, and
- (iv) the Deputy Medical Director noted the progress that was starting to be made in terms of out-patient transformation which would need to be embedded as part of normal processes.

Each of the Executive Director Leads were invited to provide an overview of the key aspects of paper D relating to their portfolios and the Non-Executive Director Chairs of Board Committees were invited to comment, as follows:-

- Quality – the Chief Nurse noted that there had been a strong performance in February 2023, despite operational pressures, with the only exception to this being hospital acquired pressure ulcers. Where targeted support had been implemented, incidences were reducing. The new Patient Safety Incident Response Framework placed patients and staff at the heart and time would be spent on incidents causing the most harm from which the most could be learnt. The Deputy Medical Director reported that there had been one wrong site surgery Never Event; leading to a total of eight Never Events for the year, which was one less than in 2021/22. All of the immediate and appropriate actions had been taken in response. The mortality ratios were all within the expected range.
- People – the Deputy Chief People Officer advised that slight improvements were being observed in respect of sickness absence; with the Trust now adopting an approach which focused primarily on health and well-being. Recruitment levels were seeing some gains in bulk recruitment areas with targeted recruitment taking place too. In response to a query raised by the Trust Chairman seeking more detail in terms of data relating to staff treatment, Mr Patel, PCC NED Chair, highlighted that the People and Culture Committee was sighted to this area of work and data was starting to be collated on employment relations, with additional data required regarding ethnicity, and he hoped to report back to the Trust Board on this workstream after July 2023. The Deputy Chief People Officer noted that this data would be presented at each PCC meeting, and the Trust Chairman noted that he would wish to discuss it as substantive item at a Trust Board meeting too. The Chief Executive highlighted that, through a significant amount of hard work, improvements were beginning to be seen, with recruitment metrics improving. The Trust wished to make it as easy as possible for staff to join UHL and for staff to want to stay once employed by UHL – he expressed his thanks to the Deputy Chief People Officer for the work of the People Directorate.
- Finance – the Chief Financial Officer reported verbally advising that it was anticipated that the final remaining outstanding set of accounts (for the financial year 2021/22) would be presented at the May 2023 Trust Board meeting. For the 22/23 financial year, the Trust expected to deliver a £12.6m deficit and deliver to an agreed control total following additional non-recurrent income from the Integrated Care System (ICS). The deficit delivered was not that which was originally planned for isolated reasons and financial grip across the organisation could be demonstrated. Work continued in respect of the 2023/24 Plan and it was anticipated that the full Plan would be presented at the May 2023 Trust Board meeting. The Plan had been discussed with NHSE/I and would be a challenging plan with CIP at approx. 4% (£56m for UHL), albeit there were committed CMG teams and Executive Directors. The Trust Chairman noted the need to be clear where the scrutiny of risks was taking place with the greatest degree of oversight preferable, with the sub-committees escalating to the Trust Board, as required. The Chief Executive noted that a similar conversation had taken place at the LLR ICB, noting that there was fairly good oversight within each organisation. He highlighted the need to ensure that the Committee structure was working to mitigate risk.

In wider discussion on the contents of paper D, Ms Bailey, Non-Executive Director, noted that she had been very pleased to see communication on the Spring Clean, which was a good initiative which directly linked to one of the promises arising from the Staff Survey. She noted that this created a risk in terms of the expectations on the capital programme and queried whether there was yet any sense of the ask in terms of small items of equipment. In response, the Chief Financial Officer noted that Capital Oversight Group was aware of this issue and actively planning in this respect.

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

**(B) the Chief Financial Officer be requested to present the final outstanding set of accounts (2021/22) at the May 2023 Trust Board meeting.**

**CFO/  
CCSO**

**109/23 DELIVER TIMELY, HIGH QUALITY, SAFE, SUSTAINABLE CARE**

109/23/1 Annual Plan 2023/24

The Chief Financial Officer noted that this item had already been covered under Minute 108/23/3 above, at which time the intention to submit the full Annual Plan 2023/24 to the Trust Board

meeting in May 2023 had been noted. The Associate Director of Strategy and Partnerships noted that the focus would be on partnerships, proactivity and capacity, with productivity the key to unlocking capacity and a key focus for 2023/24.

