

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 13 JUNE 2024 FROM 1.30PM IN SEMINAR ROOMS 2/3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****Voting Members present:**

Mr J MacDonald – Trust Board Chair  
 Ms V Bailey – Non-Executive Director  
 Dr A Haynes – Non-Executive Director, Quality Committee and Our Future Hospitals and Transformation  
 Ms J Hogg – Chief Nurse  
 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:**

Ms R Abeyratne – Director of Health Equality & Inclusion  
 Dr A Atkinson – Consultant and Guardian of Safe Working (for minute 185/24/3)  
 Mr D Barnes – Deputy Medical Director (for Mr A Furlong, Medical Director)  
 Mr S Barton – Deputy Chief Executive  
 Professor I Browne – Associate Non-Executive Director  
 Ms D Burnett – Director of Midwifery  
 Mr A Carruthers – Chief Information Officer  
 Ms B Cassidy – Director of Corporate and Legal Affairs  
 Mr S Ceres – Deputy Director of Finance (Financial Management) (for Ms L Hooper, Chief Financial Officer)  
 Ms L Clayton – Advanced Nurse Practitioner (for minute 182/24)  
 Professor A Farooqi – Clinical Director, Clinical Research Network (for minute 187/24/1)  
 Ms S Kaya – Freedom to Speak Guardian (for minute 185/24/4))  
 Mr D McIlroy – Operations Manager, The Guardian's Service (for minute 185/24/4)  
 Ms R Moss – Freedom to Speak Guardian (for minute 185/24/4))  
 Mr M Reeves – Corporate and Committee Services Officer  
 Dr R Singh – Consultant and Guardian of Safe Working (for minute 185/24/3)  
 Mr N Skinner – Patient (for minute 182/24)  
 Mrs Skinner – Patient's wife (for minute 182/24)  
 Ms M Smith – Director of Communications and Engagement  
 Ms C Teeney – Chief People Officer  
 Ms S Wilkinson – Senior Nurse – Patient Experience (for minute 182/24)

		<b>ACTION</b>
<b>177/24</b>	<b>APOLOGIES AND WELCOME</b>	
	Apologies for absence were received from Professor T Robinson, Non-Executive Director, Professor A Garcea, Associate Non-Executive Director, Mr A Furlong, Medical Director and Ms L Hooper, Chief Financial Officer Mr M Farmer, Associate Non-Executive Director and Mr S Harris, Associate Non-Executive Director.	
<b>178/24</b>	<b>CONFIRMATION OF QUORACY</b>	
	<b>Resolved</b> – 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).	
<b>179/24</b>	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interest.	
<b>180/24</b>	<b>MINUTES</b>	

	<b>Resolved</b> – that the Minutes of the public Trust Board meeting held on 9 May 2024 be confirmed as a correct record.	
181/24	<b>MATTERS ARISING: BOARD ACTION LOG</b>	
	<p>Paper B provided progress updates for the matters arising from the 9 May 2024 Trust Board meeting and any outstanding items from previous meetings, the contents of which were received and noted.</p> <p>The Director of Health Equality and Inclusion reported that action 4b regarding the utilisation of data would be addressed at System level, by the Leicester, Leicestershire and Rutland Equalities Unit and feedback would be reported in due course. The Chief Information Officer further noted that colleagues from Information Management and Technology were in discussion with NHSE with a view to undertaking a more proactive role in the use of data and confirmed that the action should stay open for a short period until the position became clearer.</p>	
	<b>Resolved</b> – that the matters arising report be received and noted as paper B.	
182/24	<b>PATIENT STORY</b>	
	<p>The Chief Nurse introduced Mr Nicholas Skinner a patient who had received treatment for his heart condition in a virtual ward. Mr Skinner’s wife was also in attendance as was Ms L Clayton Advanced Nurse Practitioner who was involved in Mr Skinner’s treatment. The Trust Board received a video presentation which told the story of Mr Skinner’s condition and treatment. Receiving treatment meant he received the majority of his treatment at home, and this would include him undertaking tasks such as his own readings for measures such as blood pressure. Relevant equipment was provided and a clinician was available to discuss any concerns on a daily basis over the phone with appointments with consultants as necessary. In the early stages of the treatment, there would be regular attendance at the hospital but this became less as the treatment developed. Mr Skinner confirmed that being treated on a virtual ward was preferable to him as it suited his domestic circumstances and allowed for greater flexibility.</p> <p>Following the presentation, discussions took place as follows:</p> <ol style="list-style-type: none"> <li>a) Mr B Patel, Non-Executive Director thanked Mr Skinner for his story and the Heart Failure Team for their support and praised this example of treatment which worked well for the patient and provided a good level of support when it was needed.</li> <li>b) Ms V Bailey, Non-Executive Director commented that hearing the positive story of Mr Skinner’s treatment provided a challenge to the Trust Board as to how to expand virtual ward services and demonstrated that treatment in hospital should be the last resort.</li> <li>c) Professor I Browne, Associate Non-Executive Director enquired with Mrs Skinner, what difference it had made to the family to have Mr Skinner at home. Mrs Skinner noted that the family had previously spent considerable time in hospital due to the sad loss of both their son and daughter, this had inevitably led to bad memories for them. Therefore, it was very valuable to them that Mr Skinner could stay at home to receive treatment and he could lead a more normal life. The support that Mr Skinner received from Ms L Clayton, Advanced Nurse Practitioner during his treatment was felt to go above and beyond what would be expected and she regularly checked in with Mr Skinner, even in the evenings if necessary. It was felt that having such phone contact provided considerable peace of mind. Mr Skinner also spoke of the positive benefits of being able to be at home, but also with the benefit of being able to contact someone should there be a need to.</li> <li>d) Dr A Haynes, Non-Executive Director asked Mr Skinner about the impact on his daily life if he had to attend the hospital for treatment, and he also asked Ms L Clayton, Advanced Nurse Practitioner what more could be done to support virtual wards. Mr Skinner in response noted the considerable travel time he saved when receiving treatment at home. He also felt however very grateful for the care and support he had received, and he accepted that sometimes this may involve waiting for his treatment. Ms L Clayton, Advanced Nurse Practitioner in response noted that she had been a heart specialist for 20 years and felt that there had not been enough focus on prevention, and that virtual wards could become more involved in prevention. Further, Ms Clayton noted that not all patient care could be undertaken at home, partly this was due to the</li> </ol>	

