

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD, HELD IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY ON THURSDAY 1 DECEMBER 2022 FROM 1.30PM****Voting Members present:**

Mr B Patel – Non-Executive Director and PCC Non-Executive Director Chair (Chair - on behalf of the 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
 Dr A Haynes - Non-Executive Director and Reconfiguration and Transformation Committee (RTC) Non-Executive Director Chair
 Ms J Hogg – Chief Nurse
 Ms L Hooper - Chief Financial Officer
 Mr R Mitchell – Chief Executive
 Mr J MacDonald – Trust Chairman (virtually via MS Teams)
 Mr J Melbourne – Chief Operating Officer
 Professor T Robinson - Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair (virtually via MS Teams)
 Mr M Williams - Non-Executive Director and Audit Committee Non-Executive Director Chair (virtually via MS Teams)

In attendance:

Dr R Abeyratne – Director of Health Equality and Inclusion
 Ms G Belton – Corporate and Committee Services Officer
 Ms N Bramhall - Director of Quality Improvement & Patient Safety, East Midlands Ambulance Service NHS Trust (for Minute 269/22 only)
 Mr A Carruthers – Chief Information Officer
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
 Professor A Farooqi – Clinical Director, CRN East Midlands (for Minute 275/22/1)
 Ms E Moss – Chief Operating Officer, CRN East Midlands (for Minute 275/22/1)
 Dr G Sharma – Associate Non-Executive Director
 Mr M Simpson- Director of Estates and Facilities
 Ms M Smith, Director of Communication and Engagement.
 Ms C Teeney – Chief People Officer
 Mr J Worrall - Associate Non-Executive Director

ACTION**265/22 APOLOGIES AND WELCOME**

The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Mr S Barton, Deputy Chief Executive, Ms G Collins-Punter, Associate Non-Executive Director and Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair.

266/22 NEW DECLARATIONS OF INTERESTS

Resolved – that the contents of paper A, detailing declarations of interest for new Trust Board members, be received and noted.

267/22 MINUTES

Resolved – that the Minutes from the public Trust Board meeting held on 3 November 2022 (paper B refers) be confirmed as a correct record.

268/22 MATTERS ARISING

Paper C provided progress updates for the matters arising from the 3 November 2022 Trust Board meeting and any still-outstanding items from previous meetings, the contents of which were received and noted.

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

PATIENT STORY

Ms N Bramhall, Director of Quality Improvement & Patient Safety from East Midlands Ambulance Service NHS Trust (EMAS) attended to present this item, alongside Ms J Hogg, UHL Chief Nurse. Presentation slides were shown on screen and detailed the experience of the late Ms Jebunnisa Qureshi, an 82-year-old lady, and her family, who had called for an ambulance for Ms Qureshi on the evening of 26 April 2022 when Ms Qureshi became unwell and of the resulting delay in an ambulance being despatched and of the reasons for this. Prior to presenting the information on the slides, Ms Bramhall and Ms Hogg expressed their sincere apologies and condolences to Ms Qureshi's family for their loss and the gratitude of both EMAS and UHL to the family for giving permission for Ms Qureshi's experience to be shared as a learning experience, noting the wish of both organisations to be open and transparent.

The presentation slides detailed information in respect of the following:

- EMAS data re Serious Incidents and delayed response Serious Incidents;
- the specific details of Ms Qureshi's experience;
- the designation of this case as a Serious Incident (SI);
- the findings of the EMAS SI, details of root cause and contributing factors, which centred primarily around the significant demand placed on EMAS at the time of the call about Ms Qureshi, with a contributing factor being significant handover delays experienced at hospitals in the region, resulting in resources being held at the hospital and unable to attend further emergency calls;
- the situation within UHL at the time of this incident in terms of admission numbers, ambulance handover delays and medically optimised patients awaiting discharge;
- steps being taken to improve access across UHL;
- the statement made by Ms Qureshi's family;
- the wider impact of delayed response Serious Incidents and HHO delays, and
- key actions in Leicester, Leicestershire and Rutland.

During her presentation, Ms Bramhall noted that EMAS valued its relationship with System Partners and the ability to hold joint discussions, noting that a system approach was required to provide a resolution to the issues presented.

In discussion on this item, Trust Board members expressed their sincere condolences to Ms Qureshi's family and thanked them for sharing their experience, expressing their apologies to Ms Qureshi's family and other families experiencing such delays, with the Chief Operating Officer noting that this was the top priority for UHL. Whilst this represented a system challenge, the Trust recognised that it played a significant role in addressing this and were actively implementing measures to assist and apologies were expressed to Ms Bramhall for the handover delays which EMAS crews were experiencing on a daily basis at UHL.

