

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 11 MAY 2023 FROM 1.30PM
IN SEMINAR ROOMS 2/3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****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
 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
 Professor T Robinson - Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair
 Mr M Williams - Non-Executive Director and Audit Committee Non-Executive Director Chair

In attendance:

Dr R Abeyratne – Director of Health Equality and Inclusion
 Dr A Atkinson – Junior Doctor Guardian of Safe Working (for Minute 146/23/1)
 Mr S Barton - Deputy Chief Executive
 Ms G Belton – Corporate and Committee Services Officer
 Mr J Brown – KPMG Representative (for Minute 147/23/1)
 Professor N Brunskill – Director of Research and Innovation (for Minute 149/23/1)
 Ms D Burnett – Director of Midwifery
 Mr A Carruthers - Chief Information Officer
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Ms E Concannon - Freedom to Speak Up Guardian (for Minute 146/23/2)
 Ms J Dawson – Freedom to Speak Up Guardian (for Minute 146/23/2)
 Dr G Gulsin – Specialty Registrar (for Minute 149/23/1)
 Ms H Kotecha - Leicester and Leicestershire Healthwatch Chair (virtually via MS Teams)
 Mr R Lee – PRiSM Patient Representative (for Minute 143/23)
 Mr S Linthwaite – Deputy Director of Finance (Financial Services) – for Minute 147/23/1
 Mr M Simpson - Director of Estates and Facilities
 Dr R Singh - Junior Doctor Guardian of Safe Working (for Minute 146/23/1)
 Ms C Sissling – Service Manager / PRiSM Chair, Renal and Transplant Services (for Minute 143/23)
 Ms M Smith - Director of Communication and Engagement
 Ms C Teeney - Chief People Officer
 Mr R Walton – KPMG Representative (for Minute 147/23/1)
 Mr J Worrall - Associate Non-Executive Director

ACTION**138/23 APOLOGIES AND WELCOME**

The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Mr S Harris, Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair and Ms G Collins-Punter, Associate Non-Executive Director.

139/23 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).

140/23 DECLARATIONS OF INTERESTS

Mr J MacDonald, Trust Chairman, reported verbally to confirm his appointment as the new Chair of the University Hospitals of Northamptonshire NHS Group (UHN) boards, which would commence from 1 July 2023, in addition to his role as Chair at UHL.

Resolved – that the above verbal declaration be noted.

141/23 MINUTES

Resolved – that the Minutes from the public Trust Board meeting held on 13 April 2023 (paper A refers) be confirmed as a correct record.

142/23 MATTERS ARISING

Paper B provided progress updates for the matters arising from the 13 April 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.

143/23 PATIENT / STAFF STORY

The Director of Communications and Engagement introduced Ms C Sissling, Service Manager and PRiSM Chair in Renal and Transplant Services and Mr R Lee, PRiSM Patient Representative who were in attendance to advise the Trust Board about PRiSM (Patient Representatives including Service Managers) the purpose of which was to facilitate the participation of patients in service planning, improvement initiatives and decision-making relating to the Leicester Kidney Network. PRiSM was enabled by monthly meetings on MS Teams and was underpinned by Terms of Reference. It had representation from four counties across the three Renal Replacement Therapies, with a recruitment drive on-going to address the current gaps and further details of the group were as described in paper C. Ms Sissling particularly highlighted PRiSM's progress with specific reference to the 'Ladder of Engagement' referenced within the report and she highlighted the benefits if a similar model of patient engagement could be rolled out across UHL, with any support from the Trust Board in achieving such, warmly welcomed.

Mr Lee explained to the Trust Board his professional background as a civil servant and his personal background in terms of having undergone over 80 operations, including two kidney transplants and having received dialysis three days a week. Mr Lee explained how he became involved in PRiSM and of the opportunity this afforded him in terms of helping, shaping and influencing the service for patients; noting that he was able to contribute the patient voice through his personal healthcare-related experiences, in addition to which the group received the benefits of his professional expertise (e.g. through his involvement on the Patient Group for the tendering of the new Patient Transport Service as well as his involvement with the Renal Board).

In discussion on this item:

- (i) the Chief Executive made reference to the re-location of dialysis from the LGH site to Wigston and queried the message to be communicated to the public in this respect. In response, Mr Lee emphasised two particular aspects for communication. Firstly, that this would be a purpose-built unit which would provide added benefit and move the service forward with the care equal to or better than that already provided and, secondly, that for some patients, this would be a shorter commute;
- (ii) the Chief Nurse noted that the Trust was about to appoint a Head of Patient Experience and that it would be beneficial to have the support of PRiSM in making this appointment. Ms Sissling confirmed that PRiSM would appreciate this opportunity;
- (iii) in response to a question raised by Mr Patel, Non-Executive Director, as to how to reassure patients with long-term conditions, Ms Sissling noted that, at the start of this process, she had initially worked alongside Mr Mayes, Head of Patient and Community Engagement, which she thoroughly recommended. In reference to the 'Ladder of Engagement', she noted that the top of the ladder (co-production) could potentially be challenging and some services could be nervous about reaching the top of the ladder. However, she considered that this nervousness could be overcome once the process commenced. Mr Lee agreed that it could be challenging, noting the potential particularly for culture clashes;
- (iv) the Director of Communications and Engagement endorsed the approach taken by PRiSM, highlighting the need to enter into meaningful involvement and she acknowledged the challenges inherent in doing so, noting the role for the Trust in providing a space for continuous improvement;

