

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 14 MARCH 2024 FROM 1.30PM IN THE SEMINAR ROOMS 2&3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****Voting Members present:**

Mr J MacDonald – Trust Chair
 Ms V Bailey – Non-Executive Director
 Mr A Furlong – Medical Director
 Mr S Harris - Non-Executive Director
 Dr A Haynes, MBE – Non-Executive Director and Our Future Hospitals and Transformation Committee (OFH&TC) and Quality Committee Non-Executive Director Chair
 Ms J Hogg – Chief Nurse
 Ms L Hooper – Chief Financial Officer
 Mr J Melbourne – Chief Operating Officer
 Mr R Mitchell – Chief Executive
 Mr D Moon – Non-Executive Director and Audit Committee Non-Executive Director Chair
 Mr A Moore – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair
 Mr B Patel – Non-Executive Director and People and Culture Committee (PCC) Non-Executive Director Chair
 Mr J Worrall – Non-Executive Director and Operations and Performance (OPC) Non-Executive Director Chair

In attendance:

Dr R Abeyratne – Director of Health Equality and Inclusion
 Mr S Barton – Deputy Chief Executive
 Professor I Browne – Associate Non-Executive Director
 Mr A Carruthers – Chief Information Officer
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Ms L Evans – Head of Nursing - Childrens (for Minute 45/24)
 Mr M Farmer – Associate Non-Executive Director
 Professor A Garcea – Associate Non-Executive Director (from Minute 68/24/1)
 Ms E Moss – Chief Operating Officer, Clinical Research Network (for minute 70/24/1)
 Mr M Reeves – Corporate and Committee Services Officer
 Ms M Smith – Director of Communications and Engagement
 Ms C Teeney – Chief People Officer
 Ms S Wilkinson – Senior Nurse, Patient Experience (for Minute 45/24)

		<u>ACTION</u>
60/24	APOLOGIES AND WELCOME	
	The Trust Chairman welcomed everyone to the meeting including Mr D Moon and Mr A Moore, Non-Executive Directors as it was their first meetings of the Trust Board. Apologies for absence were received from Professor T Robinson, Non-Executive Director.	
61/24	CONFIRMATION OF QUORACY	
	<u>Resolved</u> – 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).	
62/24	DECLARATIONS OF INTERESTS	
	An update of the 2023/24 annual declaration of Trust Board declarations of interests was presented to the Trust Board to include the interests of Mr D Moon and Mr A Moore as new Non-Executive Directors.	
	<u>Resolved</u> – the update to the 2023/24 annual declaration of Trust Board declarations of interests, be noted.	
63/24	MINUTES	

	Resolved – that the Minutes of the public Trust Board meeting held on 8 February 2024 be confirmed as a correct record.	
64/24	MATTERS ARISING: BOARD ACTION LOG	
	<p>Paper C provided progress updates for the matters arising from the 8 February 2024 Trust Board meeting and any outstanding items from previous meetings, the contents of which were received and noted.</p> <p>The Chief Executive noted that a number of actions related to working with System partners and he confirmed that this work was ongoing.</p>	
	Resolved – that the matters arising report be received and noted as paper B.	
65/24	PATIENT STORY	
	<p>The Trust Board received a video presentation, from the mother of a patient named Fergus. Fergus had been a patient in Ward 11 due to his multiple complex needs. Fergus' treatment started soon after his birth and had been ongoing since, with multiple stays in the ward of varying lengths up to a number of months. The staff were thanked and praised for their kind and supportive approach, which provided practical assistance to the mother as well as emotional support, acting like a second family. They also got to understand and know Fergus very well, and were able to understand him when his symptoms prevented him from communicating. Ms L Evans, Head of Nursing, Childrens explained that Ward 11 was a medical ward which had multiple specialties and had the capacity to support patients from neonatal period onwards. Families would often travel significant distances for stays in the ward, therefore wraparound care was provided and there was close engagement and support provided, as care was often provided on a long-term basis.</p> <p>The Chief Operating Officer enquired what the long-term support plans were for Fergus, particularly as an acute setting may not be appropriate. The Head of Nursing explained that Fergus had now gone home after being in Ward 11 for some time and time was taken to establish that his complex care needs could be dealt with in the community. Leicestershire Partnership NHS Trust did provide some elements of his care, but they could not provide all elements of care for a patient with multiple needs.</p> <p>Mr I Browne, Associate Non-Executive Director enquired about the emotional support for staff who worked in the ward. The Head of Nursing noted that the teams in the ward did have professional nurse advocates who could help with any issues which arose. Staff could also be referred to Trauma Risk Management (TRiM) who had resources which could provide support, and particular support was provided where deaths occurred. Generally, the team were close knit, and many had been there for long periods of time.</p> <p>In response to a query regarding the transition from acute care for children with complex needs, the Head of Nursing noted that this was an area which was developing following the recent appointment of a clinical lead for children with learning disabilities and the focus was on ensuring that suitable packages of care were in place.</p> <p>The Chief Executive conveyed thanks to the excellent work of the team and he referred to comments received from the parent of a patient who was treated by the ward who praised their work and support highly.</p> <p>Mr J MacDonald, Trust Board Chairman thanked the Head of Nursing and Ms S Wilkinson, Senior Nurse Patient Experience for attending the meeting.</p>	
	Resolved – that the patient story be noted.	
66/24	STANDING ITEMS	
66/24/1	<u>Chair's Report</u>	
	Reporting verbally, the Trust Chairman highlighted the following items:-	

