

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 14 SEPTEMBER 2023
FROM 1.35PM IN THE GORDHAN PARMAR ROOM, THE PEEPUL CENTRE, ORCHARDSON
AVENUE, LEICESTER****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
 Ms L Hooper - Chief Financial Officer
 Mr J Melbourne - Chief Operating 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 and Operations and Performance (OPC) Non-Executive Director Chair
 Mr J Worrall - Non-Executive Director

In attendance:

Dr R Abeyratne – Director of Health Equality and Inclusion
 Dr A Atkinson – Guardian of Safe Working (for Minute 311/23/1 only)
 Dr D Barnes – Deputy Medical Director (for Minute 313/23/1 only)
 Mr S Barton - Deputy Chief Executive
 Ms G Belton – Corporate and Committee Services Officer
 Mr R Binks – Deputy Chief Nurse
 Ms D Burnett – Director of Midwifery
 Mr A Carruthers - Chief Information Officer
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Ms G Collins-Punter – Associate Non-Executive Director
 Dr B Datta – Principal Clinical Psychologist, Amica Staff Counselling (for Minute 308/23 only)
 Ms H Kotecha - Leicester and Leicestershire Healthwatch Chair
 Ms L Milnes – Head of Health and Well-Being and Staff Experience (for Minute 308/23 only)
 Mr M Simpson - Director of Estates and Facilities
 Ms M Smith - Director of Communications and Engagement
 Ms C Teeney - Chief People Officer

ACTION**303/23 APOLOGIES AND WELCOME**

The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Dr A Haynes, Non-Executive Director and Reconfiguration and Transformation Committee (RTC) Non-Executive Director Chair, Ms J Hogg, Chief Nurse and Professor T Robinson, Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair.

304/23 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).

305/23 DECLARATIONS OF INTERESTS

The Trust Board received and noted the contents of paper A, which documented the updated 2023/24 Trust Board declarations of interests. Any further in-year updates would be reported to the Trust Board as they arose.

The Director of Corporate and Legal Affairs reported verbally to confirm her position as Interim Secretary for TGH Ltd, as also documented within paper A.

Resolved – that the contents of this report be received and noted.

306/23 MINUTES

Resolved – that the Minutes from the public Trust Board meeting held on 10 August 2023 (paper B refers) be confirmed as a correct record.

307/23 MATTERS ARISING

Paper C provided progress updates for the matters arising from the 10 August 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.

308/23 STAFF STORY – OCCUPATIONAL HEALTH AND WELL-BEING

The Chief People Officer introduced Dr Datta, Principal Clinical Psychologist for Amica Staff Counselling and Ms L Milnes, Head of Health and Well-Being and Staff Experience, who were in attendance at today's Trust Board meeting to relay the story of a staff member 'Serina' (this was not the staff member's real name, however the staff member in question had given her permission for her story to be told by Dr Datta). The Chief People Officer noted that colleagues in the medical profession did not generally access help for themselves, and the Head of Health and Well-Being and Staff Experience noted that this staff story provided an example of holistic well-being support.

Dr Datta recounted the story of Selina, a staff member in crisis at the time Dr Datta was asked to work with her, following a traumatic experience when Selina was completing her training in A & E which resulted in her experiencing severe anxiety at work, alternating between screaming and sobbing and ultimately resulted in her not leaving her house or sleeping much. Dr Datta met Selina once a week over a period of a couple of months, during which time Selina shifted from a stressed to a calm state. As part of her treatment, Selina was given physical and mental health exercises to complete and she began to perceive and respond to the world very differently. Dr Datta noted that clients were the experts of their own inner world and anxiety was something which Selina experienced all the time with her normal baseline score for anxiety scoring 4 out of 10. The goal was not to remove the anxiety, but to allow Selina to be able to live in a way that was manageable. Using such a categorisation system clicked for Selina and during the treatment period, Dr Datta noticed signs of neurodiversity, potentially autism, in Selina, an observation which she raised with her. This resonated with Selina and indeed opened a door through which she could inspect her whole life through the lens of neurodiversity. As treatment continued, Selina no longer suffered from PTSD, had an improved quality of life and began to achieve an appreciation of her own uniqueness and her particular strengths. Dr Datta then read out words written by Selina describing her own experience of what had happened and also described how Selina was able to self-refer to Occupational Health who could support her with making necessary adjustments in order to ensure a continued positive recovery. In further discussion, it was noted that Emergency Medicine as a whole was being supported to provide bespoke interventions through a whole system approach. Dr Datta highlighted the importance of the existence of Staff Support Services in order that they could 'care for the carer' and noted that UHL was in a good position in this respect given the ability of staff to access various options for help, such as through AMICA, Occupational Health and the Health and Well-Being team. Dr Datta noted that she provided support at a crisis level, and there was a need to continue to grow and invest in such resources.