	<p>need for specialist equipment such as scanners, but also due to the need to agree processes with patients.</p> <p>e) Mr D Barnes, Deputy Medical Director commented that Mr Skinner's story was a good example of multidisciplinary and patient focussed care. He enquired whether it helped Mr Skinner recover better being at home. Mr Skinner commented that it did as he could plan his day out better, undertake light exercise such as walking his dog and plan out basics such as minimising movement around the home.</p> <p>In summary, Mr J MacDonald thanked Mr and Mrs Skinner for sharing their story with the Trust Board and it had shown how important the use of virtual wards was.</p>	
	<b>Resolved – that the patient story and the information shared, be noted.</b>	
<b>183/24</b>	<b>STANDING ITEMS</b>	
183/24/1	<u>Chair's Report</u>	
	<p>Reporting verbally, the Chair highlighted the following items:-</p> <p>a) Thanks were given to Ms L Hooper, Chief Financial Officer who was leaving her role at UHL. The Chair reflected upon the vitally important and highly challenging work that Ms L Hooper had undertaken in terms of bringing financial stability to the Trust from a very difficult position.</p> <p>b) Mr J MacDonald, Trust Board Chair noted that it was his last meeting as Chair of UHL after having been in the role for 3 years. He said that it had been a privilege to be in the role, working in a fantastic city as Leicester was, as well as it being the best Board he had worked with. He thanked all those present and any former Board colleagues for their support to him and their dedication to the Board.</p>	
183/24/2	<u>Chief Executive's Report</u>	
	<p>The Chief Executive presented paper D and particularly highlighted the following:</p> <p>a) Reference to sections in the report regarding the importance of culture within an organisation, citing the disappointing comments which had been made to him recently regarding examples of racial and sexual discrimination within UHL. He noted the Trust's RISE cultural programme which had been established to address these issues.</p> <p>b) The challenges regarding the finances of UHL were noted and specific actions had been put in place to address these challenges. Good financial management was the responsibility of everyone within the organisations and the issue was likely to continue to be an important one for some time.</p> <p>c) The Chief Executive echoed the comments made by the Trust Board Chair regarding Ms L Hooper, Chief Financial Officer and he thanked her for the work she had undertaken at UHL.</p> <p>d) Reference was made, as detailed in the report, to the technical requirement to report compliance with two remaining elements of the NHS Provider Licence, objective 2b, to reduce inequalities between persons with respect to their ability to access those services; and G6, registration with the CQC. The Trust Board endorsed the declaration of compliance as appended to paper D.</p> <p>e) The Chief Executive thanked Mr J MacDonald, Trust Board Chairman for his time spent chairing the Board as it was his last meeting as Chairman. It was noted that Mr J MacDonald had worked in the NHS for 37 years and had been chair of various boards for 14 years. The Chief Executive reflected on the positive experience of working with Mr J MacDonald, noting that they had attended 81 board meetings together and he was grateful for the good working relationship they had formed.</p>	<b>DCLA</b>
	<b>Resolved – that the compliance with the remaining elements of the NHS Provider Licence be endorsed.</b>	<b>DCLA</b>