	<p>(a) Dr A Haynes, Non-Executive Director would be taking the position of Trust Board Vice Chair in March 2024.</p> <p>(b) Mr S Harris, Non-Executive Director would be stepping back from his role as chair of FIC but would remain involved with UHL as an Associate Non-Executive Director.</p> <p>(c) Mr D Moon and Mr A Moore, Non-Executive Directors were welcomed to the Trust Board, and it was noted that they had considerable experience which would bring further thought and challenge to the Trust Board's deliberations.</p> <p>(d) Mr B Patel, Non-Executive Director would be leaving his role in June 2024, and his role as Chair of the People and Culture Committee would be transferred in the near future.</p> <p>(e) Noting that there would be a chance to review performance of the past year, the Trust Board Chairman referred to some of the key improvements from the past year including, reductions in elective surgery waiting times, cancer waiting times, emergency department performance and the Trust having achieved the fourth most improved staff survey results in the country. Challenges did however remain, partly arising from the winter pressures and industrial action and the need to address growing costs and financial pressures.</p> <p>(f) The forthcoming summit which was taking place with System partners to discuss the emergency pathway was referred to. Whilst this was likely to consider issues for the short and medium terms, it was felt that there was a need to consider the longer term, and the changing health needs of the population where it was felt that growth in the provision of beds was not that answer.</p> <p>(g) The partnership between University Hospitals of Leicester NHS Trust and University Hospitals of Northamptonshire NHS Group was developing with the first meeting of the Partnership Board due to take place in April 2024. Further consideration was underway regarding what responsibilities could be delegated to the Partnership Board.</p>	
	<u>Resolved</u> – that the updates be noted.	
66/24/2	<u>Chief Executive's Update</u>	
	<p>The Chief Executive presented paper E and particularly highlighted the following:</p> <p>(a) It had been announced that the Trust Board Chairman, Mr J MacDonald would be stepping down from his position in the summer of 2024. The Chief Executive noted the hugely positive impact the Chairman had delivered in terms of stability for the Trust and the development of the partnership with University Hospitals of Northamptonshire NHS Group (UHN). He thanked the Chairman for his many years of service.</p> <p>(b) Detailed staff survey results had now been received and whilst they showed many areas of improvement from the previous year, further improvements were necessary as the Trust was still showing average results overall. The aim was now to achieve results within the top 5 Trusts in the country for the next year. In response to a query regarding actions arising from the results the Chief Executive noted that the process would be to build on actions taken within the last year, to analyse any comments made, to engage with trade unions and staff groups in order to identify key areas to address. The plan was to provide for high level basic support for staff in order for them to focus entirely on their patients' needs. The Chief People Officer also commented that it was intended to build on existing good practice and the development of actions specific to each manager, with the overall theme of getting the basics right, as well as eliminating any discrimination. The Chief Executive confirmed that the actions in response to the staff survey would be communicated in April 2024.</p> <p>(c) The current operating environment was challenging for all concerned. Actions were being taken in the short term in order to improve the longer-term situation. This included an ongoing focus on workplace culture, the development and use of Artificial Intelligence and the implementation of a digital Patient Administration System in order to improve productivity and safely caring for patients. The aim was to make it easier for staff to perform at their best regardless of where they worked.</p>	<p>CE / CPO</p>

