

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD, HELD IN SEMINAR ROOMS 2/3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL ON THURSDAY 9 FEBRUARY 2023 FROM 1.30PM****Voting Members present:**

Mr J MacDonald – Trust Chairman  
 Ms V Bailey – Non-Executive Director and Quality Committee (QC) Non-Executive Director Chair  
 Mr A Furlong - Medical Director  
 Mr S Harris - Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair  
 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 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 – Guardian of Safe Working (virtually via MS Teams for Minute 41/23/1)  
 Mr S Barton - Deputy Chief Executive  
 Ms G Belton – Corporate and Committee Services Officer  
 Ms A Blanquete – Ward Sister, Neurology Rehabilitation Unit (for Minute 38/23 only)  
 Mr A Carruthers – Chief Information Officer  
 Ms B Cassidy – Director of Corporate and Legal Affairs  
 Ms G Collins-Punter - Associate Non-Executive Director (virtually via MS Teams)  
 Ms S Favier – Deputy Chief Operating Officer (deputising for Mr J Melbourne, Chief Operating Officer)  
 Ms H Kotecha - Leicester and Leicestershire Healthwatch Chair (virtually via MS Teams)  
 Ms L Milnes – Head of Health and Well-Being and Staff Experience (for Minute 38/23 only)  
 Dr G Sharma - Associate Non-Executive Director (virtually via MS Teams)  
 Mr M Simpson - Director of Estates and Facilities  
 Ms M Smith - Director of Communication and Engagement.  
 Ms C Teeney – Chief People Officer

**ACTION****33/23 APOLOGIES AND WELCOME**

The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Mr J Melbourne, Chief Operating Officer and Mr J Worrall, Associate Non-Executive Director.

**34/23 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).

**35/23 DECLARATIONS OF INTERESTS**

Paper A detailed updated declarations of interest for Dr G Sharma and Mr J Worrall, Associate Non-Executive Directors, the contents of which were received and noted.

**Resolved** – that the updated declarations of interest (paper A refers) be received and noted.

**36/23 MINUTES**

**Resolved** – that the Minutes from the public Trust Board meeting held on 12 January 2023 (paper B refers) be confirmed as a correct record.

## 37/23 MATTERS ARISING

Paper C provided progress updates for the matters arising from the 12 January 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 C.**

## 38/23 STAFF STORY

The Chief People Officer introduced Ms A Blanquete, Ward Sister of the Neurology Rehabilitation Unit at the Leicester General Hospital and Ms L Milnes, Head of Health and Well-Being and Staff Experience who were attending today's Trust Board meeting to present a staff story regarding the benefits of flexible working and compassionate leadership.

Ms Blanquete, Ward Sister, thanked the Trust Board for inviting her to speak to them and explained that the Neurology Rehabilitation Unit (NRU) was a 16-bed, level 2 rehabilitation unit on the Leicester General Hospital site which admitted patients from all across Leicestershire and patients were cared for by a multi-disciplinary team. The NRU was one of five wards to receive Blue Ward status and had been awarded this in March 2022. Ms Blanquete noted that when she joined the Unit, there were already some staff who had a flexible working agreement and this had been continued with 64% of staff now having a flexible working agreement; some of which was formalised and some informal relating to staffs' shift preference etc. The reasons that staff requested flexible working usually related to the need to balance work and childcare or other caring responsibilities. She noted that her experience demonstrated that the benefits outweighed the challenges, with the satisfaction of staff increasing significantly, alongside an increasing dedication to the Unit and engagement within the team. Ms Blanquete noted that the more she tried to accommodate staff preference, the more staff returned in terms of loyalty and motivation. The NRU had good staff retention, with those staff leaving choosing to do so primarily for their career development. Offering flexible working allowed Ms Blanquete to better understand her staff's needs and help them, allowing them to plan their lives around their shifts. There had also been a decrease in sickness absence rates amongst NRU staff with the rate going from 9.2% to 7%, which was reduced further still if carer's leave was utilised. For the month of October 2022, the NRU had experienced 0% sickness absence. In terms of the challenges of offering flexible working, Ms Blanquete noted that, as a manager, she struggled to supervise or support staff if they chose to only work night shifts and there was a limit to how many similar requests for flexibility could be accommodated, so the system worked most effectively if staff did not all ask for the same thing and negotiation was undertaken where required. Ms Blanquete advised the Board that she considered her obligation as a Ward Manager was to respect and listen to her staff and try to enable them to come to work as joyfully as possible and she did not personally consider that she was undertaking any action which was particularly out of the ordinary.

