

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD, HELD IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY ON THURSDAY 12 JANUARY 2023 FROM 9.00AM

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 R Mitchell – Chief Executive
Mr J Melbourne – Chief Operating Officer
Mr B Patel – Non-Executive Director and PCC Non-Executive Director Chair
Mr M Williams - Non-Executive Director and Audit Committee Non-Executive Director Chair

In attendance:

Dr R Abeyratne – Director of Health Equality and Inclusion
Mr S Barton - Deputy Chief Executive
Ms G Belton – Corporate and Committee Services Officer
Professor N Brunskill – Director of Research and Development (for Minute 12/23/1)
Ms D Burnett – Head of Midwifery (for Minute 06/23 and 09/23/1)
Ms S Burton – Deputy Chief Nurse (for Minute 06/23 only)
Mr A Carruthers – Chief Information Officer
Ms B Cassidy – Director of Corporate and Legal Affairs
Ms G Collins-Punter - Associate Non-Executive Director
Ms R Crook – Bereavement Midwife (for Minute 06/23 only)
Mr M Simpson - Director of Estates and Facilities
Ms G Smith – UHL Patient (for Minute 06/23 only)
Ms M Smith - Director of Communication and Engagement.
Ms C Teeney – Chief People Officer
Dr H Walter – Consultant Clinical Oncologist (for Minute 12/23/1 only)
Mr J Worrall - Associate Non-Executive Director

ACTION

01/23 APOLOGIES AND WELCOME

The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from, Mr S Harris, Non-Executive Director, Professor T Robinson, Non-Executive Director and Dr G Sharma, Associate Non-Executive Director.

02/23 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).

03/23 DECLARATIONS OF INTERESTS

It was formally noted that Mr J Worrall, Associate Non-Executive Director, had been appointed as Chair of TGH Ltd.

Resolved – that the above declaration be noted.

04/23 MINUTES

Resolved – that the Minutes from the public Trust Board meeting held on 1 December 2022 (paper A refers) be confirmed as a correct record.

05/23 MATTERS ARISING

Paper B provided progress updates for the matters arising from the 1 December 2022 Trust Board meeting and any still-outstanding items from previous meetings, the contents of which were received and noted.

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

06/23 PATIENT STORY

The Trust Board welcomed Ms Georgia Smith, a UHL patient, along with Ms Rebecca Crook, Bereavement Midwife and Ms S Burton, Deputy Chief Nurse, who were all in attendance at today's meeting in order to present Georgia's patient story to the Trust Board.

Georgia and her partner, Michael, had very sadly experienced the loss of their two babies, Lily and Zachary. They were cared for by the maternity bereavement team following both births. Georgia and Michael lost their daughter, Lily, at 20 weeks on the 23rd December 2020. Zachary died at 37 weeks and 4 days on 12th February 2022, which was 3 days prior to a planned Caesarean section. In the video played to the Trust Board, which Georgia had consented to be shown, she discussed the differences between the bereavement support she had received with Lily and Zachary and the relationship she has built with her Bereavement Midwife, Rebecca Crook, highlighting that, due to further development of the service, her experience of bereavement support had been significantly improved after the loss of her son compared to that she had experienced after the loss of her daughter and she explained the specific reasons. This included having to attend hospital appointments after the loss of Lily when staff were unaware of her loss, requiring her to have to explain her circumstances on a number of occasions, which was distressing and upsetting. After the loss of her son, her Bereavement Midwife had contacted everyone with whom Georgia would be attending appointments to ensure they were fully briefed to avoid a recurrence of this situation for Georgia. Georgia explained other difficulties she had encountered, including a specific issue she had raised with the Pathology Department and her experience that one service (Midwifery) was listening to patients whilst others were not and she requested that the Trust Board continued to support the further development of Bereavement Services.

Ms R Crook, Bereavement Midwife, explained to the Trust Board that it had been an honour for her to support Georgia and the ways in which Georgia, through her ability to articulate her grief and needs so well, had allowed Ms Crook to develop in her role as a Bereavement Midwife, which was emotionally demanding and likely the reason that the service had had three Bereavement Midwives in only two years. In Georgia's desire to help and be productive, they had walked the journey together gaining an understanding of how the service could be more patient-led. The service had previously employed one Whole Time Equivalent (WTE) and had expanded to three WTE's. Ultimately the service had grown based on feedback, strategising and creating good out of a traumatic experience.