- (v) the Trust Chair thanked Ms Sissling and Mr Lee for their fantastic presentation, noting that their work was exemplary and he queried how easy or otherwise it was for patients who did not have a background similar to Mr Lee's to give their opinion. In response, Mr Lee highlighted the importance of creating an environment in which to listen to all patients;
- (vi) the Director of Health Equality and Inclusion noted that talking about the work of PRISM helped to spread the learning and she extended her offer to support this work where this would be valuable to the group. Mr Lee agreed that there was power in telling the story;
- (vii) the Trust Chair queried how best to ensure a representative patient voice in terms of the pathway for chronic diseases, in terms of any advice as to the elements requiring consideration. In response, Ms Sissling noted the challenges in this, however considered that nothing was insurmountable. She noted that Renal and Transplant was a fairly diverse service, but there was a need to look at the overview of the service and ensure that it was inclusive, and
- (viii) Ms Kotecha, Leicester and Leicestershire Healthwatch Chair, noted that Healthwatch was always happy to provide support in such activities.

Resolved – that the contents of this presentation (paper C refers) and the additional verbal information provided be received and noted.

144/23 STANDING ITEMS

144/23/1 Chair's Report – May 2023

The Trust Chairman reported verbally on the following items:

- (i) in terms of recruitment and retention, the Trust had signed up to an agreement (a Memorandum of Understanding) with BAPIO (British Association of Physicians of Indian Origin) which would provide excellent opportunities to build upon;
- (ii) a recent meeting held to share progress with the Integrated Care Board (ICB) and determine where value could be added, and
- (iii) recent discussions with UHN in relation to areas of close working.

Resolved – that the contents of this verbal report be noted.

144/23/2 Chief Executive's Update – May 2023

The Chief Executive expressed a warm welcome to members of the public attending today's Trust Board meeting in person, noting that this was the first time in a long time that members of the public had been physically present at the meeting.

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

1. Access Improvements
2. Sudan
3. Health Equality
4. 2023/24 Planning
5. GMC Sponsorship
6. British Association of Physicians of Indian Origin
7. International Day of the Midwife and International Day of the Nurse
8. Continuous Improvement
9. University of Northampton Hospitals Group
10. We are UHL
11. Health Service Journal Awards

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

- i. access improvements being made; there was still covid across the Trust's communities and staff had been working under pressure for a number of years now;
- ii. the Trust was working with the Hidden Disabilities Network. Many colleagues had hidden disabilities and there was a need to be aware of and receptive to this;

- iii. there were at least 53 Sudanese colleagues working within UHL who had been impacted by the situation in Sudan and the Chief Executive emphasised the need for colleagues to appreciate quite how much some people were struggling with currently. International colleagues gave up so much to join UHL and it was important for UHL to be the best employer that it could be;
- iv. confirmation received from the General Medical Council that UHL had been authorised as a GMC Sponsor organisation;
- v. the Trust had received confirmation that it was to be awarded Finance Awards Accreditation at Level 2 which provided significant objective assurance in terms of the work undertaken by the Chief Financial Officer and her team. This recognition was particularly significant in view of the fact that it was only in July 2020 that UHL had entered the recovery support mechanism (financial special measures);
- vi. the large body of evidence in existence which demonstrated that UHL was involved in continuous improvement despite not previously having a formal strategy for such. Such a strategy was now in development and would be presented to the Trust Board in July 2023;
- vii. the considerable work on-going at the moment and the interest expressed from primary care and secondary care, including an emerging relationship with UHN, to all work together collaboratively.

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

144/23/3 UHL Performance Update and Integrated Performance Report (M12)

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

In presenting paper E, the Chief Operating Officer particularly highlighted that:-

- (a) a sustained improvement in ambulance handover times was being observed (this was 900 hours per week better than previously) and the Urgent and Emergency Care Plan had been published at the end of March 2023, which was seven months earlier than in the previous year;
- (b) in terms of planned care, there were 18,000 people that would have waited for 2 years who were treated within a 12-month period and there was confidence that UHL would achieve '0' 78 week waiters by the end of June 2023. The waiting list was reducing month on month with significant plans in place to further improve the position in the year ahead, and
- (c) in terms of productivity, patients were still waiting longer than was desired.

In discussion on the contents of paper E:-

- (i) in response to a query raised by Mr Williams, Non-Executive Director, in relation to plans to address DNA (Did Not Attend) rates which were higher than would be desired, the Chief Operating Officer noted that a multi-faceted approach was in place including: two way texting capabilities, having targeted interventions for the highest DNA rates, launching of an Access Policy and the addition of more capacity to include the provision of more notice;
- (ii) in terms of patient engagement, Ms Bailey, Non-Executive Director, highlighted the importance of achieving this across a range of communities;
- (iii) the Director of Health Equality and Inclusion made reference to the work being undertaken to initiate a follow-up conversation when patients had confirmed that they would be attending their appointments but subsequently did not attend. She noted that this work did require a lot of time and expertise, however the staff involved were finding this work to be rewarding, and
- (iv) in response to a query raised by the Trust Chair, the Chief Operating Officer noted that there existed a clear governance structure around theatre productivity, with regular meetings being undertaken with all of the relevant services. Productivity was reviewed on a monthly basis and a quarterly deep dive was also undertaken. The Trust Chair emphasised the need to consider utilisation alongside productivity.

