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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 3 NOVEMBER 2022 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 S Barton – Deputy Chief Executive
 Mr A Furlong - Medical Director
 Dr A Haynes - Non-Executive Director and Reconfiguration and Transformation Committee (RTC) Non-Executive Director Chair (virtually via MS Teams)
 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
 Professor T Robinson - Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair (virtually via MS Teams)
 Mr M Williams - Non-Executive Director and Audit Committee Non-Executive Director Chair

In attendance:

Dr R Abeyratne – Director of Health Equality and Inclusion
 Ms G Belton – Corporate and Committee Services Officer
 Mr G Bott – Cooper Parry Auditors (virtually via MS Teams for Minute 246/22/1 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)
 Miss M Durbridge – Director of Quality Transformation and Efficiency Improvement
 Ms H Kotecha - Leicester and Leicestershire Healthwatch Chair (virtually via MS Teams)
 Mr S Linthwaite – Deputy Director of Finance (Financial Services) – virtually via MS Teams for Minute 246/22/1 only
 Mr M Simpson- Director of Estates and Facilities
 Ms C Teeney – Chief People Officer
 Ms J Woolley – Charity Finance Manager (virtually via MS Teams for Minute 246/22/1 only)
 Mr J Worrall - Associate Non-Executive Director (virtually via MS Teams)

ACTION**236/22 APOLOGIES AND WELCOME**

The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Mr S Harris, Non-Executive Director and Ms M Smith, Director of Communications and Engagement.

237/22 DECLARATIONS OF INTERESTS

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

238/22 MINUTES

Resolved – that the Minutes from the public Trust Board meeting held on 6 October 2022 (paper A refers) be confirmed as a correct record.

239/22 MATTERS ARISING

Paper B provided progress updates for the matters arising from the 6 October 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.

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240/22 STANDING ITEMS

240/22/1 Chairman's Report – November 2022

The Chairman presented his November 2022 Trust Board report (paper C refers) which detailed information in respect of the following: -

- Appointment of a New Secretary of State for Health;
- Winter;
- Elective Hub at the Leicester General Hospital;
- NHS Heroes Ball and
- Strategy Session with HWBB

In presenting his report, the Trust Chairman highlighted the difficult winter ahead, in respect of which significant preparatory work was on-going with System partners. Specific note was made of the approval granted for the first phase of the development of the elective hub, which would see additional theatre capacity on site at the Leicester General Hospital; with the first patient expected to be treated in May 2023. The Deputy Chief Executive advised that construction on the hub was due to commence on Monday 7 November 2022. By 17 November 2022, it was hoped to have an indication of the forward look for the finances, albeit it was expected to be an extremely challenging picture.

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

240/22/2 Chief Executive's Update – November 2022

Prior to presenting his report, the Chief Executive informed any individuals watching the livestream of the Trust Board meeting via the Trust's website that many members of the Trust Board had their laptops open, the purpose of which was to have access to their Board papers or make notes on the discussions.

The Chief Executive introduced paper D, which detailed updates regarding the following items: -

- Covid;
- Overall assessment;
- Celebrating Diversity and Inclusion;
- Staff Survey;
- Elective Care;
- Emergency care, ambulance handovers and winter
- Developing UHL's strategy, and
- University of Leicester Research Institutes Launch Event

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

- the increasing pressure which the Trust was under and the undertaking of actions which balanced the risk across the health system. Time was particularly being focused on (1) providing safer, more timely care (2) providing a better experience of working at UHL and (3) making a difference in partnership with others. UHL was now providing care across its three hospital sites and in partnership with others through the provision of care at Ashton Care Home in Hinckley, care in people's homes and through increased partnership working with Primary Care with the aim of moving care away from the acute setting;
- the focus on the Trust's long-term strategy, the characteristics of which were (1) an organisation working in partnership (2) an organisation working closely with colleagues and service users and (3) having an organisation which truly embedded improvement methodology and was enabled by technology and digital access. The Trust wanted its staff and patients to feel supported and cared for;
- the Chief People Officer made reference to the work that had been undertaken and continued to be progressed in relation to the outcome of the previous year's Staff Survey relating to paying people accurately and on time, speeding up the recruitment process and benefits for staff. A different approach to recruitment had been piloted for Administrative and Clerical staff and Estates and Facilities staff via the holding of an Open Day where staff could be recruited, receiving an offer on the same day. This pilot had worked well and two further such sessions were now planned. With regard to the Trust's approach to

