

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 9 MAY 2024 FROM 1.30PM
IN THE CUMULUS ROOM, LEICESTER DIABETES CENTRE, LEICESTER GENERAL HOSPITAL****Voting Members present:**

Dr A Haynes – Trust Vice-Chair (Chair for the meeting), Non-Executive Director, Quality Committee and Our Future Hospitals and Transformation Non-Executive Director Chair

Ms V Bailey – Non-Executive Director

Mr A Furlong – Medical Director

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:

Ms R Abeyratne – Director of Health Equality & Inclusion

Mr S Barton – Deputy Chief Executive

Mr A Berry – Retail Catering, Back of House Senior Team Leader (for Minute 147/24)

Professor I Browne – Associate Non-Executive Director

Mr A Carruthers – Chief Information Officer

Ms B Cassidy – Director of Corporate and Legal Affairs

Mr M Farmer – Associate Non-Executive Director

Professor A Garcea – Associate Non-Executive Director

Ms J McCarthy - Senior Learning and Development Manager (for Minute 147/24)

Mr M Reeves – Corporate and Committee Services Officer

Ms M Smith – Director of Communications and Engagement

Ms C Teeney – Chief People Officer

		ACTION
142/24	APOLOGIES AND WELCOME	
	Apologies for absence were received from Mr J MacDonald, Trust Board Chair, Professor T Robinson, Non-Executive Director and Mr S Harris, Associate Non-Executive Director.	
143/24	CONFIRMATION OF QUORACY	
	Resolved – the meeting was confirmed as quorate (i.e. at least one-third of the whole number of Directors were present, including at least one Executive Director and one Non-Executive Director).	
144/24	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	
145/24	MINUTES	
	Resolved – that the Minutes of the public Trust Board meeting held on 11 April 2024 be confirmed as a correct record.	
146/24	MATTERS ARISING: BOARD ACTION LOG	
	Paper B provided progress updates for the matters arising from the 11 April 2024 Trust Board meeting and any outstanding items from previous meetings, the contents of which were received and noted.	

	Resolved – that the matters arising report be received and noted as paper B.	
147/24	PATIENT STORY	
	<p>The Chief People Officer introduced Ms J McCarthy, Senior Learning and Development Manager, who presented the Trust Board with details of the range of employability programmes which the Trust engaged with and Mr A Berry, Back of House Senior Team Leader in Retail Catering who presented details of his journey from an apprenticeship to being a Team Leader.</p> <p>Ms J McCarthy informed the Trust Board of the range of employability programmes which the Trust supported, such as the Princes Trust, Kick Start and Project Search and how these linked the Trust into local communities. The programmes covered a wide range of areas within the Trust and they included the development of employability skills as well as job focussed skills. Details were also provided of the contact that was made with schools and careers services to promote visits from Trust staff to promote opportunities for employment, experience and training.</p> <p>Mr A Berry provided a detailed presentation of his personal career journey from apprentice to Team Leader, including the courses which he had undertaken and the development of a range of different skills along the way including those related to leadership as well as catering related skills. He also developed knowledge of wider considerations such as budgets and sourcing for a range of different food needs as well as wider impacts such as ethical and environmentally sound sourcing. Mr A Berry also talked about the development of the Chef's Academy which he had taken a leading role in developing where apprentices were employed and provided with development opportunities to learn a range of skills and experiences.</p> <p>Following the presentation, discussions took place as follows:</p> <p>(a) Professor I Browne, Associate Non-Executive Director welcomed that presentation and expressed his support for the work being undertaken, but he asked what difference it had made to Mr A Berry, having gone through the apprenticeship and any other schemes. Mr A Berry commented that it had given him a passion to work for the NHS and provided motivation to establish the Chef's Academy and to develop it further forward.</p> <p>(b) The Chief People Officer, noting the involvement that the Trust had in employability schemes asked what the Trust Board to do to provide further support. Ms J McCarthy noted that it was generally straightforward to attract young people to participate in schemes, but it was often a challenge to find placements or job roles for those who had undertaken apprenticeships or participated in a scheme, therefore any support to find placements and continuing to support apprentices was welcomed.</p> <p>(c) The Chief People Officer asked Mr A Berry what he was most proud of. In response, Mr A Berry commented that it was when he went to schools and challenged students' perceptions of ingredients and opened their minds to trying new things.</p> <p>(d) Ms V Bailey, Non-Executive Director commented that hearing the story from Mr A Berry had demonstrated the importance of lifelong learning.</p> <p>(e) The Chief Executive referred to the effort made by Mr A Berry and a colleague where they entered a chef of the year competition, and made the final, but were not able to compete due to Covid-19. However, there had been 14 apprentices entered into this competition this year. Further, the Chief Executive asked what was needed from the Trust Board to maintain the good work being undertaken. Mr A Berry asked that investment continue to be maintained in the support for apprenticeships.</p> <p>(f) Professor I Browne, Associate Non-Executive Director referred to engagement with schools, and in the context of addressing inequalities queried whether there were any schools which did not have the opportunity to receive engagement from the Trust. Mr J McCarthy confirmed that all schools were contacted and were sent a newsletter outlining opportunities. Work was being undertaken to map which schools were connected with the programmes in order to focus future promotional activities.</p>	<p>CPO</p> <p>CPO</p>