The Director of Transformation queried whether there would be any merit in jointly holding a well-being event for staff, noting that the pressures described could potentially lead to tensions between different staff groups, in response to which Ms Bramhall noted that this would be worth pursuing. EMAS had welfare vans and she noted that undertaking collective action in this respect could be valuable. She further noted that staff wanted the issue to be acknowledged and for there to be recognition that this was not an acceptable situation. Ms Bailey, Non-Executive Director, noted that the events described would have impacted on staff too and she highlighted the need for support to be provided and the importance of the Trust Board keep receiving details of patient and staff stories to ensure that the human dimension was factored into any operational plans implemented. The Trust Chairman highlighted the real urgency to the implementation of further action.

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

STANDING ITEMSChair's Report – December 2022

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

- National Announcements;
- Winter;

- HSJ Acute Sector Innovation of the Year Award, and
- Visit to UCCH at Thurmaston Health Care Centre.

In presenting this report, the Trust Chair noted that information contained in the first two sections of his report helped to provide a clearer picture of available resources and priorities, noting that discussions remained on-going in this respect.

Noting that this was the last Trust Board meeting before the Christmas and New Year period, the Trust Chair extended the Trust Board's best wishes to all its patients, staff and system partners.

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

270/22/2 Chief Executive's Update – December 2022

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

- Covid;
- Care Quality Commission 2022;
- Staff Survey;
- Industrial Action;
- Recovery Challenge;
- Disability History Month;
- Transgender Remembrance Day;
- World AIDS Day;
- Project Search;
- Leadership Apprenticeship;
- Leicester Asian Doctors;
- Zuffar Haq and
- Moira Durbridge.

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

- (a) the report following the CQC's visit to UHL had been shared in full, the findings of which were fully accepted by the Trust. He highlighted that there were many elements within the findings that staff should feel proud about. The organisation was on the right path and there was a need to evidence the significant changes that were being made;
- (b) the Staff Survey was an important information resource. Whilst the Trust had achieved a response rate higher than the national average and better than in previous years, it had been hoped that the response rate would have been higher still due to the significant effort focused on advertisement of the survey. This was an important area for focus over the next twelve months;
- (c) whilst UHL faced the most challenging recovery programme out of all 120 Acute Trusts within the NHS, it was well placed to make significant progress. The Chief Executive highlighted the requirement to have the clearest recovery plan, noting the intention to set the target of being the fastest improving Integrated Trust in 2023/24. He further highlighted the need for change to be locally led and for the opportunity to realise significant achievements by working together;
- (d) this was the last Trust Board meeting to be attended by Miss Durbridge, Director of Transformation, due to her impending retirement and note was made of the remarkable difference which Miss Durbridge had made across the organisation and the Chief Executive expressed his own gratitude, and that on behalf of others, for Miss Durbridge's support and contribution to UHL. The Chief Executive wished Miss Durbridge a long and happy retirement;
- (e) the contribution made to UHL by Mr Zuffar Haq and the Trust's appreciation of Mr Haq's ongoing and wide-ranging support, and
- (f) Ms Teeney, Chief People Officer, had been nominated for an award of Chief People Officer of the Year and would be attending the Award Ceremony that evening and was wished good luck by the Trust Board.

In discussion on this item, members:-

- (i) recognised the number of positive stories relating to work on-going within the Trust and queried how best to socialise staff to this and make it more alive in conversation within

the Trust, noting that this would serve to provide some balance to the national context. The Director of Communication and Engagement highlighted the need to provide space to amplify such work and suggested that it would be helpful to consider this further at a future Trust Board meeting or Trust Board Development Session. The Chief Executive noted the on-going work to package communications into Facebook and WhatsApp and highlighted the need to be more confident in telling the story. He also noted a recent visit to Charnwood Women's Centre and highlighted the many strong relationships the Trust had with its communities and the need for further development of these relationships in order to deliver progress, which was supported by Mr Patel, Non-Executive Director, who noted the willingness of communities to work with the Trust. Furthermore, the Head of Strategy and Planning noted that the Trust's patient population was willing to share their views if the Trust reached out to them and already had 20 people who had expressed an interest in engaging with the Trust. An advert was due to go live in three languages asking patients to share their views on reasons why people did not always attend their appointments at the Trust;

- (ii) in light of the forthcoming Bank Holidays around the Christmas and New Year period and the inability of patients, therefore, to access primary care on these days, a query was raised as to the wider communications in place regarding this matter. In response, the Director of Communication and Engagement noted that the Trust was working with colleagues across the system regarding the plan for Winter and there was a significant focus on an informative piece detailing where people were to go and who to contact to access support and also regarding pro-active actions that could be taken, such as ordering medication early etc. The Director of Communication and Engagement undertook to circulate the communications plan regarding advice to patients throughout the winter period to Trust Board members for information, and
- (iii) noted, as highlighted by the Chief Executive, that the plan in place was not likely to be sufficient to get the Trust through Winter, there was a need to deliver everything that was possible over the next three months and to challenge the status quo, where applicable, as the ways of working in the past would not be sufficient for this year.