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paying staff accurately and on time; the work undertaken was starting to stabilise and improve the position and the rates of pay for bank work had improved. Following feedback from staff that it was difficult to book additional bank shifts through the system, the Trust had gone into partnership to address this matter and had now gone live with an app to improve this process, which was expected to be fully operational across the Trust by the end of the month. Work was also in progress to ensure that staff benefits were more visible and more easily accessible to staff through partnering in order to provide a mobile app to promote what was on offer to colleagues within the organisation. The Trust also planned to go live with its cycle to work scheme by Christmas 2022. Note was made that all of the actions described represented a significant and positive collective step forward;

- the Director of Health Equality and Inclusion briefed the Trust Board about receipt of a £120k grant to investigate, understand and address inequalities within cardio-vascular services. This would be a significant project ensuring access to gold standard care and she expressed her thanks to Mr Pizzey, Head of Strategy and Planning, who had led the bid for this grant, and
- the Medical Director thanked the Chief People Officer for the work undertaken on stabilisation of medical rates of pay for Junior Doctors and Consultant locum shifts and the Trust Board for their subsequent approval, noting that he had received many positive emails in response to this development from staff and he noted the need to continue to make improvements from this point. The Medical Director particularly highlighted the opportunity for the Trust to lead in the area of Locally Employed Doctors as a large employer of such and of the desire to become the employer of choice, with no discernible difference between doctors in training and locally employed doctors. In response, the Chief Executive acknowledged that opportunity did not present itself equally and he expressed his gratitude to many colleagues of international origin, noting the desire of UHL to be a better employer.

In discussion on this report, Ms Kotecha, Leicester and Leicestershire Healthwatch Chair, noted that many patients with multiple health conditions were expressing to Healthwatch how difficult it was for them, particularly with the cost of living rises, to travel into the Trust on multiple occasions for visits to different departments. Ms Kotecha therefore queried how this could be addressed so that there was more communication between departments, particularly for those patients living outside of the City boundary. She also queried progression in terms of offering patient choice and noted feedback that people, not having received a letter from UHL and therefore not having attended their appointment, were then taken off the UHL system and asked to return to their GP. In response, the Chief Executive made reference to examples sent to him by Ms Kotecha of the work of Peterborough Hospital in terms of enabling people to have multiple appointments at the hospital in one day and not removing patients from their system too quickly. Whilst the Chief Executive did not consider that the Trust was moving patients off its systems too quickly, he requested any examples of such in order that these could be rectified. He also noted that he was reviewing the information sent to him by Ms Kotecha and planned to respond to her on these points within the next two weeks. The Chief Information Officer made reference to the fact that one of the objectives of the System Project was to bring UHL and primary care records into one place which would facilitate the visibility of future appointments booked for patients which would assist in progressing these kinds of issues. Mr Patel, Non-Executive Director, queried whether it was the case that UHL had a provision for a patient not being re-booked within 21 days (of a Did Not Attend). In response, the Chief Operating Officer noted that the Trust applied the national policy and would correct any issues brought to the Trust's attention if the policy had been incorrectly applied at any point. The Director of Health Equality and Inclusion, as part of the work associated with the DNA Project) undertook to ascertain if the national policy utilised by UHL had a provision for a patient not being re-booked within 21 days (of a DNA).

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

(B) the Director of Health Equality and Inclusion, as part of the work associated with the DNA Project, be requested to ascertain if the national policy utilised by UHL had a provision for a patient not being re-booked within 21 days (of a DNA).

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240/22/3 Integrated Performance Report (IPR) – Month 6 2022/223

The Chief Operating Officer introduced paper E, providing the Integrated Performance Report (IPR) for September 2022. Each of the Executive Director Leads were invited to provide an

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overview of the key aspects of the report relating to their portfolios and the Non-Executive Director Chairs of Board Committees were invited to comment, as follows:-