In further discussion of Georgia's experience, acknowledgement was made of the benefit to patients that the service was now available seven days a week and not only from Monday to Friday as it had been previously, which represented a support to staff on the shop floor as well as to patients themselves. It was also noted that the Bereavement Midwives were not only available for the patient themselves, but for their partners and other family members. In Georgia's case, Ms Crook had supported Georgia, her partner, Michael and Georgia's mum too. Georgia explained to the Trust Board about the fundraising work she had been undertaking which had resulted in her being able to raise money for two beds to be made available to dads / birth-partners who were previously having to sleep on armchairs and this had given rise to a 'full circle' occurrence for her when the beds she had acquired for the service had been used by someone she knew personally.

In discussion on Georgia's story:-

- (i) Trust Board members expressed their sincere condolences to Georgia and their gratitude for her courage in speaking to them today to share her experiences for the benefit of others, which they were privileged to hear and which had a powerful impact;
- (ii) the Deputy Chief Executive acknowledged that grief was very bespoke, which must represent a significant challenge to the bereavement team and he queried who supported Ms Brook and her team. In response, Ms Brook noted that she had sought support for the team from AMICA and the Bereavement Midwives now received an hour of counselling every other month, which was very beneficial. In terms of how the team dealt with the fact that everyone's grief was different, they did this through

transparency, by asking people how they could help to support them in this situation and through exploration. She noted that Leicester had a very diverse population, with 20% of people of varying ethnicities not engaging with the Bereavement Support team at all, due to cultural and religious differences, and noted that the team was not reflective of its population. She noted that their's was a completely non-judgmental service and that, if the grief was not expressed and addressed, it would undoubtedly come out some other way;

- (iii) Mr B Patel, Non-Executive Director, provided Ms Crook with the details of a particular Women's Centre who would have good local knowledge to share with her;
- (iv) Ms Bailey, Non-Executive Director, noted that Georgia's experiences linked to broader points about UHL's communication in terms of its systems and processes and the need to enhance the ability to specifically highlight important information in patient records, which should all interact with each other;
- (v) the Chief People Officer thanked Georgia and Ms Crook for sharing their stories and for their enthusiasm and drive, noting that there was much to reflect on. She further noted that she was pleased to learn of AMICA's support for the team, but considered they should not have needed to ask for this, as it should have already been offered and this would need building upon, to which end the Chief People Officer noted that she would discuss this with Ms Crook further outwith the meeting. Also noted during this discussion was that many of the midwives needing counselling support tended to approach Ms Crook as a first point of contact. Georgia noted that the midwives who had cared for her were also looking after patients having live births at the same time and would likely need a debrief at the end of their shift, and
- (vi) the Chief Nurse introduced Ms Danni Burnett, who was the Trust's newly appointed Head of Midwifery and had joined the Trust today.

In conclusion, the Trust Chairman thanked Georgia, Ms Crook and Ms Burton for attending today's Trust Board meeting and sharing their experiences with the Trust Board.

Resolved – that (A) the contents of the Patient Story be received and noted, and

(B) the Chief People Officer be requested to follow up with Ms Rebecca Crook, Bereavement Services Midwife, on the provision of counselling support for midwives.

CPO

07/23 STANDING ITEMS

07/23/1 Chair's Report – January 2023

The Trust Chairman reported verbally, noting that the Christmas and New Year period had been a challenging time and he thanked UHL staff for their work and the flexibility they had shown over this period.

Resolved – that this verbal information be noted.

07/23/2 Chief Executive's Update – January 2023

In the absence of the Chief Executive at this point in the agenda, the Medical Director presented paper C on his behalf, which referenced the following:

- (1) Winter, including covid, flu and industrial action – the NHS and Health and Social Care were under significant pressure currently and UHL had declared a critical incident during one 72-hour period. The Medical Director expressed gratitude to colleagues within the Trust for the work they had undertaken during periods of industrial action by EMAS. There had been an increase in patients accessing Trust services, with a great number experiencing covid and flu-related illnesses. There were also patients within the Trust who were medically fit for discharge but could not be discharged for varying reasons and the Medical Director noted that the Trust was taking all possible mitigating action. He further noted that colleagues were having to take risk-based decisions which might cause them concern. These concerns were shared by the Trust, with a number discussed at Trust Board, and a letter had been issued to all staff advising that no one would be referred to the Regulator for making a risk-based decision for the safety of the patient;
- (2) the year ahead - five specific commitments had been made for the year ahead, as detailed fully within the report and these were (1) improve UHL as a place to receive

emergency care (2) improve UHL as a place to receive elective and cancer care (3) improve UHL as a place for all to work (4) improve UHL's estate including progressing the longstanding reconfiguration programme and (5) improve UHL's partnerships. The five commitments would support the Trust in continuing to make progress with the way it spent money effectively and would improve financial governance. UHL aimed to exit Financial Special Measures early in 2023, and

- (3) Honours and recognition - congratulations were expressed to Dr Ramesh Mehta, who had been awarded a CBE in the King's New Year Honours List for services to Equality, Diversity and Inclusion and to Dr Mayur Lakhani CBE, who had been knighted in the King's New Year's Honours List for services to general practice. UHL and Locum's Nest had made the shortlist for the 2023 Health Service Journal Environmental Sustainability Project of the Year Award.