	Resolved – that the response and actions arising from the staff survey be communicated to staff in April 2024.	CE / CPO
66/24/3	<u>UHL Performance Update and Integrated Performance Report (Month 10)</u>	
	<p>The Chief Operating Officer introduced paper F, comprising the Integrated Performance Report (IPR) for January 2024. It was noted that January had been a particularly challenging month due to significant increases in demand for urgent and emergency care (UEC) services, delays in opening up all capacity and issues with the exit pathway. These issues were the top priority for resolving and actions such as a summit with System partners was taking place in April 2024 and a review of UEC governance, with the focus on the short term initially, but also consideration for the longer term in order to address the issues on a sustainable basis.</p> <p>With regard to planned care, the Chief Operating Officer noted that despite challenges arising from winter pressures and industrial action, progress had still been delivered, demonstrated by the statistic of UHL being most improved System in the country for long waiters and the second most improved for total waiting lists. He further noted forthcoming positive developments such as the opening of the East Midlands Planned Care Centre, new Endoscopy services and the Hinckley Community Diagnostic Centre. There had also been discussions with colleagues at University Hospitals of Northamptonshire NHS Group regarding best practice sharing in order to drive productivity.</p> <p>Mr M Farmer, Associate Non-Executive Director referred to a letter from NHSE to Chief Executives regarding an incentive scheme, and queried what the Trust's response was. The Chief Operating Officer confirmed that the Trust was exploring the details to see what was needed to meet the challenges of the scheme, noting that part of the focus was on meeting the four hour target in the emergency department.</p> <p>Ms V Bailey, Non-Executive Director referred to the forthcoming UEC summit meeting, and queried what preparatory work was being undertaken and what ideas there were for doing things differently going forward. The Deputy Chief Executive referred to research being undertaken with the University of Leicester and System partners to consider the evidence for what was driving the growth in demand for UEC services and this would inform service provision going forward. The research would explore matters such as inequalities and behaviours built up during the Covid pandemic. The Chief Operating Officer also noted the ongoing growth in demand and that this would need to be addressed. Developing the point regarding the summit, the Trust Board Chairman spoke of the need to ensure that the Trust's message was clear when engaging with partners, particularly in terms of the specific risks arising in UEC, the risks which were the responsibility of UHL and those which require a shared approach with a view to moving forward as a System on this issue.</p> <p>Mr J Worrall, Non-Executive Director noted that improvements in achievement in cancer related to the NHSE fair shares target which demonstrated improvements in both treatment waiting times and diagnosis standards.</p> <p>Each of the Executive Director IPR leads were invited to provide an overview of the key aspects of paper D relating to their portfolios and the Non-Executive Director Chairs of Board Committees were invited to comment as follows:-</p> <p>(1) Quality – The Chief Nurse referred to infections of Clostridium Difficile and Methicillin-susceptible Staphylococcus Aureus Bacteraemia but noted that good work plans were in place to respond where infections occurred. Further, a campaign was planned to develop a focus on fundamentals of hygiene and any associated training. Pressure ulcers numbers had increased for January 2024, but this was being addressed by developing a breakdown by Clinical Management Group (CMG) and meetings were being held to discuss how to respond. The new Patient Advice and Liaison Service was now becoming more established, but due to the demand, further provision was being considered with the involvement of the voluntary sector.</p> <p>The Medical Director noted the ongoing sustained pressures at which teams were working, particularly in the Emergency Department meant that the patient experience could often be a poor one and this had been recognised in discussion at Quality Committee. This was particularly evident due to the complaints which had been received and issues with transitions of care and flow through the hospital. Actions in response were being put in place, such as standardisation</p>	CE / COO