In discussion on this item:

- (i) the Chief Nurse noted that the NRU was a difficult ward to staff across the country and Ms Blanquete's achievements in this respect were outstanding. The multi-professional team working on the NRU comprised medics, nurses, physiotherapists, occupational therapists and housekeepers and much of the success of the ward was attributable to Ms Blanquete's leadership for which she was congratulated;
- (ii) Ms Bailey, Non-Executive Director, queried who supported Ms Blanquete and wondered how much of her story was being replicated throughout the Trust. In response, Ms Blanquete noted that her Matron supported her and gave her the space to make decisions herself as long as the staff skill mix was not compromised;
- (iii) the Chief Executive reflected on the humility shown by Ms Blanquete, noting that she had delivered significant improvements at a time when it was difficult for people to get things done and he queried how the achievements of Ms Blanquete and her team could be 'bottled' for use by others. In response, Ms Blanquete noted that managers were often concerned that if they gave to one member of staff they would receive more and more requests. She treated requests for flexible working like she did requests for annual leave and it was to address each request in the order made, as long as the skill mix on the ward was appropriate then she gave as much flexibility as she possibly could. The Chief Executive noted that it was about achieving greater flex and balance, acknowledging that the NHS had accumulated many rules, some during the covid-19

- pandemic, which did not necessarily make sense and required unpicking. Often people thought that they could not do certain things when, in fact, they could;
- (iv) in response to the question posed by Mr Williams, Non-Executive Director, as to what would be the effect if Ms Blanquete was not providing the flexibility that she did, Ms Blanquete noted that this would require comparison with the data from other wards in the Staff Survey and other such tools. She was happy with her Unit's retention numbers and she noted that without the provision of flexibility, the sickness absence rate would be higher, as would be the number of staff leavers;
- (v) the Director of Health Equality and Inclusion, noted that Ms Blanquete had made working this way the norm and had a fundamental understanding of what colleagues required to undertake their work through displaying compassion in action. By having the rules driven by compassion, this was how success was bottled. The Trust Chairman further noted the need to trust people to do their jobs and not try to control everything, and
- (vi) the Chief People Officer was pleased that the Trust Board had been able to hear Ms Blanquete's story first hand, noting that Ms Blanquete had created something quite different and that the benefits were clearly observable. A means of enabling this type of working across the organisation was required, albeit recognising that the nature of the services provided meant a balance needed to be achieved.

The Trust Chairman thanked Ms Blanquete and Ms Milnes for attending today's Trust Board meeting to present this Staff Story.

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

## **39/23 STANDING ITEMS**

### **39/23/1 Chair's Report – February 2023**

The Trust Chairman reported verbally (there was therefore no paper D as had been originally indicated on the agenda) on the following items:-

- in reference to the Hewitt report, there were discussions underway and collaboration with the Integrated Care Board in terms of how work would be undertaken across the system. The ICB had introduced a 5 year 'forward-look' which would cover the usual range of activities and there was a need to take a wider look at capacity across the whole system and not focus solely on beds;
- staff across the Trust were thanked for all of their efforts to minimise the impact for patients on the days of industrial action, and
- with specific regard to items on today's agenda, the Chairman welcomed the report on health and equality and on the Trust's growing partnership with BAPIO (British Association of Physicians of Indian Origin) and thanked colleagues for their work progressing both of these workstreams.

