

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

Mr A Moore – Trust Board Chair

Dr A Haynes MBE - Non-Executive Director, Quality Committee and Our Future Hospitals and Transformation Committee Non-Executive Director Chair and Trust Board Vice Chair (in the Chair from minute 348/24)

Ms V Bailey – Non-Executive Director

Mr L Bond – Chief Financial Officer

Professor I Browne – Non-Executive Director, People and Culture Committee Non-Executive Director Chair

Mr A Furlong – Medical Director

Ms J Hogg – Chief Nurse

Mr J Melbourne – Chief Operating Officer

Mr R Mitchell – Chief Executive

Mr D Moon – Non-Executive Director, Audit Committee and Finance and Investment Committee Non-Executive Director Chair

Professor T Robinson - Non-Executive Director, and Charitable Funds Committee Non-Executive Director Chair

**In attendance:**

Dr R Abeyratne – Director of Health Equality &amp; Inclusion

Mr S Barton – Deputy Chief Executive

Professor N Brunskill – Group Director of Research and Innovation (for minute 351/24/1)

Ms D Burnett – Director of Midwifery

Ms B Cassidy – Director of Corporate and Legal Affairs

Ms E Chaplin – Clinical Lead for Pulmonary and Covid Rehabilitation (for minute 346/24)

Mr M Farmer – Associate Non-Executive Director

Dr J Fawke – Consultant Neonatologist (for minute 351/24/1)

Mr S Harris - Associate Non-Executive Director

Ms H Kotecha - Healthwatch

Mr W Monaghan – Group Chief Digital Information Officer

Mr M Reeves – Corporate and Committee Services Officer

Dr R Singh – Guardian of Safe Working (for minute 349/24/2)

Ms M Smith – Director of Communications and Engagement

Ms C Teeney – Chief People Officer

Ms S Wilkinson – Senior Nurse Patient Experience (for minute 346/24)

		<b>ACTION</b>
<b>341/24</b>	<b>APOLOGIES AND WELCOME</b>	
	Apologies for absence were received from Professor A Garcea Non-Executive Director.  Colleagues from the Care Quality Commission, Dina Dasani and Karen Muddyman were welcomed to the meeting.	
<b>342/24</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>343/24</b>	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interest.	
<b>344/24</b>	<b>MINUTES</b>	
	<b>Resolved</b> – that the Minutes of the public Trust Board meeting held on 10 October 2024 be confirmed as a correct record.	

345/24	<b>MATTERS ARISING: BOARD ACTION LOG</b>	
	Paper B provided progress updates for the matters arising from the 10 October 2024 Trust Board meeting and any outstanding items from previous meetings, the contents of which were received and noted.	
	<b><u>Resolved</u> – that the matters arising report be received and noted as paper B.</b>	
346/24	<b>PATIENT STORY – ARUN’S STORY</b>	
	<p>The Chief Nurse introduced the Patient Story, Arun’s story, welcoming, Ms E Chaplin, Clinical Lead for Pulmonary and Covid Rehabilitation and Ms S Wilkinson, Senior Nurse, Patient Experience. The Trust Board received a video presentation outlining the journey of Mr A Patel who had been a patient in the Trust’s pulmonary rehabilitation programme. The programme was a 6 week course, undertaken as part of a group which included physical and educational activities as part of treatment for his Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Ms V Bailey, Non-Executive Director asked about the locations from which the programme was run. Ms E Chaplin, Clinical Lead for Pulmonary and Covid Rehabilitation explained that the service was run from all 3 UHL sites as well as community facilities such as leisure centres, including 2 in Leicester city and 6 in Leicestershire.</p> <p>The Director of Health Equality and Inclusion noted that the programme also had an important role in addressing health inequalities as COPD was more prevalent in deprived communities and smoking was a key contributory factor.</p> <p>Professor I Browne, Non-Executive Director enquired about how the levels of physical activity were maintained once patients had finished the programme. Ms E Chaplin, Clinical Lead for Pulmonary and Covid Rehabilitation acknowledged that this was a challenge, but a key focus of the programme was about developing a change in behaviour, and it was stressed that the programme was the start of the journey, which could be continued through maintenance programmes at leisure centres. Options for different activities and groups were also detailed in the programme, as well as informal walking groups amongst programme participants. Work was ongoing to determine the best maintenance approach following on from the programme.</p> <p>Dr A Haynes, Non-Executive Director enquired about the evaluation of the programme, particularly regarding patient experience and clinical impact. Ms E Chaplin, Clinical Lead for Pulmonary and Covid Rehabilitation explained that there were a number of outcome measures recorded such as relating to exercise capacity, quality of life, strength and patient satisfaction. There was also a requirement to meet the Royal College of Physicians standards to ensure accreditation.</p> <p>Mr A Moore, Trust Board Chair commented that it was a good programme, but enquired what would improve the programme. Ms E Chaplin, Clinical Lead for Pulmonary and Covid Rehabilitation commented that better operational space within UHL would be useful.</p>	
	<b><u>Resolved</u> – that the patient story be noted.</b>	
347/24	<b>STANDING ITEMS</b>	
347/24/1	<u>Chair’s Report</u>	
	<p>Reporting verbally, Mr A Moore, Trust Board Chair highlighted the following items:</p> <p>a) <u>NHS Providers Conference</u> – Feedback was provided from the conference arising from discussions, particularly around challenges and aims for the future. This included details around how powers and responsibilities would be distributed and performance expectations. Based on the messages received at the conference it was felt that there were opportunities for UHL to gain greater operational and financial freedoms, but this would require the Trust to demonstrate that it was a high performing organisation. It was suggested that areas for consideration which would help take this forward included speed of decision making and decision-making processes, approach to risk and the use of financial resources. It was also felt that there should be a clear focus on delivery and overcoming hindrances which prevented improvements.</p>	