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

(B) the Director of Communication and Engagement be requested to circulate the communications plan, regarding advice to patients throughout the Winter period, to Trust Board members for information.

DCE

270/22/3 Integrated Performance Report (IPR) – Month 7 2022/223

The Chief Operating Officer introduced paper F, providing the Integrated Performance Report (IPR) for October 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, following an improvement in ambulance handover times in October 2022, further challenges had been evident over the last few weeks. 951 patients had gone through the Emergency Department on Monday 28 November 2022, which was the highest number ever seen, with many patients awaiting beds. Work was underway to implement initiatives to help manage the flow in medicine and respiratory specialties. Good progress was being made in respect of 104-week waiters and less elective activity was being cancelled than in previous years, although this remained at risk going into winter. There had been an improvement in 2-week waiters (with 84% compliance in November 2022) but there were challenges in respect of the 62-day pathway, particularly with regard to Urology and Lower GI and all possible actions would continue to be undertaken to address this. In response to a query raised, the Chief Operating Officer confirmed that the vast majority of the actions being implemented would works towards the Trust's long-term strategy, with the focus on undertaking the right course of action in both the short and long term. The Director of Health Equality and Inclusion noted that some elements of the Trust's pro-active (as opposed to reactive) responses were focused on the longer-term plan. In response to a query raised regarding further potential actions that could be taken in the next two to three weeks, the Chief Operating Officer noted that more initiatives were being implemented within that timescale with more capacity being opened, expansion of the rapid flow policy, creation of more discharge capacity and further joint

system work. Plans were being implemented in the medium to longer term which would provide a better experience for patients. The Director of Health Equality and Inclusion noted that volunteers were helping to support patient discharges, however currently could only support 50 a month against a requirement of 100 and further plans were being implemented in this respect. Dr Sharma, Associate Non-Executive Director, noted that in light of ambulance delays as discussed earlier in the agenda, people were likely to start by-passing use of the ambulance service and arriving directly at the Emergency Department. Whilst the Chief Operating Officer noted that the Trust was struggling in terms of capacity in its emergency department, it was important that people were in the right place for their care and if they arrived by themselves, rather than via ambulance, this was fine and they would be cared for. In relation to the patient story discussed earlier in the agenda, Mr Patel, Non-Executive Director, noted that the ambulance trolley had been in the Trust for over an hour and queried if this was still likely to happen now. In response, the Chief Operating Officer noted that on most occasions a patient would be transferred off the ambulance trolley straight away. The only exception to this was if they required lifesaving care, as in the patient story discussed earlier, when this became more of a challenge. In reference to the escalation report from the November 2022 meeting of the Operations and Performance Committee, Mr Williams, OPC NED Chair, emphasised the importance of understanding the trajectory of the improvements the Trust was seeking to make and also the importance in the Trust delivering what it set out to as far as it was able to.

- Quality – the Medical Director reported on a recent Never Event. The Chief Nurse noted that the Trust was just over the threshold in respect of third- and fourth-degree tears within its midwifery service against a local stretch target, rather a standard national target and a decision would be made in the new financial year regarding which measure would be reported against in future. There had been three more C Diff cases and it was unlikely that it would be possible to release a ward to use for decant purposes to facilitate a deep clean programme. The figure in relation to pressure ulcers had increased, however there was now confidence that reporting against this measure was accurate and a clear action plan was in place following an external review, progress against which would be overseen by the Quality Committee. The Chief Nurse expressed confidence that with the team now in place and implementation of the action plan, the number of pressure ulcers would start to reduce.
- People – the Chief People Officer noted that sickness absence was rising, as would be expected at this time of the year and was shorter-term intermittent absence, the unforeseen nature of which made it more difficult to manage, with overall staffing capacity affected by sickness absence. There was a specific focus on recruitment and retention, driving efficiencies and improvement, albeit there would be a need to wait to assess the impact of this. The Trust was now holding Open Days with recruitment offers made on the day for Estates and Facilities posts and administration and clerical roles. In response to a query raised as to whether it was possible to track how many employees were employed through which individual methods, the Chief People Officer confirmed that this was possible and such reports would be submitted to the People and Culture Committee.
- Finance – the Chief Financial Officer noted that the Trust was £6.5m in deficit, in line with Plan and was ahead in relation to CIP in the year to-date. Work continued on the financial forecast, with no safe way to deliver breakeven identified to-date. Work was underway in relation to residual risk, albeit there were some elements for which there were no mitigations and these would be addressed formally through the usual governance mechanisms. At this stage, it was expected that the Trust would need to enact NHSE Protocol to say that it would not be able to deliver in line with plan. Work continued with ICS colleagues to better understand the implications of the Autumn Statement.