Ms Bailey, Non-Executive Director, paid tribute to UHL's Executive Directors for all of their hard work in terms of the planning they undertook. She also noted that UHL was experiencing a particularly bad flu season and queried whether there was more that could be done in terms of encouragement to staff to continue to receive their vaccinations. The Medical Director undertook to address this issue through the LLR system.

MD

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

(B) the Medical Director be requested to determine any additional actions that could be taken through the system in order to continue to promote the take-up of vaccines for covid-19 and flu amongst staff.

MD

07/23/3

UHL Performance Update and Integrated Performance Report (M8)

The Chief Operating Officer introduced papers D and D1, providing details of the Trust's elective care strategy, diagnostics strategy and a summary of the latest performance data including that relating to urgent and emergency care (paper D) and the Integrated Performance Report (IPR) for November 2022 (paper D1).

In presenting paper D, the Chief Operating Officer expressed his gratitude to colleagues working over the Christmas and New Year period, noting that the impact of the current pressures on colleagues and patients was not under-estimated. He referenced the industrial action undertaken the previous day by East Midlands Ambulance Service (EMAS), noting that, despite the challenge, Trust staff had dealt with this successfully and no ambulance crews had been held at the Trust at all. A huge amount of planning had taken place in advance and staff should be proud of their achievements; the learning from which would be fed into the Trust's processes. In terms of the Trust's waiting list, whilst the longest waits were reducing, the waiting list itself was very large. The theatre productivity programme had been re-launched. The Trust was above the national target in terms of the 2-week wait and faster diagnosis standard, with the 62-day standard representing the main challenge currently. Focused action plans had been developed and additional resource was being targeted in this area and this would be a key area of focus in 2023. There was a long waiting list for diagnostics, albeit some progress was starting to be made and there was a recognition of the need to be more productive in some areas. UHL would be working with partners across the system in this respect. In terms of challenges with the ambulance handover position, significant improvements were being observed and this was recognised nationally. The improvements were not due to a decrease in activity or conversion rate, but due to establishment of a cohorting facility outside the Emergency Department. This represented an imperfect solution, but was preferable to patients waiting in ambulances. There were currently more patients than was ideal within the Trust who were medically fit for discharge but were awaiting an onward package of care before they could be discharged. An increase in patients awaiting a bed in ED had been observed over the last 12 months, as had an increase in medical length of stay; the reasons for which were varied and included patient complexity. The Chief Operating Officer noted that the Trust did not accept the position in which it found itself and would continue to make all possible interventions. Planning for Winter 2023 had already commenced.

In discussion on the contents of paper D:-

- (i) members considered the summary report to be particularly helpful in describing the key pressures;

- (ii) whilst noting the additional capacity now provided at the front door of UHL, Mr Worrall, Associate Non-Executive Director, noted that long term improvement would be achieved through a reduced length of stay and queried what actions were being undertaken to reduce length of stay – in response, the Chief Operating Officer noted that some of the actions being undertaken currently were not those he would wish to see in five year's time and the Trust's plan therefore focused on longer-term improvements such as Ashton Care Home etc. The Medical Director noted the importance of understanding the drivers for increased length of stay. Due to the way in which the Trust had needed to open additional areas, this built inefficiencies into the system as clinical teams were stretched in seeing patients across the hospital and therefore increased time was taken in reviewing patients. There were usually circa 50 patients in ED waiting for a bed and teams had been in-reached into ED. There was a need therefore to look at capacity and staffing numbers. The Chief Nurse made reference to the work of the Improvement Group around discharge and the potential to look into further utilisation of therapists and Discharge Matrons in this respect. The LLR healthcare system was working to support the Trust with pathway to capacity and a Critical Friend was due to visit the Trust in the following week to further review and provide feedback. There was also a working group looking specifically at Pharmacy resource, so there was an array of development work ongoing with the aim of improving Trust processes and therefore patient experience. In response to a query in relation to progression of pathway 1 capacity, the Chief Nurse advised of difficulty currently being experienced in recruiting to posts. The Trust had seen a continuing increase in bed occupancy over the past 12 months which drove inefficiencies. UHL had 14% less beds than its peers and this represented a challenge;
- (iii) Dr A Haynes, Non-Executive Director, queried progress of work around frailty, whether the CDC would help this year and whether the communications work would also assist. In response, the Chief Operating Officer noted that UHL had created an ambitious plan and was being supported in this, with significant changes being made to try and open capacity, albeit it was difficult to place exact numbers on this at the current time and challenges would still be faced next year, and
- (iv) in response to a query raised by Mr Williams, Non-Executive Director, as to the likely capacity within Care Homes, the Chief Nurse noted that there was a reasonable amount of capacity available, but this was often the care homes which were above the price cap allowed to be paid by health and social care providers. She noted her confidence in the individual leading this project and felt confident it would make a difference. The Chief Operating Officer also made reference to the need to build in sustainability and not impact upon the care home market. In response to a query raised as to whether there were the right level of staff within the care home, the Chief Nurse noted that some were staffed beds and others were not and this was being looked into. It was important to ensure that each patient was in the right bed for their needs.