183/24/3	<u>UHL Performance Update and Integrated Performance Report (Month 1)</u>	
	<p>The Chief Operating Officer introduced paper E, comprising the Integrated Performance Report (IPR) for April 2024. With regard to UEC performance, it was noted that at previous meetings, reference was made to the pressures arising from the winter period. These pressures were now easing slightly and improvements in performance were now being seen. This included a reduction in hours lost in ambulance handovers, which was 50% lower in April 2024 compared to January 2024. Demand was still however increasing in the Emergency Department (ED) with an annual increase of 10% in attendances and admissions compared to the previous year. In terms of addressing the challenges created by the increase it was noted that work was ongoing with System partners. Further, it was noted that additional winter capacity had remained open in order to respond to the increase, which was positive for patients, but presented a financial challenge. Dealing with the winter pressures had been an annual issue and similar discussions about these pressures had taken place yearly, but it was felt that these pressures could be met more easily where there was sufficient patient flow, and there was also a need to ensure the ED did not have people attend who did not need to be there.</p> <p>With regard to planned care, the Chief Operating Officer noted an ongoing positive trend of reduced treatment waiting times for all wait times. However, an emerging trend had developed where the total waiting list had increased. An analysis of this trend was being undertaken to understand the reasons, but the overall focus was on reducing waiting lists. Progress was also reported in improving cancer targets. In general, rates of elective activity were ahead of plan, and it was felt that further increases could be delivered which would have positive benefits for patients and income for the Trust.</p> <p>The Chief Operating Officer also reported the development of partnership working with University Hospitals of Northamptonshire NHS Group who had been assisting UHL with Radiotherapy and other areas of collaboration were being considered.</p> <p>Ms V Bailey, Non-Executive Director welcomed the positive news on elective waiting times. Referring to winter capacity, it was queried whether System partners also still had their winter capacity open. The Chief Operating Officer commented that some was still available, but not to the same extent as UHL. Ms V Bailey Non-Executive Director further commented that this showed the importance of considering bed capacity as a whole System and that community bed capacity should be in alignment with UHL capacity.</p> <p>Dr A Haynes, Non-Executive Director queried the levels of diagnostic imaging activity which were considerably above plan. The Chief Operating Officer commented that he was in the process of validating the figures in the report, as whilst the activity was above plan, he did not feel it would be so high above plan and this would be addressed in future reporting.</p> <p>The Chief Executive referred to data regarding the medical length of stay and queried how the Trust compared to its peers. Further, he queried risks regarding readmission and whether length of stay was being driven by patients who did not need to be admitted. The Chief Operating Officer confirmed that the Trust compared well to its peers in terms of length of stay, where figures had been improving over a number of years, including improvements on discharge delays. With regard to readmission levels he felt that the data on these figures did not provide any evidence to suggest that UHL was different to its peers in terms of readmission levels and he confirmed that there was no evidence to suggest that UHL admitted people who should not be admitted.</p> <p>In summary, the Chief Operating Officer reflected upon the whether the recent UEC summit had made any changes across the System, noting that there were leads within UHL and Leicestershire Partnership Trust who now had a responsibility to deliver actions arising from the summit and there was now a focus on System governance of UEC and transformation. He also commented that there was an identified pathway to move to a more sustainable position. He hoped to be able to provide an update on this, with a clearer timetable at the next meeting of the Trust Board.</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><b>(1) Quality</b> – The Chief Nurse referred to positive developments such as reducing levels of healthcare applied harm, the development of an antimicrobial stewardship committee which</p>	COO