Resolved – that the month 7 2022/23 Integrated Performance Report (paper F) be received and noted, and the additional verbal information provided be noted.

271/22 DECISIONS FOR THE TRUST BOARD

271/22/1 Changes to CQC Registration

Paper G, as presented by the Chief Nurse, provided an update on the Trust's CQC Statement of Purpose to include the new satellite location of St Peter's Health Centre under registration regulation 9 for Outpatient Dermatology services to relocate in January 2023. There had also been an update

made to the Dialysis Units that were included in the Statement of Purpose to accept children aged 13 to 18, under registration regulation 1. The dialysis unit supported children aged 16 and over who were transitioning to adult services.

The Trust Board received and approved the changes to the CQC Statement of Purpose to include St Peter's Health Centre under registration regulation 9 in preparation for the Dermatology Outpatient service to relocate in January 2023 and supported the update to the dialysis units to accept transitioning children from 16 years under registration regulation 1.

Resolved – that the updates to the CQC Statement of Purpose (paper G refers) be approved as detailed above.

272/22 PROVIDING OUTSTANDING CARE (QUALITY)

272/22/1 UHL Maternity Perinatal Quality Surveillance Scorecard

The Chief Nurse presented paper H, which provided a monthly update of the maternity scorecard, presenting data against key performance indicators and exception report highlighting areas of underperformance and associated actions for improvement. The scorecard was produced in line with the Perinatal Quality Surveillance Model designed by NHSE to support sharing safety intelligence from floor to Board.

In presenting this report, the Chief Nurse particularly highlighted that there had been six stillbirths in month, none of which met the criteria for HSIB. All had been through the perinatal review process and no specific concerns had been identified in relation to the care provided. Congratulations were expressed to maternity services with regard to their latest training position, however note was made that the vacancy rate continued to be a source of challenge. The post-partum haemorrhage rate continued to oscillate and there was a need to see how this figure benchmarked nationally; the team continued to undertake a thematic review. In response to the Trust Chairman's query as to whether any of the indicators gave the Chief Nurse particular cause for concern, she indicated not. She noted that data in relation to caesarean sections had been included as a balancing metric to be assured that the Trust was not unduly promoting spontaneous birth. In response to note made by the Chief Nurse that the national dashboard was expected imminently, Ms Bailey, QC NED Chair, highlighted discussion about 'chasing targets' in national maternity inquiries and cautioned against comparisons, noting the need not to be driven by targets in this area. The Chief Nurse noted that the current dashboard currently contained an old alert, which would be removed for the next iteration. The Head of Strategy and Planning noted that UHL's maternity and neonates' team were national leaders in respect of the Stork Programme and should be commended accordingly.

Resolved – that the contents of this report (paper H refers) and the additional discussion points, be received and noted.

272/22/2 Mortality and Learning from Deaths Quarterly Report

The Medical Director presented paper I, which provided an update in UHL's mortality rates and Learning from Deaths programme. UHL's crude mortality rate for 2022/23 to date was similar to pre-covid pandemic rates (1.2%). UHL's latest Summary Hospital Mortality Indicator (SHMI) was 104 and the latest Hospital Standardised Mortality Ratio (HSMR) was 101.7; both mortality indicators were within the expected range.

In presenting this report, the Medical Director particularly highlighted the following:-

- (i) mortality rates experienced a spike during the heatwave. Focussed reviews had been undertaken accordingly and no specific care concerns had been identified;
- (ii) the 2020 MBRRACE report had recently been published and UHL's perinatal mortality rate was above that of its peers. This had been identified by UHL in 2020 and a number of reports had since been submitted to the Quality Committee detailing the outcome of cluster reviews, with no particular themes identified. A peer review had also been undertaken and the Trust's processes found to be robust, with the resulting learning indicating that more was required in terms of the parent's voice. The Quality Committee, after reviewing all of the information submitted, had considered the Trust to be undertaking all appropriate action, and

- (iii) two deaths were being investigated as Serious Incidents and had an anticoagulation theme - the learning from these incidents was being identified and addressed.