In concluding discussion on paper D, Board members welcomed the plans described and the significant work on-going. The Chief Operating Officer noted that updated planning guidance had just been released and the Trust would need to determine which of its interventions it wished to make recurrent.

Each of the Executive Director Leads were invited to provide an overview of the key aspects of paper D1 relating to their portfolios (with the exception of operational performance, which had already been covered within paper D) and the Non-Executive Director Chairs of Board Committees were invited to comment, as follows:-

- Quality – the Chief Nurse reported on exceptions, noting that C Diff cases were above target, however consistent with the previous month and benchmarked just below the national average. There was no evidence of transmission in the hospital setting. E-coli bacteraemias was a new metric which had flagged and was currently being investigated. In future, e-coli bacteraemias would be looked at 'per bed days'. The system plan was awaited and this metric would be benchmarked against peer Trusts. A further increase had been observed in hospital acquired pressure ulcers, with no change in the root causes of these. The most vulnerable patients were being treated in beds and less vulnerable patients were being treated on trolleys. The Trust was also ensuring that Nurses were overseeing the fundamentals of care. The outcome of an external review had been due to be discussed at the Quality Committee in December 2022, however the meeting had

needed to be cancelled due to operational pressures and this item would now be discussed at the next scheduled meeting. The Chief Nurse also reported that a programme of education for UHL Nurses had commenced this month. The Medical Director reported on Never Events, advising that there had been one Never Event in November 2022, therefore six for the year, and the latest Never Event was being investigated. The mortality rates for UHL (measured against two different indices) were both within the expected ranges. Ms Bailey, Non-Executive Director, highlighted the need to keep a close eye on the effects of operational pressure in terms of patient safety. In response to a query raised as to how staff communicated delays to patients, the Chief Nurse noted that staff were open and honest with patients. Whilst many delays would not meet the criteria for Duty of Candour processes to be implemented, Matrons undertook validations and provided explanations.

- People – the Chief People Officer noted that staff sickness absence was currently at circa 10% and represented a seasonal increase due to flu, covid etc. Work was currently ongoing to look at Occupational Health Services and AMICA to see how the provision benchmarked against peer Trusts and assess the available resource, as it was not currently considered that this area was sufficiently resourced. This work was therefore being undertaken now to inform future planning. The Chief People Officer expressed her gratitude to Estates and Facilities colleagues in respect of the recent food offers and support for staff, which had received really positive feedback and would continue to be reviewed. The Trust continued to vary its approaches to recruitment and the new initiatives were working well, with over 200 people attending a recent recruitment day, and new staff members were being onboarded quickly. The Trust had a pipeline of international nurses and was extending the work it was undertaking with voluntary organisations. In respect of a question raised by the Trust Chairman in relation to appraisal levels, the Chief People Officer noted that the appraisal levels were as expected currently in light of the level of derogation allowed due to operational pressures. The issue of appraisals would be addressed during the Spring and Summer. Ms Bailey, Non-Executive Director, commended the communications she had seen, noting how positive it was that all of these developments were happening and she highlighted the need to make these sustainable.
- Finance – the Chief Financial Officer noted that the Trust had a £9.2m deficit against a planned deficit of £5.4m. The £3.8m difference was a consequence of the pressures the Trust was facing. The Trust's Finance and Investment Committee (FIC) had been updated on all actions being taken to mitigate risks throughout the year. A number of trust-wide actions had been implemented, with every single action considered and assessed. Significant work was being undertaken in conjunction with ICS colleagues regarding finances. In Month 9, the Trust would be formally reporting an expectation of a deficit in the region of £18m. The Finance directorate were currently working through guidance from NHSE and would update FIC regularly in order that it could maintain oversight. £28.6m of the capital plan had been spent, which was in line with the forecast, and the Trust's cash balance position was positive. In response to a query raised by the Trust Chairman, the Chief Financial Officer confirmed that both regionally and nationally, the challenges being faced by the Trust were understood and there was a need to manage continuing discussions regarding the overall ICB deficit. In response to questions posed by the Chief Executive, the Chief Financial Officer advised that the deficit did not represent a breakdown of governance and the Trust was quite clear of the reasons giving rise to the deficit. In addition, the Trust was delivering its CIP and managing its run-rate. She further noted the challenges in committing to capital spend given the pace of the market. Any slippage was processed through the Capital Management Group. The Chief Executive noted that UHL was very busy, with its staff under pressure. Whilst the Trust could deliver on a deficit lower than £18m, this would be to the detriment of quality and patient safety.