**Resolved – that this verbal information be noted.**

109/23/2 Perinatal Surveillance Scorecard

The Chief Nurse introduced paper E, which was presented by Ms D Burnett, Director of Midwifery, noting that the scorecard represented a key method of assurance.

In presenting this report, Ms Burnett, Director of Midwifery, specifically highlighted the following:-

- a) stillbirths were within the year to-date trajectory, with one case having been referred to HSIB. All stillbirths had been individually reviewed and there had been 21 incidences of moderate harm, most of which was attributable to excessive blood loss;
- b) monitoring of perineal trauma was taking place and it was recognised that improvements were required, with a reduction seen in the use of lithotomy at birth;
- c) education and awareness actions were being led by a Consultant Midwife;
- d) a peak of births in June to July was predicted with a decrease in section rates and induction of labour at 30% and 2.4% of deliveries were home births;
- e) a number of actions were detailed on slide 10 of paper E, including the recent commissioning of Birthrate Plus;
- f) there had been significant improvements in maternity care assistant and support worker rates, with the focus now on staff retention, and
- g) the inaugural meeting of the Maternity Assurance Committee would take place the following week.

Discussion took place regarding the following:-

- (i) in response to the question raised by the Trust Chairman as to how the service gathered data from listening to patients and staff, which was an important indicator, the Director of Midwifery noted that there was a comprehensive dashboard which lay behind the perinatal surveillance scorecard and the service was information-rich, however was not as good at articulating the data. This would form a key action for the Improvement Programme in terms of making data count;
- (ii) in response to the Trust Chairman's query as to what concerned the Director of Midwifery most about the next financial year, she advised that this was staffing in terms of having the right people in the right places, and
- (iii) Ms Bailey, Non-Executive Director, expressed her support for the new Maternity Support worker posts and highlighted the need to consider how to learn lessons from any staff leavers and consider how best to retain staff. The Chief Nurse acknowledged that the workforce represented the most significant risk and she highlighted the need to support colleagues to undertake their job, noting that, currently, the service was heavily reliant on manual processes.

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

109/23/3 Escalation report from the Quality Committee – 30 March 2023

Ms V Bailey, Quality Committee Non-Executive Director Chair, presented paper F, which detailed the escalation report from the Quality Committee meeting held on 30 March 2023. She made reference to the improvements observed with regard to thrombolysis, noting that the Quality Committee had requested to see this data on a more frequent basis until the target had been achieved. The Deputy Medical Director noted that improvements had been observed with regard to thrombolysis with the commencement of an electronic VTE assessment in NerveCentre. A co-ordinated approach was required in terms of who was responsible for assessment. Note was also made that there had been an improvement in complaints processes.

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

**110/23      LOOKING AFTER OUR PEOPLE, DEVELOPING WORKFORCE CAPACITY AND CAPABILITY AND A COMPASSIONATE AND INCLUSIVE CULTURE**

110/23/1      Staff Survey 2022

The Deputy Chief People Officer presented paper G, which detailed the results from the NHS Staff Survey 2022 and sought to provide assurance that commitments had been given in answer to key themes that had emerged.

Last year the Trust had responded to the survey results by focusing on thirteen priorities and this year, would be making improvements against four priorities (RISE):

- 1)      **Recognition:** colleagues were not satisfied with recognition at UHL. 2023 was time for a radical improvement in how the Trust recognised and valued its colleagues.
- 2)      **Inclusivity:** one person experiencing unfair treatment was one too many. The Trust would challenge poor behaviour, celebrate diversity, and strengthen mechanisms for reporting concerns.
- 3)      **Support:** flexible working, better recruitment and consideration of health and wellbeing – the types of support staff had said matter most.
- 4)      **Equipped:** from ward equipment and staff areas, to IT, parking, and payroll – getting the basics right.

The Trust Board were requested to receive the report on the 2022 NHS Staff Survey acknowledging the improvement in the Trust's response rate (of 48%, which was the highest ever for UHL and 4% above the national average) and progress against some aspects and acknowledge and be assured that there were four areas of commitment in response to the feedback.