In discussion on this item:-

- (i) the Director of Health Equality and Inclusion noted the work on-going in relation to disproportionate differences for ethnic minority women, and
- (ii) in response to a query raised by Dr Haynes, Non-Executive Director, as to whether the outcomes for fractured neck of femur patients were the same irrespective of the site (whether Glenfield or the LRI) on which they were treated, the Medical Director noted that data was not held in this respect, however it had been discussed and considered; the conclusion relating to which was that if a patient waited more than 36 hours for treatment of their fractured neck of femur then the mortality rate increased. UHL was not an outlier for mortality relating to fractured neck of femur. Whilst NHS Digital broke down SHMI by hospital site, this data needed to be interpreted with caution given that SHMI would always be higher on sites which cared for patients who were more frail.

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

272/22/3 Escalation Report from the Quality Committee - 24 November 2022

Ms Bailey, Quality Committee NED Chair, presented paper J which detailed the escalation report arising from the Quality Committee meeting held on 24 November 2022. In presenting this report, Ms Bailey noted that whilst there were a significant number of processes in place to determine harm where patients were experiencing waits for treatment, there was no such process for determining psychological harm in patients waiting for a long time and she re-iterated the recognition that a clinician reviewing a patient's care from their notes was not the same as patient lived experience. Ms Bailey also noted valuable work which was being undertaken in relation to patient falls and the fact that after 10 days in hospital, patients started to de-condition which needed to be borne in mind.

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

272/22/4 Escalation Report from the Operations and Performance Committee – 23 November 2022

Resolved – that the contents of paper K (detailing the escalation report from the Operations and Performance Committee meeting held on 23 November 2022) be received and noted.

273/22 BE THE BEST PLACE TO WORK (PEOPLE)

273/22/1 Annual Nursing and Midwifery Staffing Report

The Chief Nurse presented paper L, which provided an update on the latest UHL nurse establishment reviews that were undertaken during August and September 2022; the completion of which must be undertaken twice a year and reported to the Trust Board in order to comply with the National Institute for Clinical Excellence (NICE) safe staffing, National Quality Board (NQB) standards and the RCN nursing workforce standards. The review must provide the Trust Board with the assurance that the Trust had a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements. The recommended establishment change for 2023/24 was an increase of 248.66 wte posts in the ward-based establishment across 97 wards and or departments.

In presenting this report, the Chief Nurse highlighted the need to provide the Band 7 leaders with the time to lead their teams, noting that the recommendations made within the report had been done so based upon the available evidence. It would not be possible to appoint all of the required nursing staff within the next year, so a phased plan had been developed accordingly. The plans developed were considered to be safe, sustainable and effective.

In discussion on this item:-

- (i) Ms Bailey, Non-Executive Director, noted that it would be helpful to see this information in the context of the whole healthcare team, including healthcare scientists etc.

- (ii) members noted that the new posts referenced were over and above those posts already in existence but which were currently vacant. The Chief Nurse noted that combining the vacancies and new posts required would amount to 500 posts in total and represented, approximately, a 3-year journey;
- (iii) in response to a query relating to the position in respect of recruitment to Health Care Assistant (HCA) posts, the Chief Nurse noted that there was currently an 18% vacancy rate approximately of HCAs, however there was a strong pipeline from which to recruit with new employees commencing employment on a monthly cohort basis, with the intention to move this to fortnightly cohorts when achievable;
- (iv) the Chief People Officer noted the move to recruitment days and the 'rapid onboarding' of new staff, noting the work also now required in respect of aligning pay, given its importance in staff retention and noted that these issues would be progressed through the People and Culture Committee;
- (v) members noted the value in being able to see the trajectory and progress made against this;
- (vi) the Chief Nurse highlighted the importance of Leaders having time to lead and look after the team, and noted that this, alongside the pathway to excellence programme and changes to pay and conditions, would assist the Trust in retaining its staff. The Chief People Officer also highlighted the investment required in other elements of supporting staff experience and Ms Bailey, Non-Executive Director, recognised the work undertaken in relation to the staff bank in terms of improved flexibility;
- (vii) the Chief Financial Officer advised that the finance team were working through the impact of posts discussed and would ensure their inclusion in financial planning for the next financial year;
- (viii) the Trust Chairman welcomed the step forward which the contents of this report represented and queried (a) what the labour market looked like (b) how technology could be utilised to free up clinical time and (c) progress in determining how the Trust would manage the financial implications. The Chief Nurse noted that HCA support workers were included within the report presented. It was recognised that the labour market was difficult and this was likely to be a three-year programme which utilised different pipelines of supply and represented the absolute minimum staffing requirement. The Chief Information Officer made reference to the work on-going in relation to the Trust's Digital Strategy and the move to enhanced methods of data collection which would reduce the burden on colleagues. In relation to the financial consequences, the Chief Financial Officer noted that it was difficult to understand currently what this might mean for temporary staffing and the Trust would need to be attuned to this and redeploy staff elsewhere;
- (ix) the Chief People Officer highlighted the broader themes of staff and patient experience, noting that this would not improve unless staffing was right within the Trust and she noted the need to be more efficient, acknowledging that constant recruitment was draining and expensive due to the constant staffing gaps requiring filling;
- (x) the Chief Executive noted that this report was making a case for further investment when the Trust was running at a financial deficit. He emphasised the need to maintain strong financial governance and look at disinvestment where appropriate. He also noted the need to look to recruit substantively and expressed full support for the recommendations of this report, and
- (xi) the Director of Estates and Facilities informed Trust Board members of an establishment review being undertaken in his directorate and of recruitment and retention packages planned which would be funded within current budget. He further noted the work being undertaken with NHSE colleagues to determine what a safe staffing level was from a support perspective.