	<p>of same day emergency care, work on children's facilities, new ways of working in cardiology and reviewing the transitions procedures.</p> <p>Mr V Bailey, Non-Executive Director raised points with regard to bed occupancy in terms of its relationship with patient flow, and also numbers of never events. The Chief Operating Officer noted that the bed occupancy could be affected by many factors, such as annual leave at Christmas or industrial action. The Medical Director confirmed that never event performance would most likely be notably lower than the previous year.</p> <p>Mr J MacDonald, Trust Board Chairman noted improvements in many metrics and sought to define further areas where the Board should focus its attention, particularly in terms of the emerging Quality Strategy and the focus on the fundamentals of care. He requested 3 or 4 key areas for inclusion in monitoring when considering the Strategy, to better understand improvements or challenges.</p> <p>(2) People – The Chief People Officer noted that there continued to be increased recruitment to substantive positions which created a better experience for staff as a whole as well as for continuity of care. There was underperformance in terms of the numbers of appraisals as well as completing mandatory training, which was felt to be as a result of the periods of industrial action, but there was now a drive to improve performance in these areas.</p> <p>(3) Finance – The Chief Finance Officer noted that in Month 10 that the deficit was £6m adverse to forecast, mainly as a result of growth in UEC activity. Actions were being undertaken to reduce the pay bill, particularly on temporary staff. There was also a delivery plan in place which looked to reduce spend in 16 areas and would be the focus for the next few months. In terms of the Cost Improvement Programme (CIP), this was due to meet its target, but there was a need to improve recurrency and discussions were ongoing with CMGs to improve this where possible. The cash position continued to be monitored by a committee twice a month and appropriate cash support applications would be explored. Planning for the forthcoming year was underway, particularly now that guidance had been received from NHSE/I with challenges to address such as improved waiting times, reduced pay bill and UEC capacity. The CIP for the forthcoming year would also be considerably challenging.</p> <p>Mr A Moore, Non-Executive Director raised points about people costs and cash sufficiency. The Chief Financial Officer noted that the challenge within planning to address unfunded UEC costs was far greater than addressing people costs, but workforce was a priority for the forthcoming year. She also confirmed that the Trust did have sufficient funds to continue to pay its suppliers.</p>	CN / MD
	<p>Resolved – that (A) the Trust be clear on its position in advance of the planned System summit in April 2024 of the specific risks arising in UEC, the risks which are the responsibility of UHL and those which require a shared approach with a view to moving forward as a System on this issue; and</p> <p>(B) 3 or 4 key areas be identified for inclusion in the monitoring of the Fundamentals of Care / Quality Strategy which would enable the Trust Board to be able understand improvements or challenges.</p>	CE / COO CN / MD
67/24	HIGH QUALITY FOR ALL	
67/24/1	<u>Maternity Assurance Committee Chair's Summary Report and Perinatal Surveillance Scorecard</u>	
	<p>The Chief Nurse presented the report which presented a summary of the key discussions at the UHL Maternity Assurance Committee (MAC) which met on 28 February 2024. It was noted that there had been a positive committee with the focus of the wider programme changing due to the recent CQC inspection. The response towards the actions arising from the Ockenden report were noted with further details to be brought to the next meeting of the Trust Board. Updates were also provided in relation to the Empowering Voices programme, the Saving Babies Lives Care Bundle and the Maternity Incentive Scheme were assurances were provided on the progress being made. Positive news was also noted with 72 midwives joining the Trust in the past year.</p> <p>The Chief Nurse also referred to the Perinatal Surveillance Scorecard noting that in January 200 additional bookings in pregnancy were made compared to December 2023 and plans to address this increase would be provided to the Trust Board. It was also noted that 1-1 care levels had been</p>	