**Resolved – that this verbal information be noted.**

### **39/23/2 Chief Executive's Update – February 2023**

The Chief Executive presented paper E, which referenced the following:

- Winter including covid, flu and industrial action
- access improvements
- opportunities to improve care
- We are UHL
- Equality and Inclusion
- Time to Talk Day
- National Apprenticeship week
- Holocaust Memorial Day
- LGBT History Month

In presenting this report, the Chief Executive specifically reported on the temporary escalation hub at the LRI, noting that the Trust's operational position was improving and there was confidence the

position was sustainable. The changes made had also reduced risk within the system. There was a need to focus on continuing work on the entirety of the emergency care pathway. The Chief Executive also highlighted the Trust's performance nationally in respect of cancer. Also referenced was the hub to be opened at the LGH site by October 2024, the importance of being digitally enabled, the work being undertaken with organisations across LLR and the outcome of recent recruitment events. Whilst the organisation remained under pressure, there was significant evidence of work on-going in partnership with others. The Trust Chairman thanked staff for all of their on-going hard work.

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

39/23/3

**UHL Performance Update and Integrated Performance Report (M9)**

The Deputy Chief Operating Officer introduced paper F, which detailed the Integrated Performance Report (IPR) for December 2022.

In presenting paper F, the Deputy Chief Operating Officer made reference to the updated cover sheet provided for the December 2022 data. In terms of operational performance, whilst patients were waiting longer to be seen than the Trust would like, improvements were starting to be observed. A critical incident had been declared in December 2022, however had been able to be stood down after two and half days. Sustainable plans were being implemented to manage the demands on the Trust's services and the Deputy Chief Operating Officer thanked all system colleagues for their assistance in this respect. In terms of elective work, a reduction was being observed in long waits, however this remained a challenged position. A particular focus was being placed on patients having their 'next step' booked in.

In discussion on the contents of paper F:-

- (i) in response to the Trust Chairman's query as to the level of confidence in achieving zero 104 week wait patients by the end of March 2023, the Deputy Chief Operating Officer noted that there was confidence as the position stood currently, albeit recognising that the remaining cohort comprised complex patients;
- (ii) the Trust Chairman queried whether a mutual aid agreement had been finalised, in response to which the Deputy Chief Operating Officer noted that further work was ongoing, however should be transacted;
- (iii) the Chief Executive acknowledged the progress being made despite the difficulties, noting that the Chief and Deputy Chief Operating Officers had inherited an incredibly challenged position. He further noted that a meeting held on 9 January 2023 including the Prime Minister and the Secretary of State for Health had reviewed the work that the Deputy Chief Operating Officer and others had undertaken, including the fragility of the position and the issue of ambulance handovers. He noted that if UHL could keep the focus on ambulance handovers going, the next focus would be on 4 hour waits and he highlighted the importance of questioning some of the perceived wisdom relating to the urgent and emergency care pathway across LLR. These aspirations were shared across the system with a recognition that there was a need to find a different way of working and progress was being made, and
- (iv) Ms Bailey, Non-Executive Director, requested an update on patient discharges. In response, the Chief Executive noted that during the previous week each system and provider had been requested to provide a summary of Winter so far. Whilst ambulance handovers were moving in the right direction, there had not been any change in terms of medical outliers and bed occupancy. The Deputy Chief Operating Officer noted that bed flow remained a key challenge and represented a whole system conundrum requiring an alternative model of social and community care. The Chief Nurse noted that, where patients had more complex needs, discharge was more difficult and there was a need to move from 'on the day' discharge planning to planning the day before, and she noted that the Trust was achieving support from the system in doing so. The Deputy Chief Operating Officer highlighted the capacity issue in terms of where patients were discharged to, noting that the speed with which decisions were made was impactful and attention therefore needed to be focussed on the right elements.