Resolved – that the contents of papers D and D1 be received and noted, and the additional verbal information provided be noted.

08/23 DECISIONS FOR THE TRUST BOARD

08/23/1 NHS Resolution – Compliance with the 10 Safety Actions

In introducing this report (paper E refers), the Chief Nurse noted that Ms Danni Burnett (present at the meeting) was the Trust's newly appointed and first Director of Midwifery, starting in post today.

Further to Minute 242/22/3 of 3 November 2022, at which time the Trust Board was provided with an overview of the Trust's progress with year 4 of the NHS resolution maternity incentive scheme which highlighted challenges met and gaps in compliance, paper E detailed the outcome of the full gap analysis commissioned, which summarised the position against each standard in respect of MIS compliance based on the conditions published in October 2022. The review also included the findings from the 360 Assurance audit of four of the standards.

Of the ten safety actions, nine were deemed not to be fully compliant. Whilst a significant amount of work had taken place to achieve the safety actions, there had been limitations and a lack of evidence to support embedding practice standards. In addition to the gap analysis, work had been undertaken with Leads for each element to produce a project plan. Changes to the way in which the following year was approached was underway with the strengthening of governance to support improvement as a multi-professional team. A Project Manager was being appointed to lead CNST going forwards. There was also an opportunity to apply for funding from NHSR to support the work to comply across all elements. This application was required as part of the action plan for the Trust Board and ICB sign off. The intention was to seek additional funding for safety actions 2 and 9 to provide digital programme management to streamline workflow and reporting capability.

The Trust Board was requested to:-

- (a) be assured by the work and progress to date;
- (b) recognise that there was more to do to achieve compliance with the year 4 actions;
- (c) receive the project plan which made clear the actions required to become compliant;
- (d) recognise the need to strengthen governance and digital processes to gain and maintain compliance and comply in future years, and
- (e) support the intention to declare non-compliance with year 4 and seek additional funding to achieve this.

In noting that the Trust was not fully compliant with the standards, the Chief Nurse provided assurance to the Trust Board that the non-compliance did not relate to patient care, but to other elements; a point supported by the Medical Director. There was a clear plan in place to reach level 5 under Ms Burnett's leadership, albeit there would be financial consequences to declaring non-compliance with level 4.

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

(B) the recommendations of paper E be supported, including the declaration of non-compliance with level 4.

09/23 DELIVER TIMELY, HIGH QUALITY, SAFE, SUSTAINABLE CARE

09/23/1 UHL Perinatal Quality Assurance Scorecard

The Chief Nurse presented paper F, 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.

In presenting this report, the Chief Nurse noted that she had no concerns in respect of the data reported.

Resolved – that the contents of this report (paper F refers) be received and noted.

10/23 LOOKING AFTER OUR PEOPLE, DEVELOPING WORKFORCE CAPACITY AND CAPABILITY AND A COMPASSIONATE AND INCLUSIVE CULTURE

10/23/1 Freedom to Speak Up Q2 and Q3 2022/23 Update Report

Ms J Dawson, Freedom to Speak Up Guardian, attended to present paper G, which provided an update on the Freedom to Speak Up (F2SU) activity during quarters 2 and 3 of 2022/23 and provided assurance on the progress made by the F2SUG Service in delivering the F2SU interim

work plan 2022/23. The Trust Board was requested to note the contents of this report and actively participate in embedding speaking up as part of the culture at UHL.