- Operational Performance – the Chief Operating Officer noted that the Trust was in a very challenged position operationally and was holding ambulances outside the Emergency Department for longer than it would like. Work was being undertaken at pace on interventions and he hoped to be in a position to report on additional capacity at the next Trust Board meeting. It was imperative to understand the risks regarding rapid flow etc and to ensure visibility and the ability to listen to people across the Trust's wards. Particular challenges included patients waiting to move to wards which were already full and waiting for packages of care before they could be discharged etc. There was a need to improve capacity in terms of admitting patients, discharging patients and processes supporting these across the Trust. At a national level, the Trust was assured that its plans were ambitious, having been contacted by other Trusts interested in learning from UHL, which was commended by Ms Bailey, Non-Executive Director. From an elective perspective, progress was being seen in terms of the longest waiters, albeit the overall waiting list continued to increase. The Elective Care Hub would therefore be pivotal. Also noted was the work currently being undertaken in terms of validating the Trust's waiting lists from an administrative, technical and clinical perspective. Ms Bailey, Non-Executive Director, queried the reason for the continuing increase in referrals, in response to which the Chief Operating Officer advised that work had just been commissioned to review demand and capacity and he expected to be able to report back on the outcome by the end of 2022. In response to a further question posed by the Trust Chairman, the Chief Operating Officer confirmed that the work he had referenced focused only on overall demand and that the issue of equitable access would form a separate workstream.
- Quality – the Medical Director reported that mortality figures remained within the expected range and the next quarterly Learning from Deaths report would be submitted to the November meeting of the Quality Committee and thereafter to the public Trust Board meeting in December 2022. The Medical Director also reported that there had been four Never Events during September 2022 and provided details of the Never Event for which he had chaired the review, noting that a report on work being undertaken with the aim of reducing Never Events was due to be submitted to the November 2022 meeting of the Quality Committee. The Chief Nurse reported that C Diff rates had decreased, but remained an issue, also noting that the metric utilised had been changed recently in order to adjust to the national metric and rates of C Diff were increasing nationally. No links between the C Diff cases within UHL had been identified. There were three particular areas for improvement in terms of C Diff and these related to antimicrobial stewardship, reviewing laxatives and timely isolation of patients with symptoms. A drug had been identified which could potentially be driving some of the increase in C Diff and the Trust's Lead Microbiologist has raised this with the national team, who were now reviewing this. The reporting period had changed in respect of Hospital Acquired pressure sores and in light of the 1 month and 4-day accounting period for this month's data, an increase had been observed. Without the extra days, there would have been a slight decrease in cases. An external review of hospital acquired pressure sores had recently been undertaken, the outcome of which would be reported to the next meeting of the Quality Committee. Dr Haynes, Non-Executive Director, noted that diagnostic wait times were not showing any improvement and he queried the impact of this on patients with cancer. In response, the Medical Director noted that there were two established processes for reviewing harm which were followed within UHL, one of which was the national 104 process for reviewing harm; with reports made to the Quality Committee as appropriate. In respect of the detailed process within UHL for reviewing actual harm in the event of deviation from any pathways as a result of covid, no such patients had been identified. The Chief Operating Officer confirmed that the Trust had an improvement trajectory for all diagnostics and was undertaking a deep dive on the three most challenged diagnostic areas in conjunction with NHSE, the outcome of which would be reported through to the Operations and Performance Committee. In response to a query raised by the Trust Chairman as to performance in terms of discharges, the Chief Operating Officer noted that this was a significant issue for UHL, as it was for other Trusts nationally, with UHL not an outlier in this respect. Particular issues adversely impacting upon the situation included difficulties being experienced by Social Care in recruiting the number of staff required and capacity within the community, alongside hospital processes such as the time taken to write discharge letters and dispense medication. Action continued to be undertaken in working through the discharge challenges with more work to be undertaken, but the right plans were in place. Note was also made that Social Care sat on the Winter Board.

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- People – the Chief People Officer reported that work continued to roll out the programme of streamlining statutory and mandatory training modules so that staff could keep up-to-date with this training and this was working well. An increase in sickness absence figures had been observed and a number of workstreams were underway to provide support to staff, including psychological support. Alongside this, work was currently underway with Staff Side colleagues to agree interim changes to the Sickness Absence Policy given the fact that the policy in its current format was not generating the well-being conversations desired and was an onerous process. It was proposed that the interim changes took immediate effect with the policy re-set from the start of the new financial year (2023/24). In response to a query raised by the Trust Chairman in relation to vacancy rates within maternity services, the Chief People Officer noted that there was an issue with high turnover of Healthcare Support Workers both within maternity services and across the board. Work was underway to fundamentally review this and benchmark how UHL compared to others. The Chief People Officer advised that the recruitment pipeline was not where it needed to be. The Chief Nurse noted that 27 newly qualified midwives would be joining the service and the challenge for the Trust would be in retaining their services. The Chief Nurse noted that the maternity service was running the Empowering Voices Programme, more details relating to which would be shared with the Trust Board and this was expected to be a key enabler. The Trust had also received funding from HEE for a preceptorship offer and had secured funding for a Band 7 in the Development Programme to nurture and support the people in the service. In terms of staff retention, it was noted that the key element was paying people accurately and on time and the next area of focus would be the maternity service.
- Finance – the Chief Financial Officer provided the headline financial figures for Month 6 as detailed within paper E, noting that the Trust had not been able to reduce capacity during Summer 2022, as would ordinarily be the case. The forecast risk remained as previously stated. As yet, a way had not been identified to both break even and deliver services safely and this continued to be an area of particular focus. The Trust's capital plan was starting to recover, having previously been slightly behind and the Trust's run rate continued to hold. The Trust was now heading into Winter and next year was expected to be extremely challenging with difficult decisions ahead. In response to a question raised by the Trust Chairman as to how the Trust would enter next year, the Chief Financial Officer noted that this was work in progress and would be discussed at the Finance and Investment Committee in December 2022 and at Trust Board meeting thereafter.