	Dr A Haynes, Trust Board Vice Chair thanked Mr A Berry and Ms J McCarthy for sharing their experience and story, noting that the work they did was inspiring and they showed clear passion for it.	
	Resolved – that the ongoing support for apprenticeships be confirmed and consideration be given to ensuring suitable placements were available for those who had taken place in employability schemes.	CPO
148/24	STANDING ITEMS	
148/24/1	<u>Chief Executive's Update</u>	
	The Chief Executive presented paper D, noting that in the previous month's report he had focussed on progress made, but the current report focussed on areas of concern. This included pressures in Urgent and Emergency Care (UEC), workplace culture as highlighted by the staff survey, and financial pressures. Therefore, there were still a number of areas for improvement within the Trust and this would need to be done in conjunction with colleagues from across the Leicester, Leicestershire and Rutland Integrated Care System. Dr A Haynes, Trust Board Vice Chair agreed that progress had been made, but there were still challenges to face, but the pressures on the care system were such that radical change was likely needed to address them going forward.	
	Resolved – that the updates be noted.	
148/24/2	<u>UHL Performance Update and Integrated Performance Report (Month 12)</u>	
	<p>The Chief Operating Officer introduced paper E, comprising the Integrated Performance Report (IPR) for March 2024. Reference was made to UEC, in particular the challenges over the winter period. Over the January – March 2024 period there had been a 10% increase in attendances compared to the previous year, with a 10% growth across the year in admissions. It was hoped that the most difficult period was now over as improvements had been seen in ambulance handover times and general improvements in April 2024. It was noted that a summit meeting had taken place with System partners to agree actions to improve UEC and the challenge was to ensure those actions delivered real change and balanced the risks in UEC across the System, but bed capacity was however noted as a known issue.</p> <p>With regard to planned care, the Chief Operating Officer referred to particular progress being made for those patients who had waited 65 and 52 weeks for treatment, where a recent article in the Health Service Journal had shown that the Leicester, Leicestershire and Rutland Integrated Care Board (ICB) was the most improved ICB in the country. Significant improvements were also noted with regard to the Cancer diagnostic target which had overachieved against the national target, but further improvements would be driven forward, and this would be led by the published System Operational Plan which set out the high level targets which the Trust, along with System partners would deliver over the coming year. Further positive news was announced in that UHL had now exited from the NHS England Tier 1 oversight programme for Cancer, diagnostics and planned care, where a heightened level of scrutiny had previously been in place.</p> <p>In discussion the following points were raised:</p> <p>(a) Ms V Bailey, Non-Executive Director referred to page 15 of the report where performance on diagnostic imaging had shown an in month deterioration, and queried whether this was a one off situation or a growing trend. The Chief Operating Officer provided assurance that this was a temporary situation due to some specific challenges such as one MRI scanner being out of operation and prioritisation was needed, and this developed into high demand along with winter pressures. He expected a high level of compliance with the overall target.</p> <p>(b) Ms V Bailey, Non-Executive Director referred to the UEC summit meeting and queried whether increased demand was focussed on UHL, or whether this was being seen across a range of System services. The Chief Operating Officer confirmed that increased demand was being seen across System services such as urgent treatment centres as well as in the Emergency Department (ED).</p> <p>(c) Mr A Moore, Non-Executive Director noted that theatre utilisation was 10% below target and enquired what the impediments to greater utilisation were and what the expectations were</p>	