In conclusion, the Trust Board expressed support for the strong case presented, albeit underlined the need for strong financial governance.

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

274/22 DEPLOY OUR RESOURCES IN THE BEST POSSIBLE WAY (FINANCE AND PERFORMANCE)

274/22/1 Interim Reconfiguration Post Project Assessment

The Chief Operating Officer and Head of Strategy and Planning presented paper M, which provided a post project assessment of the 'Relocate of Level 3 ICU and Associated Services off the Leicester

General Hospital (LGH) site' Full Business Case. It identified those risks which had been mitigated by the moves, new risks identified during the project timeline and identified risks following completion of the project. It escalated specific areas of risk to ensure that members were appropriately sighted and could provide support where necessary. The report concluded that the high level aims of the project, as described in the report, had been delivered and the project implementation successful. Many high scoring risks had been fully mitigated with the exception of theatre capacity and some aspects of patient flow. Some new risks had emerged, including in-patient flow, and these would be further explored in the project evaluation. An in-depth analysis on the expected benefits and impact would be carried out and presented to the Trust Board in March or April 2023; thus allowing 6-12 months of optimal working for the services impacted by the project.

The Trust Board were requested to (1) note the update given and receive assurance that the initial work on this stage of the reconfiguration was complete and (2) note that NHSE had requested a post project evaluation at between 6- and 12-months post occupation so this interim evaluation would be completed in Spring 2023 and presented to the Executive in March 2023 prior to submission nationally. This would determine whether another review was required at the 12-month mark.

In discussion on this item:-

- (i) the Head of Strategy and Planning highlighted how important it had been strategically, operationally and reputationally for the Trust to have delivered on this project;
- (ii) Mr Patel, Non-Executive Director, queried whether the Trust had a means of retaining the learning from this project. In response, the Chief Operating Officer noted that the evaluation in Spring 2023 would be taken through all of the operational forums. Dr Haynes, RTC NED Chair, noted that the repository for the learning would be within the Reconfiguration and Transformation Committee;
- (iii) the Chief Operating Officer explained the mitigations starting to be implemented in response to Mr Worrall's comments regarding some of the consequential risks for medicine;
- (iv) the Chief Executive commented on the success of the project and thanked those involved in its delivery, noting the work to build the Trust's internal capacity. In view of conversations he had been involved in recently at the Leicester Asian Doctors' Society, at which time comments had been raised that it was easier for Leicester-based doctors to get to Kettering General Hospital than to Glenfield Hospital given how busy Leicester was, he noted the need to give consideration to increases in commuting times for staff;
- (v) Ms Bailey, Non-Executive Director, noted that in the implementation of any such projects, it was sometimes the case that the 'noise' which had been expected did not materialise and that new 'noises' appeared and honest debate about these matters was required early on in the process, and
- (vi) the Chief Executive noted that capital needed to be spent in a way that was consistent with the risks today and in the future.

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

274/22/2 The UHL Seven Priorities – Quarter 2 Update

In the absence of the Deputy Chief Executive, the Head of Strategy and Planning presented paper N, which provided an update on progress against the Annual Priorities that had been identified to guide the Trust through 2022/23. The 2022/23 Annual Priorities had emerged following a review of the BAF Risk Strategic themes and would support with the mitigation of known risks. The Trust Board was requested to (1) acknowledge the steps taken throughout quarter 2 to deliver the 2022/23 UHL Seven Priorities (2) approve the recommended steps to be taken in 2022/23 and (3) provide feedback on this report and whether its format provided the Trust Board with assurance on progress.