Resolved – that the month 6 2022/23 Integrated Performance Report (paper E) be received and noted, and the additional verbal information provided be noted.

241/22 DECISIONS FOR THE TRUST BOARD

241/22/1 Performance and Accountability Framework

The Director of Corporate and Legal Affairs presented paper F, which detailed the reviewed Performance and Accountability Framework for Trust Board approval thereon, following approval and recommendation from the Audit Committee.

The existing Framework had been written in 2019, however had not been reviewed since and such a review was one of the actions highlighted in the RSP roadmap to financial recovery. In presenting this report, it was noted that the framework detailed in paper F reflected the current position, however would require further review over the coming months to continue to improve the grip, challenge and oversight of performance and accountability across the organisation. Two particular points to note were (1) the Cost Improvement and Productivity framework had been included in the revised version and (2) there was no reference to Strategy within the reviewed version as the Trust was currently reviewing its Strategy. Accordingly, the Framework would be reviewed and updated once the Strategy had been approved.

Resolved – that the reviewed and updated Performance and Accountability Framework be formally approved.

241/22/2 Standing Financial Instructions and Scheme of Delegation

The Director of Corporate and Legal Affairs presented paper G, which detailed the reviewed Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD) for Trust Board approval

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thereon, following approval and recommendation from the Audit Committee. In presenting this report, the Director of Corporate and Legal Affairs highlighted to members that one amendment was required to the SFIs presented in terms of Security Management and this would be updated accordingly.

A review of the SFIs and SoD also formed part of the roadmap to deliver improved sustainable financial governance. A review and re-write of the Trust's Standing Orders was taking place and would be presented to the Audit Committee in December 2022 for approval and recommendation onto the Trust Board for formal approval thereafter in January 2023. The revised version of the SFIs now included the SoD within one document and would replace the old version of the SoD.

In discussion on this item, Mr Williams, Non-Executive Director and Audit Committee Chair, highlighted the need to consider how best to communicate this document throughout the organisation, in response to which it was agreed that the Director of Corporate and Legal Affairs and the Chief Financial Officer would consider how best to embed the SFIs and SoD within the organisation and thereafter implement the agreed action to embed, alongside continuing to review and update these documents as required. The Trust Chairman noted that these documents provided the framework for a greater level of devolvement to clinical leadership and highlighted the importance of this document in terms of the Trust's continued development. The Chief Operating Officer noted that the clarity provided by these documents would be well received within the Trust's Clinical Management Groups.

Resolved – that (A) subject to the stated amendment in relation to Security Management, the updated Standing Financial Instructions and Scheme of Delegation be formally approved and

(B) the Director of Corporate and Legal Affairs and the Chief Financial Officer be requested to consider how best to embed the Standing Financial Instructions and Scheme of Delegation within the organisation and thereafter implement the agreed action to embed.

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241/22/3 Counter Fraud Bribery and Corruption Policy

The Chief Financial Officer presented paper G1, which detailed the updated Counter Fraud, Bribery and Corruption Policy for Trust Board approval thereon, following approval and recommendation from the Audit Committee. This document set out the policy on suspected and detected fraud, bribery and corruption and helped individuals who might identify suspected fraud; providing a framework for responding to suspicions of fraud.

Discussion took place regarding how best to ensure that staff were aware of all relevant Trust policies and particularly the degree to which staff in specific roles needed to be especially cognisant of certain policies and the process for ensuring this, as a result of which the Director of Corporate and Legal Affairs was requested to review the Trust's approach to the roll out of policies including consideration of the degree to which different groups of staff members either needed to know a policy in detail or be aware of its existence (dependent upon their job role) and the mechanism for ensuring such.

Resolved – that (A) the revised Counter Fraud, Bribery and Corruption Policy be formally approved and

(B) the Director of Corporate and Legal Affairs be requested to review the Trust's approach to the roll out of policies including consideration of the degree to which different groups of staff members either needed to know a policy in detail or be aware of its existence (dependent upon their job role) and the mechanism for ensuring such.

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242/22 **PROVIDING OUTSTANDING CARE (QUALITY)**

242/22/1 Review of the Findings of Reading the Signals: Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation

The Chief Nurse presented paper H, which provided assurance to the Trust Board that the recent report into East Kent maternity services had been reviewed and that the recommendations were being actioned in line with the expectations outlined in a letter to the Chief Executive and Board Chair from NHS England dated 20 October 2022. Specifically, the report provided four key areas

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for action and supporting recommendations, most of which were for a national response, although there was an opportunity for UHL to consider utilising the themes to review the current situation within its own maternity services for both assurance and, where relevant, development.