	<p>would engage with the wider System, numbers of pressure ulcers were remaining below the threshold and formal complaints were reducing which enabled a greater focus on patient care. It was also noted that new patient safety metrics would be included in the Integrated Performance Report at the next meeting of the Trust Board.</p> <p>The Deputy Medical Director commented that in general, UHL's quality and safety risk adjusted indicators were in line with national averages despite the current challenging operating environment.</p> <p>In summary, Mr J MacDonald, Trust Board Chair welcomed the stable position reported with regards to Quality.</p> <p><b>(2) People</b> – The Chief People Officer reported a steady position with regard to recruitment and a turnover level of 6.5% which provided a stable environment within the Trust. There had been an increase in sickness absence levels, but it was felt that this was due to a correlation with employee relations cases, with support being offered to staff where necessary. Numbers in relation to completing mandatory training had deteriorated, but this was felt to be partly due to a change in the deadlines for completing manual handling training.</p> <p><b>(3) Finance</b> – The Deputy Director of Finance reported that the month 1 deficit position was £11.2m which was £1.4m adverse to plan. This was mainly due to pressures in the UEC pathway, particularly attendances to the Emergency Department. It was also noted that the Cost Improvement Plan (CIP) was behind plan in the month. Capital expenditure was also behind plan, but this was often the case in the early part of the financial year. The cash position had also deteriorated compared to the previous month and it was noted that a further tranche of cash support had been sought from NHSE.</p> <p>Mr D Moon, Non-Executive Director, referred to some of the financial indicators in the report, commenting that he felt they had been incorrectly marked as 'red' in some cases when they should have been 'green', making particular reference to capital expenditure.</p> <p>Mr J MacDonald enquired whether the Finance and Investment Committee (FIC) would be undertaking a detailed look at progress to deliver the CIP at an early stage. He commented that non-delivery of the CIP, as well as challenges in UEC were the reason for the Trust's financial challenges. Mr A Moore, Non-Executive Director (and FIC Chair) confirmed that FIC would be undertaking a detailed review of the CIP progress. Mr J MacDonald requested that details of the Committee's review into the CIP be presented to the Trust Board.</p>	DDoF (FM)
	<p><b>Resolved</b> – that <b>(A) an update be provided on actions arising from the board to board UEC summit to determine whether these actions were being put in place and a clear timetable for delivery had been established; and</b></p> <p><b>(B) details of the CIP detailed review being undertaken through FIC at be provided to the Trust Board to provide assurance regarding delivery or identify any known challenges.</b></p>	COO DDoF
184/24	<b>HIGH QUALITY CARE FOR ALL</b>	
184/24/1	<u>Perinatal Surveillance Scorecard – April 2024</u>	
	<p>The Director of Midwifery presented the Perinatal Surveillance Scorecard report. Points from the report highlighted were continued successes in midwife recruitment where the Trust was expected to have a zero vacancy rate in November 2024. Going forward there would be a focus on supporting Neonatal nurses to achieve the Qualified in Speciality status to improve compliance with British Association of Perinatal Medicine (BAPM) standard. Good progress was noted in increasing bookings before 10 weeks, but there was an awareness that further support was needed for mothers who were most in need. Improvements were also noted regarding services for partners. The response rate and positive recommendations as part of the friends and family test did reduce in the month but assurance was provided that considerable efforts were being made to seek feedback. Other points noted were with regard to the vacancies in the Education Team and continued recruitment for Obstetrics Consultants as well as the overall plans for improvement regarding quality and meeting Maternity and Newborn Safety Investigations (MNSI) standards.</p>	

	Mr J MacDonald, Trust Board Chair enquired whether rates of caesarean birth were still monitored. The Director of Midwifery confirmed that this was still discussed internally with a view to gaining a better understanding of the current data, particularly around first births and caesarean birth before labour. However, the overall focus was about promoting choice and having suitable risk assessments in place.	
	<b><u>Resolved</u> – that the report be noted.</b>	
184/24/2	<u>UHL Mortality and Learning from Deaths Quarterly Report</u>	
	<p>The Deputy Medical Director presented the quarterly report which covered the various aspects of the UHL mortality and Learning from Deaths programme. Key points from report were highlighted including the accrued mortality rate for 2023/24 at 1% which was the lowest since records began. The Summary Hospital Mortality Index (SHMI) and the Hospital Standardised Mortality Ratio (HSMR) indicator rates were in line with national averages. The risk adjusted indicators and the crude mortality rate were lower than national and regional rate and this was felt to be as a result of patients who had fewer comorbidities, but this would be researched further. Ongoing monitoring was taking place on the 50 diagnosis and procedure groups with all but 5 groups now within the expected range. Reference was also made to the ongoing monitoring of perinatal mortality and the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) reports, with associated reviews and learning put in place. Also noted were the increase, followed by a drop off, of referrals to the medical examiner due to a lack of clarity around when new national rules for referrals. Assurance was also provided that the reports of 3 adult deaths which were considered to be more likely than not due to problems in care were fully investigated, reported at committee and actions arising were monitored to ensure they were embedded.</p> <p>Mr J MacDonald, Trust Board Chair welcomed the strong picture on aggregated mortality data, but queried whether, if the data was broken down, whether there would be any areas of concern. The Deputy Medical Director provided assurance that he felt the picture was a strong overall picture, with various different monitoring groups and robust processes to review cases.</p> <p>Ms V Bailey Non-Executive Director also welcomed the strong picture on mortality data, but with reference to deaths which were considered to be more likely than not due to problems in care, it was requested that cases from previous years be reviewed in order to provide assurance that any themes had been addressed and learned.</p> <p>Dr A Haynes, Non-Executive Director praised the processes and structure with regard to the Learning from Deaths at UHL, comparing this to his experiences from other Trusts, he felt that the ability to pick up messages from the data and learn from it was very positive as well as the high level of care provided through bereavement nurses.</p> <p>Trust Board members considered issues regarding clinical coding, noting that there were areas for improvement with coding. Particular reference was made to data in relation to neonatal deaths which seemed above the average amongst comparator peers. However, there was acknowledgement that Trusts which provided services such as tertiary care or Extra Corporeal Membrane Oxygenation (ECMO) could often show higher levels of neonatal mortality. It was noted that there was an ongoing piece of work to review clinical coding regarding mortality which would take some months, but it would be the subject of reporting to appropriate committees.</p>	<b>DMD</b>
	<b><u>Resolved</u> – that the themes from previous years regarding deaths ‘more likely than not due to problems in care’ be reviewed and as appropriate provide assurance that any themes have been addressed and lessons learned.</b>	<b>DMD</b>
184/24/3	<u>Quality Account</u>	
	The Chief Nurse presented the Quality Account for 2023/24 which provided details about the quality of the services the Trust provided to the public in order to enhance accountability. It was noted that the Quality Committee had recommended approval of the Quality Account.	
	<b><u>Resolved</u> – that the Quality Account for 2023/24 be approved.</b>	<b>CN</b>
184/24/4	<u>Nursing and Midwifery Bi-Annual Establishment Reviews 2024</u>	