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 Chief Nurse noted the really positive position with regard to quality, particularly in light of the operational pressures encountered due to the industrial action. The one exception to this related to hospital acquired pressure ulcers. Work was on-going to address this however required a culture change in terms of ensuring that everyone had a fundamental level of knowledge and the provision of this training would take time. Progress against the action plan continued to be made. The Medical Director noted that the Trust had completed the 2022/23 financial year having had 8 Never Events. Whilst this was an improvement on the previous year, it was not where UHL needed to be. Two further Deputy Medical Directors had now been appointed, both of whom had responsibility for patient safety within their remit. The Medical Director also made reference to learning identified through VTE assessments and the process, more generally, of building safety enhancements in and designing out potential errors through digital systems.
- People – the Chief People Officer reported verbally advising that the Trust's vacancy position was improving. A Recent Open Day to recruit administrative and clerical staff, Healthcare Support Workers and Estates and Facilities roles had been well attended and such events would continue to be held. Work relating to routes into employment within UHL had been completed and there was good evidence of a number of people now coming to UHL and securing employment within the Trust (e.g. a number of colleagues had graduated from the Prince's Trust Programme). The Trust now having been awarded the status of being a GMC Sponsor Organisation, as referenced under Minute 144/23/2 above, was significant and would enable UHL to recruit to medical posts from around the world where previously it would have received approximately 50 applications a year that would have to have been rejected. There had been a rise in sickness absence affected by covid, with under-performance currently in both completion of mandatory training and the undertaking of appraisals, the latter two of which had been expected as a result of winter pressures and industrial action. In response to a query raised by Mr Williams, Non-Executive Director, as to the action in place to address retention issues relating to Healthcare Assistants, the Chief People Officer noted that many left UHL to work elsewhere within the first twelve months of employment. She noted that one aspect affecting the retention rate was pay and the Trust's pay and conditions were being reviewed and revised accordingly. Another factor also related to staff being moved locations within the Trust and work was underway to look at a more supported induction. In response to a further query raised by Mr Williams, Non-Executive Director, as to whether recruitment within the Trust was as good as it could be, the Chief People Officer noted that it was always possible to improve and there were now a range of approaches employed to recruitment compared to the one approach utilised previously. Employing a varied approach made UHL more accessible and was paying dividends, however there remained much work to undertake in terms of the Trust's processes. Whilst international recruitment was well established and worked well in nursing, there was more work to be undertaken with regard to the international recruitment of medical staff. The Chief Nurse noted that her team was working closely with that of the Chief People Officer in this respect and were piloting earned autonomy so that departments ran their own, which would assist in changing the recruitment process. The Chief Executive noted that much work was being undertaken from a transactional perspective which needed to be underpinned by the strategy launching in the next couple of months. The Chief People Officer noted that part of the focus for Organisational Development would be digitally enabling jobs and developing and supporting the capacity and capability of the Senior Leadership Team across the organisation. The Chief Executive made reference to the Trust's long-standing relationship with the University of Leicester and the fact that the Trust had recently agreed a leadership programme with them which was to be rolled out. The Chief People Officer noted work to be undertaken in relation to re-setting and working through the Trust's establishment, in addition to other work already undertaken to re-set systems such as the development of Locum's Nest which was an app enabling medical colleagues undertaking additional work. The Chief Financial Officer acknowledged that it would be a wise investment to undertake work at pace in terms of going back to basics with the workforce establishment data. The Chief Operating Officer made reference to the progress being made in receiving triangulated information to act on through the CMGs.
- Finance – the Chief Financial Officer confirmed that the Trust was reporting a year-end deficit of £12.5m in line with the forecast shared with the System and NHSEI (this position

was subject to audit). She thanked colleagues for the grip and control achieved which had allowed the Trust to be in the position required. Going forward into 2023/24, CIP in the region of 4% would be required and there was significant risk within the financial plan in terms of urgent and emergency care, workforce and CIP with all of the risks and mitigations currently being developed. Ms Bailey, Non-Executive Director, noted that this was a trust-wide financial plan for which all were responsible and required shared action across all areas. The Trust Chair noted the need for further consideration across all of the Trust Board sub-committees. The Chief Executive noted that, broadly speaking, the Trust was in a better place than twelve months ago, however had a challenging financial plan for 2023/24 and could not focus on just delivering on the finances to the detriment of everything else.

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

145/23 DELIVER TIMELY, HIGH QUALITY, SAFE, SUSTAINABLE CARE

145/23/1 Maternity Assurance Report (including perinatal surveillance scorecard)

The Chief Nurse and Director of Midwifery presented paper F, which provided a summary to the Trust Board of the key discussions at the newly established UHL Maternity Assurance Committee (MAC) which met on 19 April 2023.