Members received and noted the contents of this report, highlighting the need to learn and reflect on this matter and noting that much related to culture across all of healthcare. The Chief Nurse noted that funding had been secured for a Band 7 post (as also referenced in Minute 240/22/2 above) and of the intention to develop a programme specific to the maternity service. Particular focus was needed on how the Trust recruited the very best leaders to lead wards and departments and on creating a pipeline of such leaders.

In discussion on this matter:-

- (i) members noted that, with specific regard to East Kent Maternity Services, the narrative suggested that those staff who had flagged concerns were not listened to and had ultimately left, with the situation there becoming 'normalised'. Note was also made that patient voices, as well as staff voices, did not appear to be listened to and, in light of UHL's diverse community, Mr Patel, Non-Executive Director, queried how to acknowledge and respond to such voices. The Director of Health Equality and Inclusion noted that there were a number of very motivated individuals within the UHL maternity service and there was a need to identify a way of giving them agency and also a platform. She further made reference to the University's planned Centre for Excellence in Empathic Healthcare and the opportunity for the Trust to work with them in progressing this. Professor Robinson, Non-Executive Director and Pro Vice-Chancellor, Head of College and Dean of Medicine at the University of Leicester, noted the intention to extend this work beyond solely medical healthcare students. Dr Sharma, Non-Executive Director, noted the tendency, sometimes, for empathy to reduce throughout training and thereafter in practice as individuals became increasingly fatigued and noted the need to enhance the caring environment;
- (ii) members debated how best the Trust Board could receive assurance over its own services, noting the multiple assurance mechanisms in place, but also the continuing need for candour and openness at the Trust Board and assurance that it was listening and hearing. The Chief Nurse noted the current focus on bringing the sum of the parts into one overall report, noting that the team had some early thoughts around a framework which they were currently working through, and
- (iii) the Chief People Officer noted the need to get the basics right for staff; setting standards and driving improvement, with equity of experience and she considered that organisational culture could be determined through a regular sense check – there was a need to agree how to undertake this at Trust Board in a straightforward and simple way.

Resolved – that the contents of this report, and the additional discussion points, be received and noted.

242/22/2 Maternity Update (comprising the Maternity Perinatal Quality Surveillance Scorecard and the Maternity Self-Assessment Report)

The Chief Nurse presented papers I1 and I2, which detailed, respectively, a monthly update of the maternity perinatal quality surveillance scorecard presenting data against key performance indicators and exception report highlighting areas of underperformance and associated actions for improvement (paper I1) and an update of maternity services progress against the maternity self-assessment tool (paper I2) which was an annual report in the maternity reporting schedule and updated the Trust Board on progression of this year's assessment, initially completed in March 2022.

In presenting paper I1, the Chief Nurse noted that two areas presented as 'amber' rating within the report (midwife vacancy ratio and % blood loss greater than 1500ml) were both actually a 'green' rating and noted that of the six moderate harms referenced within the report, one had since been downgraded. No lapses in care had been identified from the harms reviewed and one referral had been made to HSIB but declined by them. A matron for safe staffing in maternity had been appointed. Whilst the Friends and Family Test data was rated as 'green', the response rate was not as high as desired.

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In presenting paper I2, the Chief Nurse noted that there were seven areas for improvement with challenges around the maternity strategy, the appraisal and revalidation plan, a positive safety culture and improvements re systems and processes. It was a mandatory requirement that the Trust Board had oversight of this work and she undertook to submit a further update on progress to the Trust Board in April 2023.

In discussion on this item:-

- (i) the Trust Chairman highlighted the importance of an embedded mechanism through which the Trust could ensure that maternity service patients were able to feed back and were actively listened to;
- (ii) the Chief Nurse noted that she and the Chief Executive has recently met with the Bereavement Team within maternity services who had one WTE operating across all births and offered a really good service. A further two Patient Safety Partners were to be employed funded by UHL and employed by the Local Maternity System (LMS) who would be able to raise concerns and champion women's voices;
- (iii) the Trust Chairman acknowledged inequalities which could exist in that people from different parts of the community did not always receive the same service and noted that it would be beneficial for this to be reflected – in response, the Chief Nurse noted that this work was already in progress. The Director of Health Equality and Inclusion further confirmed that work was on-going in relation to the experiences of black and ethnic minority women and she would provide an update on this work to the Trust Board when available. The Chief Nurse confirmed the intention to refresh the Trust's approach by producing both the quarterly scorecard and also another report detailing the voices of women, and
- (iv) Ms Bailey, in her role as the NED Lead for Maternity Services, thanked the Chief Information Officer and his team for their response to on-going challenges raised within the maternity safety meetings.