	<p>Mr M Farmer, Non-Executive Director referred to recently released guidance for Trust Boards and felt that there were useful insights within it and could be discussed in more detail informally as a Board.</p> <p>Professor I Browne, Non-Executive Director enquired whether there was a focus on health inequalities at the conference. The Director of Health Equality and Inclusion reported that a workshop at the conference discussing the forthcoming 10 year plan, highlighted that one of the key pillars of the plan would be inclusive health care.</p> <p>Dr A Haynes, Non-Executive Director commented that the once there was clearer guidance on the way forward, the Trust Board should consider this in detail and determine whether Trust strategy needed amending in response.</p> <p>b) Non-Executive Directors – a recruitment process was currently being undertaken to recruit new Non-Executive Directors.</p> <p>c) Trust Board Development – the next development session would involve the Trust’s strategic business partner and would be the start of a process which the Board would focus on 3 strategic areas; the Board itself, in terms of operation and skills; the Trust organisation – in terms of purpose, mission, values and priorities and colleagues, particularly around training and development.</p>	
	<b><u>Resolved</u> – that the updates be noted.</b>	
347/24/2	<u>Chief Executive’s Report</u>	
	<p>The Chief Executive presented paper E and particularly highlighted the following:</p> <p>a) NHS Environment / UHL position – The current position regarding the wider NHS was one of change, which included ongoing challenges, but also opportunities. The direction of travel for the NHS was now becoming clearer, and it was felt that UHL was well placed to respond to the changes as it was one of the most improving Trusts in the country. It was acknowledged that the Trust had problems to address, such as those related to Urgent and Emergency Care (UEC) and finance, but this was balanced by positive developments moving to a conclusion such as the East Midlands Planned Care Centre, Patient Administration System, Hinckley Community Diagnostic Centre and more community provision. It was also felt that the Trust Board was in a stable position and the Trust was well placed to explore opportunities through the development of integrated care, but there may be a need to adjust the approach to risk. It was felt that new opportunities presented the potential for significant developments in patient care.</p> <p>Mr A Moore, Trust Board Chair urged the Trust Board to respond positively to the opportunities which may arise from changes to the NHS. He also noted the need to create a more stable financial environment in order to gain the opportunity for greater freedoms.</p>	
	<b><u>Resolved</u> – that the report be received and noted.</b>	
347/24/3	<u>UHL Performance Update and Integrated Performance Report (Month 6)</u>	
	<p>The Chief Executive introduced paper E, comprising the Integrated Performance Report (IPR) for September 2024. The overall picture was considered to be one of ongoing progress in terms of access, quality and safety. With regard to recruitment and retain staff was considered to be positive for patient care, but the Trust could not continue to recruit at its current rate due to the financial impact.</p> <p>The Chief Operating Officer outlined the position with regard to Urgent and Emergency Care which remained challenging, particularly due to the ongoing growth in demand for services. The Winter Plan was now operational, but final confirmation was awaited from some System partners regarding some parts of the plan. There was a clear determination from colleagues within the Trust to not accept the current challenges but to respond to them whilst meeting the needs of patients.</p> <p>With regard to planned care, the Chief Operating Officer confirmed that despite some challenges, progress continued to be made, particularly with a reduction in long waiters and the overall waiting list. Some progress was noted with cancer performance, but this would continue to be held back</p>	

until the 5<sup>th</sup> Linac was operational in March 2025. The East Midlands Planned Care Centre (EMPCC) would be opening in December 2024 which was a positive development with many benefits for patient care. Assurance was provided that despite some patients waiting too long for care, appropriate actions were being taken to improve the situation.