Upon the conclusion of Selina's Story, the Chief People Officer requested that Dr Datta pass on the thanks of the Trust Board to Selina for allowing her story to be shared. In terms of the Trust's wider organisational context, the Chief People Officer noted that nationally the NHS was in a wider period of industrial action and was already receiving reports about the fatigue on medics. Work was currently taking place to review how staff could be supported through timely interventions. The Trust Chair thanked Dr Datta and Ms Milnes for attending the Trust Board today to present this staff story.

Resolved – that the contents of this Staff Story be noted.

309/23 STANDING ITEMS

309/23/1 Chair's Report – September 2023

The Trust Chair reported verbally on the following items:-

- (1) Performance – significant work had taken place to reduce the waiting times. It was recognised that there still remained a way to go in this respect, but the value of the work undertaken to date was acknowledged.
- (2) Staff Challenges – there was a need to reflect on the outcome of the Lucy Letby trial and the experiences being recounted nationally with regards to the experience of some female surgeons and for the Trust to assure itself that staff were being listened to and supported appropriately.
- (3) Northampton and Kettering Trusts – UHL was seeking to work more collaboratively at a high-level with Northampton and Kettering Trusts in order to provide mutual benefit and a framework for such collaboration was being developed and would be discussed in more detail at the Trust Board in due course.
- (4) Strategy and Values – the Trust Chair made reference to paper F on today's public agenda, noting the importance of the work on the Trust's strategy and values and noted that he was particularly pleased to see the emphasis on engagement with communities and also the green agenda.

Resolved – that the above-referenced verbal information be noted.

309/23/2 Chief Executive's Update – September 2023

The Chief Executive Officer noted his pleasure at meeting as a Trust Board once again in the community venue of The Peepul Centre, noting that today's public Trust Board meeting was to be followed by the Trust's first Annual Public Meeting in four years. UHL's APM was on the same day, but at a different time to that of the LLR ICB, and he hoped that this scheduling had made it as easy as possible for the LLR community to attend.

Paper D (CEO Report for September 2023) detailed information in respect of the following issues:-

- Ongoing Improvements at UHL
- Letby Verdict
- Freedom to Speak Up
- Staff Survey
- Winter Plan
- Reinforced Aerated Autoclaved Concrete (RAAC)
- HSJ Awards
- East Midlands Acute Providers Network
- Leicester Pride
- Industrial Action

In presenting this report, the Chief Executive particularly highlighted the issue of reinforced aerated autoclaved concrete (RAAC) as recently reported in the national media and the Director of Estates and Facilities was able to confirm that there was no RAAC on the Trust's estate as concluded following a four-phase survey previously undertaken by a team of structural engineers.

The Chief Executive also noted his shock at the Lucy Letby trial and highlighted the importance of not prejudging the outcome of the Inquiry which would have both national and local learning. He made reference to the recent strengthening of the Trust's Freedom to Speak Up services; a decision on which had been taken ahead of the outcome of the Lucy Letby trial. Mr Ballu, Non-Executive Director Chair of the People and Culture Committee, welcomed the recent changes to the Freedom to Speak Up service, in particular the fact that the new service would be available to staff on a 24/7 basis.

The Chief Executive referenced communication with staff which had taken place in the Trust previously and again recently following national reports of sexual assaults on female surgeons.

The Chief Executive also noted that there were in excess of 70 different nationalities amongst UHL staff and expressed that his thoughts were with colleagues with family in Libya who had been affected by the recent floods and those colleagues with family in Morocco whose families had been affected by the earthquake.

Finally, the Chief Executive made reference to the Trust's Strategy and his hope that this would give confidence to the organisation that the Trust was on the right path to strengthen Leicester as a better place to work and receive care.

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

309/23/3 UHL Performance Update and Integrated Performance Report (M4)

The Chief Operating Officer introduced paper E, which detailed the Integrated Performance Report (IPR) for July 2023.

In presenting paper E, the Chief Operating Officer particularly highlighted that the metrics had been updated in the IPR this month. In terms of Urgent and Emergency Care, 0.5% of ambulances had been held at the Trust awaiting handover for over 60 minutes in month 4, which represented 23 ambulances, compared to over 1000 ambulances in the same month last year and he recognised the hard work undertaken to drive this positive change. There was a focus on improving other aspects, in particular time to assessment, 12 hour and 4 hour waits which remained the largest challenges for UHL, albeit the Trust was in a stronger position than this time in the previous year. The Winter Plan 2023/24 would be presented to the Trust Board at its public meeting in October 2023.