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

- Quality – the Chief Nurse noted that December 2022 had been a difficult month and this had impacted upon the quality metrics. In terms of bloodstream infections, whilst the number was increasing in absolute terms, when viewed within the context of ‘number per bed days’ then performance against this metric gave no cause for concern. In discussing this data, the Chief Nurse clarified that these were patients admitted to hospital with a bacteraemia who did not respond to treatment. Hospital acquired pressure ulcers had continued to increase in December 2022 and a deep dive into affected patients had been undertaken and a link had been identified with those patients who had waited in ED for a long time or had been at home on the floor for a long time. A number of actions that had been implemented had led to stabilisation of the position in January 2023 and it was hoped that reductions would begin to be observed in February 2023. The Medical Director noted that the very challenged position in December 2022 had led to staff feeling concerned about patient safety. This was acknowledged by the Trust Chairman, who noted the need to ensure that staff felt supported. There was no change in the Trust’s headline mortality data over this time period, which mirrored the national data. In response to a query raised by the Trust Chairman with regard to the Trust’s approach in the event of patient harm, the Chief Nurse noted that she had commissioned a review of pressure ulcers and part of that review included being open with patients; the results of this review would be submitted to a future Quality Committee meeting.
- People – the Chief People Officer noted that staff sickness absence was above target, however this was to be anticipated during the winter months. The Trust’s Sickness Absence Policy had been revised, with the aim of supporting people’s wellness rather than sickness absence and this had received a mixed response. The Trust was currently below target in terms of completion of statutory and mandatory training. The Trust remained challenged in terms of recruitment, albeit overseas recruitment was working well, and work was being undertaken to address the overall vacancy levels in a variety of ways. At an Administrative Recruitment event held in November 2022, 500 people had attended and 100 people had been recruited. 900 people had attended a recent event for recruitment within the Estates and Facilities directorate and those for whom there were not positions currently were being placed on the Bank and then appointed from the Bank as vacancies arose. In response to a reference made by Mr Williams, Non-Executive Director, relating to an apparent 20% decrease in the number of people taking up places to study nursing at University as recently reported in the media, the Chief Nurse noted that the apprenticeship programme offered a different route into nursing for people as there were no tuition fees. In response to a query raised regarding the retention rate for apprentices, the Chief People Officer noted that the retention rate for apprentices was good, albeit there was a higher turnover rate in Estates and Facilities and amongst Healthcare Support Workers. Note was also made that the recent industrial action would have an impact on the number of students applying for nursing places. The Chief Executive made reference to the circumstances of some of the Trust’s international nurses and note was also made of the difficulties in staff being able to undertake extra shifts due to a lack of childcare. The Chief People Officer noted that attention had been focused more on recruitment than retention, however thought needed to be given to this and how various elements could support retention, e.g. working with local communities in respect of childcare provision and how to address issues such as affordable accommodation. The Chief Executive noted the need to build these elements into the Trust’s offer. In response to a query raised by the Trust Chairman, the Chief People Officer confirmed that the Trust’s 5 year forward plan would include a workforce plan.
- Finance – the Chief Financial Officer noted that this report now incorporated the information previously presented as a separate report to the Trust Board which had been entitled ‘Roadmap to Sustainable Financial Improvement’. In terms of the 2021/22 accounts, the audit with KPMG was progressing well and it was hoped to receive the audit opinion by the end of February 2023. With regard to the 2022/23 forecast outturn, the Trust was predicting a £17.7m year-end deficit; £11.3m of which was the position as at the end of December 2022. The principle risk to delivery of the £17.7m deficit was the emergency pathway. The on-going strikes would have an operational and financial impact. The CIP was delivering ahead of plan and there was a cash balance of £81m as at the end of December 2022. Operational plans for the whole (LLR) system were underway and the financial settlement was generous but still challenging, with work taking place across all disciplines. The plan would be discussed further at the next Trust Board meeting in March 2023.

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

**40/23 DELIVER TIMELY, HIGH QUALITY, SAFE, SUSTAINABLE CARE**

**40/23/1 UHL Perinatal Surveillance Scorecard**

The Chief Nurse presented paper G, 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 reported specifically on the exceptions which related to training and the Trust not currently achieving its stretch target in relation to 3<sup>rd</sup> and 4<sup>th</sup> degree tears. With regard to the former, a clear plan was in place to achieve over 90%. The Medical Director noted that perinatal mortality data had been discussed at the Mortality Review Committee and thereafter would be discussed at the Quality Committee and then the public Trust Board.