In presenting this report, Ms Dawson particularly highlighted the following points:-

- a) an increase in staff concerns relating to onboarding patients and a decrease relating to policies and procedures thanks to the efforts of the Chief People Officer, and a slight decrease in Junior Doctor gripes;
- b) a suggestion made by a Junior Doctor regarding the provision of care packs for patients whilst awaiting transfer to a ward, including provision of an eye mask and ear plugs to enable rest, of which the Trust Board were supportive;
- c) an increase in teams requesting Civility and Respect training;
- d) an upcoming talk with NHSE next month;
- e) a request for the service to be part of the CQC Preparedness Group;
- f) positive changes in the direction of the service, and
- g) the benefits of the F2SU Guardians having regular meetings with the Chief Executive to provide a thermometer check of the organisation.

In discussion on this item:-

- (i) the Chairman queried how quickly the Guardians were able to address any ideas put forward by staff, in response to which Ms Dawson confirmed that they were able to address them quickly. The Trust Chairman noted his support, if staff had ideas which would be helpful, for the Guardians to implement these as quickly as possible;
- (ii) Mr Patel, Non-Executive Director, thanked Ms Dawson and Ms Concannon for the work they undertook in their roles as Freedom to Speak Up Guardians, noting that whilst there were two Guardians, their hours were equivalent only to a 1.2 Whole Time Equivalent (WTE) and they undertook exceptional work considering the size of the team and further resource would be needed in the team as staff were feeling fragile. This point was supported by the Chief People Officer, noting the need for the Guardians to drive some important work. Ms Dawson noted that this had been recognised in the CQC report and the Guardians had produced a business case and were in the first stages of the planning process in this respect. Ms Dawson further noted the need for herself and Ms Concannon currently to work beyond their contracted hours to provide the service they wished to;
- (iii) in response to a query raised by Mr Williams, Non-Executive Director, as to how concerned the Guardians were about bullying and especially in the context of protected characteristics, Ms Dawson noted that this data had just started to be captured and would be reviewed regularly. She noted that she was always concerned about bullying, especially when this was linked to protected characteristics and noted that Bullying and Harassment Month was coming up soon. The Chief Executive noted that the Trust would be able to publish the results of the 2022 Staff Survey, and the Trust's response to it, within the next two months and he acknowledged that bullying and harassment, whilst not a significant problem, was an issue. The Chief People Officer noted that an increase in reporting of bullying and harassment was not necessarily negative as staff required their confidence building to raise issues of concern;
- (iv) Mr Worrall, Associated Non-Executive Director, queried the proportion of enquiries which were anonymous, in response to which the Chief Executive noted that ten people had spoken up in the latest month's data, of which five had been open and five confidential, none had been anonymous. Ms Dawson noted that it would be known if the Trust's culture was improving, as concerns would be reported openly, but staff's ability to do this was dependent upon having a psychologically safe environment. Ms Dawson noted that this data was reported in the annual report, but undertook to include it in the quarterly update reports going forward, and
- (v) the Director of Health Equality and Inclusion noted that she had had people coming to her to speak of their concerns and queried what else could be done to support the service from day to day given that there were still staff members who felt unable to use the service. Ms Dawson noted that the F2SU service was not the first port of call for staff members who had concerns but the last one, as ideally concerns should be routed through and addressed by line managers first. If all possible options had been exhausted, then the Guardian Service was available to staff, albeit she noted that establishment of the F2SU Champions would assist in this respect. She further noted

that she would be meeting with the Director of Communication and Engagement to discuss communication in relation to the F2SU service.

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

(B) the Chief Executive and Chief People Officer be requested to publish the 2022 Staff Survey and the Trust’s response to it within the next two months, and CEO/CPO

(C) the F2SU Guardians be requested to include data within future iterations of the quarterly F2SU report regarding the proportion of concerns received that were open, confidential or anonymous (noting that this data was already contained within the annual report produced). F2SUGs

10/23/2 Escalation Report from the People and Culture Committee – 22 December 2022

Resolved – that the contents of paper H (detailing the escalation report from the People and Culture Committee meeting held on 22 December 2022) be received and noted.

11/23 SUSTAINABLE WELL-GOVERNED FINANCES

11/23/1 Month 8 Roadmap to Sustainable Financial Improvement

The Chief Financial Officer presented paper I, which provided assurance against the actions necessary to meet the criteria required to exit the Recovery Support Programme. In presenting this report, she noted the intention to incorporate the information detailed within this report into the Finance section of the monthly Integrated Performance Report (IPR) going forward from next month’s Trust Board meeting, which was agreed by the Trust Board. The Chief Executive recognised the good governance in place and the Trust’s financial position which was understood and recognised.

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

(B) the Chief Financial Officer be requested to incorporate the contents of the ‘Roadmap to Sustainable Financial Improvement’ report into the Finance section of future iterations of the Integrated Performance Report (IPR). CFO

11/23/2 Escalation Report from the Finance and Investment Committee – 22 December 2022

Resolved – that the contents of paper J (detailing the escalation report from the Finance and Investment Committee meeting held on 22 December 2022) be received and noted.