In terms of planned care, the waiting list had increased nationally and UHL had observed a stabilisation in its own waiting list. Part of this related to industrial action. The longest waiters continued to reduce month on month and progress continued to be seen. A key part of the Winter Plan was the elective plan and the Trust had a national GIRFT (Getting It Right First Time) visit this week relating to improving the productivity of elective care, at which time the Trust's progress to-date had been recognised. Whilst it was a challenging position, improvements continued to be made. There had been a reduction in 62 week wait backlogs and progress had been made in terms of diagnostic improvements. The Chief Operating Officer noted that his most significant concern related to the impact of industrial action, with cancer care a particular focus given the urgency of treatment.

In discussion on operational performance:-

- (i) Ms Bailey, Non-Executive Director, remarked that this was best position which UHL had been in comparatively with other Trusts and acknowledged the significant work undertaken in making improvements despite challenging trends. In response to her query as to the issues behind the 12 hour wait performance, the Chief Operating Officer noted that the primary issue was capacity through the hospital in terms of patients awaiting a bed. There were areas which the Trust could influence and improve and these would be monitored through the Operations and Performance Committee. The Medical Director acknowledged that it provided for a very poor patient experience to spend a long time in the Emergency Department waiting for a bed, however he noted that with the implementation of a fully embedded medical team in ED, patients were able to commence their treatment whilst awaiting a bed;
- (ii) the Chief Executive noted that whilst UHL was making a lot of progress and performance was going in the right direction, the Trust was not yet where it wanted to be and efforts continued in this respect;
- (iii) in response to the Trust Chairman's query as to any psychological harm caused to patients by having to wait longer for treatment, the Medical Director noted that this was difficult to assess since it was a subjective assessment and was different for each patient. It was taken into account in the Learning from Deaths process and the Structured Judgement Reviews (SJRs) looked at a patient holistically. The Director of Health Equality and Inclusion noted that this was being looked at as part of health equality work being undertaken.

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

- Quality – the Deputy Chief Nurse referenced the section of the report relating to cases of C.Diff and also to complaints. A new Head of Patient Experience was commencing employment on a full-time basis in October 2023. The Medical Director made reference to on-going work, otherwise noting that the quality metrics were currently robust. Ms Bailey, Quality Committee Non-Executive Chair, highlighted the extensive review at the last Quality Committee meeting of some of the complaints received by the Trust, with a recognition that there was more work to be undertaken in this area, leading to the employment of a Head of Patient Experience as also referenced by the Deputy Chief Nurse. Ms Bailey noted the value in establishing a series of ‘pinch points’ at which time to repeatedly test complaints information. Ms H Kotecha, Leicester and Leicestershire Healthwatch Chair, noted that Healthwatch had been invited to be part of the UHL Complaints Review Panel, and the Trust Chair noted that this was a positive development and would facilitate the feeding in of wider intelligence from Healthwatch. Ms Bailey noted that the Quality Committee received regular reports on any areas of concern so there was knowledge of where improvements were required. She noted that the perception of harm was different for different individuals and recognised that there was a lot more work to undertake with regard to inequalities to capture the views of all patients.
- People – the Chief People Officer noted that the Trust was under-target for appraisals, however was undertaking focused work on this area and expected to be in a sustainable position by the end of the calendar year. The Trust was under target for mandatory training and this was being addressed. There had been a rise in covid related staff sickness absence and colleagues would be offered covid and flu vaccinations. There was a continued focus on recruitment with varied initiatives proving successful and putting the Trust in a stronger position. There was also a particular focus on retention and pastoral care.
- Finance – the Chief Financial Officer confirmed that the Trust was reporting a year-to-date deficit of £28.4m, which was £11.9m adverse to plan. The vast majority of the deficit was related to industrial action and higher inflation, with the Trust facing significant challenges in its plan. The Finance directorate had established an updated Financial Sustainability Group which met on a fortnightly basis. There was a focus on the high-level plans for next year. Improvements were being observed and these were slow and steady improvements. The Chief Operating Officer made note of the on-going extensive work being undertaken with Clinical Management Groups and highlighted that some of the improvements made operationally came at a financial cost, in response to which the Trust Chair noted that these were explicit decisions which were being taken. The Chief Financial Officer confirmed that no new risks were emerging; these were risks of which the Trust was already aware.

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

310/23 DELIVER TIMELY, HIGH QUALITY, SAFE, SUSTAINABLE CARE

310/23/1 Trust Strategy and Values

Since Autumn 2022, the Trust had been on a journey to create a new organisational strategy, along with a refresh of its values. This had been driven by the current UHL organisational strategy ending in 2023, the changing face of the world, UK, and healthcare over recent years including the rapid progression of the use of technology, along with the ability of the UK economy and workforce pipeline to meet the demand from healthcare. Paper F, as presented by the Deputy Chief Executive, had been produced to provide the Trust Board with the new Trust strategic framework of the new UHL Strategy & Values, “Leading in healthcare, trusted in communities” that would be at the forefront of the UHL strategy for the next 7 years. The Trust Board was asked to approve the strategic framework for Leading in healthcare, trusted in communities - UHL Strategy & Values 2023-2030.