	<p>maintained and there had been an improvement in friends and family feedback. The new safety champions were now in place and were active within the service.</p> <p>The Deputy Chief Executive referred to the Maternity and Neonatal Improvement Programme which had already driven improvements, and would continue to do so for the forthcoming year.</p> <p>Mr J Worrall, Non-Executive Director noted staff engagement in the Empowering Voices programme, but enquired about level of engagement with mothers and families in delivering improvements. The Chief Nurse noted that the Maternity Partnership had been relaunched, with a new centre, the design for which would be putting the patient at the forefront. Patients were also involved in walk arounds of the wards and there were wider pieces of work ongoing with patient engagement a key part of the improvement programme.</p> <p>Trust Board members also considered a range of issues relating to the experiences of ethnic minority patients in maternity. It was also noted that in terms of engagement with mums from ethnic minorities, the Trust had now contracted with Leicester Mamas who had considerable experience of working with diverse communities. The discussion also considered late presentation of mothers from ethnic minorities, and the Director of Health Equality and Inclusion commented that there was a specific piece of work looking at this issue. It was also noted that actions on this area had arisen from the City Health & Wellbeing Board and these were being considered to make specific to UHL, and work was already ongoing to respond, in particular considering any systemic issues, but also engaging with Public Health and learning from other areas.</p> <p>Trust Board members also considered matters in relation to maternal mental health and bereavement. The Chief Nurse noted in relation to bereavement that the Trust had excellent staff who were trained to respond and she was confident that the initial actions from the Ockenden report on this area had been achieved. The Director of Health Equality and Inclusion noted that UHL was one of 8 systems who were taking part in a research project on perinatal mental health and this would be reported on, along with bereavement in one of the quarterly updates on health equality to Trust Board.</p> <p>Mr J MacDonald, Trust Board Chairman noted that the report included positive achievements, but challenges remained and enquired whether the Trust Board could assist in responding to these challenges. The Chief Nurse noted that the Maternity and Neonatal services were on a journey to improve services, but she encouraged the Trust Board to continue to be curious and ask questions on the reports which were submitted to the Board, particularly on challenges such as those relating to health equalities and staffing capacity.</p>	DoHE&I
	<p><u>Resolved</u> – that details of service provision in relation to supporting parents who have suffered maternal bereavement be included in a future health inequalities update report.</p>	DoHE&I
67/24/2	<p><u>UHL Mortality and Learning from Deaths Quarterly Report</u></p>	
	<p>The Medical Director presented a report which provided an update on UHL's Mortality Rates and Learning from Deaths programme. It was noted that the crude mortality rate was lower than the previous year, however the details of the metrics from mortality were analysed via the Mortality Committee and the Quality Committee in order to identify any areas for improvement. It was reported that there were no mortalities where problems in care were a contributing factor, but wider determinants were being reviewed. In terms of reviewing perinatal mortalities, it was noted that the Trust was meeting with peers from Leeds to do a reciprocal review in this area. It was anticipated that the MBRRACE report (which reviewed perinatal mortality and promoted reduced risks) would provide details of how the Trust was performing and this would be reported to the Quality Committee with details of any associated actions. It was noted that the role of the Medical Examiner was expanding and there would be scrutiny of all mortalities in future, including involvement of primary care. The Trust received positive feedback from Medical Examiner reviews regarding end of life care in 86% of cases, but there were actions arising where there had not been positive feedback. Feedback was provided from the December 2023 Mortality Review Committee where a complex case was considered with learning arising from this. In the most recent quarter, there were 3 mortalities which would be reviewed at the Mortality Review Committee to consider any action arising.</p> <p>Dr A Haynes Non-Executive Director welcomed the report but queried the apparent polar opposite comments being made when feedback from the bereaved was received. The Medical Director</p>	

	<p>commented that the feedback aligned with complaints which were received, such as multiple moves, and these areas would be the focus in terms of improving quality going forward.</p> <p>Mr J MacDonald, Trust Board Chairman referred to the number of lower 'RAG' ratings appearing at Appendix 2 of the report, relating to perinatal mortality. The Medical Director explained that the ratings were set by MBRRACE and referred to comparisons with peers. It was felt that UHL's ratings needed further consideration to clarify whether these related to the number of complex cases or if it reflected the needs of the population. The Trust Board Chairman felt that this explanation should be provided. The Medical Director undertook to provide a detailed report on MBRRACE findings to the Quality Committee.</p>	MD
	<p>Resolved – that a detailed report on MBRRACE findings providing clear explanation of the Trust's position be submitted to the Quality Committee.</p>	MD
67/24/3	<p><u>Escalation Reports</u></p>	
	<p><u>Operations and Performance Committee – 28 February 2024:</u> Mr J Worrall, Operations and Performance Committee (OPC) Non-Executive Director Chair presented the escalation report from the Operations and Performance Committee held on 28 February 2024. Details were provided of the discussions on the West Midlands Senate Review of Cardio/respiratory and Medicine Acute Services which had considered progress to date and further actions and opportunities to provide a better flow of services. The Head of Operations from Emergency and Specialist Medicine had attended the OPC meeting to provide a briefing on UEC, noting the range of actions being undertaken to improve performance which the Committee reviewed in detail. In terms of Cancer performance, it was welcomed that the Trust was due to go beyond its 'fair share target' of 300 patients waiting 62 days for treatment, with the aim of further improving by going below 200 next year. There was also a detailed review of Radiotherapy where improvement options were being considered including closer working with colleagues from UHN.</p> <p>Ms V Bailey Non-Executive Director welcomed hearing details of developments for an electronic prescription service which would enable communication with pharmacy regarding take home medication (TTOs). The Chief Information Officer confirmed that this system was not yet live, but he would provide an update to OPC when it was operational.</p> <p>In discussion it was noted that there were sometimes overlaps between Quality Committee and OPC, noting that this was sometimes legitimately the case, but the focus for OPC was more on delivery and accessibility standards, whereas for Quality Committee was more about the quality of the service.</p> <p><u>Quality Committee – 29 February 2024</u> Mr J Worrall, Non-Executive Director, Quality Committee Acting Chair presented the escalation report from the Quality Committee held on 29 February 2024. He informed the Trust Board that the Committee had received an update from the Thrombosis Lead in relation to improvements in assessments performance. He further noted that an overview was provided in relation to planned patient diagnostics which was currently analysing data relating to long waits and considering whether there were any themes emerging particularly in relation to health inequalities. On a wider point, the Quality Committee Non-Executive Director Acting Chair supported the focus outlined earlier in the meeting on the fundamentals of care which he felt would provide the best overall improvements for patients.</p> <p><u>Finance and Investment Committee (FIC) – 29 February 2024</u> Mr S Harris, FIC Non-Executive Director Chair (for that meeting) presented the escalation report from the Finance and Investment Committee which took place on 29 February 2024. He particularly referred to the post investment review report which the Committee had discussed and would receive quarterly going forward, which considered where investments had taken place and whether they achieved their objectives.</p> <p><u>Our Future Hospitals and Transformation (OFH&T) Committee – 22 February 2024</u> Dr A Haynes, OFH&T Committee Non-Executive Director Chair presented the escalation report from the Our Future Hospitals and Transformation Committee held on 22 February 2024. He noted that overall the Our Future Hospitals programme was going well, and of the current live projects, the East Midlands Planned Care Centre and the Leicester Diabetes Centre extension were on track, but there were challenges with regards to Endoscopy improvements. He further noted that the LRI</p>	CIO