	<p>The Chief Nurse presented the report which provided details of the six-monthly nursing and midwifery UHL establishment review which took place across March and April 2024. The report showed that the Trust had good compliance in accordance with national safeguards and the recommendation was that staffing was safe and sustainable, therefore no uplift in staffing was being recommended.</p> <p>Ms V Bailey, Non-Executive Director referred to the Shelford Group, which was the group of peers which the Trust benchmarked against. It was noted the Group were self-nominated rather than nationally mandated, but it was felt to be a reasonable group to use and this provided suitable assurance.</p> <p>Mr J MacDonald Trust Chairman referred to the ongoing work regarding workforce with the Trust's strategic partner, Bain Consultancy and queried when outputs from this work would be reported to appropriate Committees. The Chief People Officer confirmed that engagement had been taking place with Bain Consultancy and it was the plan to report to FIC in the following month which would enable a better understanding of the use of bank and agency staff and provide a forecast going forward.</p> <p>The Deputy Chief Executive noted that this report was received bi-annually, but he enquired about other ongoing monitoring of staffing levels. The Chief Nurse noted that monthly internally reporting took place along with regular reports to People and Culture Committee. There were also twice daily briefings where colleagues were re-deployed if there were shortages in any given areas. It was also noted that the use of agency staff had been removed in most wards now with bank shifts remaining at a stable level.</p>	
	<p><b>Resolved – that the Nursing and Midwifery Bi-Annual Establishment review, with the recommendation that the staffing levels were safe and sustainable, be noted.</b></p>	
184/24/5	<p><u>Board Committee Escalation Reports</u></p>	
	<p><u>Operations and Performance Committee – 29 May 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 29 May 2024. Key points noted were positive feedback points on the response to the West Midlands Senate Review of Cardio / Respiratory and Medicine Acute Service which included improvements in the UEC pathway but the response work remained ongoing and the challenge was to make the changes business as usual. Improvements in progress were reported in relation to Cancer services, where a business case was being prepared to expand Radiotherapy capacity where Board support would be sought in due course. Further, it was noted that there were improvements in elective performance, but challenges remained within UEC performance.</p> <p>Trust Board members referred to the update report on frailty, where it was highlighted that this would continue to become a growing issue and addressing it was the right thing to do, but this would create a financial pressure. The need for a joined-up System led approach to dealing with frailty was recognised as were areas of excellence within the Trust as well as areas for improvement.</p> <p><u>Quality Committee – 30 May 2024</u> Dr A Haynes, Quality Committee Non-Executive Director Chair presented the escalation report from the Quality Committee held on 30 May 2024. Details were highlighted of the discussion on the patient experience report, particularly in relation to the Patient Advice and Liaison Service (PALS) which been seen to reduce the number of formal complaints received. Further points were noted in relation to the Quality and Safety Performance report which now included health and safety data which was a positive development.</p> <p><u>Finance and Investment Committee (FIC) – 31 May 2024</u> Mr A Moore FIC Non-Executive Director Chair presented the escalation report from the Finance and Investment Committee (FIC) held on 31 May 2024. The committee considered a report on agency reduction plans which reported that the Trust was a low user of agency staff for an organisation of its size which was welcomed. The position regarding the financial plan was also considered where it was noted that the position was adverse to plan at an early stage. The three areas which were contributing to this position were workforce controls, delivery of the CIP and UEC pressures. All of these areas would be subject to a fundamental review at the next meeting of FIC, where detailed data would be considered, and clear accountabilities established to focus on delivery of the plan.</p>	