Particular discussion took place regarding the following points in relation to paper G:-

- (i)      in response to a query raised as to how much a driver for the improved response rate was likely a reflection of staff feeling change would occur, the Deputy Chief People Officer noted that it was the Trust's ambition to seek a much higher response rate in the future, noting the need to build trust with staff and evidence the improvements made arising from the survey and ensuring that this was felt on the 'front line'. The Director of Health Equality and Inclusion noted that an improved response rate indicated that staff were more engaged and considered that they were part of the solution. Her perception was that the culture was starting to change and that the Trust Board and Leadership Team needed to be committed to RISE, noting that the process of change would take time and noting the need to celebrate what UHL did well;
- (ii)      the Chief Executive highlighted that the information provided in the Staff Survey was very important and his view that the results were mediocre at best. He considered this to be a risky time in the evolution of the Trust's culture and highlighted the need to work together to seize the opportunities presented. He considered that insufficient progress had been made in the last year due to the previous plan being too complicated. The plan arising out of the 2022 staff Survey was simpler and communication around the plan was already much improved. He noted that Leadership Teams had a huge responsibility and that it was the job of all of the team to change the culture. Mr Williams, Non-Executive Director, noted the importance of winning 'hearts and minds' through full engagement and support from middle managers within the organisation;
- (iii)      Mr Williams, Non-Executive Director, also queried whether there was a clear understanding of what equipment should be available in various areas in case of any mismatch between the view of the organisation and individuals within it, in response to which the Chief Nurse noted the intention to use the Spring Clean as a means of establishing what equipment should and should not be used, noting that some equipment would be standardised, and
- (iv)      Mr Patel, People and Culture Committee (PCC) NED Chair, noted that this report had been considered in detail at the People and Culture Committee, and the feeling that the Staff Survey needed to be triangulated with WRES, WDES and F2SU data to obtain a full picture. In response to the Trust Chairman's query as to how progress could be tracked, Mr Patel, PCC NED Chair, noted that the PCC was conscious of keeping track of progress and would also be inviting deep dives where appropriate. It was also noted that

an Organisational Development Strategy would be one of the topics for discussion at the Trust Board Development Session scheduled to be held on 4 May 2023.

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

110/23/2 Gender Pay Gap Report

The Deputy Chief People Officer presented paper H, the purpose of which was to present the Trust Gender Pay Gap (GPG) differences between male and female staff for the period 2021-22. The Trust Board was requested to (a) receive assurance that UHL was operating in line with statutory requirements and had published their GPG by 30 March 2023 (b) receive assurance that the Trust was implementing actions to improve the pay gap between female and male staff and (c) note the proposed actions to address gender disparities and the development of an onward plan linked to UHL strategic objectives.

In presenting this report, the Deputy Chief People Officer highlighted that payscales were based on Agenda for Change bandings with staff progressing through the levels of the banding based upon their experience, and in terms of the data presented in the Gender Pay Gap, pay was impacted by the highest male earners and, in part, linked back to historical allocations of clinical excellence awards. She noted that collaboration with the Women in Medicine Network had commenced, alongside the establishment of a Gender Equality Steering Group.

In discussion on the contents of this report:-

- (i) Ms V Bailey, Non-Executive Director, noted that the contents of this report had remained largely the same during her five years as a Non-Executive Director and she queried what would be the factor that would make a significant difference. The Director of Health Equality and Inclusion highlighted the importance of noting that progress at UHL had been recognised externally;
- (ii) in response to a query raised by Mr M Williams, Non-Executive Director, as to the specific impact of the clinical excellence awards on the GPG, the Deputy Chief People Officer responded that it was the historical allocation of these awards, which had been awarded to more males than females. This process had changed in recent years. In response to the Trust Chairman's query as to whether the Trust was undertaking sufficiently focused action to 'right the wrongs of the past', the Deputy Chief People Officer advised that more work was required as it was vital for the Trust to get this right, including driving down into the detail to understand what was driving the gender element of the data, with a need to be more ambitious;
- (iii) Mr Patel, PCC NED Chair, noted that at a recent meeting of the PCC, members had raised questions around all of the protected characteristics, and
- (iv) in concluding discussion on this item, the Chief Executive highlighted that given the importance of this work and given the Trust's starting point, it was considered that external expertise was required from people who had delivered the 'best in class' to accelerate the Trust's improvement, and he noted that progress on this work would be reported through to the People and Culture Committee and Trust Board.