	Enabling Project has been endorsed by OFH&TC prior to consideration by FIC, and the Committee had received an update on the transformation of outpatients noting the initiatives on patient initiated follow ups.	
	<u>Resolved</u> – that (A) the escalation reports be noted; and (B) that the Operations and Performance Committee receive an update on the roll out of the Electronic Prescription Service once it was live.	CIO
68/24	GREAT PLACE TO WORK	
68/24/1	<u>NHS Staff Survey Results 2023</u>	
	<p>The Chief People Officer presented a report which shared the Trust's results of the NHS Staff Survey conducted in 2023. It was noted that there had been significant improvements in the results compared to the previous year, including the response rate and recommending the Trust as a place to work. Some emerging themes from the text comments were about getting the basics right, providing equipment to be able to perform in a job, supporting people to improve and to reach their potential. Improvements were also recognised in relation to race and religious beliefs, but there was a theme emerging where staff were seeking more support, particularly when feeling burnt out. The feedback would now be analysed in detail and feedback would be provided on a localised basis to service areas and tool kits would be provided to put actions into place.</p> <p>Mr M Farmer, Associate Non-Executive Director welcomed the improvements within the results. He did however note that there was a growth in staff feeling more discriminated. The Chief People Officer in response stated that this had been a theme for a number of years and there was a national programme of work and delivery plan and an awareness campaign lined up. It was also intended to reinvigorate staff networks and what support could be provided and identify groups not covered by a network or group.</p> <p>Mr B Patel, Non-Executive Director referred to the improvements in scores in relation to staff burnout which he felt went against his expectations, but in a positive way.</p> <p>Mr J Worrall, Non-Executive Director felt that the contribution of the Trust's Executive Team should be recognised regarding the improvement in results.</p> <p>It was noted that the next steps would be to circulate responses to all parts of the Trust, to continue to report to the People and Culture Committee and work closely with CMGs and service areas to deliver an ongoing cycle of improvement.</p>	CPO
	<u>Resolved</u> – that the next steps following the release of the results be taken forward, including developing Trust wide responses to the results, feeding back to staff, reporting to the People and Culture Committee and Trust Board and working with CMG areas for specific area responses.	CPO
68/24/2	<u>Agency Compliance, Usage and Reduction</u>	
	<p>The Chief People Officer presented a report which provided an update and assurance on the programme of work to ensure compliance and governance on agency usage in accordance with the NHSE/I Agency rules and the work being undertaken to reduce the use of agency staff. It was reported that there was a weekly agency oversight group that received a report which summarised the position within the Trust, and the group was strengthening controls on the use of agency and providing sign off where necessary. With regard to the 6 national agency rules, it was noted that the Trust was compliant on 3 with a further 2 to be compliant by April 2024.</p> <p>Mr J MacDonald, Trust Board Chairman enquired whether a focus on a reduction in the use of agency staff had caused an increase in the use of bank staff. The Chief People Officer stated that could be possible, but the use of agency staff had generally been replaced by substantively employed staff.</p> <p>Mr D Moon Non-Executive Director suggested that it would be useful to know the difference in use of agency between nursing and clinical staff. The Chief Nurse noted that there had been some use</p>	