In presenting this report, the Deputy Chief Executive acknowledged that the Director of Communications and Engagement and the Chief People Officer had been equally involved in the development of this strategy.

In discussion on this item:-

- (i) the Chief Executive thanked all involved for their work on the strategy and values, noting that the organisation was in a stable position now and ready for the implementation of the strategy. He queried how it would be known if the strategy had made a difference and he noted that whilst the values made sense, he was concerned about a potential disconnect between the values and people's experiences and he queried how this gap could be closed. In response to the first part of the question, the Deputy Chief Executive noted that some of the metrics against which it would be evident if the strategy was making a difference were already documented in the monthly Integrated Performance Report (IPR) and other metrics would include measures such as the Staff Survey etc. He noted that he was also working with the Director of Research and Innovation in terms of research metrics and also of relevance would be partnerships and their impact. The Chief People Officer advised that her directorate would be expanding the metrics reported to the People and Culture Committee. In terms of values, a behavioural framework needed to be developed and expectations of behaviour communicated. Focusing on these key elements should assist in closing the gap referenced by the Chief Executive;
- (ii) the Chief Executive noted that the Trust had set itself a challenging target in its plan to change the imagery displayed around its hospitals by Monday 18 September 2023 in relation to its new strategy, and
- (iii) Ms Bailey, Non-Executive Director, acknowledged the extensive work that had gone into developing the strategy and values and highlighted that the strategic framework felt very relevant due to its simplicity. In light of the advancement of technology and Artificial Intelligence (AI) and the changing demands for healthcare, she particularly queried how the Trust would rapidly innovate so that it was able to match and meet demand. In response the Deputy Chief Executive confirmed that this would be through delivering the strategy through the transformation of digital technology, new buildings and the work undertaken by the Chief Operating Officer, Medical Director and Chief Nurse with regard to process. The critical element would be the interplay between these parts. There was a need to work collaboratively with all partners and integrate with primary care.

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

(B) the strategic framework for Leading in healthcare, trusted in communities - UHL Strategy & Values 2023-2030 be approved as presented.

310/23/2 UHL Mortality and Learning from Deaths Quarterly Report

The Medical Director presented paper G, which provided an update on the Trust's mortality rates and Learning from Deaths programme, including information in relation to the following: (1) Bereavement Services Office – Death Certification (2) Medical Examiner Process – both within UHL and across the Leicester, Leicestershire and Rutland (LLR) Healthcare System (3) Bereavement Support Service (4) Specialty Mortality Reviews using the national Structured Judgement Review tool (5) LLR Child Death Overview Panel reviews and Perinatal Mortality Review Group reviews using the national Perinatal Mortality Review Tool (6) Clinical Team reviews and reflections and (7) Learning identified through Complaints and Incidents and HM Coroner's Inquests.

The Trust Board was requested to note that:-

- (a) appropriate actions were being taken to monitor UHL's crude and risk adjusted mortality rates and to review in more detail any patient or diagnostic group which was 'above expected' or appeared to have increased over time, and
- (b) the Trust's learning from deaths programme was supporting identification of learning to improve the outcomes of future patients and plans were in place to meet:
 - anticipated statutory requirements in respect of the Medical Examiner process being implemented across all of Leicester, Leicestershire and Rutland (LLR)
 - HM Senior Coroner's request to refer all deaths which may be due to problems in care
 - external reporting of neonatal deaths and stillbirths to the Mothers and Babies – Reducing Risk through Audit and Confidential Enquiries (MBRRACE), and
 - Safety Action 1 of the Maternity Incentive Scheme/Clinical Negligence Scheme for Trusts (MIS/CNST).

In presenting this report, the Medical Director highlighted that the Trust's crude mortality had fallen and the risk adjusted mortality indicators were within the expected range. He also provided an explanation for the process utilised to identify any unexpected results for further investigation through work with Dr Foster Intelligence. He referenced one particular flag relating to sepsis which, upon further investigation, had identified a specific issue with coding which required resolution. During Quarter 1, reports were received from the Perinatal Mortality Review Group with details of analysis and improvement actions undertaken following the most recent MBRRACE publication which showed UHL's neonatal mortality rate to be >5% higher than its peer group. External reviews (HSIB, Peer Trust) had not identified any recurrent themes, but internal individual and cluster reviews were ongoing and it was planned to develop an ongoing process for external input into the Trust's review process. A further update report would be submitted to the October 2023 Quality Committee. Confirmation had been received that the national planned roll out for the Medical Examiner process across primary care has been postponed to April 2024. In the interim, the Trust continued to engage with local GP Practices, LOROS and LPT. Also highlighted during presentation of this report was the fact that, following discussions with HM Senior Coroner, a process had been agreed for earlier referral to the Coroner's Office if the Medical Examiner thought there might be problems in care which possibly affected outcome (the current process would be to refer to the Coroner if there had been a patient safety incident escalated at the time of death). The Trust had also agreed a process for the retrospective referral of 16 deaths over the last 5 years where death was considered more likely than not due to problems in care that previously had not been reported to the Coroner. The Trust Chair acknowledged the important work evidenced through this report.