In presenting this report and achievements made to-date, the Head of Strategy and Planning noted that it was not possible to celebrate the success of the first quarter without taking account of the current challenges as exemplified through the patient story heard earlier in today's meeting.

In discussion on this item:-

- (i) the Chief Executive noted that the Trust's priorities enabled staff to understand where to focus their efforts and he queried the plan to communicate progress to the organisation as a whole. In response, the Head of Strategy and Planning noted the possibility of extracting three to five key messages from the report for teams to share and subsequently provide more detail to that. It was agreed that the Head of Strategy and Planning and Director of Communications and Engagement would discuss, outwith the meeting, how best to extract and communicate the key messages from this report for teams to share (e.g., through disseminating key messages through a medium other than just email), and
- (ii) in relation to discussion under point (i) above, Ms Bailey, Non-Executive Director, noted that very few staff members needed to see the level of detail contained within this report and the important element to communicate was that a plan existed and people were working hard in delivering it. The Medical Director noted that the report detailed really positive work that had been undertaken that could be 'drip-fed' through to staff as part of an on-going communications narrative. The Chief People Officer noted that stories were a valuable way of illustrating points. Ultimately it was agreed that the contents from these reports needed to be tailored to the audience to whom it was relevant, with this integrated into the next quarterly report.

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

(B) the Director of Communication and Engagement and the Head of Strategy and Planning be requested to discuss further, outwith the meeting, how best to extract and communicate the key messages from this paper for teams to share (e.g., through disseminating key messages through a medium other than just email and to tailor specific parts to the required audience and integrate this into the next quarterly report).

**DCE/
HoSP**

274/22/3 Month 7 Roadmap to Sustainable Financial Improvement

The Director of Transformation presented paper O, the purpose of which was to provide assurance against the actions necessary to meet the criteria required to exit the Recovery Support Programme (RSP).

In presenting this report, the Director of Transformation highlighted the considerable progress that had been made. From an original 102 required actions of the 20 actions in the roadmap, 13 were now complete with evidence submitted to the region, Of the remaining 7 actions, 4 had evidence collected to date also submitted to region. Given the progress of actions, a review had been undertaken of the governance of the RSP programme, with the recommendation that the RSP Exit Steering Group be stood down, with remaining actions consumed into normal governance processes. It was expected that by January 2023, the Trust should be in a position to provide sufficient evidence to exit the RSP.

In discussion, the Chief Financial Officer noted the positive significance of the Intensive Support Team suggesting the standing down of the RSP Exit Steering Group and the Chief Executive highlighted the strong corporate finance team now in place. Ms Bailey, Non-Executive Director, noted that the Trust coming out of financial special measures was not the same as saying that the Trust was financially sustainable.

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

274/22/4 Escalation Report from the Finance and Investment Committee – 24 November 2022

Mr S Harris, FIC NED Chair, presented paper P, which detailed the escalation report from the Finance and Investment Committee meeting held on 24 November 2022, noting the work relating to productivity and the confident line of sight relating to the Trust's CIP. On behalf of the Finance and Investment Committee, he expressed his thanks to Miss Durbridge, Director of Transformation, for all of her work in this respect.

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

274/22/5 Escalation Report from the Reconfiguration and Transformation Committee – 24 November 2022

Dr A Haynes, RTC NED Chair, presented paper Q, which detailed the escalation report from the Reconfiguration and Transformation Committee meeting held on 24 November 2022 and highlighted the key points discussed during the meeting.

The Trust Chairman highlighted the challenges in relation to transformation and queried progress in identifying the key elements which would be pursued in this respect. In response, Dr Haynes noted that the Deputy Chief Executive and Medical Director were currently reviewing resources and this would be discussed at the RTC Committee meeting in January 2023, albeit the Medical Director highlighted the following as key potential items for progression as part of the transformation agenda: productivity in theatres, transforming pre-operational assessment and determining the right model for cardio-respiratory, alongside recommendations around a wider cultural piece.