11/23/3 Escalation Report from the Audit Committee - 23 December 2022

In presenting the escalation report from the Audit Committee meeting held on 23 December 2022 (paper K refers), Mr Williams, Audit Committee Non-Executive Director Chair, made reference to the overdue audit actions arising from Internal Audits and requested that Lead Executive Directors addressed the key actions as a matter of urgency and he highlighted the importance of implementation of these actions so as not to adversely impact Internal Audit’s opinion on the Accounts.

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

(B) all Lead Executive Directors be requested to ensure that any overdue audit actions were urgently completed and signed off by Internal Audit (as monitored by the Audit Committee). Lead EDs

12/23 RESEARCH, EDUCATION AND IMPROVEMENT AT THE HEART

12/23/1 Research and Innovation Quarterly Report and Presentation re new Cancer Research Studies

Professor N Brunskill, Director of Research and Innovation, attended to present paper L, which detailed the delivery and performance of Research and Innovation at UHL, the progress of important research, engagement activities and newsworthy items. Also attending today’s meeting

for this item was Dr H Walter, Consultant Clinical Oncologist, to present on new cancer research studies in order to bring research alive for Trust Board members and the public.

In terms of recruitment into trials, Professor Brunskill noted that the number of studies being approved was not changing, however complex studies recruited fewer people. The Hope Against Cancer Clinical Trials Unit had been extended and had a refurbishment. Included within the report was a copy of the latest research bulletin. A Research Awards evening was due to be held the following week at the Marriott Hotel.

Dr Walter presented a number of slides to the Trust Board in relation to the Hope Cancer Trials Unit and the tripartite agreement between UHL, the University of Leicester and NIHR. The Centre was proud of its expansion and could deliver internationally competitive research which was patient centred and accessible to all. The slides presented related to the type of trials (in this case Phase 1 trials) and results of specific cancer research trials and how the trial had very positively impacted upon one specific patient whose life expectancy had been significantly lengthened by participation in the trial. All trials were conducted with patient safety at the forefront and the Centre's four bedded bay had positively impacted on the type of trials the Centre was able to run. The Medical Director thanked Professor Brunskill and Dr Walter for their presentation which had beautifully illustrated the importance of strong research.

In discussion on this item:-

- (i) Ms Bailey, Non-Executive Director, noted the importance of receiving this information at the Trust Board regularly and she queried how well this work was known outside of UHL. In response, Professor Brunskill noted that the Research team worked well in networks and was part of the East Midlands Research Network which facilitated a two-way exchange of information. There was also a Research Group within the LLR ICB and information was shared across the local infrastructure;
- (ii) the Chief Executive highlighted the significant achievements of the Research directorate at UHL and queried what more could be undertaken to communicate their considerable achievements and successes, in response to which Professor Brunskill acknowledged the need to move forward in communicating the successes, and
- (iii) the Director of Health Equality and Inclusion made note of the passion and commitment she had observed from the Researchers who presented at Trust Board and queried how this could be utilised by others given that there was much to learn from their approach. Dr Walter noted, in response, that she always advised people to find something within their role that they loved, such as teaching or research etc and she noted that hearing from patients in respect of how much of a difference participation in a research trial had made to them kept her motivated. Professor Brunskill noted the importance of keeping a job fresh for people and research changed significantly, with the ambition to have a Research Champion in every clinical area. Ms Bailey, Non-Executive Director, highlighted the importance of ensuring information on research was included in the Trust's job descriptions when providing general information about the Trust.

In concluding discussion on this item, the Trust Chairman thanked Professor Brunskill and Dr Walter for attending the Trust Board meeting to present on research.

Resolved – that the contents of paper L, and of the presentation slides shown, be received and noted.

13/23 CORPORATE GOVERNANCE / REGULATORY COMPLIANCE

13/23/1 Covid-19 Public Inquiry Update

The Director of Corporate and Legal Affairs presented paper M, which updated the Trust Board on developments with the public inquiry and assurance around the preparations being undertaken ahead of the UK Covid-19 public inquiry.

In presenting this report, the Director of Corporate and Legal Affairs noted that the request for evidence was not yet imminent and little movement was expected until 2024, however this exercise would require significant resource and would be time-consuming so as much preparatory

work as possible was being taken in advance. She also confirmed that an agreed governance process existed with regard to the Inquiry.

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

13/23/2 Board Assurance Framework and Risk Management Report

The Director of Corporate and Legal Affairs presented paper N, which provided the Trust Board with assurance around the overarching system of risk management and internal control including:

- a copy of the Board Assurance Framework, and
- a summary of the operational risks rated 15 and above.