The first MAC meeting agreed the terms of reference and work plan and several papers were presented which shared insights into perinatal surveillance and highlighted areas of progress and risks to delivery of the key national and regional drivers for change and improvement. MAC received progress reports on the implementation of the Maternity Incentive Scheme Safety Actions and Saving Babies Lives Care Bundle illustrating progress. Further work was agreed to fully understand current compliance with the recommendations from the Ockenden reports. Refreshed governance arrangements and the introduction of a new Maternity and Neonatal Improvement Programme would provide support however there was an urgent need for a comprehensive workforce plan to ensure sustainable services across maternity and neonatal services.

The Trust Board were requested to (1) receive and note the update from the inaugural Maternity Assurance Committee (2) note the new governance and infrastructure arrangements in place and the intention of the Women's & Children's CMG to set up an Operational Assurance Group as part of improving oversight and (3) note the publication of the Three-Year Plan for Maternity & Neonatal Services.

In presenting this report, the Director of Midwifery also reported that MAC would have oversight of the perinatal framework and would be able to monitor which actions truly made a difference and she noted the importance of ICB and LSMS colleagues having sight of the detail and the evidence. The Director of Midwifery also made particular reference to the establishment of a standalone telephone triage as the demand and activity was too significant to continue with the previous process employed for triaging patients. The telephone triage would be phased up in the coming weeks and months. The Director of Midwifery also noted that the formal report following the CQC assessment visit continued to be awaited.

The Director of Midwifery noted that midwifery vacancies were at 14% which was above the national and regional position. Turnover for midwives was 10.3% which was in line with the national position. Particular focus was being given to retaining and growing the workforce.

In discussion on this item:-

- (a) the Medical Director made reference to the breadth of the areas discussed by the MAC, noting the work that had taken place to focus on the detail, in respect of which he expressed thanks to the Chief Nurse and Director of Midwifery;
- (b) Ms Bailey, Non-Executive Director, expressed thanks for the granularity of the data presented, noting that the governance had significantly improved and she highlighted the importance of knowing where the gaps were. The Medical Director agreed, noting that he had given this challenge at the MAC meeting and

- (c) Dr Haynes, Non-Executive Director, queried the need to look at the area of mental health in pregnant women, in response to which the Chief Nurse noted that this was an area in which the Trust was seeking support from Leicestershire Partnership Trust (LPT).

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

145/23/2 Escalation report from the Quality Committee – 27 April 2023

Ms V Bailey, Quality Committee Non-Executive Director Chair, presented paper G, which detailed the escalation report from the Quality Committee meeting held on 27 April 2023. She particularly highlighted the new Elective Care Access Policy and the need for improvements in respect of the Accessible Information Standard workstream. It was noted that this latter work afforded a good opportunity to engage with patients. In reference to the update provided in section 3.2 of paper G, the Medical Director noted that the final patient had now been screened and no harm had been identified.

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

145/23/3 Escalation report from the Operations and Performance Committee – 26 April 2023

Mr M Williams, Audit Committee Non-Executive Director Chair, presented paper H, which detailed the escalation report from the Operations and Performance Committee (OPC) meeting held on 26 April 2023. He made reference to the fact that the updated Terms of Reference for the OPC were scheduled for approval later in today's Trust Board agenda (Minute 150/23/2 below refers), it having now been agreed to retain this Committee permanently after its initial establishment as a time-limited group; with the proposal now that this Committee was formally established as a sub-committee of the Trust Board.

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

146/23 LOOKING AFTER OUR PEOPLE, DEVELOPING WORKFORCE CAPACITY AND CAPABILITY AND A COMPASSIONATE AND INCLUSIVE CULTURE

146/23/1 Junior Doctor Guardian of Safe Working Report

Dr A Atkinson and Dr R Singh, the Junior Doctor Guardians of Safe Working, attended to present paper I, which detailed the latest quarterly Junior Doctor Guardian of Safe Working report.

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 and the figures provided in this report therefore included both trainees and Trust Grade doctors. From 1 December 2022 to 28 February 2023, 151 exception reports had been recorded, which was a decrease of 20 from the previous quarter. 150 exception reports had related to hours and working patterns and 1 exception report had related to education. In addition to this, two exception reports had been submitted by one doctor working as a FY2 Doctor in GP Practice but contracted and employed by UHL as Lead Employer.

In presenting this report, Dr Atkinson and Dr Singh noted that they were trying to raise the awareness of exception reporting, particularly as there was less awareness about exception reporting to highlight where opportunities were missed. A new Junior Doctor Forum had also been established, with representation actively being sought from each CMG, and both Dr Atkinson and Dr Singh were starting to receive increasing numbers of informal emails so considered that this highlighted that awareness was improving.

Dr Singh noted that most of the reports received were from Foundation Doctors and any unusual peaks were identified and investigated; a meeting having recently been held with the Radiology service for this purpose when a peak in reporting had been identified and the service had undertaken excellent work in response to the issues raised.