	of agency staff in nursing to cover staff move arounds, but in the main nursing agency staff had been reduced.	
	<u>Resolved</u> – that the report be noted.	
68/24/3	<u>Gender Pay Gap Report</u>	
	<p>The Chief People Officer presented a report which met the Trust’s legal duty under the Equality Act of 2010 in publishing the Gender Pay Gap differences between male and female staff for the period 2022 – 2023. The report also, for the first time, reported on the ethnicity pay gap. Overall, it was noted that men were paid more than women and white people were paid more than BAME staff. The gender imbalance was partly explained by historic roles primarily undertaken by males and would take some time before becoming more balanced. A network group on gender equality was being set up and could explore these issues further.</p> <p>The Trust Board Chairman, Mr J MacDonald enquired about the gender pay gap within nursing. The Chief People Officer explained that pay gaps in the data overall were created by the types of roles, mostly senior, which were historically held by men, as there were fewer opportunities for flexibility within these posts.</p> <p>Mr I Browne, Associate Non-Executive Director noted that the report stated that further data was needed in respect of explaining the ethnicity pay gap and he felt this was problematic. Further, on a wider point he felt that being a Trust Board for a plural city like Leicester, the Trust should be at the forefront on such matters, knowing and understanding its staff and communities. The Chief People Officer agreed with these points and noted there were plans in place to address such matters and consider a person’s ability to apply for roles and receive support to progress. She acknowledged that there was a need to improve the data to understand the background and characteristics of staff working within the Trust. The Trust Board Chairman Mr J MacDonald noted that the Trust Board had previously commented that the Trust should be a leader on equalities due to the diverse population it served and that the Board needed to consider how best it could drive this forward.</p>	CE / CPO / DoHEI
	<u>Resolved</u> – that consideration be given to the best mechanism for the Trust Board to explore how the Trust could become a leader in equalities in health and as an employer.	CE / CPO / DoHEI
68/24/4	<u>Behaviours Framework</u>	
	<p>The Chief People Officer presented a report which set out the reasons and methodology for developing a behavioural framework, known as ‘Our Behaviours’ and presented the proposed behaviours framework and next steps for put the framework into day to day practice. The framework would be developed from the work undertaken to refresh the Trust values and it would set out how staff would treat each other and how they would expect to be treated, particularly for example during things like appraisal conversations. A communications plan was in place to ensure visibility across the organisation.</p> <p>Mr A Moore, Non-Executive Director welcomed the framework, noting it was a particularly important piece of work, but noted that it covered how good behaviour was rewarded, but he queried how bad behaviour would be dealt with. The Chief People Officer in response said that the framework would guide conversations about what was and was not expected and inform restorative conversations and it would form part of wider disciplinary procedures.</p> <p>The Chief Executive queried whether there was a risk that once the framework was in place, whether there would be complacency about ensuring it was followed. The Chief People Officer stated that the framework would cover every aspect of the employee lifecycle and was embedded in the appraisal process and within the programme of work on leadership development. It would also inform model role behaviours.</p> <p>The Deputy Chief Executive enquired how the framework would be embedded across the organisation. The Chief People Officer stated that initially the responsibility lay with the Executive Team, through the Trust leadership event in March 2024, and acting in accordance with the framework going forward. The Trust Board Chairman noted that this was an important piece of work and suggested that further Trust Board discussion could take place to ensure that it became a day to day reality.</p>	

