

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD HELD IN THE CUMULUS ROOM, LEICESTER
DIABETES CENTRE, LEICESTER GENERAL HOSPITAL ON THURSDAY 9 MARCH 2023 FROM
1.30PM****Voting Members present:**

Mr J MacDonald – Trust Chairman
 Ms V Bailey – Non-Executive Director and Quality Committee (QC) Non-Executive Director Chair
 Mr A Furlong - Medical Director
 Mr S Harris - Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair (virtually via MS Teams)
 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 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
 Dr G Sharma - Non-Executive Director (virtually via MS Teams)
 Mr M Williams - Non-Executive Director and Audit Committee Non-Executive Director Chair

In attendance:

Mr S Barton - Deputy Chief Executive
 Ms G Belton – Corporate and Committee Services Officer
 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 (virtually via MS Teams)
 Professor A Farooqi – Clinical Director, CRN: East Midlands (for Minute 73/23/1)
 Ms M Grundy - Admiral Nurse (for Minute 67/23)
 Ms H Kotecha - Leicester and Leicestershire Healthwatch Chair (virtually via MS Teams)
 Ms N Halai - Meaningful Activities Team Leader (for Minute 67/23)
 Mr M Simpson - Director of Estates and Facilities
 Ms M Smith - Director of Communication and Engagement
 Ms S Taylor – Deputy Chief Operating Officer
 Ms S Wilkinson - Senior Nurse, Patient Experience (for Minute 67/23)
 Ms E Wolfenden – for the Patient Story (Minute 67/23)
 Mr J Worrall - Associate Non-Executive Director (virtually via MS Teams)

ACTION**62/23 APOLOGIES AND WELCOME**

The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Dr R Abeyratne, Director of Health Equality and Inclusion, Professor T Robinson, Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair and Ms C Teeney, Chief People Officer.

63/23 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).

64/23 DECLARATIONS OF INTERESTS

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

65/23 MINUTES

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

66/23 MATTERS ARISING

Paper B provided progress updates for the matters arising from the 9 February 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.

67/23 PATIENT STORY

The Chief Nurse introduced Mrs Wolfenden (wife of UHL patient, Roger Wolfenden) Ms M Grundy (Admiral Nurse), Ms N Halai (Meaningful Activities Team Leader) and Ms S Wilkinson (Senior Nurse, Patient Experience) to the Trust Board, who were all in attendance at today's Trust Board meeting to tell the patient story of Mrs Wolfenden's husband, Roger, a person living with dementia and to explain the services provided by the Admiral Nurses and the Meaningful Activities Co-ordinators for patients like Roger Wolfenden and their families.

The Admiral Nursing service was a pilot service comprised of 1.8 wte nurses whose role it was to support patients living with dementia and their families and this service worked very closely with the Meaningful Activities service. The Admiral Nurses worked with the most vulnerable patients in the hospital, supporting key elements of the pathway, providing dementia training and training for Dementia Champions and actively sought feedback on their service and had received very positive feedback from families in a similar situation to Roger and Liz Wolfenden.

The Meaningful Activities Service had been established in 2013 and covered the emergency floor and wards and helped patients with dementia to try and maintain their interests and their relationships with their families utilising the Thomas Kitwood model of dementia and they tried to link hobbies and interests the patient had before experiencing dementia, thus ensuring that activities they participated in were meaningful to them.

The Trust Board were played a video of Mrs Wolfenden explaining how the help offered to herself and her husband Roger had been invaluable during Roger's in-patient stay.