	<p><u>Our Future Hospitals and Transformation (OFH&amp;T) Committee – 22 May 2024</u> Dr A Haynes, OFH&amp;T Committee Non-Executive Director Chair presented the escalation report from the Our Future Hospitals and Transformation Committee held on 22 May 2024. Differing levels of progress were noted with aspects of the Our Future Hospitals programme where, the East Midlands Planned Care Centre was progressing well, the expansion of the Leicester Diabetes Centre was on track, but there were delays with regard to the development of the new build Endoscopy Unit. Also referenced was the development of the Digital, Data and Technology Enabling Strategy 2024-27 which was felt to be heading in the right direction. Also noted was the discussion regarding clinical governance where a clear direction on the way forward had been established.</p>	
	<b>Resolved – that the Board Committee escalation reports be noted and any recommendations endorsed.</b>	
185/24	<b>GREAT PLACE TO WORK</b>	
185/24/1	<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 agency rules and the work being undertaken to ensure a positive financial impact. Key points from the report were highlighted. The agency spend within the overall pay bill was now down to 2.1% which was below the agency rules target of 3.2% and colleagues were thanked for their support in delivering this position. Clear controls had been developed for the use of agency staff, including clinical sign off to confirm the necessity and there would be no new providers offered the opportunity to provide agency staff.</p> <p>Mr D Moon, Non-Executive Director referred to the table in the report which broke down expenditure on agency staff by Clinical Management Group, requesting that it would be useful to see a breakdown of expenditure by staff group, particularly highlighting nursing.</p> <p>The Chief Executive commented that the report showed a positive picture, confirming evidence of a sustained increase in the growth of a substantive workforce. He acknowledged there were some issues with the speed of the change to this position and some colleagues, particularly bank staff may have been negatively affected, for which he apologised and spoke of the need for an inclusive approach as this change was established. He also noted the common theme running through all Trust Board business which was the financial pressures that the Trust faced, which was driving the reduction in agency and bank staff.</p>	<b>CPO</b>
	<b>Resolved – that the inclusion of a breakdown by staff group of the agency usage figures be considered for future reports.</b>	<b>CPO</b>
185/24/2	<u>(Junior Doctors) Guardian of Safe Working Quarterly Report</u>	
	<p>Dr A Atkinson and Dr R Singh presented the report which, in line with the 2016 Junior Doctors Contract, met the requirement for the Guardian of Safe Working to provide a quarterly report on exception reporting to the Trust Board.</p> <p>Dr Singh informed the Trust Board that there had been 139 exception reports which was a slightly lower number than the previous reporting period, which it was felt was likely to be a reflection of the industrial action which took place. In terms of outcomes arising from the exception reports, time off in lieu had been an issue in most cases. The response of managers to the exception reports was generally felt to be positive and undertaken in reasonable response times. With regard to penalty payments, where there had been breaches of the contract with the Guardian of Safe Working, it was noted that there had been an increase in the current reporting period, mainly due to the lack of breaks for registrars. There had been some clarification needed from NHS Employers to confirm the correct calculation for the payments although it had not yet been established how the income from the payments should be dispersed, but this was being discussed with regional Junior Doctor Guardian of Safe Working peers.</p> <p>Dr A Atkinson informed the Trust Board of the activities being undertaken to promote and develop the Guardian of Safe Working service. This included the Trust Junior Doctors' Forum dates of which had now been established for the whole year and all service areas within the Trust were being</p>	