Resolved – that the contents of this report be received and noted.

310/23/3 Perinatal Surveillance Scorecard and Maternity Assurance Committee

The Director of Midwifery presented paper H, which referenced the meeting of the Maternity Assurance Committee in August 2023 and provided the quadrant report to assure the Trust Board on the activities of the Committee. The perinatal surveillance scorecard was produced in line with the Perinatal Quality Surveillance Model designed by NHS England to support sharing safety intelligence Board to Frontline / Frontline to Board and included five areas of focus: safety, workforce, training, experience and outcomes. Further work was required to develop outcome measures around inequalities and inclusion. Activities were scheduled for Quarter 2/3 to improve insights and triangulation. Appendix Two provided a summary of benchmarking performance to indicate performance compared to both the national and peer position.

In presenting this report, the Director of Midwifery noted the on-going work being undertaken in further developing the scorecard with neonatal indicators to be added, the strengthening of governance and the continuing improvements being made. She noted a particular focus on retention of midwives and also the planned Trust Board Development Sessions scheduled in ahead of the CNST submission in February 2024. Progress was being made in respect of all ten of the Safety Standards. Operationally, the Maternity service had experienced a really busy Summer and was working with Regional colleagues to meet the demands for the service. She also highlighted the new website which was currently in development and noted that the first Maternity Neonatal Voices Partnership meeting was to be held the following week.

The Trust Board were requested to: (1) be assured by the progress made to date and support the plans for improvement (2) note that work was in progress to continue to develop the perinatal quality scorecard in line with MIS and (3) note the update on the collaborative work to improve access to information for service users on a new maternity website.

Resolved – that the contents of this report be received and noted.

310/23/4 Patient Experience Annual Report 2022/23

In the absence of the Chief Nurse, the Deputy Chief Nurse presented paper I, which documented the Patient Experience Annual Report for 2022/23 and sought to provide assurance that patient experience feedback was promoted, monitored and drove organisational learning. Actions taken during 2022-23 focused on improving the experience for the following groups: carers, patients from the global majority and patients with long term conditions / physical disability. The Trust Board were requested to receive assurance that patient experience was being sought, monitored and that

priorities for the forthcoming year fostered a continuous improvement approach to experience. The Trust Board were requested to approve the proposed priorities for 2023/24.

In discussion on this item:-

- (i) in response to the Trust's Chair's query as to where the outcome of this report was scrutinised, the Medical Director noted that this was the annual report, but that the quarterly reports were submitted to and scrutinised by the Quality Committee;
- (ii) Ms Bailey, Quality Committee NED Chair, acknowledged that it was known that further work was required in this area, particularly in terms of language barriers for some patients etc;
- (iii) Mr Patel, Non-Executive Director, queried whether the questions posed were set by the Trust or by the community given the potential for the Trust to 'mark its own homework' if set by the Trust and in light of anecdotal information received, he highlighted the need to look closely at elements from both a patient and a carer perspective;
- (iv) members debated the Trusts right at the forefront of development with regard to patient experience work, and the Director of Communications and Engagement highlighted the need, now that the Trust had a strategic framework, to join up patient experience with communications engagement and she advised that she would be collaborating with relevant colleagues in taking this work forward.

Resolved – that the contents of this report be received and noted and the proposed priorities for 2023/24 be agreed.

310/23/5 UHL Response to Lucy Letby Trial

The Medical Director presented paper J, which provided the Trust Board with assurance that the Trust had reviewed the recent NHSE guidance following the verdict of the Lucy Letby Trial. This included current arrangements for freedom to speak up and listening to the concerns of patients, families and staff. The report provided a summary of the trial and how the Trust planned to address some of the wider issues that had emerged to ensure true learning from these events. It was recommended that the Trust Board received assurance that the Trust was compliant with the three programmes identified by NHS England to support a safe culture and noted the steps being taken to support a culture of psychological safety where colleagues felt safe to speak up and had confidence that they would be heard.