Ms V Bailey, Non-Executive Director highlighted data within the report regarding delayed patient discharges and commented that root cause should be identified and challenged whether the Trust's risk appetite was sufficient to address this issue. The Chief Operating Officer noted that there was a challenge in ensuring that patients had a place for onward care, but generally the Trust compared well to peers on length of patient stay. He acknowledged that discharges could be later in the day than was planned during pressured periods. Mr A Moore, Trust Board Chair commented that should the current situation continue, he would raise the issue of discharges with System partners.

Ms V Bailey noted that she had spent some time with some Information Management and Technology colleagues within the Trust and praised their work ethic and recommended the greater use of technology in patient care.

Each of the Executive Director IPR leads were invited to provide an overview of the key aspects of paper F relating to their portfolios as follows:-

- (1) Quality** – The Chief Nurse commented that the impact of the winter period had meant that some access metrics had deteriorated, but quality metrics had remained positive. There was an ongoing concern regarding cases of Clostridium Difficile (C.diff), where a deep dive investigation had been undertaken to explore possible reasons. The first meeting of the Anti-Microbial Stewardship Committee had taken place with membership across System partners and dentistry may also be invited.

The Medical Director provided assurance that most Quality metrics were performing well. It was noted that one never event had taken place, but assurance was provided that this had been quickly addressed with no long term consequences, and a full investigation would be undertaken. The pressures currently being faced in UEC were acknowledged, and conversations were ongoing to consider the impact of the pressures on colleagues.

Mr M Farmer, Associate Non-Executive Director raised queries regarding C diff and other hospital acquired infections and also complaints performance. The Chief Nurse explained that C.diff infection was an issue, but there no other infection issues. It was felt that as hospitals were busy and crowded, it became a challenge to maintain good hygiene practices, which may be part of the reason for the increase, but assurance was provided that details of the investigation into the causes would be reported to Quality Committee. With regard to complaints, assurance was provided that progress had improved, but due to winter pressures it was not felt possible to provide assurance that this improvement would continue, but the focus would be on providing a realistic timeline for response.

Mr A Moore, Trust Board Chair sought clarification regarding the use of Physician Associates within the Trust and whether this was in line with NHS guidance. The Medical Director confirmed that there were 25 within the Trust, 3 of which were experienced and took lead roles. Assurance was provided that all Physician Associates would be registered by the end of November and their work was all in line with NHS guidance.

- (2) People** – The Chief People Officer reported a positive position with regard to workforce, with ongoing improvements on recruitment and retention, stable staff turnover levels leading to better patient care; reduced expenditure on temporary staff, but further work to do with regard to use of bank staff and decisions regarding the level of substantive staff. Appraisal rates and statutory and mandatory training levels were below target but work was ongoing to improve these levels. Sickness levels had increased to 5.2% but were lower than the NHS average and support was in place for colleagues to bring this level down, such as through vaccinations. There had been a positive level of staff survey responses at 59.5%.

Mr D Moon, Non-Executive Director sought assurance regarding midwife vacancies. The Director of Midwifery provided assurance that the levels of vacancies were anticipated due to increased numbers of staff the service area.