	<p>contacted to encourage attendance. There had also been attendance at the Emerging Careers Conference for Doctors in the East Midlands. There had also been engagement with the East Midlands Guardians Network where issues around reporting of safety concerns, penalty disbursements and matters relating to Locally Employed Doctors had been discussed. There had also been engagement with British Medical Association (BMA) representatives to discuss any emerging issues. Other activities included exploring new ways to encourage junior doctors to report any issues, and providing guidance and support. It was also intended to attend the induction events in August 2024 to promote the Guardian of Safe Working service.</p> <p>In relation to immediate safety concerns, Dr A Atkinson highlighted those arising in Obstetrics and Gynaecology, where the Guardians had met management from the area to discuss the concerns, following which there were now actions put in place to address the concerns following suggestions which had been made regarding improved cover arrangements.</p> <p>Mr J MacDonald, Trust Board Chair noted that the feedback seemed mostly positive with some issues to be addressed. He enquired whether there was anything that the Board needed to be aware of. Dr A Atkinson confirmed there were issues in some areas, but where these were raised, they were addressed and there was helpful support from senior medical leadership. Dr R Singh further noted that it was helpful to have links to Freedom to Speak Up colleagues, links to the People and Culture Committee and to the Trust Board, where the walk throughs undertaken by Trust Board members were felt to be very useful as well as attendance at Trust Board meetings.</p> <p>In summary, Mr J MacDonald Trust Board Chair confirmed that the Trust Board were assured that the Guardians of Safe Working received appropriate support.</p>	
	<p><b><u>Resolved</u> – that the report be noted.</b></p>	
185/24/3	<p><u>Freedom to Speak Up – 6 Monthly Report (incorporating Quarterly Report)</u></p>	
	<p>Ms S Kaya and Ms R Moss, Freedom to Speak Up Guardians presented their 6 monthly update report. Mr D Mcilroy, Operations Manager, the Guardian Service was also in attendance.</p> <p>Ms S Kaya stated that the report presented detailed issues which had been raised with the Guardians, based on their individual experiences. In the period covered by the report, Quarter 4, 80 concerns were raised, the largest number were received from Leicester Royal Infirmary (LRI), and the largest number on a Clinical Management Group (CMG) basis were from Womens and Childrens. It was felt that it should be seen as a positive that people were willing to come forward and raise issues. The report detailed the themes covered by the concerns raised where lack of support was the largest reason. Most concerns arose at middle management level and subsequent discussions with the Executive Team had recognised the need for more support to managers at this level.</p> <p>Ms R Moss provided further detail regarding the concerns raised including 20 patient safety concerns which focussed on issues such as having support in place, quality of care and pressure on drug rounds. Assurance was provided that all the issues raised had been taken seriously, with either a plan drawn up or the matter resolved. Some issues with regard to estates were also noted such as car parking, lighting and waste not being cleared, but again, these issues had been resolved. It was noted that the report contained demographic data about those who raised concerns, but this would be expanded for the annual report. Further assurance was provided that the Care Quality Commission (CQC) had confirmed that the Trust did not have a high number of concerns.</p> <p>The Deputy Director of Finance noted the range of variation of concerns raised between different CMGs, and queried whether this had been considered. Ms S Kaya confirmed that this was reviewed every month and ward visits were undertaken, as well as speaking with managers to promote the service. Ms R Moss also confirmed that regular meetings were held with senior managers to review data to explore if any themes had emerged. Mr D Macilroy further commented that people often lacked confidence to begin raising concerns but confidence often grew once concerns had been raised and there was evidence that issues had been dealt with which led to further concerns being raised.</p> <p>It was noted that there was an issue with some of the report not having been circulated correctly, but this was resolved as soon as possible in the meeting.</p>	

	<b>Resolved – that the recommendations within the report be agreed with onward oversight through the People and Culture Committee and Trust Board.</b>	<b>DCLA</b>
185/24/4	<u>Escalation Report from People and Culture Committee – 30 May 2024</u>	
	Mr B Patel, People and Culture Committee Non-Executive Director Chair presented the escalation report from the People and Culture Committee held on 30 May 2024.	
	<b>Resolved – that the escalation report be noted and any recommendations endorsed.</b>	
<b>186/24</b>	<b>PARTNERSHIPS FOR IMPACT – no items</b>	
<b>187/24</b>	<b>RESEARCH AND EDUCATION EXCELLENCE</b>	
187/24/1	<u>CRN East Midlands Quarterly Board Report</u>	
	<p>Professor A Farooqi MBE, Clinical Director Clinical Research Network (CRN) 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. Key points were highlighted regarding the continued high standard of research performance, levels of research recruitment which were among the best in the country and a stable financial position. The key challenges the network was facing included the transition to becoming the Regional Research Delivery Network which was creating some low level of disruption due to the need to appoint to senior roles within the new organisation, but most had now been filled. There was still a lack of clarity regarding premises going forward due to the planned changes at the Leicester Royal Infirmary, but this was expected to be resolved. A further issue was noted regarding the finance changes within UHL which had led to increased staff time being taken up on matters regarding accounts payable. Mr J MacDonald, Trust Board Chair requested that this issue be discussed with the CRN outside of the meeting.</p> <p>Mr J MacDonald, Trust Board Chair asked that a meeting be arranged for the incoming Trust Board Chair to meet with representatives of the CRN in order to be appropriately aware of the importance of research.</p>	<p><b>DDoF</b></p> <p><b>DCLA</b></p>
	<p><b>Resolved – that (A) the issues regarding accounts payable be discussed with CRN and consider appropriate resolutions; and</b></p> <p><b>(B) an introductory meeting for the incoming Trust Board Chair and CRN leadership be organised in order to promote the importance of research to the Trust.</b></p>	<p><b>DDoF</b></p> <p><b>DCLA</b></p>
<b>188/24</b>	<b>CORPORATE GOVERNANCE/REGULATORY COMPLIANCE</b>	
188/24/1	<u>Policy for Developing and Approving Clinical and Non-Clinical Policies and Other Guidance Documents (known as the ‘Policy for Policies’)</u>	
	The Director of Corporate and Legal Affairs presented the report which invited the Trust Board to approve the updated UHL ‘Policy for Policies’ which set out the Trust’s process for developing and approving clinical and non-clinical policies and other guidance documents. The policy had been updated following an Internal Audit review of UHL’s policy management framework. The main significant difference was the separation of clinical and non-clinical policies. In further discussion, the Trust Board noted the reduction in the number of policies which required Trust Board approval as there had been delegation of approval responsibilities to Trust Board Committees (minute 110/24 of the 11 April 2024 Trust Board refers).	
	<b>Resolved – that the updated UHL ‘Policy for Policies’ be approved.</b>	<b>DCLA</b>
188/24/2	<u>People and Culture Committee – Annual Committee Report</u>	
	Mr B Patel, PCC Non-Executive Director Chair presented the People and Culture Annual Committee Report.	
	<b>Resolved – that the People and Culture Committee Annual Report be approved.</b>	<b>DCLA</b>