In presenting this report, the Medical Director highlighted the shock at this gross breach of trust for patients and their families. He noted that such events were rare but could happen and needed to be taken seriously. The purpose of the inquiry that had been announced would be to determine what had actually happened and this was being reflected upon within the Trust. Particular processes in place within UHL which would provide the required alerts included the Medical Examiner Service which had been in place since 2011, the Trust's strong Bereavement Service, the Patient Safety Incident Response Framework (PSIRF), the use of signals such as those provided by Dr Foster intelligence (Minute 310/23/2 above also refers) and the recent contracting of an independent Freedom to Speak Up service to allow staff to feel safe in speaking up and having an open mind to 'think the unthinkable'. The Deputy Chief Nurse also made reference to the work being undertaken with Senior Leaders within the organisation.

In discussion on this item:

- (i) the Director of Corporate and Legal Affairs provided more detail with regard to the recent development of contracting with a independent provider for provision of the Trust's Freedom to Speak Up service, which would be timely and accountable and would continue to report through to the organisation to ensure a direct line of sight;
- (ii) Mr Patel, Non-Executive Director, noted the heart-breaking nature of this matter and he queried what assurance the Trust Board could take that staff were confident to report and that any such reports would be followed through. In addition, Mr Williams, Non-Executive Director, whilst acknowledging the independent nature of the F2SU service, noted that such services should never be a substitute for poor management. In response, the Director of Corporate and Legal Affairs agreed with this point and noted that much of this related to communication. She noted that there was much work to undertake in respect of the Trust's culture and that frustrations, rather than

- concerns, were starting to come through which acted to dilute the service of the Guardians, albeit she recognised that frustrations could ultimately become concerns. Line management was always the first port of call for any such issues;
- (iii) the Chief Executive noted the need for a culture that empowered people and the culture at UHL had improved in this respect, noting that any concerns received directly by the Executive Director team received a timely response;
 - (iv) in response to the Trust Chair's question as to how the Trust Board could be assured that staff had the confidence to raise concerns, the Chief People Officer noted the need to understand the evidence-based conditions providing good psychological safety. One aspect of this was effective, good line management. The Chief People Officer noted that this would be discussed in more detail at the People and Culture Committee, and
 - (v) the Director of Health Equality and Inclusion noted the importance of the patient voice and aligning the staff voice to the patient voice, which was an element that would be discussed further in the future.

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

310/23/6 Escalation Report from the Operations and Performance Committee – 30 August 2023

Mr Williams, OPC NED Chair, presented paper K, which detailed the escalation report from the Operations and Performance Committee meeting of 30 August 2023 and particularly highlighted section 4 (briefing for Urgent and Emergency Care) for the attention of the Trust Board.

Resolved – that the contents of this report be received and noted.

310/23/7 Escalation Report from the Quality Committee – 31 August 2023

Resolved – that the contents of paper L, which documented the escalation report from the Quality Committee meeting held on 31 August 2023, be received and noted.

311/23 LOOKING AFTER OUR PEOPLE, DEVELOPING WORKFORCE CAPACITY AND CAPABILITY AND A COMPASSIONATE AND INCLUSIVE CULTURE

311/23/1 Junior Doctor Guardian of Safe Working Report

The Medical Director introduced Dr A Atkinson, who was one of the Trust's two Guardians of Safe Working, and was in attendance to present the quarterly Junior Doctor Guardian of Safe Working report (paper M refers).

In line with the 2016 Junior Doctors Contract, the Guardian of Safe Working was required to provide a quarterly report on Exception Reporting to the Trust Board. At UHL all junior doctors (including Trust Grade Doctors) were encouraged to raise exception reports; therefore the figures provided in this report included both Trainees and Trust Grade doctors. From 1st March to 31st May 2023, 115 exceptions reports had been recorded, which was a decrease of 36 from the previous quarter. In addition to this figure, 1 exception report had been submitted by one doctor working as a FY2 Doctor in GP Practice but contracted and employed by UHL as a Lead Employer. In presenting this report, Dr Atkinson highlighted that the exception reports were submitted via Allocate software and efforts were underway to improve access to the software. She noted that some Clinical Management Groups (CMGs) never seemed to report (e.g. ITAPS) and also highlighted that newer doctors tended to report more, possibly because they were more aware of the process and would have more recently received a login to the system. Dr Atkinson referenced a recent example whereby a significant number of registrar exception reports in the CSI Clinical Management Group had led to a change in practice and no further exception reports had been submitted to date with regard to this particular issue. In presenting this report, Dr Atkinson also highlighted the supportive, objective data provided by the system, which corroborated anecdotal evidence. A Guardian Conference would now be held in November 2023, having been postponed from October 2023. Trust Board members were requested to note the information provided in this report and were requested to provide feedback on the paper as considered appropriate.