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

110/23/3 Escalation Report from PCC 30 March 2023

Mr B Patel, PCC NED Chair, presented paper I, which detailed the escalation report arising from the People and Culture Committee meeting held on 30 March 2023. He noted that the Junior Doctors Guardian of Safe Working Report and the Freedom to Speak Up Annual Report had been recommended to the Trust Board from PCC and would be scheduled on the agenda of the Trust Board meeting on 11 May 2023.

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

111/23 **SUSTAINABLE WELL-GOVERNED FINANCES**

111/23/1 Escalation Report from the Finance and Investment Committee – 31 March 2023

Mr S Harris, FIC NED Chair, presented paper J, which detailed the escalation report from the Finance and Investment Committee meeting held on 31 March 2023, the contents of which were received and noted.

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

## 112/23 CORPORATE GOVERNANCE / REGULATORY COMPLIANCE

### 112/23/1 BAF and Significant Risk Register

The Director of Corporate and Legal Affairs presented paper K, which provided the Trust Board with assurance around the overarching system of risk management and internal control including: (1) a copy of the Board Assurance Framework (BAF) and (2) a summary of the operational risk register including significant risks rated 20. In presenting this report, the Director of Corporate and Legal Affairs reflected back on the journey of the BAF, which had been aligned to refreshed priorities within the organisation. Since its last iteration, there had been updates to the format and this document would continue to be developed, with improvements made from both a visibility and process perspective. The BAF was submitted to and discussed by the Trust Board's sub-committees, as well as at the Trust Board meetings and discussions had taken place at the Trust Board Development Sessions regarding risk appetite, the outcome of which was that risk appetite and tolerance scores had been incorporated. The BAF had been discussed by the Audit Committee and would be utilised as a dynamic tool in risk management. No significant changes had been made, although it was highlighted that BAF risk 4 had been removed and had been incorporated into the operational risk register and BAF risk 7a had been reduced; the full details of which were documented in paper K. The four highest risk scores on the BAF remained the same as previously and there were 349 operational risks open on the operational risk register; none of which were graded '25', however a number were graded as '20'.

The Trust Board was invited to be assured by the key steps in the development of the Trust's BAF and risk register, as fully detailed within the report, and to note that the BAF and significant risk register would be reported quarterly to the Trust Board.

In discussion on this item:-

- (i) the Chief Executive made note of the helpful summary provided in relation to the evolution of the BAF, and made reference to the fact that the biggest risks for UHL, as detailed in the BAF, were not the same as the biggest risk identified by LLR ICB which related to health inequalities and he highlighted the need for joint work to understand this, which would now be taken forward. Ms Bailey, Non-Executive Director, highlighted her view that the BAF should reflect the work of the organisation on a day-to-day basis and there was a need for a broader debate as a healthcare system;
- (ii) the Trust Chairman made reference to work undertaken by Internal Audit on the BAF, which had raised a number of issues, but no expression of significant concern;
- (iii) the Director of Estates and Facilities noted the need not to overlook the role of social housing providers and the housing crisis and build more relationships in this area;
- (iv) the Chief Financial Officer noted that there were more finance-related risks on the BAF than would ordinarily be expected and this was due to the Trust's historic financial challenges and of the hope that, in time, these would be removed from the BAF and feature in the operational risk register;
- (v) the Chief Nurse noted that the BAF was crucial in helping the Trust balance finance, quality and access and the Chief Executive noted its role in determining the key areas of focus for the Trust, and
- (vi) the Trust Chairman expressed his thanks to the Director of Corporate and Legal Affairs and her team for leading this work.

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

### 112/23/2 Declarations of Interest Annual Report 2023/24

The Director of Corporate and Legal Affairs presented paper L, which detailed the annual prospective update (for 2023/24) of interests declared by Trust Board members. The Trust Board was requested to note the 2023/24 annual declaration of Trust Board declarations of interest and



take assurance that these were reported to the public session of the meeting. Any updates would be reported in year to the Trust Board.