	<p>for the current year. The Medical Director commented, as chair of the Theatre Programme Board, there were a range of factors affecting utilisation and it varied by site, for example Glenfield Hospital was well above the 85% target, but when UEC was included the level dropped due to the variabilities of UEC service requirements. He also noted that there had been some issues in the Women's and Children's (W&C) Clinical Management Group (CMG) due to bed capacity and increases in respiratory diseases. It was however anticipated that progress would improve, particularly for day cases which were more manageable. The Chief Executive sought an explanation as to why theatre utilisation targets could give an incomplete picture. The Chief Operating Officer explained that targets, such as theatre utilisation could often drive behaviour in a certain way, but the focus would now be on considering day case waits. The Medical Director also referred to a number of factors affecting theatre utilisation such as start and finish times of activity, but felt it was a good idea to have a headline position.</p> <p>(d) With regard to the demographic profile of those who were waiting for treatment, the Chief Executive enquired if any research work had been done on this area. The Chief Operating Officer confirmed that work had been done on this area and this would be reported on within the next quarter.</p> <p>In summary, Dr A Haynes, Trust Board Vice Chair noted progress such as 12 hour wait times and diagnostic times for cancer, but recognised that there were still areas for improvement.</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 Medical Director reported that most performance metrics were at an acceptable level. He noted that the Quality Committee would be undertaking consideration into metrics related to mortality and would receive a report on antimicrobial stewardship. There had been a further never event in March 2024 which was being taken seriously and was under review, but it was noted that there had been 4 in the year which was half the number of the previous year. The Chief Nurse also commented that there had been improvements in some areas such as the number of pressure ulcers, which was now below the national level. The Friends and Family Test also remained at a good level and more generally there was better confidence in the reporting on metrics.</p> <p>Mr M Farmer, Associate Non-Executive Director noted the reference to antimicrobial stewardship, but felt that antibiotic infection rates were becoming off target and queried if an update would be provided to Quality Committee. The Medical Director commented that the metric most closely related to antibiotics was Methicillin Resistant Staphylococcus Aureus (MRSA) and this would be included in the antimicrobial stewardship report.</p> <p>The Chief Executive posed a question about whether UHL was a safer organisation compared to 2 years previously and what had driven any change. The Chief Nurse felt that there was no doubt that that UHL was now a safer organisation, due to factors such as a better level of establishment on nursing with enough nurses to look after patients, a focus on safety, standards being consistently driven up and increased Head of Service oversight. The Medical Director agreed that the strengthening of leadership teams and investment in nursing and midwifery had made UHL a safer organisation.</p> <p>Dr A Haynes, Trust Board Vice Chair welcomed the examples of improvements in performance and quality. He did however query whether there were performance measures which were not included in the Integrated Performance Report which needed monitoring, such as stroke outcomes and whether these should be reported to the Quality Committee. The Medical Director noted that there were other metrics measured in other performance management forums. The Chief Nurse also commented that she was undertaking a piece of work reviewing the Patient Safety Incident Response Framework (PSIRF) and could include a review of metric reporting as part of this.</p> <p>(2) People – The Chief People Officer noted the ongoing stabilisation and improvements arising from improved establishment staffing levels, improved recruitment and retention and stable staff turnover levels. The focus would now be on reducing expenditure on temporary staffing. Some</p>	<p>COO</p> <p>MD</p> <p>MD / CN</p>
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	<p>seasonal variations had been noted with regard to sickness absence levels but this would continue to be monitored.</p> <p>Ms V Bailey, Non-Executive Director referenced the previous comment on stable staffing numbers providing better care and commented that safety was a key part of the Trust's culture and the Trust Board should regularly assure itself safety remained a key feature of the organisation.</p> <p>The Chief Executive referred to the time elapsed since the last staff survey and queried whether that time had been used well to make further improvements. The Chief People Officer felt that there had been positive developments in terms of recruitment and retention, support provided to staff and a focus on leadership. She did however note that there were areas which needed further work eg in relation to inclusion, diversity and equality.</p> <p>Mr A Moore, Non-Executive Director noted the priority to focus on workplace culture, but enquired what metrics were used to measure culture. The Chief People Officer referred to a number of metrics which could provide a picture on culture, such those within the IPR such as the ability to recruit and retain, but also the staff survey and feedback from the Freedom to Speak Up scheme. It was requested that specific metrics be identified which could be used to measure workplace culture.</p> <p>(3) Finance – The Chief Financial Officer noted that, subject to audit, the Trust would end the year with a deficit of £52m, which was due to a number of reasons, but primarily the pressures being faced in UEC. It was also reported that there had been expenditure of £114.9m out of a total capital plan of £115m which had been a positive result in terms of delivery of the 2023/24 capital plan. In terms of looking forward to 2024/25, the financial outlook was challenging with a proposed planned end of year deficit of £65m and a Cost Improvement Plan (CIP) of £92m. The two main areas for achieving efficiencies would be improved productivity such as theatre utilisation and treating more people, but also workforce stabilisation where reductions in expenditure on temporary staff were planned, however this should not be at the expense of safety. The deficit position meant that cash support had been applied for, but this would come with significant scrutiny, but there would be increased reporting to FIC over the coming year</p> <p>Mr D Moon, Non-Executive Director raised a number of points. He congratulated the Trust's Finance teams on preparing accounts for audit in a short period of time. He referred to two metrics within the report, capital expenditure against plan and Cost Improvement which were 'red' in the report, but should have been 'green'. He also noted that the coming year would be a challenge, particularly in terms of delivering a £92m CIP, therefore he suggested that any further revisions to the financial plan requested by NHSE should be appropriately robustly reviewed and challenged. The Chief Financial Officer noted that month 1 financial numbers for 2024/25 had shown that income earning activity was up and expenditure on temporary staff was coming down and this could be pointed to as improvements already delivered.</p> <p>The Chief Executive noted the commitments made within the financial plan, such as the level of CIP, improvements in productivity, zero growth in UEC and actions on expenditure on temporary staff, and sought assurance that this would deliver the end of year deficit target of £65m. The Chief Financial Officer confirmed that it would, but noted caution that if the growth in UEC activity that occurred in the previous year was seen again in the current year, it would equate to an unaccounted for £35m in additional costs. The Chief Executive felt that there was therefore a need to ensure that national and regional colleagues were made aware in a timely way should such growth begin to occur.</p>	<p>CPO</p> <p>CE</p>
	<p>Resolved – that (A) details of the research work on the demographics of long waiters be reported into relevant governance structures;</p> <p>(B) the Quality Committee receive a report on antimicrobial stewardship, to include responses to those infection rates which were on a downward trend;</p> <p>(C) quality outcomes which were not reported as part of the IPR, but which might need monitoring be considered for reporting to Quality Committee, possibly undertaken as part of a review of PSIRF;</p>	<p>COO</p> <p>MD</p> <p>MD / CN</p>