In discussion on this item:-

- (i) the Trust Board thanked Mrs Wolfenden for sharing her experiences with them and queried what action they could undertake to further support the Admiral Nurses and Meaningful Activities Teams and their services. In response, Ms Grundy advised that it would be beneficial to have more meaningful activities co-ordinators and another Admiral Nurse given that the current establishment of 1.8wte within the Admiral service were covering the LRI, the Leicester General Hospital and sometimes the Glenfield Hospital too. Ms Halai noted that they were also trying to support as many staff as possible to undertake Dementia Champions training to support patients and their families;
- (ii) in response to a query raised as to whether the Trust had specialist dementia wards, Ms Grundy advised that the Trust had six wards which were managed by Consultant Geriatricians, however patients living with dementia could potentially be in wards all across the hospital and all wards should therefore be dementia friendly;
- (iii) in response to a query raised as to how the Admiral Nursing service received a referral for Mr Wolfenden straightaway upon his admission to hospital, Ms Grundy advised that the Emergency Floor screened all patients with dementia and prioritised their need to be seen. Mr Wolfenden was moved onto one of the base wards managed by a Consultant Geriatrician and it was identified that Mrs Wolfenden needed support as a carer and so a referral to the Admiral Service was made;
- (iv) queried the services available for patients within the community – in response Ms Grundy noted that previously the Admiral Service could refer a patient to community services when they left hospital where they would then be followed up. However this service had now been disbanded within the community and the Trust had therefore set up a long term clinic for patients since the required support was not available in the community;
- (v) the Trust Chairman noted that Mr Wolfenden had been in hospital for 4 to 5 weeks and queried whether this timeframe was usual. In response, Ms Grundy noted that it had been important to ensure that Mr Wolfenden's care was transferred to the most

appropriate place once he was discharged from hospital as he had altered behaviour and a high level of needs and this had necessitated liaison with Adult Social Care and the Discharge Sisters. She noted that if patients wished to return home, then this was trialled, however a back-up plan was required in the event that living at home was not successful and an alternative was urgently required;

- (vi) the Trust Board queried any particular good practice nationally that the service was aware of. In response, Ms Grundy noted that UHL provided one of the best services, although it would be hugely beneficial to have an Admiral Nurse in the community, especially given the growing number of people being diagnosed with dementia in LLR;
- (vii) in response to the Trust Chairman's query to Mrs Wolfenden as to whether she had received the support she required, she advised that she had. She had been particularly appreciative of the fact that if she had any concerns, she could just phone the Admiral Nurse service and they would help (e.g. one day she wasn't able to get into the hospital to see her husband until much later and the Admiral Nurses undertook to go and visit him earlier that day to check on him which was reassuring for Mrs Wolfenden). Mrs Wolfenden noted that, as a former Nurse, having this service was so important as it helped to remove additional stress from the general nursing staff who had so many patients to support, and
- (viii) the Director of Communication and Engagement advised the Trust Board that she and the Director of Estates and Facilities were undertaking joint work around way-finding within the hospital and noted that she would appreciate Ms Grundy's involvement in that. She also queried whether the Executive Team and Trust Board could be Dementia Champions, in response to which Ms Grundy advised that they could and ideally she wished to reach all staff, noting that it would be a significant achievement to have all Estates and Facilities staff trained.

The Trust Chairman thanked Mrs Wolfenden, Ms Grundy, Ms Halai and Ms Wilkinson for attending for this item today.

Resolved – that the contents of the Patient Story be noted.

68/23 STANDING ITEMS

68/23/1 Chair's Report – March 2023

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

- the progress being made in recovering services;
- long term conditions;
- strikes and
- system working.

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

68/23/2 Chief Executive's Update – March 2023

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

- Discrimination, harassment and victimisation;
- Access improvements;
- Staff Survey and We are UHL;
- Ramadan 2023;
- International Women's Day 2023;
- Mother's Day 2023 and
- Remembering UHL colleagues.