189/24	<b>CORPORATE TRUSTEE BUSINESS – no items</b>	
190/24	<b>BOARD SERVICE VIDEO</b>	
	The Trust Board received a video on the Leicester Endoscopy Decontamination Unit which was created to address a need to decontaminate endoscopy scopes. It was noted that the unit could decontaminate approximately 115 scopes per day and would provide services to a range of hospitals.	
	<b><u>Resolved</u> – that the contents of the video be noted.</b>	
191/24	<b>ANY OTHER BUSINESS – NO ITEMS</b>	
192/24	<b>QUESTIONS FROM THE PRESS AND PUBLIC</b>	
	The following question was raised by a member of the public viewing the Trust Board meeting. However, the question was not received in time for consideration during the meeting, and a response was subsequently received as below:  1) I'm sure the whole Board would agree ongoing or escalating strike action doesn't help staff or patients. With that in mind when do the Executive Team plan to meet with UNISON to negotiate a compromise settlement on the ongoing HCA pay dispute.  The Chief People Officer stated in response that the Trust, had, and continued, to engage with all Trade Unions on this matter through the agreed Trust mechanisms.  <i>Post meeting note:</i> following the meeting, the Chief Executive contacted UNISON and a meeting had been arranged to discuss the situation on 4 July 2024.	
193/24	<b>REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):</b>	
193/24/1	<b><u>Resolved</u> – that it be noted that the following Minutes of meetings had been published on UHL's website alongside the Trust Board papers:-</b>  <ul style="list-style-type: none"> <li>• Quality Committee – Minutes of 25 April 2024</li> <li>• Operations and Performance Committee – Minutes of 24 April 2024</li> <li>• Finance and Investment Committee – Minutes of 26 April 2024</li> <li>• Our Future Hospitals and Transformation Committee – Minutes of 17 April 2024</li> </ul>	
194/24	<b>REPORTS DEFERRED TO A FUTURE MEETING</b>	
	<b><u>Resolved</u> – None.</b>	
195/24	<b>DATE AND TIME OF NEXT MEETING</b>	
	<b><u>Resolved</u> – that the next Public Trust Board meeting be held on Thursday 11 July 2024 from 1.30pm in the Clinical Education Centre, Glenfield Hospital.</b>	

The meeting closed at 15.23pm

Matthew Reeves – Committee and Corporate Services Officer

**Cumulative Record of Attendance (2024/25 to date):**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J MacDonald	3	2	67	D Moon	3	3	100
V Bailey	3	3	100	A Moore	3	3	100
A Furlong	3	2	67	R Mitchell	3	3	100
A Haynes	3	2	67	B Patel	3	3	100
J Hogg	3	3	100	T Robinson	3	0	0
L Hooper	3	2	67	J Worrall	3	3	100

J Melbourne	3	2	67				
-------------	---	---	----	--	--	--	--

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	3	2	67	M Farmer	3	2	67
S Barton	3	3	100	S Harris	3	0	0
I Browne	3	3	100	H Kotecha	3	0	0
A Carruthers	3	3	100	M Smith	3	3	100
B Cassidy	3	3	100	C Teeney	3	3	100
A Garcea	3	2	67				