Also highlighted by Dr Atkinson and Dr Singh during their presentation were the following points:

- (a) 19 penalty payments had been applied during the last quarter, a number of which related to long shifts within ENT and work was being undertaken to resolve the issues raised;
- (b) there had been 8 immediate safety concerns raised;
- (c) issues could arise during changeover days relating to services potentially being short-staffed;
- (d) attendance at a recent Guardian of Safe Working conference had provided some useful ideas in terms of Junior Doctor rostering, and
- (e) there was no data available in terms of differentiation between doctors on training grades and those not on training grades.

In discussion on this item:-

- (i) the Medical Director thanked Dr Atkinson and Dr Singh for their work and their presentation to the Trust Board, noting the positive impact of having doubled the resource for the role of Guardian of Safe Working;
- (ii) Mr Patel, Non-Executive Director, also expressed his thanks to Dr Atkinson and Dr Singh for the energy they were bringing to their role, highlighting the value of the softer intelligence they were able to provide and he looked forward to their future such reports to the Trust Board;
- (iii) in response to a query raised by the Deputy Chief Executive as to how easy it was for doctors to provide such reports, Dr Singh noted that the process was easy and was electronic, for which doctors were provided with a login. Work had also been undertaken to identify barriers to reporting (e.g. misconceptions such as that reports had to be completed in a doctor's own time, that they had to be reported via a UHL phone line or that consultant approval was required, all of which were not the case);
- (iv) the Chief People Officer thanked Dr Atkinson and Dr Singh for all of their hard work and their energy and creativity, noting the need to ensure that they were being given the support they required;
- (v) a specific conversation took place between Professor Robinson, Non-Executive Director and Dr Singh regarding a particular issue relating to doctors covering two sites and how the issue raised had been addressed with a new adjusted rota implemented and follow-up planned to review how this was working in practice;
- (vi) the Chief Information Officer noted that his team would be able to offer support in terms of the data that could be collated as the Trust progressed with the implementation of the EPR (electronic patient record) and would be able to put Dr Atkinson and Dr Singh in contact with relevant members of the IM&T Team;
- (vii) the Director of Health Equality and Inclusion supported the intention of Dr Atkinson and Dr Singh to encourage increased reporting by junior doctors. Noting that this would necessarily lead to increased figures, the Director of Health Equality and Inclusion queried how it would be known that the situation was improving. In response, it was noted that improvement should be evident through the GMC surveys and trainees' satisfaction levels, and
- (viii) in response to a query raised by the Trust Chairman as to whether this report covered all junior doctors, Dr Atkinson confirmed that it did.

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

146/23/2 Freedom to Speak Up Annual Report 2022/23

Ms E Concannon and Ms J Dawson, Freedom to Speak Up Guardians, attended to present paper J, which provided an update to the Trust Board on Freedom to Speak Up activities and provide assurance on the progress of the Freedom to Speak Up Guardian Service during 2022/23. The Trust Board was requested to (1) note and approve the contents of the F2SU Annual Report 2022/23 (appendix 1 to paper J) and be assured of the ongoing process of the F2SU service in fulfilling its annual priorities and the continuous improvement of the F2SU offer at UHL.

The F2SU service initially saw a reduction in reporting in the last quarter which aligned with reporting numbers across the East Midlands. There was no clear explanation for the reduction, however the East Midlands Guardians believed it was attributable to NHS arrangements for the winter surge. However, at the end of March, the service saw an unexpected increase of concerns raised. The F2SUGs were confident that this has been a positive year for the visibility of F2SU at

both an executive and front-line level. This was largely due to improvements in governance arrangements and the gradual emergence from the covid pandemic restrictions.

This year, the Guardians had been able to return to face-to-face training and visits to wards and departments as well as taking part in special events such as the Administration and Clerical Listening events; the UHL Research and Innovation Conference and the first Celebration of UHL International Nurses events. The F2SU Guardians had continued to promote speaking up and the four mechanisms through ward walks, poster distribution, the Freedom to Speak Up Month activities and 'Here for You' events. Staff had unreservedly supported the variety of mechanisms available, reporting that these were a signifier of inclusion and organisational understanding of the different access needs of UHL's workforce.

In presenting this report, the Freedom to Speak Up Guardians also noted the following information:-

- (1) their recent involvement with the Doctors in Training Committee and receipt of feedback on the Junior Doctor Gripe tool;
- (2) their increasing sense of confidence that staffs' concerns were visible and were being explored at a senior level against a decrease nationally in people's confidence to speak up, and
- (3) the fact that despite having approximately 17,000 members of staff, only 16 F2SU concerns were classified as relating to patient safety which seemed particularly low and the F2SU Guardians had therefore explored this further with staff. This further exploration had revealed a number of variables at play, including a view expressed by some staff that there was little point in raising issues as the resources were not available to address them and also because professional bodies were endorsing practices about which they were uncomfortable. The F2SU Guardians had expressed to staff that it was vital for them to speak up in the event of any unintended consequences of decision-making and that their voices were important, especially with regard to patient safety and quality issues and the F2SU Guardians requested the support of the Trust Board in delivering this important message.