	<p>(D) specific metrics which can be used to measure culture improvements be identified, and</p> <p>(E) national and regional colleagues be appropriately sighted to the impact of any growth in UEC activity as the financial year progressed.</p>	<p>CPO</p> <p>CE</p>
149/24	HIGH QUALITY CARE FOR ALL	
149/24/1	<u>Perinatal Surveillance Scorecard – March 2024</u>	
	<p>The Chief Nurse presented the Perinatal Surveillance Scorecard which was produced in line with the Perinatal Quality Surveillance Model designed by NHS England to support sharing safety intelligence Board to Frontline / Frontline to Board. Details were provided regarding the main metrics which covered the past month, where it was noted that most presented a stable or positive picture. One incident was referred for Maternity and Newborn Safety Investigation (MNSI) and there had been an increase in perineal trauma. The number of term babies submitted to the neonatal unit was higher for a second month and this would be reviewed further. In terms of workforce, recruitment continued to improve, including the recruitment to an Obstetrician post, the Leicester General Hospital was now almost fully recruited for midwives with LRI expected to be full by the Autumn. There had been 10 complaints, but there was a 96% positive promoter rate for the Friends and Family Test. The CQC draft inspection report for maternity had been received and was being reviewed for accuracy.</p> <p>Dr A Haynes, Trust Board Vice Chair in summary, praised the ongoing progress in maternity and neonatal services and welcomed the recruitment of the Obstetric Consultant.</p>	
	Resolved – that the report be noted.	
149/24/2	<u>Board Committee Escalation Reports</u>	
	<p><u>Operations and Performance Committee – 24 April 2024</u></p> <p>Mr J Worrall, Operations and Performance Committee (OPC) Non-Executive Director Chair presented the escalation report from the Operations and Performance Committee held on 24 April 2024. Key points noted were the challenges around delivering zero growth in UEC activity, improvements to cancer performance despite disruptions to progress, tackling pressures in UEC and the impact from industrial action. Further however, there had been significant performance improvements in many areas which made being Chair of OPC a positive experience at the current time.</p> <p>In response to a query regarding clinical correspondence, the Chief Information Officer referred to the discussion at the committee where some issues were noted with the completion and delivering of clinical correspondence to patients and primary care. There were some actions in progress to address these issues, along with dealing with technical and process challenges, but it was noted that a further report was being taken to the Quality Committee in June 2024 to provide a further update.</p> <p><u>Quality Committee – 25 April 2024</u></p> <p>Dr A Haynes, Quality Committee Non-Executive Director Chair presented the escalation report from the Quality Committee held on 25 April 2024. Two particular matters were highlighted, the Update Report from the Safeguarding Committee and 2023 Safeguarding Annual Report where the ICB safeguarding representative had given positive feedback and the Dementia Services Quality Account Report 2023/24 which recognised that there was further work to do in relation to frailty and delirium.</p> <p>The Medical Director referred to two positive matters discussed at the meeting which were the development of the fundamentals of care standard and also the review of paediatric audiology where a quality service was being delivered. A response to the paediatric audiology review would be reported to Quality Committee at its next meeting.</p> <p><u>Finance and Investment Committee (FIC) – 26 April 2024</u></p> <p>Mr J Worrall, acting FIC Non-Executive Director Chair presented the escalation report from the Finance and Investment Committee (FIC) held on 26 April 2024. Discussion on the 2023/24 Month 12 Financial Position report had noted the increase to the final deficit position of £52.8m which was driven by UEC pathway pressures, industrial action costs not covered, loss of NHS income for</p>	