In presenting this report, the Chief Executive noted the challenges facing the NHS in terms of addressing discrimination, harassment and victimisation and he made reference to a recent meeting where he had heard from three colleagues about their experience of working in UHL and noted that the Trust needed to take far more decisive action in this respect. In discussion on this point, it was agreed that Mr Patel, People and Culture Committee (PCC) Non-Executive Director

Chair, the Chief Executive Officer and the Chief People Officer would discuss any work to take forward, for oversight by PCC, as a result of the national publication of the landmark employment tribunal for racial discrimination referenced in the CEO's Trust Board Report

**PPC NED
Chair / CEO
/ CPO**

The Chief Executive also made specific reference to the Staff Survey 2022; the results from which were being communicated nationally today, and he noted that some metrics had improved and some had deteriorated for UHL. He considered that the results achieved reflected the fact that colleagues were not yet experiencing a change and noted that the Trust's previous plan, to address the Staff Survey results in 2021, had been overly complicated. There was now confidence that the Trust had a much improved plan in place with four specific elements to it; namely the promise for 2023 was that colleagues would work together to make UHL a place where more people felt Recognised, Included, Supported and Equipped for their role. Much work was required, however the posters had been well-received and there was confidence that the results from future staff surveys would improve.

The Chief Executive highlighted that access across the Trust was improving and this was a whole team effort for which he extended his thanks to the Chief Operating Officer and his team. Whilst the metrics associated with elective care and cancer were continuing to improve, the Trust remained very challenged. It was the aim of UHL to be the fastest improving NHS Trust. Ms Bailey, Non-Executive Director, extended her congratulations also, noting that this represented a significant effort on the part of Trust colleagues. She also noted that she had been pleased to learn of the proposed work on signage within the Trust (Minute ref 67/23 above refers) which would have practical benefits for improving patient experience. In relation to the signage within the Trust, the Chief Executive noted that any signs which did not make sense should be removed.

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

(B) Mr B Patel, PCC NED Chair, the Chief Executive and the Chief People Officer be requested to discuss any work to take forward, for oversight by PCC, as a result of the national publication of the landmark employment tribunal for racial discrimination referenced in the CEO's Trust Board Report.

**PCC NED
Chair / CEO
/ CPO**

68/23/3

UHL Performance Update and Integrated Performance Report (M10)

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

In presenting paper E, the Chief Operating Officer particularly highlighted that the Trust remained challenged in terms of operational performance, having seen its most challenging week in December 2022, however progress was being made and improvements were being observed despite the continued underlying capacity challenges. There had been a significant decrease in the overall waiting list which represented progress, although underlying challenges relating to productivity and capacity remained. Whilst there had been improvement in all areas, there remained much to do. The Chief Executive acknowledged the progress being made, highlighting the need to galvanise and deliver change collectively, without which the coming Winter would be as hard as the one just experienced.

In discussion on the contents of paper E:-

- (i) the Trust Chairman queried whether performance achieved against the 4 hour metric in January 2023 was being sustained in February 2023, in response to which the Chief Operating Officer confirmed that this was the position broadly and this was currently under review and would be made more explicit in future reports;
- (ii) in response to a query raised as to any progress in terms of discharge figures, the Chief Operating Officer noted that, despite the system working incredibly hard, the figure was similar to in previous months. Whilst the 'time waiting for discharge' metric had improved, the numbers waiting remained similar. Progress had been observed in discharging some of the longest stayers, with the first Task and Finish Group having been held and a significant amount of time and effort being invested in achieving complex discharges. A peer review had been undertaken in respect of simple discharges as a result of which some good ideas had been generated which should offer relatively quick wins and it was hoped that improvement would begin to be observed;

- (iii) in response to a query raised as to it being in the Trust's gift to reduce out-patient footfall, the Chief Operating Officer noted that offering more virtual appointments might not necessarily be the right course of action and that what was required was specialty level discussions about the right pathway for their patients. The Medical Director noted that virtual appointments were appropriate in some specialties and particularly for follow-up appointments, but there were other specialties for which it was not appropriate, so this needed to be specialty driven, and
- (iv) the Medical Director noted that there had been a reduction in the significant pressures seen during December 2022 and whilst some of the pressures had increased again over this last week, overall most services were feeling more in control. Consideration now needed to be given to how the patient pathway could be improved and how clinical engagement could be increased.

