

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 8 FEBRUARY 2024 FROM 1.30PM IN THE BOARD ROOM, GEORGE DAVIES CENTRE, LEICESTER UNIVERSITY, LANCASTER ROAD, LEICESTER, LE1 7HA**

**Voting Members present:**

Mr J MacDonald – Trust Chair  
 Ms V Bailey – Non-Executive Director  
 Mr A Furlong – Medical Director  
 Dr A Haynes, MBE – Non-Executive Director and Our Future Hospitals and Transformation Committee (OFH&TC) Non-Executive Director Chair  
 Ms J Hogg – Chief Nurse  
 Ms L Hooper – Chief Financial Officer  
 Mr J Melbourne – Chief Operating Officer  
 Mr R Mitchell – Chief Executive  
 Mr B Patel – Non-Executive Director and People and Culture Committee (PCC) Non-Executive Director Chair  
 Mr M Williams – Non-Executive Director and Audit Committee Non-Executive Director Chair

**In attendance:**

Dr R Abeyratne – Director of Health Equality and Inclusion  
 Mr S Barton – Deputy Chief Executive  
 Professor I Browne – Associate Non-Executive Director  
 Ms D Burnett – Director of Midwifery  
 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  
 Mr H Hughes – Leadership and Management Trainee  
 Ms S Kaya – Freedom to Speak Guardian (for minute 29/24/2)  
 Ms S McLeod – Head of Patient Experience (for minute 26/24)  
 Ms R Moss – Freedom to Speak Guardian (for minute 29/24/2)  
 Ms C Porter – Advance Practice Lead Burns & Plastics (for minute 26/24)  
 Mr M Reeves – Corporate and Committee Services Officer  
 Mr M Simpson – Director of Estates, Facilities and Sustainability  
 Mr R Singh – Consultant and Junior Doctors’ Guardian of Safe Working (for minute 29/24/1)  
 Ms M Smith – Director of Communications and Engagement  
 Ms G Smalley – Patient (for minute 26/24)  
 Ms M Sweeney – Burns and Plastics Specialist Nurse (for minute 26/24)  
 Ms C Teeney – Chief People Officer

		<b><u>ACTION</u></b>
<b>21/24</b>	<b>APOLOGIES AND WELCOME</b>	
	<p>The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Mr S Harris, Non-Executive Director, Professor T Robinson, Non-Executive Director and Mr J Worrall, Non-Executive Director.</p> <p>The Trust Chairman informed the Trust Board that this would be Mr Mike Williams last Trust Board meeting before the end of his tenure. He thanked Mr M Williams for his service to the Trust and noted that his appointment was only due to be short term initially, but it actually lasted for four years. He was a valued member of the Trust Board and he had helped the Trust move to a position of stability and was praised for his contributions.</p> <p>Mr M Williams thanked the Trust Chairman for his kind words and thanked his colleagues for their support. Whilst he had initially intended to only undertake a short tenure, he had welcomed the opportunity to serve in the acute sector of the NHS. Mr M Williams gave particular thanks to the staff within the Corporate and Committee Services team for the support they provided to the Trust Board and its committees, and specifically for providing an accurate record of those meetings.</p>	