	<p>depreciation and the provision to cover the increases arising from the Health Care Support Worker banding changes. Positive news was noted in relation to the achievement of the CIP target and high level of delivery of the capital plan.</p> <p>Discussion also took place in relation to the strategic risks which FIC oversaw, including a recommendation from the Chief Financial Officer to adjust the score in relation to BAF risk 6 (Insufficient Capital Funding) due to a review of the risk relating to sign-off and approval of the annual capital plan. The recommendation was to reduce the likelihood from 5 (almost certain) to 4 (likely) which would leave a revised (reduced) risk score of 16. The Trust Board confirmed its support for this change.</p> <p><u>Our Future Hospitals and Transformation (OFH&T) Committee – 17 April 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 17 April 2024. Two areas of discussion were highlighted which were an update on the Patient Administration System Project where concerns had been expressed about progress of the project, therefore further reporting had been requested, focussing on high level milestones such as training and testing and any other risks. The other area highlighted was parking on the Leicester General Hospital site in light of the development of the East Midlands Planned Care Centre.</p> <p>The Chief Executive raised a query regarding the New Hospital Programme, and when it would be possible to communicate details of when new provision would be delivered, and when actual construction activity would most likely begin. The Deputy Chief Executive noted that a new communications lead had just been appointed for the New Hospital Programme who would consider the most effective way to promote the programme. Details of the funding allocation were anticipated in the near future, so there needed to be clarity on this in order to communicate what was going to be delivered. With regard to construction activity on the ground, it was noted that the final business case for the enabling work on the LRI site should be approved by the Trust and NHSE towards the end of 2024 or early 2025 with activity on site shortly after that.</p> <p>Ms V Bailey, Non-Executive Director queried, with regard to Patient Initiated Follow Ups (PIFU) that the target was 5%, whether this was sufficient and whether the Trust needed to push itself further to deliver real change. The Deputy Chief Executive noted that there had been feedback when the transformation report had previously been discussed that the level of change needed to be appropriately manageable for the Trust, so this had been taken into account. He further confirmed that there was a programme to develop PIFU and take it further but this was balanced with the need to change in a measured way.</p>	
	<p><u>Resolved</u> – that (A) the Board Committee escalation reports be noted and any recommendations endorsed, and</p> <p>(B) the proposed reduction in the score of BAF risk 6, be approved.</p>	CFO
149/24/3	<u>Update on Health Equality and Inclusion</u>	
	<p>The Director of Health Equality and Inclusion presented the report which provided an update and assurance on work to progress improvement in health inequalities in access, experience and outcomes for patients using UHL services and highlighted barriers and challenges to progression and, where possible, provided appropriate mitigations. Areas highlighted within the report included the services which were reviewed as part of the Equality Delivery System. All 3 services in the current year were UHL services (virtual ward services, tuberculosis and maternity services in relation to diabetes). The review provided an opportunity to consider how to embed learning from the review into business-as-usual practice. Also highlighted was the Actions on Racial Disparities in Maternal Mortality report which derived from a request from Leicester City Health and Wellbeing Board to outline actions being taken to address disparate rates of maternal mortality for Black and Asian women and birthing people in Leicester City, where the Director of Health Equality and Inclusion undertook to provide the final report to the Trust Board and work with clinical leads to ensure that practice aligned with the report. The other area highlighted was the development of the UHL Health Equality Partnership which sought to influence policies and practice to address inequalities. Reference was also made to the data collected as part of the NHSE Statement of Information on Health Inequalities, and how UHL could use and publish this data going forward.</p>	DoHE&I