	<p>Ms V Bailey, Non-Executive Director enquired about the position regarding Paediatric Nurses, noting the difficulties in filling these vacancies. The Chief Nurse commented that this was a problem which was shared by regional peers, but the Trust had taken action to increase the nursing pipeline through working closely with University of Leicester and this was due to mean more Paediatric nurses joining the trust in the near future. Professor I Browne, Non-Executive Director noted that nursing courses were generally attracting lower numbers and suggested that ongoing close work with universities was needed to ensure future nursing recruits.</p> <p>The Chief Executive referred to the staff survey, noting the timeline for feedback on responses would be February, but queried what issues could be addressed before the feedback was received. The Chief People Officer noted that based on previous years there was still a need to address issues around Equality, Diversity and Inclusion (EDI). It was hoped that responders felt they were able to talk about their experience working at the Trust, but work was ongoing such as the forthcoming EDI summit and EDI strategy.</p> <p>Mr A Moore, Trust Board Chair, noting the recent media articles regarding high levels of overtime pay for consultants, queried the Trust policy in this regard. The Chief People Officer commented that medical colleagues were working additional hours, particularly in ED where there were pressure challenges. A methodology for managing this requirement had been developed and would be put in place, which would limit the hours that an individual could work, additional hours could only be worked once substantive lists has been completed and greater oversight was being established. It was not anticipated that the overall expenditure would reduce, but there would be wider distribution of the increased hours working. Assurance was provided that the rates that the Trust paid were in the mid-range when compared to peers. The Medical Director noted that the additional hours were being worked in order to reduce waiting lists and it was at the request of the Trust that these hours were being worked. The alternative to paying premium rates would be to increase headcount, which may also be undesirable. Mr A Moore, Trust Board Chair noted that the important point was to ensure that suitable controls were in place.</p> <p><b>(3) Finance</b> – The Chief Financial Officer reported that month 6 of the financial year had some positive aspects such as the receipt of funding to cover the Trust’s deficit and costs for industrial action which had reduced the level to achieve the plan forecast. Non pay costs were above plan due to increase elective activity but this was balanced by increase income from the activity. Pay costs were however above plan, but challenges such as demand pressures in UEC made this difficult to address, particularly due to high sickness absence in this area. The Cost Improvement Plan was delivering as expected, and cash levels were in a good position following the recent receipt of funding.</p> <p>Mr A Moore, Trust Board Chair enquired about plans to reduce the deficit. The Chief Financial Officer provided assurance that there was a plan to reduce the deficit which was focussed on reducing monthly expenditure and increasing income. The plan however was challenged due to increased recruitment, but there had not been correlating reductions in the use of bank and agency staff. It was confirmed that the wider message regarding the Trust’s financial position and associated actions to address the deficit would be shared within the organisation. It was noted that the deficit position had not improved as yet, but would do so following the proposed measures being put in place. It was not however felt possible at this point to confirm by how much the deficit would be reduced. Mr A Moore, Trust Board Chair expressed concern that not addressing the deficit would not put the Trust in a good light and a clear forecast position for the end of the financial year should be established in order to demonstrate clear control of costs. It was requested that the details of the profit and loss for each Clinical Management Group be provided to the next meeting of the Trust Board.</p> <p>Mr A Moore, Trust Board Chair sought assurance regarding the delivery of the Cost Improvement Plan. The Chief Financial Officer provided assurance that this was being delivered at the expected rate. Mr A Moore, Trust Board Chair enquired whether it was possible to go beyond the current target. The Chief Financial Officer agreed that this could be explored.</p>	<p>CFO</p> <p>CFO</p>
	<p><b>Resolved</b> – that (A) a profit and loss breakdown by CMG be provided to the Trust Board in order to consider options for reducing the deficit; and</p> <p>(B) options to go beyond the current Cost Improvement Plan targets be explored.</p>	<p>CFO</p> <p>CFO</p>