In discussion on this item:-

- (i) the Medical Director highlighted that the Trust was now beginning to feel the benefit of having increased its investment in the Guardian of Safe Working service upon the recommendation of himself and the Chief People Officer, with wider safety and quality issues now being addressed;
- (ii) Ms Bailey, Non-Executive Director, queried the need for exploration into why no reports were received from ITAPs or only from specific cohorts of doctors, highlighting the need to triangulate this information with that available from other sources. The Chief Information Officer noted that progression of the digital agenda would enhance the ability to triangulate information. He made reference to some forthcoming work regarding the Trust's intranet and staff experience and advised that he would discuss relevant aspects with Dr Atkinson;
- (iii) in reference to the Trust Chair's query as to how the Trust would know if signing up to the BAPIO Charter had made a positive difference, Dr Atkinson noted that Allocate had been asked to assist in collating information about locally employed doctors which should assist in this respect. The Chief People Officer noted the intention to take an update on the charter to the People and Culture Committee, and thereafter the Trust Board as appropriate, and
- (iv) in response to a query raised by the Deputy Chief Executive as to the diversity of staff members raising issues, Dr Atkinson noted that Allocate did not record this data.

Resolved – that the contents of this report be received and noted.

312/23 SUSTAINABLE, WELL-GOVERNED FINANCES

312/23/1 Escalation Report from the Finance and Investment Committee – 25 August 2023

Resolved – that the contents of paper N (detailing the escalation report from the Finance and Investment Committee meeting held on 25 August 2023) be received and noted.

312/23/2 Escalation Report from the Audit Committee – 14 August 2023

Mr Williams, Audit Committee NED Chair, presented paper O, which detailed the escalation report from the Audit Committee meeting held on 14 August 2023, and highlighted the positive progress being made in respect of outstanding internal audit actions.

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

313/23 CORPORATE GOVERNANCE / REGULATORY COMPLIANCE

313/23/1 Annual Organisational Audit and Board (Responsible Officer) Report

The Medical Director introduced Dr D Barnes, Deputy Medical Director, who had been appointed as Responsible Officer as from January 2023, taking over from the previous Responsible Officer, Mr Jameson. This annual report therefore reflected six months tenure each for Mr Jameson and Dr Barnes as the Trust's Responsible Officer and the Medical Director expressed his thanks for the work represented by this annual report.

This report was presented to the Trust Board to provide assurance that the statutory functions of the Responsible Officer were being appropriately fulfilled; to report on performance in relation to those functions; to update the Trust Board on progress since the previous annual report; to highlight current and future issues and to present action plans to mitigate potential risks. This report covered the period 1 April 2022 to 31 March 2023. The last report had been submitted to Trust Board in July 2022 for the year 2021/22. Key points for the Trust's Board attention were as follows:- the total number of doctors for whom UHL was the designated body for the purposes of revalidation was 1,239. During 1 April 2022 to 31 March 2023, 98 doctors were due for recommendations to be made to GMC about the fitness to practise in accordance with the GMC requirements and responsible officer protocol, in respect of which 85 positive recommendations were made to the GMC and 13 recommendations for deferral (requests for more time) were made to the GMC. All revalidation recommendations to the General Medical Council (GMC) between April 2022 and March 2023 were made on time.

The total number of appraisals undertaken between 1 April 2022 and 31 March 2023 was 1,115 achieving a compliance rate of 90%. Of the 69 that were outstanding after 31 March 2023; at the

time of writing the report, 65 had now been completed and 4 remained outstanding. The latest information in this respect was that only one remained outstanding and this was booked in for the following week. A review of the existing governance arrangements for revalidation and appraisal had been undertaken and strengthened by a) introducing a follow-up system for the apparent non-engagement with medical appraisal and b) establishing a Responsible Officer Advisory Group. Overall, there were no significant concerns regarding the appraisal and revalidation systems and processes within the Trust although the number of trained appraisers, and administrative staff relative to the number of appraisals must be reviewed during 2023/2024. The Medical Director noted that there existed a tiered approach to appraisal, with firstly a supportive approach adopted to determine why an individual was not completing their appraisal.

The Trust Board was requested to (1) receive this report, note its content and the fact that it would be shared with the Tier 2 Responsible Officer at NHS England and (2) note the Statement of Compliance (Appendix A) confirmed that the UHL, as a Designated Body, was compliant with the Responsible Officer regulations and that the Chief Executive would sign this on behalf of the UHL following the Trust Board meeting.

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

(B) the Annual Organisational Audit and Board (Responsible Officer) report be approved for signature by the Chief Executive accordingly.

313/23/2 Annual Fire Report 2022/23

The Director of Estates and Facilities presented paper Q, which detailed the Annual Fire Report for 2022/23 and requested that the Trust Board received this report as assurance that Fire Safety remained a key priority of the Trust and as evidence that considerable progress had been and continued to be made in managing both active and passive fire safety systems across the Trust.