	<p>Mr M Farmer, Associate Non-Executive Director raised a query regarding demographics and waiting times in UEC. The Director of Health Equality and Inclusion commented that work in this area had been ongoing and had informed discussions at the recent summit with System partners. When outputs were available, these would be reported to the Trust Board.</p> <p>Mr M Farmer, Associate Non-Executive Director raised a further point in relation to the use of an equity based approach, rather than an equality based approach. The Director of Health Equality and Inclusion commented that there had been some discussion on the feasibility of equity assessments rather than equality impact assessments where it was noted that they would involve considerable additional work and awareness raising for those involved. It was the intention to develop a framework, which would utilise data and consider where disparities arose.</p> <p>The Chief Nurse referred to the score outcome, 'developing', as part of the Equality Delivery System review of maternity diabetes services and whether there should be concerns arising from this. The Director of Health Equality and Inclusion commented that the review process had been useful for reflection and had shown areas for learning, therefore there were no particular concerns.</p> <p>Professor I Browne, Associate Non-Executive Director, regarding the UHL Health Equality Partnership, asked what was needed for it to be successful. The Director of Health Equality and Inclusion noted that there needed to be a commitment from the Trust to make changes where issues were highlighted and a commitment to delivering high quality care for all and being a good place to work.</p> <p>Trust Board members considered in detail, matters regarding the use of data collected as part of the NHSE Statement of Information on Health Inequalities as it was felt that it should be utilised in order to provide insights to understand deprivation and inequalities for planning services. The Director of Health Equality and Inclusion noted that the data was available and could be accessed if requested, but there were practical issues around how to make it meaningful for it to be useful. The Chief Information Officer commented that staff from his service were meeting with teams and discussing with them about how they could use the data and then share the knowledge to avoid other teams needing to interrogate raw data. Professor A Garcea, Non-Executive Director further commented on the use of data that if it was to be used to predict work then it would need to consider location and the inclusion of data from primary and social care.</p> <p>Dr A Haynes, Trust Board Vice Chair, in summary, noted the importance of ensuring the correct utilisation of data. He also noted that it would be interesting to hear from communities involved in the UHL Health Equality Partnership about how well they felt served by the Trust. The Director of Communications and Engagement noted that representatives from the group were keen to come to the Trust Board to share their experiences.</p>	<p>DoHE&I</p> <p>DoHE&I</p> <p>DoHE&I / DoC&E</p>
	<p><u>Resolved</u> – that (A) the Trust Board be provided with the report which arose from discussions at the Leicester City Health and Wellbeing Board regarding racial disparities in maternal mortality;</p> <p>(B) details of data relating to waiting times in UEC taking demographics into account be reported to the Trust Board (once available);</p> <p>(C) consideration be given to progressing the utilisation and publication of data collected in relation to health inequalities, aligning it with any data related to primary and social care as necessary and to provide guidance where needed to ensure its most effective use within the Trust; and</p> <p>(D) representatives from the UHL Equality Partnership be invited to share their stories at a future Trust Board meetings.</p>	<p>DoHE&I</p> <p>DoHE&I</p> <p>DoHE&I</p> <p>DoHE&I / DoC&E</p>
150/24	GREAT PLACE TO WORK	
150/24/1	<u>Agency Compliance, Usage and Reduction</u>	
	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. It was noted that of the 6 areas of compliance, 3 were currently compliant, with a further 2 due to be	