Resolved – that (A) the contents of papers I1 and I2 be received and noted,

(B) the Director of Health Equality and Inclusion be requested to provide an update to the Trust Board regarding work currently being undertaken looking into black and ethnic minority women's experiences, and

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(C) the Chief Nurse be requested to submit an update on progress against the maternity self-assessment to the Trust Board in April 2023.

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242/22/3 CNST Maternity Standards – Update

The Chief Nurse presented paper J which provided an update of maternity services progress against the Clinical Negligence Scheme for Trusts (CNST) set out by NHS Resolution (Year 4) highlighting areas of challenge and actions required to achieve compliance. This report, produced quarterly, provided an overview of the maternity team's progress against the 10 safety actions of CNST. A summary of progress against each standard was as detailed in the report and specific note was made of the four safety areas of significant challenge which were (1) Safety Action 2 – maternity services data set (2) Safety Action 5 -workforce planning (3) Safety action 6 – Saving Babies Lives V2 and (4) Safety Action 8 – training. The Chief Nurse undertook to provide a further update on progress to the Trust Board in December 2022 to confirm progress and whether the Trust would be in a position to sign off its compliance at that point in time.

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

(B) the Chief Nurse be requested to provide a further update to the Trust Board in December 2022 regarding sign off of the CNST Maternity Standards.

CN

242/22/4 Escalation Report from the Quality Committee – 27 October 2022

Ms Bailey, Non-Executive Director and Quality Committee Non-Executive Director Chair, presented paper K, which summarised the issues discussed at the Quality Committee meeting held on 27 October 2022 and particularly highlighted the discussion on harm. In discussion, the Trust Chairman requested that Trust Board members reflected on what kind of an organisation the

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Trust Board wished UHL to be in a year and a half's time and whether the Trust had the right model for quality governance.

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

242/22/5 Escalation Report from the Operations and Performance Committee – 26 October 2022

Mr M Williams, Non-Executive Director and Chair of the Operations and Performance Committee, presented paper L, which detailed a summary of issues discussed at the Operations and Performance Committee meeting held on 26 October 2022. He particularly highlighted the need to maintain a focus on elements of emergency care which were within the Trust's gift to influence. The Trust Chairman made note of the extensive action undertaken thus far, albeit noting that life was challenging for patients and staff over the Winter period and there was a need to keep a focus on this and maintain support for colleagues. The Chief Executive made reference to the Trust's Winter Plan, which had discussed with Healthwatch, and he noted that the Trust was being transparent about the decisions being taken and actions being taken to balance risk.

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

243/22 **BE THE BEST PLACE TO WORK (PEOPLE)**

243/22/1 Junior Doctors Contract Guardian of Safe Working Reports – Quarters 1 and 2

The Medical Director presented papers M1 and M2, which detailed, respectively, the quarter 1 and quarter 2 report on Exception Reporting to the Trust Board in respect of the 2016 Junior Doctors contract. The figures provided in these reports included both Trainees and Trust Grade Doctors.

The Medical Director reported that, in future, this reported would be presented to the Trust Board by the Guardian of Safe Working. The current Guardian, Dr J Greiff, was stepping down from the role and interviews had taken place for his replacement, with two exceptional candidates identified, both of whom had been appointed into the role (at 1.5 programmed activities (PAs) each, therefore 3 PAs in total for the role) as one Guardian was not thought to be sufficient for an organisation the size of UHL, which had 1000 Junior Doctors and 400 locally employed doctors. The increase in programmed activities associated with the role was considered to reflect its importance and the allocation could potentially be further reviewed in the future. The Medical Director noted that the reports presented were relatively transactional in nature and it was now intended to look to change the way in which reports were presented to the Trust Board in future.

Particular discussion took place around the fact that it would be helpful to understand the data by CMG, by staff group, by ethnicity etc. In response to a query raised as to whether this number of reports was usual for a Trust the size of UHL, the Medical Director noted that there was no way to benchmark this data at present and spoke of the desire to create a network across larger organisations for this purpose. In further discussion note was made of the potential to utilise data differently within the Trust and triangulate data, such as exit interview and F2SU data etc, wherever possible.

Resolved – that the contents of papers M1 and M2 be received and noted.