347/24/4	<u>Board Committee Escalation Reports</u>	
	<p><u>Operations and Performance Committee – 30 October 2024</u> Dr A Haynes, Operations and Performance Non-Executive Director member highlighted discussions which took place on the System Winter Plan, where there was some disappointment that some of the mitigations regarding winter pressures had not been fully signed off. The position would however be monitored through the committee.</p> <p><u>Quality Committee – 31 October 2024</u> Dr A Haynes, Quality Committee Non-Executive Director Chair informed the Trust Board that discussions had taken place regarding emergency preparedness, where there was substantial compliance and improvements since the previous year. Also noted were discussions on the Radiation Safety Annual Report where increased recruitment had address staffing issues and full assurance was provided regarding legislative compliance. Discussion on the Board Assurance Framework (BAF) report had also recommended no changes to risk scores overseen by the Committee.</p> <p><u>Finance and Investment Committee – 25 October 2024</u> Mr D Moon, Finance and Investment Committee Non-Executive Director Chair reported that the committee had considered the Fire Safety Annual Report which was recommended to the Trust Board for approval and assurance was provided that risks were being mitigated.</p> <p>The Trust Board Approved the report.</p> <p><u>Our Future Hospitals and Transformation Committee – 31 October 2024</u> Dr A Haynes, Our Future Hospitals and Transformation Non-Executive Director Chair highlighted discussions regarding the Patient Administration System (PAS) which was now in live testing phase and positive feedback had been received from NHSE. Reports to the committee and Trust Board would be received in the lead up to going live with the system. Progress was also noted with the electronic record programme (EPR), but a further business case would be considered in order to inform the programme going forward. It was also noted that following discussion, there were no proposed changes to the BAF risk scores.</p> <p>Mr A Moore, Trust Board Chair enquired about plans for staff training as part of the delivery of the PAS. The Group Chief Digital Information Officer commented that when the Trust Board takes a decision on the implementation of the PAS, there will be details regarding the level of training required to confirm confidence to go forward with the project. Training for the live use of the system would begin two months prior to go live to ensure that any learning would not be forgotten.</p> <p><u>People and Culture Committee – 24 October 2024</u> Professor I Browne, People and Culture Non-Executive Director Chair highlighted discussions where it was suggested that Non-Executive Directors could take the lead on key areas of work, such as sexual safety. Details were also provided of the deep dive discussion which took place regarding Equality, Diversity and Inclusion. On a more general point, it was noted that Non-Executive Directors would be welcome to attend future deep dive meetings.</p> <p><u>Charitable Funds Committee – 1 November 2024</u> Professor T Robinson, Charitable Funds Non-Executive Director Chair reported that despite facing some challenges throughout the year, the Leicester Hospitals Charity won city charity of year. Congratulations were passed to the team from the Trust Board.</p>	CN
	<b><u>Resolved – that the Fire Safety Annual Report be approved.</u></b>	
348/24	<b>HIGH QUALITY CARE FOR ALL</b>	
348/24/1	<u>Perinatal Surveillance Scorecard – September 2024</u>	
	The Director of Midwifery presented the Perinatal Surveillance Scorecard for September. High levels of activity were reported, but this had been anticipated. There had been some impact on service provision arising from this, including the re-deployment of staff, but a risk prioritisation approach had been followed and assurance was provided that there had been no incidents of harm. Details were also provided of the work ongoing to review the small increase in babies referred to the neonatal	

	<p>unit, despite a general downward trend. Details were provided of the work being undertaken to reduce perineal trauma which increased in September, and the research into the reasons why it might happen and any associated demographic correlation. Also highlighted was the development of allowing birthing partners to stay overnight which was working well, but there needed to be a focus on addressing night time noise. It was also reported that there was good progress with meeting the requirements of year 6 of the Maternity Incentive Scheme, led by NHS Resolution which sought to improve patient and staff experience.</p> <p>Dr A Haynes, Trust Board Vice Chair enquired about compliance with the Savings Babies Lives care bundle. The Director of Midwifery noted that compliance was currently 80%, but there was a need to sustain and improve performance, but there was some positive progress such as with tobacco cessation, so this level was felt to be feasible.</p> <p>Dr A Haynes, Trust Board Vice Chair requested that data on 3<sup>rd</sup> and 4<sup>th</sup> degree tears be brought to the Quality Committee in order to consider whether there were any long term impacts.</p>	CN
	<b>Resolved – that an update be provided to the Quality Committee about the longer-term impacts of 3<sup>rd</sup> and 4<sup>th</sup> degree tears.</b>	CN
348/24/2	<u>Accessible Information Standard</u>	
	<p>The Director of Health Equality and Inclusion presented a report which provided an overview on the Trust's position with regard to compliance with the Accessible Information Standard (AIS). A process had been followed to reconcile the NHSE specification for compliance with the ongoing programme of internal work to meet the requirements of the standard. It was a requirement for the Trust to ensure it could communicate with people who had a sensory disability. There were two key areas of focus for compliance, digital, which was focussed on the delivery of the Patient Administration System (PAS); and people. The need for assurance regarding the people aspect was noted and a learning module had been developed although it may take some time for the learning to be adopted.</p> <p>The Group Chief Digital Information Officer confirmed that the training for the PAS could build in 'flags' to identify what action staff should take when meeting different sensory needs. He felt that this was a good opportunity to promote raise awareness as approximately 5,000 staff would be undertaking the training.</p> <p>Mr M Farmer, Associate Non-Executive Director enquired whether there were sufficient resources to ensure facilities such as Easy Read, which made documents more readable for those who had difficulty reading. The Director of Health Equality and Inclusion confirmed the tools were in place for delivery, but the key was raising colleagues' awareness.</p> <p>Dr A Haynes, Trust Board Vice Chair requested that an update be provided to the Trust Board prior to March to consider the delivery of the PAS as it related to the Accessible Information Standard.</p>	DoHE&/ GCDIO
	<b>Resolved – that an update be provided to the Trust Board, prior to March 2025 regarding the delivery of the Patient Administration System in relation to the Accessible Information Standard.</b>	DoHE&/ GCDIO
349/24	<b>GREAT PLACE TO WORK</b>	
349/24/1	<u>Agency Compliance, Usage and Reduction</u>	
	<p>The Chief People Officer presented and update on the use of agency staff within UHL and compliance with the NHSE Agency Rules. It was noted that the Trust was mostly compliant with the rules. Work was ongoing, with regional acute partners to work collaboratively to meet the price cap target. Assurance was provided that the Trust's use of agency compared very well to trust peers.</p> <p>Discussion focussed on the need to consider the wider picture in relation to staffing, particularly in relation to the use of bank staff and how this could be incorporated into future reports. The Chief Financial Officer highlighted that the limited use of agency and bank staff within the Trust presented limited opportunities for reducing the pay cost base without a redundancy programme. The Chief People Officer stressed the importance of providing secure employment to staff who worked at the Trust.</p>	