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

**40/23/2 Health Equality at UHL Update**

The Director of Health Equality and Inclusion presented paper H, which provided an overview of the work undertaken to date in health equality and inclusion since May 2022. Key points to highlight were (1) significant progress against NHSE Core20Plus5 framework (2) significant progress against LTP prevention aims and governance. In presenting this report, the Director of Health Equality and Inclusion thanked all colleagues involved in this work and noted that, since writing this report, a couple more services had approached her about potential projects; these would be service and clinically-led and she would offer support. She further noted that education and research were enablers to continue to develop this work and she recognised that there was much work to do in engaging with communities and building on relationships.

Health equality was one of seven Trust priorities for 2022/23. Significant progress had been made in disaggregating the Trust's data to identify health disparities with regard to access, with now almost 30 workstreams at various stages of development across a range of services predominantly with a lens on improving equity of access. The UHL non-attendance pilot had demonstrated that targeted intervention for high risk groups was effective in significantly reducing non-attendance rates (30-50% reduced to circa 8% in line with Trust average) however highlighted insufficient resourcing and planning as a risk to sustainability for all projects. The report also highlighted that the governance process around health equality was not defined currently. Individual clinical workstreams would report through CMG governance structures, however there was no oversight process for all of the work currently being undertaken.

In discussion on this item:-

- (i) Mr Patel, Non-Executive Director, welcomed this report and the creation of the post of Director of Health Equality and Inclusion, noting that he was impressed by the headlines and interested to see the evidence the Trust could gather. He particularly highlighted the fact that health equality did not just sit within the boundaries of UHL and referenced the fact that any bus routes stopped by the County Council operating between the Trust's site and rural areas would lead to creating inequality of access and he queried how the Trust could engage further in these type of issues. The Chief Executive noted that the issue of bus routes had been discussed at the Joint Overview and Scrutiny Committee held earlier in the week. He also noted that the Elective Care Hub would be based at the LGH in the east of the City and this would be particularly accessible for Oakham and Rutland residents;
- (ii) the Chief Executive made reference to the large number of programmes albeit noting that there was not a large team to provide support, in response to which the Director of Health Equality and Inclusion noted that whilst there was a risk inherent in building the portfolio without the structure to support it, these programmes were service-led, although she acknowledged that there was not a huge resource across the workstreams. However, she considered there were benefits to continuing as currently,

- noting that learning had to translate into action. Ms Bailey, Non-Executive Director, emphasised the need to evidence how the Trust translated talk into action and continued to promote this. Ms Bailey noted that, ultimately, a programme of governance would be required with Executive Directors to consider how this could be achieved and utilise core transformation to significantly transform services, and
- (iii) in response to queries raised by Dr Haynes, Non-Executive Director in relation to (i) how the Trust would know if there were any gaps within the elements it had identified and (ii) how the work would be co-ordinated so as not to make multiple asks of the community, the Director of Health Equality and Inclusion acknowledged that there were currently gaps as the only way to approach this work currently was on an ad hoc basis and, in respect of the second point, the Trust was currently in discussions with Public Health about co-hosting to avoid any fatigue from communities so this was currently work in progress. The Chief Information Officer noted that this work provided an opportunity for the Trust to use this as the way in which it communicated with communities through capturing data and responding to this, noting that this needed to be part of the core programme. The Trust Chairman noted that this needed to be embedded in transformation and that, when presenting reports to the Trust Board, presenters ought to demonstrate that they had considered the health equality impact of any proposals, noting that this needed to be built into planning processes.

In concluding discussion on this item, the Trust Chairman thanked the Director of Health Equality and Inclusion for her report, noting that the Trust Board would continue to re-visit this matter as appropriate.

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

40/23/3 Escalation report from the Operational Performance Committee – 25 January 2023

**Resolved – that the contents of paper I, which detailed the escalation report from the Operational Performance Committee meeting held on 25 January 2023 be received and noted.**

40/23/4 Escalation report from the Quality Committee – 26 January 2023

The Quality Committee Non-Executive Director Chair presented paper J, which detailed the escalation report from the meeting of the Quality Committee held on 26 January 2023 and highlighted the main points of note for the Trust Board’s attention, as detailed within the report.