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 Medical Director reported verbally to advise of one Never Event which had been reported in the last month. Whilst Never Events sometimes occurred when there was a failure to undertake the required checks and balances, all appropriate checks had been undertaken in relation to this particular Never Event. This particular Never Event was now being investigated and further work undertaken. Both the latest SHMI and HSMR mortality ratios for UHL fell within the 'as expected' range. The Chief Nurse reported verbally to advise that there had been an increase in both bloodstream infections and e-coli cases in January 2023 and a review process was being undertaken in relation to these. The Corporate Nursing directorate was working with the Estates and Facilities directorate to look specifically at nutrition and hydration and provide clarity about delineated responsibility between nurses and Estates and Facilities colleagues in terms of patient nutrition and hydration with a new model under review to ensure it was fit for purpose. There had been a small decrease in hospital acquired pressure ulcers and significant time and effort was being spent on focussing on this particular area, particularly in respect of patients having long waits in the emergency department. Ms Bailey, Non-Executive Director, noted the need to understand how UHL worked with system partners in terms of making sustainable changes. The Trust Chairman queried the quality of complaint responses, in response to which the Chief Nurse advised that this was mixed and she noted that there was currently a vacancy in the team. The Trust intended to recruit to a new post of Head of Patient Experience (already having a Head of Patient Safety in place). The addition of this post and separation from patient safety would provide an additional element not previously in place. The Chief Nurse noted that the current system was not meeting the needs of complainants as determined by the level of re-investigation rates. The Chief Executive noted that the Trust received approximately 4000 complaints annually, and that the quality of the Trust's response to these was variable. He noted that the Trust utilised a process that was overly formal and all complaint responses were issued in English when the Trust's population did not all have English as a first language. In response to a query raised as to learning from complaints, the Chief Nurse noted that each complaint had an associated action plan if, upon investigation, action was required and she noted the need to link local themes into a trust-wide piece. Ms Bailey, Quality Committee Non-Executive Director Chair, noted that this work was within the Quality Committees' work programme.
- People – in the absence of the Chief People Officer, the Chief Nurse reported verbally to advise that despite employing a large number of new Healthcare Support Workers, the Trust remained an outlier with its turnover rate at 10% and its vacancy rate at 16%. She noted that a process of validating these posts was currently underway as some posts that currently sat within this category might actually be clinical aide posts. She further noted the central funding received to assist in nursing and midwifery recruitment and highlighted the support the Trust was receiving from the regional team also in this respect. The Chief Executive highlighted that the portfolio of the Chief People Officer was particularly challenging and emphasised the need for the Trust to improve in its retention of colleagues.
- Finance – the Chief Financial Officer reported verbally noting that as of 31 January 2023, the Trust had a deficit of £15.7m, against a year-end forecast deficit of £17.7m, the principle driver behind which was emergency capacity. The Trust was largely on track to achieve its year-end forecast, although the effect of strikes and emergency pressures

represented risks to this year-end financial position. The Trust's CIP plan was delivering ahead of schedule and work was being undertaken to determine the implications for the Trust's run rate. The Trust had spent just over £40m in capital spend and expected to spend £80m capital by the end of the current financial year, with planning currently underway for the next financial year. Risk assessments remained on-going in relation to financial and operational challenges. In terms of the Recovery Support Programme (RSP), work was currently being undertaken in terms of the audit of the 2021/22 accounts and determining when these could be presented to the Trust Board. The Trust was nearing a place where it hoped to be able to exit from the RSP; potentially early in the new financial year. The Chief Executive noted that the Trust was trying to balance issues concerning money, access, workforce, quality and safety and he queried how assured the Trust's Chief Nurse and Medical Director were that focus on money was not to the detriment of care. In response, the Chief Nurse noted the clear commitment from the Trust Board and Chief Financial Officer to achieve evidence-based staff levels and the Medical Director referenced the maturity of the discussions held to ensure that the implication of any decisions were seen through multiple lenses, one of which was through a quality lense. The Trust Chairman noted that it would be valuable for the Trust Board to see the conclusion of the risk assessments when considering any decisions.