	<b><u>Resolved</u> – that the report be noted.</b>	
349/24/2	<u>Resident Doctors – Guardian of Safe Working</u>	
	<p>Dr R Singh, Guardian of Safe Working presented a report, produced in line with the 2016 Resident Doctors' Contract and met the requirement for the Guardian of Safe Working to provide a quarterly report on exception reporting to the Trust Board. It was reported that for the June to August period, there had been 202 exception report, with the biggest number coming from Emergency and Specialist Management, which was felt to be a reflection of the size of that Clinical Management Group (CMG). The majority of exception reports related to hours and working pattern, which reflected the work of the Guardian to promote protection time. Also highlighted were the safety concerns raised where more detail had now been included in the report, but it was not felt that there were any significant concerns, but it was recommended that there should be better distribution of additional hours. Details were also referenced of the ongoing work in relation to workloads and support for General Surgical Trainees where positive changes had been seen.</p> <p>Dr R Singh also informed the Trust Board that his co-Guardian of Safe Working, Ms A Atkinson would be stepping down from her Guardian role due to achieving a promotion to a new role. He thanked Ms A Atkinson for her work as a Guardian of Safe Working. The Medical Director also paid tribute to the work of Ms Atkinson and thanked her for the work she had done as a guardian delivering clear improvements as a result of her interventions.</p> <p>Dr A Haynes, Trust Board Vice Chair noted the importance of supporting junior doctors in order to secure the future of the Trust and he sought details of what assurance could be provided to confirm that this was being done. The Medical Director confirmed that work was ongoing, led by the Director of Medical Education to develop a programme of support and a proposal for how this could be adopted by Clinical Management Groups, this included engagement in doctors' mess', and lunchtime discussion sessions as well as the clinical fellowship programme. It was confirmed that there was a working lives report to the People and Culture Committee which covered this work.</p>	
	<b><u>Resolved</u> – that formal thanks be recorded to Ms A Atkinson, Guardian of Safe Working for her time spent in the role, working constructively to deliver improvements for resident doctors.</b>	
<b>350/24</b>	<b>PARTNERSHIPS FOR IMPACT – no items</b>	
<b>351/24</b>	<b>RESEARCH AND EDUCATION EXCELLENCE</b>	
351/24/1	<u>R&amp;I Quarterly Report</u>	
	<p>The Group Director of Research and Innovation presented the UHL Research and Innovation quarterly report which covered research activities, performance and delivery of the past few months. Details were provided of the participant numbers in research which it was felt were in line with the target trajectory. Also noted was the positive number of new studies which were opening in the current year. The profile of recruitment to studies was highlighted where vascular studies and diabetes were the largest areas of study, but a wide range of study areas were covered by all research projects, and this was supported by a robust financial position. Key events were highlighted such as the official launch for the Institute for Excellence in Healthcare, which was a partnership with the University of Leicester to deliver world class research opportunities. Also noted were key funding awards such as the £5.5m award to University of Leicester to establish a Health Protection Research Unit and an award from the Stonegate Trust of £4.4m to support initiatives to translate research findings into clinical care for patients with chronic kidney disease.</p> <p>The Deputy Chief Executive noted that it had been over a year since the launch of the Trust's Innovation Strategy and enquired how the strategy was being delivered. The Group Director of Research and Innovation confirmed that delivery was going according to plan, as demonstrated through the launch of the Institute for Excellence in Healthcare.</p> <p>The Chief Financial Officer, noted the significant amount of research ongoing and queried, from a financial perspective, whether there was a forward plan / summary of all the Trust's research projects. The Group Director of Research and Innovation commented that each funded research project had a plan, along with relevant KPIs which were agreed with the funding body. It was difficult</p>	