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

41/23 **LOOKING AFTER OUR PEOPLE, DEVELOPING WORKFORCE CAPACITY AND CAPABILITY AND A COMPASSIONATE AND INCLUSIVE CULTURE**

41/23/1 Junior Doctors Contract Guardian of Safe Working report

The Medical Director introduced and welcomed Dr A Atkinson, newly appointed Guardian of Safe Working, who attended today’s meeting virtually to present the latest quarterly data in respect of the Junior Doctors Contract Guardian of Safe Working report (paper K). The Medical Director noted that Dr R Singh had also been newly appointed into this role alongside Dr Atkinson and both had 1.5 programmed activities within their job plan to undertake this role within the Trust. This resulted in an increase in capacity from 1.25PAs to 3PAs for this role, which was vital in supporting the wider vision to make UHL a clinically-led, supportive and inclusive organisation for all staff groups.

In line with the 2016 Junior Doctors Contract, the Guardian of Safe Working was required to provide a quarterly report on Exception Reporting to the Trust Board. At UHL all junior doctors, including Trust Grade Doctors, were encouraged to raise exception reports, therefore the figures provided within the report presented included both trainees and Trust Grade doctors. From 1 September 2022 to 30 November 2022, 171 exception reports had been recorded which was a decrease of 24 from the previous quarter and further details relating to these exceptions were detailed within the report. Exception reports were being reviewed and changes implemented as required, including enhancing Trust processes, such as response time. The next report for the period December 2022 to February 2023 would be presented to the Trust Board on 13 April 2023

and Dr Atkinson noted that work was currently on-going to make the report more meaningful in future iterations.

In presenting this report, Dr Atkinson particularly highlighted the following:-

- (a) the importance of exception reporting and subsequent action being taken in respect of morale and retention;
- (b) no work pattern exceptions had been submitted by the ITAPS CMG (graph 2 of the report referred) and the Guardians would be looking into this further to determine whether it was the case that this was working well within ITAPs or whether it was the case that doctors were simply not reporting, and
- (c) staff were not always aware what represented an Immediate Safety Concern and these needed to be highlighted as they were the most important issues to resolve.

In discussion on this item:-

- (i) Trust Board members welcomed Dr Atkinson to her new role;
- (ii) Ms Bailey, Non-Executive Director, highlighted that, on occasion, there seemed to be a mismatch between the issue raised by the doctor and the summary of the response made to the issue by the relevant Clinical Management Group and she queried if there was any work ongoing into this element. Dr Atkinson agreed with Ms Bailey's point and noted the intention now that she and Dr Singh were in post to have conversations with the CMGs and highlight their expectations of the response to issues raised. Issues raised at the Doctors In Training Committee were being taken forward between the Guardians of Safe Working and relevant CMG managers to resolve any recurrent difficulties;
- (iii) the Deputy Chief Executive noted the positive developments described in terms of the further investigation into the ITAPs data and the planned incorporation of more qualitative data into future iterations of this report, for which he thanked Dr Atkinson and Dr Singh for their early thoughts on these elements. The Medical Director highlighted the need for triangulation of the data from various sources, noting that this matter was regularly addressed through the CMG Performance Review Meetings (PRMs). The Trust Chairman further noted that the data from this report was also closely reviewed at the People and Culture Committee. In response to a question raised by the Chief Financial Officer as to whether data was triangulated with that provided to the Freedom to Speak Up Guardians, it was confirmed that it was, in addition to triangulation also with the Junior Doctor Gripe tool;
- (iv) the Medical Director reported generally that gaps referenced within the report usually referred to a gap in the rota and did not necessarily mean that there was a gap in the service;
- (v) the Director of Health Equality and Inclusion queried whether learning was disseminated more widely, in response to which Dr Atkinson noted that networks were starting to be developed and the dissemination of wider learning would be one of the benefits of achieving such;
- (vi) in response to a query raised by Mr Harris, Non-Executive Director, as to what the penalty payments were and whether they drove the right outcome, Dr Atkinson noted that the usual recourse provided was time off in lieu. The Medical Director noted that payments were used to provide support to avoid the situation occurring again, and
- (vii) the Trust Chairman queried potential links between this data and different ways of working, asking what else the Trust could do to support junior doctors. In response, Dr Atkinson noted the importance of junior doctors feeling valued and having their voices heard and being supported to do their job well.