	<p>compliant soon. One particular area of challenge was to adhere to the price caps as set out in the rules, although small numbers were affected. It was further noted that it was a key part of the UHL Financial Plan to reduce agency spend and progress would be reported to FIC and to People and Culture Committee (PCC).</p> <p>Mr J Worrall, Non-Executive Director enquired whether the agency plan for the forthcoming year would be available as part of the next update report. The Chief People Officer confirmed that the plan was due to be finalised in the coming week and then it would need to be approved by NHSE.</p> <p>Mr D Moon, Non-Executive Director noted that approximately 50% of the agency spend was in one CMG and the expenditure seemed to be fairly flat month on month, therefore he sought clarification as to how the spend on agency would be reduced. The Chief People Officer stated that the intention was to utilise more substantive or bank staff to do the work currently undertaken by agency staff. There was confidence that as there was now more stability in the workforce that the use of agency staff could be reduced.</p>	
	<u>Resolved</u> – that the progress and trajectory of the use of agency staff be noted.	
151/24	PARTNERSHIPS FOR IMPACT	
151/24/1	<u>UHL – UHN Partnership Board – Upward Report to Boards of Directors/Trust Boards</u>	
	The Director of Corporate and Legal Affairs presented a report which provided the Trust Board with matters arising and feedback from the UHL / University Hospitals of Northamptonshire NHS Group (UHN) Partnership Board from the first meeting in April 2024. Some areas of discussion were highlighted such as the collaboration agreement, priorities, and how these would be delivered. The proposed appointment of a new Director of Research and Innovation for UHN and UHL was also noted.	
	<u>Resolved</u> – that the report be noted.	
152/24	RESEARCH AND EDUCATION EXCELLENCE - NO ITEMS	
153/24	CORPORATE GOVERNANCE/REGULATORY COMPLIANCE	
153/24/1	<p><u>Trust Board Committee Annual Reports</u> The Trust Board received and approved annual reports from the following Trust Board Committees:</p> <ul style="list-style-type: none"> • Operations and Performance Committee • Quality Committee • Finance and Investment Committee • Our Future Hospitals and Transformation Committee • Audit Committee <p>It was noted that the reports had been considered and discussed at each of their respective committees.</p>	
	<u>Resolved</u> – that the Trust Board Committee Annual Reports be approved.	DCLA
153/24/2	<u>Escalation Report from the Extraordinary Audit Committee – 22 April 2024</u>	
	Mr D Moon, Audit Committee Non-Executive Director Chair presented the escalation report from the Extraordinary Audit Committee held on 22 April 2024. The discussion on the Interim Head of Internal Audit Opinion was noted, where the current opinion was of moderate assurance, which could change, but was unlikely to. The impressive thorough and timely production of the accounts for consideration by the committee was noted.	
	<u>Resolved</u> – that the 22 April 2024 Audit Committee escalation report be noted and any recommendations endorsed.	
154/24	CORPORATE TRUSTEE BUSINESS	
	<u>Escalation Report from the Charitable Funds Committee – 17 April 2024</u>	