	<p>to create a forward plan as funded research opportunities arose according to the timelines of the funding bodies and there may be periods of high or low activity. It was agreed to discuss this matter further outside of the meeting.</p> <p><u>Presentation – Leicester Neonatal Research</u>  Dr J Fawke, Consultant Neonatologist presented details of neonatal research taking place in Leicester on behalf of the UHL Neonatal Research Team. The presentation detailed the achievements arising from the research, including the numbers of studies and participants as well as some of the outcomes, such as changes to feeding practices for premature babies. Also noted was how the research had been delivered, including the key role of nurses and how research had supported patient care. Details were provided of current neonatal research trials and the areas they covered such as studies, Surf On which compared approaches to respiratory management of late slightly preterm and term babies and Neo Gastric which studied different infant feeding strategies. A key project was highlighted, the Leicester City Football Club Programme of Research in Child Health, funded by a philanthropic donation, which sought to develop high quality research and outcome data to improve health for Leicester’s children and families. Also highlighted was the Newborn Resuscitation Science project which was a global project seeking to develop guidelines on newborn resuscitation. Details of future studies and priorities were also outlined.</p> <p>Professor I Browne, Non-Executive Director noted the challenge of ensuring that research that was undertaken was representative of the city of Leicester both in terms of addressing issues regarding deprivation and the broad / diverse communities. Dr J Fawke, Consultant Neonatologist noted that the Leicester City Football Club funded project considered the life dynamics of its participants and how they affected the outcomes. There was also a key element of the project which considered engagement with participants from different backgrounds, particularly those who did not have English as a first language. It was also noted that Trusts from other parts of the country would seek advice from Leicester to improve their engagement levels in communities. The Group Director of Research and Intelligence confirmed that Leicester was considered a lead in research in a diverse communities.</p> <p>Professor T Robinson, Non-Executive Director welcomed the presentation and the importance of the work being undertaken. He noted that there were wider opportunities for engaging with philanthropists who would fund research into Neonatology.</p> <p>Dr A Haynes, Trust Board Vice Chair noted the critical importance of research which was critical for the future of healthcare.</p>	<b>GDoR&amp;I / CFO</b>
	<b><u>Resolved</u> – that the process for managing the financial implications of research projects for the Trust as a whole be the subject of discussion outside the Trust Board meeting.</b>	<b>GDoR&amp;I / CFO</b>
<b>352/24</b>	<b>CORPORATE GOVERNANCE/REGULATORY COMPLIANCE</b>	
352/24/1	<u>2025/26 Trust Board Dates</u>	
	The Director of Corporate and Legal Affairs presented proposed dates for the Trust Board for the period of January 2025 – March 2026. It was noted that an adjustment to the proposals regarding the reduced number of meetings may be brought to brought to a future meeting.	
	<b><u>Resolved</u> – that the programme of UHL Trust Board meeting dates for the period January 2025 – March 2026 be approved.</b>	<b>DCLA</b>
<b>353/24</b>	<b>CORPORATE TRUSTEE BUSINESS – no items</b>	
<b>354/24</b>	<b>BOARD SERVICE VIDEO</b>	
	<p>The Director of Communications and Engagement introduced a video which presented details of the UHL Kindness Campaign. It was noted that plans were in preparation regarding the second phase of the campaign where discussions were taking place with Leicestershire Police and East Midlands Ambulance Service about a joint campaign. The second phase of the campaign would be more staff focussed promoting services where support is available.</p> <p>Dr A Haynes, Trust Board Vice Chair, noted the references in the video to abuse that staff had received in the course of their jobs, confirming that this was not acceptable.</p>	