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

275/22 **CORPORATE GOVERNANCE / REGULATORY COMPLIANCE**

275/22/1 CRN East Midlands Quarterly Board Report

Ms E Moss, Chief Operating Officer, CRN East Midlands and Professor A Farooqi, Clinical Director, CRN East Midlands, attended to present paper R, which provided an update on the reconfiguration of the network, including the application process for the future host of the East Midlands Regional Research Delivery Network (RRDN) from April 2024; an application for which had been submitted by UHL, with UHL currently the Host Organisation for the National Institute for Health and Care Research (NIHR) Clinical Research Network East Midlands (CRN). As such, UHL was contracted by the Department of Health and Social Care to take overall responsibility for the monitoring of the governance and performance of the Network. This update paper included information on the recent progress and current priorities of CRN East Midlands and appended the latest Finance report and Risks and Issues Register.

In presenting this report, Ms Moss, Chief Operating Officer at CRN East Midlands, noted that performance was improving since presentation of the last report and the current focus was to provide a solid future for the hosting network, albeit concern was expressed at the potential for uncertainty arising due to expiry of the current Host contract in March 2024 to adversely affect the ability to re-appoint to research delivery posts on a short-term basis. Professor Farooqi noted that funding had been secured to try and increase recruitment into research and had been committed. A breakeven position was expected with regard to the financial position.

In discussion on this item, the Medical Director noted that, as referenced by Ms Moss, Clinical Research Networks were ending in April 2024 and a new process was being implemented. For East Midlands, the footprint would remain the same and the Medical Director confirmed that UHL were submitting their bid to be the Host Organisation on the following day and expected to hear the outcome in February 2023. The Head of Strategy and Planning expressed thanks to the UHL staff who had developed the bid, noting pride in where UHL was a research centre and the success over the last ten years. Professor Farooqi noted that he was pleased that UHL were submitting a bid, noting that currently the CRN:EM was hosted in Knighton Street out-patients at the LRI. One of the key issues was to provide satisfactory, good quality accommodation and the Medical Director confirmed that UHL were committed to providing that should re-location be required.

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

275/22/2 Terms of Reference

The Director of Corporate and Legal Affairs presented updated Terms of Reference (ToR) for the Quality Committee and Finance and Investment Committee for Trust Board consideration and approval thereon. Both sets had been developed in conjunction with the respective Chairs and agreed through the Committees. The updated Terms of Reference were approved.

Resolved – that the updated Terms of Reference for the Quality Committee (paper S1) and the Finance and Investment Committee (paper S2) be approved.

275/22/3 2023 Committee Meeting Dates

Paper T, as presented by the Director of Corporate and Legal Affairs, detailed key Committee Meeting dates in 2023, the contents of which were received and noted. The Director of Corporate and Legal Affairs thanked the Corporate and Committee Services team for their work in scheduling these meeting dates and she highlighted to members that meetings of the Trust Board would be moving to the second (rather than first) Thursday in the month and would be held in the mornings (rather than afternoons) in 2023.

Resolved – the contents of this report (paper T) be received and noted.

276/22 **ANY OTHER BUSINESS**

276/22/1 Director of Transformation

Mr Patel, Acting Chair, also paid tribute to Miss M Durbridge, Director of Transformation, who was shortly due to retire from UHL, noting that this would therefore be her last Trust Board meeting. Mr Patel thanked Miss Durbridge for her contributions to UHL in various roles throughout the years.

Resolved – that the above further items of business be noted.

277/22 **QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING**

Resolved – that there were no questions from the press and public relating to business transacted at the meeting on this occasion.

278/22 **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 27 October 2022
- Finance and Investment Committee – Minutes of 27 October 2022
- Operations and Performance Committee – Minutes of 26 October 2022
- Reconfiguration and Transformation Committee – Minutes of 24 August 2022

279/22 **DATE AND TIME OF NEXT MEETING**

Resolved – that the next public Trust Board meeting be held from 9am on Thursday 12 January 2023.

The meeting closed at 4.04pm.

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	8	8	100	J Melbourne	8	7	87
V Bailey	8	8	100	E Meldrum (until May 22)	2	2	100
A Furlong	8	7	87	R Mitchell	8	8	100
S Harris	8	6	75	B Patel	8	7	87
A Haynes	8	7	87	T Robinson	8	6	75
J Hogg (from June 2022)	6	6	100	M Williams	8	7	87
L Hooper	8	7	87				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	6	6	100	G Sharma	8	6	75
S Barton (from 13.6.22)	5	4	80	M Simpson (from 11.4.22)	7	7	100
A Carruthers	8	8	100	M Smith (from 17.10.22)	2	1	50
B Cassidy	8	8	100	C Teeney (from June 22)	6	4	67
G Collins-Punter	8	6	75	J Tyler-Fantom (until May 22)	2	2	100
M Durbridge	8	7	87	J Worrall	8	7	87
H Kotecha	8	5	63				