243/22/2 WRES and WDES Update

The Chief People Officer presented paper N, which provided an update on the development of the WRES and WDES action plans, following submission of the WRES and WDES data submitted to the EPCB in August 2022. In presenting this report, the Chief People Officer noted that there had been a mismatch previously between what the data revealed and feedback from the Trust's staff networks and this had been discussed in-depth at the People and Culture Committee (PCC). The PCC would particularly be focusing on career progression and opportunities for Agenda for Change (AfC) Band 5 colleagues and beyond. Work was planned to track the experience of BAME colleagues, some of whom had reported being the recipients of unacceptable abuse and racist comments. The Chief Executive supported the publication of this information, noting the previous apparent disconnect between staff members' experience of working in the Trust and the Trust Board's response to the WRES and WDES data and the Trust Chairman commended engagement with the staff networks.

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

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243/22/3 Escalation Report from the People and Culture Committee – 27 October 2022

Mr B Patel, Non-Executive Director and Chair of the People and Culture Committee, presented paper O, which detailed a summary of issues discussed at the PCC meeting held on 27 October 2022. In presenting this report, Mr Patel noted that the Trust was on track to try and achieve a greater number of responses to the Staff Survey than in previous years, and a further push to encourage responses would be undertaken, as confirmed by the Chief Executive. He noted that some staff might feel that the survey was not anonymous, despite it being stated as such, and he noted that further reassurance in this respect through the Trust's Communications team would be helpful. In terms of data held regarding the number of staff who had received their flu vaccine, currently the Trust only held data on those who had received their vaccine at the Trust itself and a means of recording staff who had received the vaccine elsewhere needed to be developed. The Chief People Officer noted that a communication would be issued to staff in this respect for them to provide notification if they had received the vaccine elsewhere. Ms Bailey, Non-Executive Director, thanked the Chief People Officer for the work of her directorate, noting robust discussions held at the PCC.

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

244/22 **DEPLOY OUR RESOURCES IN THE BEST POSSIBLE WAY (FINANCE AND PERFORMANCE)**

244/22/1 Month 6 Roadmap to Sustainable Financial Improvement

The Director of Quality Transformation and Efficiency Improvement presented paper P, which provided assurance against the actions necessary to meet the criteria required to exit the Recovery Support Programme (RSP). From an initial 102 actions, only 20 were now outstanding, with 10 of these now closed and awaiting confirmation from Region that they had received all of the required evidence. A Board-to-Board meeting had originally been scheduled for 11 November 2022, however this had now been deferred to the New Year as the Intensive Support Team were keen to see the Audit Opinion of the 2021/22 accounts, with further development of the year-end position and an update on the medium-term financial plan. Whilst pleased with the Trust's progress, a full suite of data was needed. It was hoped that the Trust would exit the Recovery Support Programme in Spring 2023. The Chief Financial Officer noted that further actions had been agreed today and there were now less than 10 actions outstanding. In response to a question posed by the Trust Chairman, the Chief Financial Officer noted that the medium-term financial plan for the Trust would be progressed from next week onwards.

Resolved – that the contents of paper P be received and noted

244/22/2 Escalation Report from the Finance and Investment Committee – 27 October 2022

Resolved – that the contents of paper Q, which detailed a summary of issues discussed at the Finance and Investment Committee meeting on 27 October 2022, be received and noted.

244/22/3 Escalation Report from the Audit Committee – 28 October 2022

Mr M Williams, Non-Executive Director and Chair of the Audit Committee, presented paper R, which detailed a summary of issues discussed at the Audit Committee meeting held on 28 October 2022. In presenting this report, Mr Williams particularly highlighted good progress on the 2021/22 accounts, albeit noted that there was much work to be undertaken within the Finance Team between now and the end of December 2022. Mr Williams requested that all relevant Executive Directors ensured implementation of any overdue audit actions given their importance, particularly with regard to the Head of Internal Audit Opinion.

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

(B) all relevant Executive Directors be requested to ensure immediate implementation of any overdue Internal Audit actions.

**Relevant
EDs**

245/22 **CORPORATE GOVERNANCE / REGULATORY COMPLIANCE**

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245/22/1 Sealing Report (Quarters 1 and 2)

The Director of Corporate and Legal Affairs presented paper S, which sighted the Trust Board to those Deeds that the Trust had entered into during the time period covered by this report (quarters 1 and 2 of the financial year 2022/23).

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

246/22 CORPORATE TRUSTEE BUSINESS

246/22/1 Charity Accounts 2021/22

The Director of Corporate and Legal Affairs introduced Ms J Woolley, Charity Finance Manager, Mr S Linthwaite, Deputy Director of Finance and Mr G Bott from Cooper Parry Auditors, who had all joined the meeting virtually for this item. Paper T detailed the Trustee's Annual Report (appendix 1), Annual Accounts (appendix 2), Audit report for inclusion in the accounts (appendix 3), Letter of Representation (appendix 4) and the Audit Findings Report (appendix 5) for the year ending 31 March 2022, all of which had been approved by the Charitable Funds Committee for recommendation onto the Trust Board for formal approval and adoption. The Audit Findings report from Cooper Parry Auditors provided assurance that the Accounts and Annual Report had been prepared in line with statutory requirements and presented a true and fair view.