The report also aimed to highlight any significant gaps or risks that remained, identify what was in place to mitigate and what additional support was required to implement the identified controls or gaps in assurance. The Trust Board was also advised, that despite the best endeavours of the Estates and Facilities teams (including fire safety / capital and operations) and supporting third party contractors to progress the fire safety agenda, the age and configuration of the estate, coupled with the age and coverage afforded by existing systems and the funding available, would impact what could be achieved in line with current best practice, so a risk priority approach was used. The limitations of capital available to address Back-Log-Maintenance remained a challenging position.

In presenting this report, the Director of Estates and Facilities noted that the Trust now had a 100% asset register of the doors across the Trust; this meant that the Trust was now aware where all of its fire doors were located and could bring in specialists as required. Face to face fire training had re-started but had needed to be moved back to online training due to the low take-up. The Director of Estates and Facilities expressed his thanks to the Trust's Fire Team and to the Fire Brigade. Ms Bailey, Non-Executive Director, highlighted the need for very clear accountability where UHL operated out of other sites, in response to which the Director of Estates and Facilities noted that he was currently liaising with the Estates Leads on this issue.

Resolved – that the contents of the Annual Fire Report 2022/23 (paper Q) be formally approved.

313/23/3 Amendment to the Trust Establishment Order for Blue Light Driving

The Director of Corporate and Legal Affairs presented paper R, the purpose of which was to advise the Trust Board about a recent change to its Establishment Order, which clarified that Blue Light Driving by UHL staff fell within its permitted activities. The Trust Board was requested to note the amendments to the Establishment Order.

Resolved – that the contents of paper R detailing a specific amendment to the Establishment Order be received and noted.

313/23/4 Amendment to Special Leave Policy – Armed Forces and additional paid leave

The Chief People Officer presented paper S, the purpose of which was to summarise recent activity to support the Armed Forces community at UHL and to seek approval of the changes to the Special Leave Policy in relation to additional paid leave for the Armed Forces community to support reserve forces training and related activities. The Trust Board were recommended to be assured that action was continuing to be taken to support the Armed Forces community at UHL and to approve the increase of paid leave for colleagues who were members of the Armed Forces community.

The report highlighted that a more detailed review of a range of 'family-friendly' policies, including the Special Leave Policy, was underway and would be brought to Trust Board in the coming months. However, approval of the additional paid leave for the Armed Forces community was time sensitive, to support the Trust's submissions under the Employer Recognition Scheme and Veteran Aware accreditation and therefore this one specific element for amendment had been submitted for approval at this earlier stage.

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

(B) the updates to the Special Leave Policy as documented in paper S be approved.

314/23 CORPORATE TRUSTEE BUSINESS

314/23/1 Charitable Funds Committee Terms of Reference

The Director of Corporate and Legal Affairs presented paper T, which documented an update to the Terms of Reference for the Charitable Funds Committee to include the Director of Estates and Facilities in the membership. The updated terms of reference also reflected the request from the 18 August 2023 CFC that the quorum (of 3 members) included two Non-Executive Directors.

Resolved – that the updated Terms of Reference for the Charitable Funds Committee, as documented in paper T, be formally approved.

314/23/2 Escalation Report from Charitable Funds Committee – 18 August 2023

Resolved – that the escalation report from the Charitable Funds Committee meeting held on 18 August 2023 (paper U refers) be received and noted.

315/23 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

316/23 QUESTIONS FROM THE PRESS AND PUBLIC

Resolved – that there were no questions from the press and public on the business transacted during today's meeting.

317/23 REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):

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 27 July 2023
- Operations and Performance Committee Minutes of 26 July 2023
- Finance and Investment Committee Minutes of 28 July 2023
- Audit Committee Minutes of 23 June 2023
- Charitable Funds Committee Minutes of 16 June 2023

318/23 REPORTS DEFERRED TO A FUTURE MEETING

Resolved – that the following item had been deferred to a future Trust Board agenda:-

- East Midlands Clinical Research Network Quarterly Report – deferred to the 12 October 2023 public Trust Board meeting.

319/23 DATE AND TIME OF NEXT MEETING

Resolved – that the next public Trust Board meeting be held on Thursday 12 October 2023 from 1.30pm in Seminar Rooms 2/3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 3.51pm.

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	6	5	83	J Melbourne	6	5	83
V Bailey	6	5	83	R Mitchell	6	6	100
A Furlong	6	4	67	B Patel	6	6	100
S Harris	6	4	67	T Robinson	6	3	50
A Haynes	6	4	67	G Sharma (until 30.4.23)	1	0	0
J Hogg	6	5	83	M Williams	6	6	100
L Hooper	6	6	100	J Worrall	6	4	67

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	6	6	100	H Kotecha	6	4	67
S Barton	6	5	83	M Simpson	6	6	100
A Carruthers	6	4	67	M Smith	6	6	100
B Cassidy	6	6	100	C Teeney	6	5	83
G Collins-Punter	6	1	17				