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

69/23 DELIVER TIMELY, HIGH QUALITY, SAFE, SUSTAINABLE CARE

69/23/1 Maternity Update Reports (including Maternity Assurance and Compliance Update and Perinatal Surveillance Scorecard)

The Chief Nurse and Ms D Burnett, Director of Midwifery, presented papers F and F1. Paper F provided a consolidated overview of maternity assurance and compliance in respect of the following: Ockenden Recommendations, Reading the Signals: Review of Maternity and Neonatal Services in East Kent, Saving Babies Lives Care Bundle (version 2) and Maternity Incentive Scheme, NHS Resolution 10 Safety Actions. It provided an update on the actions to ensure that the Trust truly learned from the national reviews and continued to strive to reduce perinatal mortality, improve experience and provided care which was inclusive and personalised. The report outlined the intentions to strengthen internal and external oversight and assurance to robustly monitor and scrutinise the quality of UHL's maternity service.

Progress was being made against the recommendations outlined within the Ockenden Report, however challenges remained in terms of pace of change and improvement with particular focus on workforce planning and sustainability.

The East Kent Report had generated further insight into the themes around teamwork, professionalism, compassion, responding to investigations, and failures to listen. A maternity services improvement programme was being established and would incorporate these themes. An extensive programme of work had already commenced to improve the culture of the service. Continued work was in place to improve compliance in implementing the Saving Babies Lives Care Bundle with targeted actions for 2 out of the 5 standards, including improving timely antenatal steroids for preterm birth and reducing smoking in pregnancy (with compliance achieved for 3 out of the 5 standards).

Since January 2023, progress had been made in evidencing compliance with the NHS Resolution Maternity Incentive Scheme (MIS) with 4 out of the 10 Safety Action Standards now met. The Trust Board was asked to be assured by the progress to date and note the plans in place to achieve full compliance. The Trust Board was also asked to note the establishment of the LLR Ockenden Assurance Meeting and endorse the implementation of an Executive-Led UHL Maternity Assurance Committee. The Trust Board was also requested to note the intention to establish a Maternity Improvement Programme and divisional-led operational oversight model to ensure sufficient scrutiny and support of assurance and compliance, reporting into the newly established Maternity Assurance Committee.

Ms Bailey, Quality Committee NED Chair, thanked Ms Burnett for the comprehensive approach being undertaken and sought assurance that the Trust would seek views not only from the Maternity Voices Partnership (MVP) but also from the wider community beyond, in particular from

'seldom heard voices'. In response, Ms Burnett acknowledged the importance of reaching out beyond the MVP and complementing the work plan. There was a recognition of the need to do more and Ms Burnett's team were engaging with the Director of Communication and Engagement and her team to ensure better engagement with the community.

The Trust Chairman requested that consideration was given as to how this information was presented to the Trust Board and to consider the Trust Board dimension when progressing this work, which was acknowledged by Ms Burnett.

The Director of Midwifery presented paper F1, which provided a monthly update of the perinatal 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. As part of the national maternity thematic review, the CQC inspection had commenced on 28 February 2023 and was on-going. During January 2023, there was 1 Serious Incident reported (downgrading having been requested following review) and 1 HSIB case. There had been a slight decrease in the midwifery vacancy rate. The Trust was currently in the process of its next establishment review and the outcome of this would feature within the next iteration of the report and acuity review data was also awaited. Training compliance had been maintained. Ms Burnett undertook to present the results of the maternity audits at the next Trust Board meeting on 13 April 2023. Particular discussion took place regarding the Friends and Family Test (FFT) scores, in terms of seeking to increase the response rate. Ms Burnett highlighted the need to achieve representative feedback with the forms being translated into more languages and the community being the area of particular focus. She also emphasised the need to improve the means by which data was collected, with a focus on the use of technology rather than paper-based systems. Note was made of the benefit of utilising more methods to collect the data and ensuring that the forms were in more languages and not just in English.