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

41/23/2

#### BAPIO Collaboration

The Chief People Officer presented paper L, which recommended and described the process by which the Trust would work in partnership with BAPIO (British Association of Physicians of Indian Origin) to: (a) support workforce transformation and contribute towards building a sustainable workforce for the future (b) support strategically building UHL as an exemplar organisation for international colleagues (c) build an effective partnership with BAPIO and its associated organisations (d) improve the culture and inclusivity at UHL (e) enhance the experience of overseas colleagues working at UHL and ensure that this was equitable and (f) support UHL's overall objectives of being a great place to work and to receive care.



Paper L specifically set out three recommendations to take forward:-

- (1) Memorandum of Understanding – to underpin UHL’s commitment to working in partnership it was recommended to commit to a Memorandum of Understanding which was a non-legally binding agreement demonstrating a commitment to working together. The Executive Team and People and Culture Committee were supportive of a commitment to a MoU;
- (2) Dignity at Work Standards – UHL had the opportunity to participate in a pilot of Dignity at Work standards developed in response to some of the experiences of incivility, discrimination, bullying and harassment that exist in workplaces and which provided a framework for organisations to work to, giving more visibility and transparency to the experiences of colleagues at work and provide a framework for improvement and oversight of impact. The pilot was supported by other organisations including Health Education England. The pilot was due to commence in April 2023 and run for one year. The Executive Team and People and Culture Committee were supportive of UHL participating in the Dignity at Work standards pilot , and
- (3) Charter for Locally Employed Doctors – developing a support programme for Locally Employed Doctors, the majority of whom undertook their primary training overseas and Staff, Associate and Specialist (SAS) doctors would enhance their professional development, allow for talent recognition and level the playing field. BAPIO had developed an LED Charter which outlined how improvements could be made in the experience of LEDs. The GMC also had a charter for LEDs. The BAPIO charter was ambitious and some parts of it would be challenging, however it was not considered that this should prevent UHL from working towards the charter and being ambitious for its LEDs. The Trust would also benchmark itself against the GMC Charter. The Executive Team and People and Culture Committee recommended working towards the BAPIO Charter.

In discussion on this item:-

- (i) Mr Patel, Non-Executive Director, thanked the Chief People Officer and Chief Executive for their involvement in progressing the work described, noting that BAPIO had access to considerable knowledge and experience. He further noted that BAPIO would have local representatives (already employed within UHL) to engage with the Trust in taking this partnership forward and highlighted that it was important that they were regarded in their capacity as BAPIO representatives and not in their capacity as UHL employees. In response to a query raised, it was noted that BAPIO was a national organisation comprising 13 regional organisations and the Trust would engage directly with the local representatives covering the Midlands and East who were already working within UHL;
- (ii) Mr Harris, Non-Executive Director, agreed that this was the right direction of travel and queried where this sat within the Trust’s priorities, in response to which the Chief People Officer and Medical Director noted that it enabled some of the Trust’s priorities and supported the Trust’s direction of travel, building on work it was already undertaking. The Chief People Officer confirmed that BAPIO had wanted to work with UHL for some time and brought with them experience and understanding of the local culture and context, and
- (iii) in response to a query raised by the Trust Chairman as to whether a similar approach would be adopted for locally employed doctors of other nationalities, the Chief People Officer noted that this work would support all international doctors.