In further discussion on this item:-

- (i) Mr Patel, Non-Executive Director, expressed appreciation for the effort and energy of the F2SU Guardians, noting that this report was received on a quarterly basis and could now be reviewed in-depth at the relevant Trust Board sub-committee meetings;
- (ii) in relation to point (3) above, the Chief Nurse expressed concern if staff felt that it was not worth them speaking up because it definitely was worth it, noting that the Trust Board had invested £9m in nurse staffing. She noted the need to triangulate data from all relevant sources and the potential benefit in feeding back the actions undertaken in response to concerns. The Medical Director endorsed the comments made by the Chief Nurse, noting that patient safety was taken very seriously and that any concerns raised would be listened to and acted upon. He further noted that there were a number of means by which safety concerns could be reported and he highlighted to colleagues that investment decisions were being made to address any areas of risk;
- (iii) the Chief Financial Officer queried the response received by the F2SU Guardians from the services when approached with concerns raised by staff, in response to which the F2SU Guardians noted that this was mixed; sometimes defensive or a feeling of helplessness and sometimes welcomed, with some areas more responsive than others. The F2SU Guardians also noted the potential for them to become involved in areas that were not technically within their remit;
- (iv) the Chief Executive noted that the number of concerns raised had remained static between years and, in light of the Trust's diverse workforce, he queried whether ethnicity data was captured. In response, Ms Concanon noted that it was as an EDI monitoring form was utilised, however completion of this section was optional and did not generate very many responses, and
- (v) the Trust Chair queried the use of the term 'gripe' (as in Junior Doctor Gripe tool) as it did not necessarily convey the seriousness of the matter, in response to which it was noted that this term was under review, albeit had been established by the Junior Doctors themselves.

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

147/23 SUSTAINABLE WELL-GOVERNED FINANCES

147/23/1 2021/22 Annual Accounts, Annual Report, Annual Governance Statement

The Chief Financial Officer presented paper K, which detailed the audited Annual Accounts for the Trust for the year ending 31 March 2022. Also in attendance for discussion on this item were Mr S Linthwaite, UHL Deputy Director of Finance (Financial Services) and Mr R Walton and Mr J Brown from KPMG, the Trust's external auditors. In presenting the accounts, the Chief Financial Officer apologised for their late circulation which was a reflection of the tight deadlines involved and a reflection of the commitment to submit these accounts to the May public Trust Board meeting. In view of the late circulation of the accounts, the Chief Financial Officer referenced the ability of the public to raise any questions after this meeting, for a response at the next (June 2023) public Trust Board meeting.

The Chief Financial Officer noted continued improvement in terms of the Trust's annual accounts, which were presented with a qualified opinion. She noted that the first qualification would disappear over time and the second qualification was dependent upon the audit progressing and if it was sufficient to remove the qualification. She highlighted that these accounts represented further evidence of the Trust's journey of financial recovery. Work continued on the financial improvement programme with a focus on high priority actions. The 2022/23 accounts had been completed and were now to be audited and presented to the Trust Board in September 2023, after which the Trust would be returning to an almost normal timetable of accounts auditing. The 2022/23 set of accounts were the last set of accounts in the Trust's legacy. Whilst there were still financial challenges, the Trust knew accurately and with confidence what the scale of this challenge was. The Chief Financial Officer and the Audit Committee therefore recommended annual accounts for approval by the Trust Board. Specifically the Trust Board was requested to: (1) approve the adoption of the audited accounts (appendix A of paper K), approve the Going Concern Assessment (appendix B of paper K) and approve the Letter of Representation (appendix C of paper K).

Mr J Brown of KPMG made reference to external auditors having reported to the Audit Committee throughout the year and he noted that whilst there was much work to do, there had been many improvements. He further noted that the audit of the 2021/22 accounts had gone very smoothly and KPMG and the Trust had worked together in addressing any queries.

Mr M Williams, Audit Committee Non-Executive Director Chair, highlighted the importance in recognising the improvements made across the last three sets of accounts, which represented a significant step forward. He further noted that it was inevitable that a qualified opinion would be given for the 2021/22 set of accounts, highlighting that the Audit Committee had been fully involved in the improvement journey. He particularly noted that this improvement would not have been possible without the dedication of the Chief Financial Officer, her deputies and wider team and he paid tribute to them accordingly. Mr Williams also expressed his thanks to Mr Brown and his colleagues from KPMG, who had approached their work in a pragmatic, realistic, supportive and professional manner, and to the wider Audit Committee members. The Trust Chairman thanked Mr Williams for his work and leadership as Chair of the Audit Committee. The Trust Board discussed how best to recognise the work of the finance team, potentially through the Chairman writing a personal letter of thanks, and it was agreed to discuss this further outside the meeting.

TC / CEO / CFO

Resolved – that (A) adoption of the audited accounts, the Going Concern Assessment and the Letter of Representation be approved, and

(B) the Trust Chairman, Chief Executive and Chief Financial Officer be requested to discuss outside the meeting how best to recognise the achievements of the Finance Team – potentially through the Trust Chairman writing a personal letter of thanks.

TC / CEO / CFO

147/23/2 Escalation Report from the Finance and Investment Committee – 2 May 2023

In the absence of Mr Harris, FIC NED Chair, Mr Williams presented paper L, which detailed the escalation report from the Finance and Investment Committee meeting held on 2 May 2023. In response to the Chief Executive's question as to when the risk specifically for 2023/24 would be ascertained, the Chief Financial Officer noted that there existed a separate risk regarding sustainability. It was agreed to request that the Finance and Investment Committee discussed the

potential requirement for a risk specific to 2023/24 and confirmed the outcome of their discussion to the Trust Board via their monthly escalation report.