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

**113/23 ANY OTHER BUSINESS**

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

**114/23 QUESTIONS FROM THE PRESS AND PUBLIC**

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: Congratulations on cutting the waiting list. What are the main changes which have been made which have driven improvements?**

The Deputy Chief Operating Officer responded that, in respect of the elective waiting list, the key areas which had driven improvements were: productivity in respect of theatre utilisation, pathway changes, having patients in the right place, validation of the waiting list, additional internal capacity and mutual aid and use of the independent sector to achieve theatre capacity. Improvements had also been made in respect of urgent and emergency care. Traditionally, more elective work had to be cancelled due to winter pressures, however this had not been required. Plans for 2023/24 and beyond sought to build on all of the measures adopted and address the next set of challenges for UHL.

**Question 2: Regarding UHL difficulties in paying staff consistently accurately and on time, roughly what % of staff are affected each month and what are the main obstacles to resolving this problem?**

In response, the Deputy Chief People Officer advised that less than 1% of substantive staff were affected each month. In terms of substantive staff working additional hours, then less than 5% of staff were affected in terms of the additional pay element of their wage and, in the case of the Trust's bank workforce, less than 5% were affected. Much of the confusion and delays in respect of this matter arose from the use of paper processes. Obstacles to resolving the problem included legacy issues, a lack of transparency and out-dated processes. The Trust was keen to solve the root causes of the issue and this was the reason it was taking time to address. Progress was being made in terms of moving to the use of electronic systems, with UHL having already moved to an electronic system for medical locums.

The Chief Executive apologised to the staff members who were routinely affected in this way, noting that the Trust was not content with the number of staff members for whom this was a regular issue. These issues had been a decade in the making and work continued to address the issues described.

**Question 3: Has the Board any idea when the Govt will make an announcement on funding the Building Better Hospitals For the Future reconfiguration scheme?"**

It was verbally confirmed that the Trust did not currently know when this announcement would be made. An announcement on funding for the whole programme had originally been anticipated a month ago, however it was possible that an announcement had not taken place due to the country being in purdah ahead of 4 May 2023 local elections. It was now thought that clarity may be provided in mid-May 2023.

**Resolved – that the above information be noted.**

**115/23 REPORTS AND MINUTES PUBLISHED ON UHL'S EXTERNAL WEBSITE**

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

- **Quality Committee – Minutes of 23 February 2023**
- **Finance and Investment Committee – Minutes of 24 February 2023**

- People and Culture Committee – Minutes of 26 January 2023

**116/23 REPORTS DEFERRED TO A FUTURE MEETING**

**Resolved** – that it be noted that the following reports had been deferred to a future meeting.:-

- Staff Story – deferred to May 2023
- Freedom to Speak Up Annual Report 2022/23 – deferred to May 2023
- Junior Doctor Guardian of Safe Working Report – deferred to May 2023
- Research and Innovation Quarterly Report and presentation – deferred to May 2023

**117/23 DATE AND TIME OF NEXT MEETING**

**Resolved** - that the next public Trust Board meeting be held from 1.30pm on Thursday 11 May 2023 in Seminar Rooms 2/3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 3.24pm.

Gill Belton - Corporate and Committee Services Officer

**Cumulative Record of Attendance (2023/24 to date):**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J MacDonald	1	1	100	L Hooper	1	1	100
V Bailey	1	1	100	J Melbourne	1	0	0
A Furlong	1	0	0	R Mitchell	1	1	100
S Harris	1	1	100	B Patel	1	1	100
A Haynes	1	0	0	T Robinson	1	0	0
J Hogg (from June 2022)	1	1	100	M Williams	1	1	100

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	1	1	100	G Sharma	1	0	0
S Barton	1	0	0	M Simpson	1	1	100
A Carruthers	1	0	0	M Smith	1	1	100
B Cassidy	1	1	100	C Teeney	1	0	0
G Collins-Punter	1	0	0	J Worrall	1	0	0
H Kotecha	1	0	0				