The Trust Board were requested to approve and adopt the accounts and annual report for Leicester Hospitals Charity for the year ending 31 March 2022 and approve the signing of the Letter of Representation and signing of the relevant certificates by members of the Trust Board. Professor T Robinson, Non-Executive Director and Chair of the CFC, confirmed that the Accounts had been considered at the last meeting of the Charitable Funds Committee, which was happy to recommend these onto the Trust Board for formal approval.

Resolved – that (A) the accounts and annual report for Leicester Hospitals Charity for the year ending 31 March 2022 be formally approved and adopted, and

(B) the signing of the Letter of Representation and the signing of the relevant certificates by members of the Trust Board be approved.

246/22/2 Escalation Report from the Charitable Funds Committee Meeting – 7 October 2022

Resolved – that the contents of paper U, which detailed a summary of issues discussed at the Charitable Funds Committee meeting on 7 October 2022, be received and noted.

247/22 ANY OTHER BUSINESS

Resolved – that no additional items of business were raised.

248/22 QUESTIONS AND COMMENTS FROM THE PRESS AND PUBLIC RELATING TO BUSINESS TRANSACTED AT THIS MEETING

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 – It is good news that approval has been secured for the first phase of the Elective Hub at LGH. When will the first patients be using it, and when will the second phase be provided?

Mr S Barton, Deputy Chief Executive, noted that construction was due to start on Monday 7 November 2022, with the first patient expected to be seen in May 2023, with the full phase completed by October 2024.

Question 2 - Why has it been necessary to open a care home/ commission beds from Ashton Care Home when there are community hospitals in LLR?

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The actions which people were taking to open more beds were appreciated. However, in LLR there was no scenario in which there was too much capacity and the Trust had therefore taken this step in line with others across the NHS with the support of the Local Authority and NHS Providers.

Question 3 – Thank you for putting the minutes of committees into the public domain sooner than before. Is it possible to make the paper tabled for the committees available to the public? For example, the minutes of the September Operations and Performance Cttee refer to several tabled papers but at present the public cannot see these.

The Director of Corporate and Legal Affairs advised that it was not possible to publish these papers as these were not public meetings and undertook to change the way in which the Minutes were produced in order to make it clearer as to what the papers referred.

Question 4 – The Trust have an ambitious plan to breakeven with an intention to deliver £25m of savings, mitigations have been identified for £12m, however £13m remains at risk. What is the likelihood of finding that £13m and what will be the impact if you do not find those savings?

The Chief Financial Officer noted that the Trust had not yet identified a way in which to deliver the finances that also allowed it to deliver care to the standard expected and this was likely to impact on finances within the next financial year.

Question 5 - To continue from Harsha's comment on access to UHL car parking at LRI is as difficult now as it was before the multi-storey was opened. This is a problem particularly for patients attending oncology on a daily basis. Are there any plans to improve parking?

The Director of Estates and Facilities noted that the Trust was looking at improvements for both staff and patients and was also working with a travel provider in this respect. There was on-going progress and the Trust Board would be kept updated regarding developments.

Resolved – that the information be noted.

249/22 REPORTS AND MINUTES OF MEETINGS 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 29 September 2022
- Finance and Investment Committee – Minutes of 30 September 2022
- Operations and Performance Committee – Minutes of 28 September 2022
- Audit Committee – Minutes of 31 August 2022
- People and Culture Committee – Minutes of 25 August 2022
- Charitable Funds Committee – Minutes of 12 August 2022

250/22 DATE AND TIME OF NEXT MEETING

Resolved – that the next public Trust Board meeting be held from 1.30pm on Thursday 1 December 2022.

The meeting closed at 3.47pm.

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	7	7	100	J Melbourne	7	6	86
V Bailey	7	7	100	E Meldrum (until May 22)	2	2	100
A Furlong	7	6	86	R Mitchell	7	7	100
S Harris	7	5	71	B Patel	7	6	86
A Haynes	7	6	86	T Robinson	7	5	71
J Hogg (from June 2022)	5	5	100	M Williams	7	6	86
L Hooper	7	6	86				

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Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	5	5	100	G Sharma	7	5	71
A Carruthers	7	7	100	M Simpson (from 11.4.22)	6	6	100
B Cassidy	7	7	100	M Smith (from 17.10.22)	1	0	0
G Collins-Punter	7	6	86	C Teeney (from June 22)	5	3	60
M Durbridge	7	6	86	J Tyler-Fantom (until May 22)	2	2	100
H Kotecha	7	5	71	J Worrall	7	6	86