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

(B) FIC be requested to consider whether there was a need for development and inclusion of a risk specific to the financial year 2023/24 and to confirm the outcome of their deliberations on this matter to the Trust Board via the usual monthly escalation report.

**FIC NED
Chair /
CCSO**

147/23/3 Escalation Reports from the Audit Committee – 17 April 2023 and 27 April 2023

Mr Williams, Audit Committee NED Chair, presented papers M1 and M2, which detailed the escalation reports from the Audit Committee meeting held on 17 April 2023 (paper M1) and the extraordinary Audit Committee meeting held on 27 April 2023 (paper M2), the contents of which were received and noted.

In presenting these reports, Mr Williams particularly highlighted the urgent need for implementation of Internal Audit recommendations and the need for relevant staff to complete their declaration of interests, in response to which the following actions were agreed:-

- (i) all relevant Executive Directors were requested to oversee progress on and ensure implementation of any Internal Audit recommendations specific to their areas of responsibility;
- (ii) in relation to point (i) above, the Director of Corporate and Legal Affairs was requested to distribute to all Executive Directors the relevant excel spreadsheet re the outstanding audit actions, and
- (iii) the Chief Executive was requested to write to all relevant 'decision-making' Trust staff to remind them of the importance of submitting their declarations of interest and their own personal responsibility to do so.

EDs

DCLA

CEO

Particular discussion took place regarding the apparent lack of progress in relation to closing off internal audit recommendations, with the Trust Chair highlighting that this was not acceptable. The Director of Corporate and Legal Affairs noted that it was not always fully clear to staff on how the action was formally closed once the work was undertaken, so it was intended to improve the process; building in ownership and accountability.

Resolved – that (A) the contents of papers M1 and M2 be received and noted,

(B) all relevant Executive Directors be requested to oversee progress on and ensure implementation of any Internal Audit recommendations specific to their areas of responsibility,

**Relevant
EDs**

(C) in relation to point (B) above, the Director of Corporate and Legal Affairs be requested to distribute to all Executive Directors the relevant excel spreadsheet re the outstanding audit actions, and

DCLA

(D) the Chief Executive be requested to write to all relevant 'decision-making' Trust staff to remind them of the importance of submitting their declarations of interest and their own personal responsibility to do so.

CEO

148/23 **INFRASTRUCTURE FIT FOR THE FUTURE**

148/23/1 Escalation Report from the Reconfiguration and Transformation Committee – 19 April 2023

Dr A Haynes, Reconfiguration and Transformation Committee NED Chair, presented paper N, which detailed the escalation report from the Reconfiguration and Transformation Committee meeting held on 19 April 2023, and particularly highlighted in his presentation of this report that phase 1 of the East Midlands Planned Treatment Centre was on track.

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

149/23 **RESEARCH, EDUCATION AND IMPROVEMENT AT THE HEART**

Professor N Brunskill, Director of Research and Innovation, attended via MS Teams to present paper O, the purpose of which was to provide assurance around the latest quarterly Research and Innovation activity and performance and to seek Trust Board approval of the Research and Innovation Strategy which was appended to paper O. Dr G Gulsin, Specialty Registrar, also attended via MS Teams to give a presentation to the Trust Board on his cardiology research studies at the Trust.

In presenting paper O, Professor Brunskill, highlighted the reasons for recruitment into studies being lower than usual in the quarter being reported on and he also highlighted the UHL R & I Awards held recently, which had been externally sponsored, the winners of which were listed within the report. He also presented the refreshed Research and Innovation Strategy to the Trust Board, in respect of which formal Trust Board approval was sought. The Medical Director noted that research innovation had been discussed during a previous Trust Board Development Session and he hoped that Trust Board members would see that the refreshed strategy reflected some of the discussions held and he commended the Strategy to the Trust Board for formal approval.

Dr Gulsin, Specialty Registrar, provided the Trust Board with a presentation on the research he was undertaking into different methods of heart imaging, noting that the techniques available for use provided a window into the heart of patients and he demonstrated what the different techniques could tell clinicians about a patient's heart, which then assisted in determining the most appropriate treatment. Dr Gulsin referenced the significant amount of research on-going in cardiology and cardio-vascular services, which had been bolstered by the uplift for the Biomedical Research Centre and he made particular reference to the excellent stewardship of Dr G McCann. Through its use of MRI, Leicester had established itself as one of the best Centres. Dr Gulsin noted that imaging bio-markers were used to minimise the risk of future heart disease and represented very powerful tools for studying the heart, requiring specific software and expertise, which was at the cutting-edge of development.