	<p>Mr M Farmer, Associate Non-Executive Director welcomed the campaign, and queried whether there was evidence of campaign's impact. The Director of Communications and Engagement confirmed that the campaign would be tracked through the Violence Reduction Group and it would look to set the tone for what is acceptable. Further details of the campaign would be reported to future Trust Board meetings including techniques regarding de-escalation which would be included in the second phase. The staff survey would also provide feedback on how staff are treated by patients and families. There had also been testing on the visibility of the campaign. The Chief Nurse commented that there was now a greater willingness amongst staff to report any incidents and the action taken by the Trust Board regarding a civil injunction against a regular bad behaviour offender was welcomed. Dr A Haynes, Trust Board Vice Chair, noted the updates on this issue received in committees, but urged that action be taken against bad behaviour and violence as soon as possible, rather than waiting for details to emerge from the staff survey.</p>	
	<b><u>Resolved</u> – that the contents of the video be noted.</b>	
<b>355/24</b>	<b>ANY OTHER BUSINESS</b>	
	There was no other business.	
<b>356/24</b>	<b>QUESTIONS FROM THE PRESS AND PUBLIC</b>	
	<p>The following question was received from a member of the public:</p> <p><b>1) 'My question arises from the Paper F4 (<i>Our Future Hospitals &amp; Transformation Escalation Report</i>)</b></p> <p><b>In the paper there is information on the progress of the new Patient Administration System.</b></p> <p><b>Patients of the present system have lived experience being the end user of it.</b></p> <p><b>Patients welcome the hope of an improved system that meets their needs (as well as those of the hospital).</b></p> <p><b>Please can we know how the lived experience of patients is being heard in the design and planned implementation of the new Patient Administration System?'</b></p> <p>The Group Chief Digital Information Officer commented that this was a good question and a welcome opportunity to explain details of the Patient Administration System (PAS). It was noted that patients would not directly engage with the PAS, but staff who used the system and who did engage directly with patients were involved in the development of the PAS. A Patient and Public Steering Group has been developed for engagement in the development of digital systems. There would be user acceptance testing of the PAS which would involve patients. Within the PAS there will be the option to request language preferences and it would meet all relevant Accessible Information Standards. Five key patient service-related standards have been determined for the PAS which had to be met, with patient agreement otherwise the system would not go live until consent had been agreed that these standards had been met.</p> <p>Ms H Kotecha, Healthwatch suggested that Healthwatch could provide assistance in the involvement of communities for any patient facing solutions. The Group Chief Digital Information Officer thanked Ms H Kotecha for this offer.</p>	
<b>357/24</b>	<b>REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):</b>	
<b>357/24/1</b>	<p><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></p> <ul style="list-style-type: none"> <li>• Quality Committee – Minutes of 26 September 2024</li> <li>• Operations and Performance Committee – Minutes of 25 September 2024</li> <li>• Finance and Investment Committee – Minutes of 27 September 2024</li> <li>• Our Future Hospitals and Transformation Committee – Minutes of 23 September 2024</li> </ul>	

	<ul style="list-style-type: none"> <li>• People and Culture Committee – Minutes of 26 September 2024</li> <li>• Charitable Funds Committee – Minutes of 16 August 2024</li> </ul>	
<b>358/24</b>	<b>REPORTS DEFERRED TO A FUTURE MEETING</b>	
	<b>Resolved – None.</b>	
<b>359/24</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	<b>Resolved – that the next Public Trust Board meeting be held on Thursday 12 December 2024 from 1.30pm in (subsequently changed to) The Board Room, Victoria Building, Leicester Royal Infirmary.</b>	

The meeting closed at 16.31pm

**Matthew Reeves – Committee and Corporate Services Officer**

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Moore	9	8	89	L Hooper (until 30.6.24)	4	2	50
V Bailey	9	8	89	J MacDonald (until 30.6.24)	4	2	50
L Bond (from 9.9.24)	3	2	67	J Melbourne	9	8	89
I Browne	8	8	100	D Moon	9	9	100
M Brearley (from 26.6.24 until 31.8.24)	3	3	100	R Mitchell	9	8	89
A Furlong	9	8	89	B Patel (until 30.7.24)	5	5	100
A Haynes	9	6	67	T Robinson	9	3	33
J Hogg	8	7	89	J Worrall (until 31.8.24)	6	6	100

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	9	8	89	S Harris	9	4	44
S Barton	9	9	100	H Kotecha	9	2	22
A Carruthers (until 11.8.24)	6	6	100	W Monaghan (from 12.8.24)	3	3	100
B Cassidy	9	9	100	M Smith	9	9	100
A Garcea	9	6	67	C Teeney	9	8	89
M Farmer	9	8	89				