**Resolved – that the recommendations of paper L be supported and its contents received and noted.**

41/23/3 Escalation Report from the People and Culture Committee – 26 January 2023

**Resolved – that the contents of paper M (detailing the escalation report from the People and Culture Committee meeting held on 26 January 2023) be received and noted.**

42/23 **SUSTAINABLE WELL-GOVERNED FINANCES**

42/23/2 Escalation Report from the Finance and Investment Committee – 27 January 2023

Mr S Harris, Finance and Investment Committee (FIC) Non-Executive Director Chair, presented paper N, which detailed the escalation report from the Finance and Investment Committee meeting held on 27 January 2023. In presenting this report, he noted that the new development whereby the Board Assurance Framework linked into the FIC agenda was working well. There was one specific item for recommendation to the Trust Board from FIC and this was a proposal to (i) reduce the risk score from BAF risk 4 from 12 to 8 and to remove that risk from the BAF and incorporate it into the appropriate risk on the UHL operational risk register and (ii) reduce the risk score for BAF risk 7 from 15 to 12, both of which were approved by the Trust Board.

**Resolved** – that (A) the recommendations of paper N relating to BAF Risks 4 and 7, as described above, be approved and

(B) the contents of paper N be received and noted.

#### **43/23 CORPORATE GOVERNANCE / REGULATORY COMPLIANCE**

43/23/1 Trust Sealings Q3 Report

**Resolved** – that the contents of paper O, which sighted the Trust Board to those Deeds that the Trust had entered into during quarter 3 of 2022/23, be received and noted.

#### **44/23 ANY OTHER BUSINESS**

**Resolved** – that there were no further items of business.

#### **45/23 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 question was read out and responded to during the meeting:

**Question 1:- In the light of last Sunday's report in The Observer on the new Hospitals Programme please would the Board update the public on progress?**

The Deputy Chief Executive reported that UHL was awaiting announcement of the financial envelope and this was still being considered. He provided assurance that the Trust had continued to make progress wherever possible whilst awaiting confirmation and, following the 2020 consultation, had delivered the Level 3 ICU Business Case in Summer 2022. The Trust had also reported on the Elective Care Hub it planned to create and the business case for enabling works was being progressed. The Trust was still therefore receiving substantial capital investment and had confidence an identified number would be provided in terms of the overall financial envelope to be made available.

**Resolved** – that the verbal information provided be noted.

#### **46/23 REPORTS AND MINUTES PUBLISHED ON UHL'S EXTERNAL WEBSITE**

**Resolved** – that it be noted that the following reports and Minutes of meetings had been published on UHL's external website alongside the Trust Board papers:-

- Quality Committee – Minutes of 24 November 2022 (no meeting held in December 2022)
- Operational Performance Committee – Minutes of 23 November 2022 (no meeting held in December 2022)
- Finance and Investment Committee – Minutes of 22 December 2022
- People and Culture Committee – Minutes of 22 December 2022

#### **47/23 REPORTS DEFERRED TO A FUTURE MEETING**

**Resolved** – it be noted that the Staff Survey Report had been deferred to the Trust Board meeting to be held on 9 March 2023.

48/23 DATE AND TIME OF NEXT MEETING

**Resolved** - that the next public Trust Board meeting be held from 1.30pm on Thursday 9 March 2023 in the Cumulus Room, Leicester Diabetes Centre, Leicester General Hospital.

The meeting closed at 3.51pm.

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	10	10	100	J Melbourne	10	8	80
V Bailey	10	10	100	E Meldrum (until May 22)	2	2	100
A Furlong	10	9	90	R Mitchell	10	10	100
S Harris	10	7	70	B Patel	10	9	90
A Haynes	10	9	90	T Robinson	10	7	70
J Hogg (from June 2022)	8	8	100	M Williams	10	9	90
L Hooper	10	9	90				

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	8	8	100	G Sharma	10	7	70
S Barton (from 13.6.22)	7	6	86	M Simpson (from 11.4.22)	9	9	100
A Carruthers	10	10	100	M Smith (from 17.10.22)	4	3	75
B Cassidy	10	10	100	C Teeney (from June 22)	8	6	75
G Collins-Punter	10	8	80	J Tyler-Fantom (until May 22)	2	2	100
M Durbridge (until Dec 22)	8	7	87	J Worrall	10	8	80
H Kotecha	10	6	60				