	<u>Resolved</u> – that (A) the behavioural framework be approved.	
68/24/5	<u>Health and Safety Policy</u>	
	The Chief Nurse presented a report which highlighted changes to UHL Policy Document A17/2002 (Health and Safety Policy) in order to satisfy Policy and Guidelines Governance arrangements to seek approval from the Trust Board as a category A document.	
	<u>Resolved</u> – that (A) it be noted that the Board level Director for Health and Safety is now Director of Estates, Facilities and Sustainability behavioural framework be approved, having transferred from the Medical Director; and (B) the updated UHL Health and Safety Policy be approved.	
69/24	PARTNERSHIPS FOR IMPACT – NO ITEMS	
70/24	RESEARCH AND EDUCATION EXCELLENCE	
70/24/1	<u>CRN East Midlands Quarterly Board Report</u>	
	<p>Elizabeth Moss, Chief Operating Officer, Clinical Research Network (CRN), East Midlands presented the report which provided an update on the recent progress and current priorities of the CRN East Midlands, including the latest finance update report and current risks and issues register. It was noted that in line with national changes, the CRN was becoming the East Midlands Regional Research Delivery Network (RRDN) for which UHL would still be the host organisation, and this change did require some degree of organisational focus at the current time including the appointment of new directors. Other key points highlighted were the support being provided to regional ICBs for their research roles and the performance which was expected to be the best year ever for the network including high levels of recruitment, particularly to commercial studies which generated welcome income. In terms of key risks, the transfer to becoming the RRDN in terms of managing the organisational change and continuing to deliver high levels of performance were noted.</p> <p>Ms V Bailey, Non-Executive Director noted that there was reference in the report to challenges relating to recent finance changes within UHL and sought assurance that these would be resolved. The Chief Financial Officer noted that there had been a recent meeting to discuss this matter and would be considered further in order to resolve the matter.</p> <p>The Chief Executive thanked the EMCRN Chief Operating Officer for the work of the Network and noted that there had been national recognition for the work they had been doing.</p>	
	<u>Resolved</u> – that the report be noted.	
71/24	CORPORATE GOVERNANCE/REGULATORY COMPLIANCE – NO ITEMS	
72/24	CORPORATE TRUSTEE BUSINESS	
	<u>Escalation Report from the Charitable Funds Committee – 16 February 2024</u>	
	Mr V Bailey, Non-Executive Director, Charitable Funds Committee Acting Chair presented the escalation report from the Charitable Funds Committee held on 16 February 2024. It was noted that there was a good discussion on ethical giving on which a further report would be brought to a future meeting of the committee.	
	<u>Resolved</u> – that the escalation report be noted.	
73/24	BOARD SERVICE VIDEO	
	The Trust Board were shown a video relating to Hepatitis C services at UHL and the significant improvements in treatment which had been implemented to improve the cure rate and the reduction in patients requiring a liver transplant.	
	<u>Resolved</u> – that the contents of the video be noted.	

74/24	ANY OTHER BUSINESS – NO ITEMS	
75/24	QUESTIONS FROM THE PRESS AND PUBLIC	
	There were no questions from the press or public.	
76/24	REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):	
76/24/1	<p>Resolved – that it be noted that the following Minutes of meetings had been published on UHL's website alongside the Trust Board papers:-</p> <ul style="list-style-type: none"> • Quality Committee – Minutes of 25 January 2024 • Operations and Performance Committee – Minutes of 24 January 2024 • Finance and Investment Committee – Minutes of 26 January 2024 • Our Future Hospitals and Transformation Committee – Minutes of 17 January 2024 • Charitable Funds Committee – Minutes of 15 December 2023 	
76/24/2	<u>Item for Noting – Updated Colleague Support Policy</u>	
77/24	REPORTS DEFERRED TO A FUTURE MEETING	
	Resolved – None.	
78/24	DATE AND TIME OF NEXT MEETING	
	Resolved – that the next Public Trust Board meeting be held on Thursday 11 April 2024 from 1.30pm (venue to be confirmed).	

The meeting closed at 3.58pm

Matthew Reeves – Committee and Corporate Services Officer

Cumulative Record of Attendance (2023/24 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J MacDonald	13	12	92	D Moon (from 1.3.24)	1	1	100
V Bailey	13	10	76	A Moore (from 1.3.24)	1	1	100
A Furlong	13	8	61	R Mitchell	13	13	100
S Harris	13	10	76	B Patel	13	13	100
A Haynes	13	11	85	T Robinson	13	7	53
J Hogg	13	11	85	G Sharma (until 30.4.23)	1	0	0
L Hooper	13	12	92	M Williams (until 1.3.24)	12	10	83
J Melbourne	13	12	92	J Worrall	13	10	76

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	13	12	92	Mr M Farmer (from 1.1.24)	2	2	100
S Barton	13	12	92	A Garcea (from 1.12.23)	3	3	100
I Brown (from 1.12.23)	3	3	100	H Kotecha	11	5	38
A Carruthers	13	11	85	M Simpson (until 22.3.24)	13	12	92
B Cassidy	13	13	100	M Smith	13	13	100
G Collins-Punter (until 31.12.23)	11	3	27	C Teeney	13	12	92