Resolved – that (A) the contents of papers F and F1 be received and noted and their recommendations supported, and

(B) the Chief Nurse and Director of Midwifery be requested to present the results of the maternity audits at the next Trust Board meeting on 13 April 2023.

CN/DoM

69/23/2

Mortality and Learning from Deaths Report

The Medical Director presented paper G, which provided an update on UHL's Mortality Rates and Learning from Deaths programme and sought to assure the Trust Board that:-

- appropriate actions were being taken to monitor the Trust'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. Deteriorating Patient Board dashboard suggested that clinical acuity had returned to 'baseline' noting Acute Kidney Injury rate, which tracked mortality, peaked in late November 2022 and was now at baseline;
- 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);
 - 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).

This report had been discussed in detail at the Mortality Review Committee, Executive Board and Quality Committee. In presenting this report to the Trust Board, the Medical Director noted that there had been a spike in mortality due to covid, flu and respiratory illnesses and detailed reports had been submitted to the Quality Committee in this respect. All perinatal deaths had undergone a perinatal mortality review and none had been identified whereby the care provided could have resulted in the death. The Trust cared for complex perinatal patients due to the nature of its services, a large number of whom sadly had unsurvivable conditions or abnormalities. A peer review was planned in the next month in respect of neonatal patients and the MBRRACE report was expected to be received in the next month. The Medical Director noted that whilst it was appropriate for perinatal mortality to be included within maternity assurance data, it would also be

reported through the Learning from Deaths report. Good progress had been made in ensuring that the Trust's ME Service was ready to provide scrutiny of deaths in primary care. Currently there was low uptake of the service from primary care due to national delays in implementation and the Trust was utilising this time to test its systems and respond to feedback. The Medical Director also noted that learning themes from learning from death reviews had been tracked through to Trust workstreams. Three deaths in the last quarter had been considered more likely than not due to issues with care and two of those had progressed to be designated as Serious Incidents (SIs).

In response to a query raised by Dr Haynes, Non-Executive Director, as to how the Trust's Medical Examiner service benchmarked against others and the types of learning arising from these, the Medical Director noted that UHL had been one of the first to establish an ME Service and the impression received from the Regional service was that the UHL ME Service was a strong service. In terms of learning, themes arising related to end of life care and particularly communication in end of life and clinical management. Work had been undertaken relating to acting upon results and the NerveCentre module had been rolled out. A theme had also arisen around anticoagulation, in respect of which further work was being undertaken, and it was now possible to prescribe warfarin electronically.

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

69/23/3 Escalation report from the Operations and Performance Committee – 22 February 2023

Mr M Williams, OPC Non-Executive Director Chair, presented paper H, which detailed the escalation report from the Operations and Performance Committee meeting held on 22 February 2023 and he requested that the Chief Operating Officer brief the Trust Board in respect of the Waiting List Management report.

The Chief Operating Officer noted that a Waiting List audit had been undertaken and the findings presented to the Trust, which were accepted and a detailed action plan would be developed in response. Specific note was made that no high risk actions had been identified and a report on this subject would be submitted to the OPC and Quality Committee in May 2023.

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

(B) the Chief Operating Officer be requested to submit a report to the OPC and Quality Committee in May 2023 regarding the Trust's response to the Waiting List Management Report.

COO

69/23/4 Escalation report from the Quality Committee – 23 February 2023

The Quality Committee Non-Executive Director Chair presented paper I, which detailed the escalation report from the meeting of the Quality Committee held on 23 February 2023 and highlighted the main points of note for the Trust Board's attention, as detailed within the report.