	Resolved – that the 17 April 2024 Charitable Funds Committee escalation report be noted, and any recommendations endorsed.	
155/24	BOARD SERVICE VIDEO	
	<p>The Trust Board were shown a video relating to the work of the Meaningful Activities Team. The team worked across the Trust engaging with patients, and depending on their needs, the team may provide emotional support or engage with them on activities, such as arts and crafts or quizzes to make the patient experience as positive as possible.</p> <p>On a wider point relating to the service videos in general, it was noted that they were used for other purposes such as including them on the Trust website to provide a clearer idea for patients about the service they can expect to receive.</p>	
	Resolved – that the contents of the video be noted.	
156/24	ANY OTHER BUSINESS – NO ITEMS	
157/24	QUESTIONS FROM THE PRESS AND PUBLIC	
	<p>The following list of questions were raised by members of the public in attendance at the Trust Board meeting:</p> <p>1) What do you see as the three main problems in the culture at UHL?</p> <p>The Chief People Officer referred to the feedback received from the staff survey where staff reported a variability in their working experience at the Trust which could involve perceptions around inequality of experience, which could build feelings of negativity. Also highlighted by the staff survey were issues around bullying, particularly on religion and race. Support and guidance was being provided to managers and team leaders in order to improve the culture of the organisation.</p> <p>The Chief Executive referred to national level discussions on anti-racism that he and the Director of Health Equality and Inclusion had been involved in regarding staff survey results discrimination had been a factor in Trusts which had reported a deteriorated position.</p> <p>2) Are you reducing the number of doctors employed by UHL (eg by not replacing some who leave) in order to reduce the Trust's deficit ?</p> <p>The Medical Director confirmed that it was not the case that the Trust was reducing the number of doctors to reduce the Trust's deficit. It was however the intention to reduce the number of doctors employed through agencies and increase the number of substantively employed doctors. There was also a focus on retaining doctors who had come through Trust training programmes.</p> <p>3) What is the target for patient initiated follow ups designed to achieve and why is it set at 5%?</p> <p>The Medical Director noted that this was not a new initiative as the option to offer patients open follow up appointments has always been available and it was done with the intention of giving more control to the patient and based on the symptoms they had. The current initiative was about putting some structure around these processes and making things clearer. The 5% target was a national target and aggregate across all services where some services may utilise it more depending on the speciality.</p>	
158/24	REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):	
158/24/1	<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"> • Audit Committee – Minutes of 18 March 2024 • Quality Committee – Minutes of 28 March 2024 	

	<ul style="list-style-type: none"> • Operations and Performance Committee – Minutes of 27 March 2024 • Finance and Investment Committee – Minutes of 22 March 2024 • Our Future Hospitals and Transformation Committee – Minutes of 21 March 2024 • People and Culture Committee – Minutes of 28 March 2024 • Charitable Funds Committee – Minutes of 16 February 2024 	
159/24	REPORTS DEFERRED TO A FUTURE MEETING	
	<u>Resolved</u> – None.	
160/24	DATE AND TIME OF NEXT MEETING	
	<u>Resolved</u> – that the next Public Trust Board meeting be held on Thursday 13 June 2024 from 1.30pm in the Clinical Education Centre, Glenfield Hospital.	

The meeting closed at 15.46pm

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	2	1	50	D Moon	2	2	100
V Bailey	2	2	100	A Moore	2	2	100
A Furlong	2	2	100	R Mitchell	2	2	100
A Haynes	2	1	50	B Patel	2	2	100
J Hogg	2	2	100	T Robinson	2	0	0
L Hooper	2	2	100	J Worrall	2	2	100
J Melbourne	2	1	50				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	2	1	50	M Farmer	2	2	100
S Barton	2	2	100	S Harris	2	0	0
I Browne	2	2	100	H Kotecha	2	0	0
A Carruthers	2	2	100	M Smith	2	2	100
B Cassidy	2	2	100	C Teeney	2	2	100
A Garcea	2	2	100				