Professor Brunskill and Dr Gulsin were thanked for their presentations and particular discussion took place around the following:-

- (i) how best to publish the research work being undertaken within UHL to Trust staff and the wider community, noting that whilst social media and bulletins were already utilised, more options could be explored. It was agreed that the Director of R & I and the Director of Communication and Engagement would hold discussions outside the meeting in order to consider: (1) inclusion of the world-class research being undertaken by UHL within the narrative on the Trust's external website (and inclusion within the website narrative of any other areas where UHL is world-class / leading the field) and (2) determination of where best to publish the research studies undertaken by UHL colleagues for the information of the general public, and
- (ii) in response to a query raised by Mr B Patel, Non-Executive Director, as to whether the Trust had the capacity to carry out a heart scan for all of the people potentially at risk within UHL, Dr Gulsin noted that this would represent a major challenge, particularly given the rapid expansion of the prevalence of diabetes. However, Leicester was fortunate to have the Leicester Diabetes Centre for diabetes care which was at the forefront of implementing research into practice and was translating into the patients being encountered at Glenfield Hospital.

DRI/DCE

Resolved – that (A) the contents of paper O, and the presentation given by Dr Gulsin, be received and noted,

(B) the R & I Strategy be approved, and

(C) the Director of R & I and the Director of Communications and Engagement be requested to hold discussions outside the meeting in order to consider: (1) inclusion of the world-class research being undertaken by UHL within the narrative on the Trust's external website (and inclusion within the website narrative of any other areas where UHL is world-class / leading the field) and (2) determination of where best to publish the research studies undertaken by UHL colleagues for the information of the general public.

DRI / DCE

150/23 CORPORATE GOVERNANCE / REGULATORY COMPLIANCE

150/23/1 Audit Committee Annual Report 2022/23

The Director of Corporate and Legal Affairs presented paper P, which detailed the 2022/23 Annual Report and self-assessment from the Audit Committee. The Trust Board was requested to (1) review and approve the 2022/23 Annual Report and Self-Assessment and (2) note the key areas of success and areas to address for 2023/24.

In presenting this report, the Director of Corporate and Legal Affairs highlighted to the Board the importance of recognising that the Audit Committee had not been operating in normal times in light of the historical financial issues of the Trust which had required addressing. In light of this, the Audit Committee at UHL met more frequently than many other NHS Audit Committees and this would be reviewed going forward. She also thanked Mr Williams, Non-Executive Director, for his leadership of the Audit Committee and noted that annual reports for the other sub-committees of the Trust Board would be submitted to the public Trust Board over the next couple of months.

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

(B) the 2022/23 Audit Committee Annual Report and Self-Assessment be approved.

150/23/2 Terms of Reference for the Trust Leadership Team (TLT) and Operations and Performance Committee (OPC)

The Director of Corporate and Legal Affairs presented paper Q1, which detailed the Terms of Reference for the Trust Leadership Team, noting that face-to-face meetings had resumed for this committee. She also particularly highlighted the importance of having primary care input into this Committee through GP representation amongst the Committee members.

The Director of Corporate and Legal Affairs then presented paper Q2, which detailed the Terms of Reference for the Operations and Performance Committee, noting that this committee had initially been convened as a time-limited group, however it was now intended to establish this committee as a permanent sub-committee of the Trust Board. This sub-committee had combined membership of both Executive and Non-Executive Directors.

Resolved – that (A) the Terms of Reference for the Trust Leadership Team be approved, and

(B) the Terms of Reference for the Operations Performance Committee be approved.

150/23/3 Trust Board Sealings Quarterly Report

Resolved – that the contents of paper R, which detailed those Deeds that the Trust had entered into during the period covered by the report, be received and noted.

151/23 CORPORATE TRUSTEE BUSINESS

151/23/1 Escalation Report from the Charitable Funds Committee – 14 April 2023

Professor T Robinson, Charitable Funds Committee NED Chair, presented paper S, which detailed the escalation report from the Charitable Funds Committee meeting held on 14 April 2023. He particularly highlighted the significant number of dormant funds, in respect of which advice was being sought as to their use.

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

152/23 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

153/23 QUESTIONS FROM THE PRESS AND PUBLIC

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

154/23 REPORTS AND MINUTES PUBLISHED ON UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS)

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 30 March 2023
- Operational Performance Committee – Minutes of 22 February 2023
- Finance and Investment Committee – Minutes of 31 March 2023
- Charitable Funds Committee – Minutes of 17 February 2022
- Reconfiguration and Transformation Committee – Minutes of 15 February 2023

155/23 REPORTS DEFERRED TO A FUTURE MEETING

Resolved – that there had been no reports deferred to a future meeting.

156/23 DATE OF NEXT MEETING

Resolved – that the next public Trust Board meeting be held on Thursday 8 June 2023 from 1.30pm in Seminar Rooms 2/3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 4.41pm.

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	2	2	100	J Melbourne	2	1	50
V Bailey	2	2	100	R Mitchell	2	2	100
A Furlong	2	1	50	B Patel	2	2	100
S Harris	2	1	50	T Robinson	2	1	50
A Haynes	2	1	50	G Sharma (until 30.4.23)	1	0	0
J Hogg	2	2	100	M Williams	2	2	100
L Hooper	2	2	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	2	2	100	H Kotecha	2	1	50
S Barton	2	1	50	M Simpson	2	2	100
A Carruthers	2	1	50	M Smith	2	2	100
B Cassidy	2	2	100	C Teeney	2	1	50
G Collins-Punter	2	0	0	J Worrall	2	1	50