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

70/23 **SUSTAINABLE WELL-GOVERNED FINANCES**

70/23/1 Escalation Report from the Finance and Investment Committee – 24 February 2023

Mr S Harris, FIC NED Chair, presented paper J, which detailed the escalation report from the Finance and Investment Committee meeting held on 24 February 2023, the contents of which were received and noted. He highlighted the focus on the CIP Plan for 2023/24 and the Chief Financial Officer recognised the size and scale of the challenge ahead.

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

70/23/2 Escalation Report from the Audit Committee – 10 February 2023

Mr M Williams, Audit Committee NED Chair, presented paper K, which detailed the escalation report from the Audit Committee meeting held on 10 February 2023 and particularly highlighted the following points:-

- (i) the need to improve on the current numbers in respect of procure to pay. The Chief Financial Officer undertook to ensure that all relevant staff knew the actions required of them with regards to 'procure to pay'; CFO
- (ii) there remained a significant number of overdue audit actions and all Executive Director colleagues were requested to address these as a matter of urgency, and EDs
- (iii) it would not be possible to submit the 2021/22 Accounts to the April 2023 Trust Board meeting, which was disappointing, however it was hoped to submit them to the May Trust Board meeting. CFO

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

(B) the Chief Financial Officer be requested to ensure all relevant staff knew the actions required of them with regards to 'procure to pay', and CFO

(C) all relevant Executive Directors were requested to address all overdue audit actions as a matter of urgency. Relevant EDs

71/23 INFRASTRUCTURE FIT FOR THE FUTURE

71/23 Escalation Report from the Reconfiguration and Transformation Committee – 15 February 2023

Dr A Haynes, RTC NED Chair, presented paper L, which detailed the escalation report from the Reconfiguration and Transformation Committee meeting held on 15 February 2023 and he particularly highlighted the following points:-

- (i) the Trust continued to await deliberations from the national team;
- (ii) phase 1 in relation to the East Midlands Elective Care Centre was on track to open in the late Spring 2023. Phase 2 was slightly delayed, however would provide the opportunity to consider the pathways, and
- (iii) the cost of the programme had increased.

The Chief Executive noted that he had held discussions with the Deputy Chief Executive and the Director of Communication and Engagement and it was the intention to re-engage with the community at the point that there was news to share about the New Hospitals Programme (NHP). He highlighted that whilst there had been a delay in accessing and spending the capital, the Trust had spent £163m in capital investment over the last five years.

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

72/23 CORPORATE GOVERNANCE / REGULATORY COMPLIANCE

72/23/1 Standing Orders, Standing Financial Instructions and Scheme of Delegation

The Director of Corporate and Legal Affairs presented paper M, which detailed the reviewed and updated Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD), all of which had been approved by the Audit Committee for recommendation onto the Trust Board for formal approval.

Mr Williams, Audit Committee NED Chair, noted that he was happy to recommend these updated documents to the Trust Board for formal approval thereon however sought assurance, with regard to the SFIs, that the updated contents would be communicated to all relevant staff, in response to which the Director of Corporate and Legal Affairs confirmed that she was working with the Chief Financial Officer's team to ensure that these were communicated appropriately and they would also feature in mandatory training for relevant staff, noting that this document targeted very specific job roles within the Trust.

Resolved – that the updated Standing Orders, Standing Financial Instructions and Scheme of Delegation be formally approved.

Post-Meeting Note: - further corrections were made after the meeting to the SFIs and Scheme of Delegation to amend a typographical error on page 49 section 9 [value to read £250,000 rather than £25,000], and to amend page 51 section 12 [inclusion of the Head of Procurement and Supplies in the list of staff authorised to sign waivers and clarification of

the authorisations levels in that section in respect of the Head of Procurement and Supplies and Senior Category Managers], and to the Standing Orders to correct a minor typographical error in the title of the Head of Procurement and Supplies.