The Trust Board was invited to be assured by the key next steps in the development of the Trust's Board Assurance Framework and risk management arrangements as detailed within paper N (section 3.4 refers). It was recommended that only significant risks would be highlighted at Trust Board with the rest to be considered by the Risk Committee, with oversight from the Audit Committee Chair. This would allow the Trust Board oversight of key significant risks and how this could impact upon strategic risks.

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

13/23/3 Terms of Reference for Audit Committee and People and Culture Committee

The Director of Corporate and Legal Affairs presented papers O1 and O2, which detailed updated terms of reference for the Audit Committee (paper O1 refers) and the People and Culture Committee (paper O2 refers). The updated terms of reference were approved by the Trust Board.

Resolved – that the updated Terms of Reference for the Audit Committee and People and Culture Committee be approved.

14/23 **CORPORATE TRUSTEE BUSINESS**

14/23/1 Escalation Report from the Charitable Funds Committee – 16 December 2022

Resolved – that the contents of paper P, which detailed the escalation summary report from the Charitable Funds Committee meeting held on 16 December 2022 be received and noted.

15/23 **ANY OTHER BUSINESS**

Resolved – that there were no further items of business.

16/23 **QUESTIONS FROM THE PRESS AND PUBLIC**

Members of the press and public had been invited to submit any questions relating to the business on the agenda by typing them into the 'chat' function of the live-streamed meeting. The following questions were read out and responded to during the meeting:

Question 1:- What is the level of training of staff in care homes giving care to patients who would previously have been cared for in hospital or in community hospital settings by trained NHS staff?

The Chief Nurse noted that patients discharged to a care home setting no longer required care in an acute hospital or community hospital setting and the level of care they required would therefore be different. Such patients required social care and the care homes were regulated by the Care Quality Commission and would be in line with the patients' requirements.

Question 2:- Is the percentage of midwife trainees who remain in LLR upon completion of training lower than the corresponding proportion of trainees nurses who remain?

In response, the Chief Nurse noted that it was a higher percentage of midwife trainees compared to trainee nurses who remained in LLR following completion of their training for those trained at De Montfort University. It was too soon to say with regards to the University of Leicester as yet.

Question 3: - What are the reasons for the limited exit interview information available?

The Chief People Officer noted that a programme of work had been established to strengthen the exit process and noted that she would be meeting with the new Head of School at the University of Leicester to further progress this.

Question 4:- Would some workforce research in LLR on these topics be useful or is the Board satisfied it has the necessary understanding of the decisions staff make about employment?

The Chief People Officer noted that whilst work was on-going in this respect, further work was always valuable in order to continue to improve understanding of staff members' reasons.

Question 5: - Now that a range of services has moved off the site of the General Hospital, are there unused beds and theatres ? Do any Level 3 ICU beds exist at the General?

In response, the Chief Operating Officer noted that the Trust used all of the beds and all of the theatres on all three sites as much as possible, albeit there were occasionally staffing constraints. There were no level 3 beds at the Leicester General Hospital.

Resolved – that the information be noted.

17/23 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:-

- **Audit Committee – Minutes of 28 October 2022**
- **Finance and Investment Committee – Minutes of 24 November 2022**
- **Charitable Funds Committee – Minutes of 7 October 2022**
- **People and Culture Committee – Minutes of 27 October 2022**

18/23 DATE AND TIME OF NEXT MEETING

Resolved - that the next public Trust Board meeting be held from 1.30pm on Thursday 9 February 2023 in Seminar Rooms 2/3, Clinical Education Centre, Glenfield Hospital.

The meeting closed at 11.56am.

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	9	9	100	J Melbourne	9	8	89
V Bailey	9	9	100	E Meldrum (until May 22)	2	2	100
A Furlong	9	8	89	R Mitchell	9	9	100
S Harris	9	6	67	B Patel	9	8	89
A Haynes	9	8	89	T Robinson	9	6	67
J Hogg (from June 2022)	7	7	100	M Williams	9	8	89
L Hooper	9	8	89				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	7	7	100	G Sharma	9	6	67
S Barton (from 13.6.22)	6	5	83	M Simpson (from 11.4.22)	8	8	100
A Carruthers	9	9	100	M Smith (from 17.10.22)	3	2	67
B Cassidy	9	9	100	C Teeney (from June 22)	7	5	71
G Collins-Punter	9	7	78	J Tyler-Fantom (until May 22)	2	2	100
M Durbridge (until Dec 22)	8	7	87	J Worrall	9	8	89
H Kotecha	9	5	56				