73/23 RESEARCH, EDUCATION AND IMPROVEMENT AT THE HEART

73/23/1 Clinical Research Network (CRN) East Midlands Quarterly Board Report

As the Host Organisation for the National Institute for Health and Care Research (NIHR) Clinical Research Network East Midlands (CRN), UHL was contracted by the Department of Health and Social Care to take overall responsibility for the monitoring of governance and performance of the Network. Professor A Farooqi, Clinical Director of the East Midlands Clinical Research Network (EM:CRN) therefore attended to present paper N for the information of the Board, which provided a quarterly update on recent progress and current priorities of CRN East Midlands. Appended to paper N was a summary of CRN East Midlands compliance against the 2022/23 CRN Operating Framework, the latest Finance report and Risks & Issues Register.

In presenting this report, Professor Farooqi particularly highlighted the following points: (1) an increase in research activity during the last quarter with 60,000 patients now recruited into research studies (2) the outcome of the hosting process post 2024 had not yet been communicated, however it was hoped that an announcement would be made over the next couple of weeks (3) the future of the CRN, which would evolve into the RRDN (Regional Research Delivery Network) and would have a slightly different remit; the specific details relating to which were awaited, including the staffing structure etc. The Medical Director highlighted the strong recovery and strong financial performance, with no concerns raised. He noted that an announcement regarding the host organisations had originally been expected in February 2023, however this date had been deferred nationally. In response to the Trust Chairman's query as to whether there was anything further which UHL could do at the present time, Professor Farooqi noted that UHL was very supportive. He did not wish for staff to be disillusioned due to the uncertainty regarding arrangements for the future network as the majority of staff would stay in post. The Medical Director highlighted that there was to be a session on research at the Trust Board Development Session to be held in May 2023. It was known that the role of the RRDN would be slightly different although the specifics of this were awaiting clarification. Locally there were a number of initiatives involving collaboration and a much greater focus on commercial research. Both workforce and integration of research into the NHS presented particular challenges.

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

74/23 CORPORATE TRUSTEE BUSINESS

74/23/1 Escalation report from the Charitable Funds Committee – 17 February 2023

In the absence of Professor Robinson, CFC NED Chair, Ms Bailey, Non-Executive Director, presented paper O, which detailed the escalation report from the Charitable Funds Committee meeting held on 17 February 2023. Mr Patel, Non-Executive Director, commented on previous discussions relating to the number of quotes sought in relation to charitably funded policies of insurance.

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

75/23 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

76/23 QUESTIONS FROM THE PRESS AND PUBLIC

Resolved – that there were no questions from members of the press and public.

77/23 REPORTS AND MINUTES 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 26 January 2023**

- Operational Performance Committee – Minutes of 25 January 2023
- Finance and Investment Committee – Minutes of 27 January 2023
- Charitable Fuds Committee – Minutes of 16 December 2022
- Audit Committee – Minutes of 23 December 2022

78/23 REPORTS DEFERRED TO A FUTURE MEETING

Resolved – it be noted that no reports had been deferred to a future meeting.

79/23 DATE AND TIME OF NEXT MEETING

Resolved - that the next public Trust Board meeting be held from 1.30pm on Thursday 13 April 2023 in Seminar Rooms 2/3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 3.36pm.

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	11	11	100	J Melbourne	11	9	82
V Bailey	11	11	100	E Meldrum (until May 22)	2	2	100
A Furlong	11	10	91	R Mitchell	11	11	100
S Harris	11	8	73	B Patel	11	10	91
A Haynes	11	10	91	T Robinson	11	7	64
J Hogg (from June 2022)	9	9	100	M Williams	11	10	91
L Hooper	11	10	91				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	9	8	89	G Sharma	11	8	73
S Barton (from 13.6.22)	8	7	88	M Simpson (from 11.4.22)	10	10	100
A Carruthers	11	11	100	M Smith (from 17.10.22)	5	4	80
B Cassidy	11	11	100	C Teeney (from June 22)	9	6	67
G Collins-Punter	11	9	82	J Tyler-Fantom (until May 22)	2	2	100
M Durbridge (until Dec 22)	8	7	87	J Worrall	11	9	82
H Kotecha	11	7	64				