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	The Trust Chairman congratulated Mr A Haynes MBE on the occasion of attending a ceremony at Buckingham Palace to formally receive his MBE from His Royal Highness the Prince of Wales.	
22/24	<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).	
23/24	<b>DECLARATIONS OF INTERESTS</b>	
	There were no declarations of interest.	
24/24	<b>MATTERS ARISING: BOARD ACTION LOG</b>	
	Paper B provided progress updates for the matters arising from the 14 December Trust Board meeting and any outstanding items from previous meetings, the contents of which were received and noted.  The Director of Corporate and Legal Affairs updated action 9 within the log to note that a Trust Board Development Session to discuss the capital plan had now been arranged for early March.	
	<b>Resolved</b> – that the matters arising report be received and noted as paper B.	
25/24	<b>PATIENT STORY</b>	
	The Trust Board received a video presentation, from a patient, Gill Smalley who had undergone breast reconstruction surgery. In the video Jill talked about the challenges she had faced, particularly as surgery had been delayed due to the pandemic. Jill also referred to the excellent, high quality personal care she had received from the Burns and Plastics Team, and particularly Nurses Ms M Sweeney, Burns and Plastics Specialist Nurse and Ms C Porter, Advanced Practice Lead in Burns and Plastics, who she felt went over and above their role to ensure she could deal with this difficult personal situation.  Professor I Browne, Associate Non-Executive Director noted the excellent service provided by the nurses, but was interested to hear what inspired them to provide such a high-quality service. The Nurses informed the Trust Board that the ethos, culture and leadership were key factors in how the team worked, as well as a personal passion to be kind, caring and to educate patients. The team made time to speak to patients to get to know them, particularly over a cup of tea.  The Chief Nurse thanked Jill for her story and noted that the nurses, Ms M Sweeney and Ms C Porter were leaders in their field on a national level. She asked, what, if anything could the Trust Board do to assist them in their work. It was noted that post operative seromas could often emerge after surgery and the provision of an ultrasound service would enable these to be treated. It was also requested that some funding be provided for the provision of post operative bras as currently these were provided on the basis of donations. The Chief Nurse agreed to look into these requests, but felt that it should be possible to provide as requested.  Ms V Bailey, Non-Executive Director asked the patient, Jill whether there were any improvements which could have been made regarding communication, particularly as the surgery had been delayed. Jill commented that further clarity around a realistic timescale for her surgery would have been welcomed, but she recognised that the pandemic made this difficult.  The Trust Chairman thanked Jill, Ms M Sweeney and Ms C Porter for speaking to the Trust Board and providing an uplifting story.	CN
	<b>Resolved</b> – the Chief Nurse to explore the viability of the provision of ultrasound to explore post operative seromas and funding for post operative bras.	CN
26/24	<b>STANDING ITEMS</b>	
26/24/1	<u>Chair's Report – January 2024</u>	

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	<p>Reporting verbally, the Trust Chairman highlighted the following items:-</p> <ul style="list-style-type: none"> <li>(a) The ongoing pressures on staff arising from the winter period were noted and acknowledged. It had been anticipated that these would have reduced, but pressures were still high;</li> <li>(b) Discussions had been taking place with colleagues from Northampton and Kettering as part of the developing partnership working, between the University Hospitals of Northamptonshire NHS Group and University Hospitals of Leicester NHS Trust. It was felt that there were opportunities such as sharing staff and learning from high performing services from each Trust.</li> <li>(c) The post of Chair of the LLR ICB had been advertised. It was noted that Dr A Haynes MBE, Non-Executive Director would be on the appointing panel.</li> <li>(d) It was noted that LLR ICB had been asked to take part in a national review of maternity inequalities which was felt to be an opportunity for the Trust to take a leading role demonstrating the excellence of service within the Trust.</li> </ul>	
	<p><b><u>Resolved</u> – that the updates be noted.</b></p>	
26/24/2	<p><u>Chief Executive's Update – January 2024</u></p>	
	<p>The Chief Executive presented paper C and particularly highlighted the following:</p> <ul style="list-style-type: none"> <li>(a) The joint working between the University Hospitals of Northamptonshire NHS Group and University Hospitals of Leicester NHS Trust. The Chief Executive referred to a recent meeting where he, the Medical Director, the Chief Nurse and other colleagues from Leicestershire Partnership NHS Trust had attended and agreed a willingness to work together, particularly matters related to staffing such as an agreed parity on terms and conditions.</li> <li>(b) The Care Quality Commission (CQC) were recently welcomed to the Trust on 10/11 January 2024 to review maternity and Emergency Department services. Despite this being shortly after industrial action and during the pressured winter period, positive feedback had been received and progress acknowledged in areas such as safety, triage, cleanliness and 'uplifting' consulting. Some assurance on Sepsis had been sought which was being responded to. The CQC were continuing to gather evidence and it was not yet known when the final report would be received. Thanks were given to colleagues who supported the inspections.</li> <li>(c) The national issue regarding band 2 Health Care Assistant (HCA) workers. This had been a developing situation where band 2 workers had, overtime been undertaking tasks at a band 3 level. All band 2 HCAs had been written to explain the situation and inform them of a re-banding exercise to put them on the correct band by 19 February 2024. The most appropriate approach to backpay was currently being explored and would be presented in due course.</li> <li>(d) Despite the pressures being faced by the wider NHS, the Chief Executive felt that the Trust continued to deliver on good financial governance, patient quality and safety. Despite all of the current challenges the Trust was an improving organisation.</li> </ul>	
	<p><b><u>Resolved</u> – that the position be noted.</b></p>	
26/24/3	<p><u>UHL Performance Update and Integrated Performance Report (Month 9)</u></p>	
	<p>The Chief Operating Officer introduced paper D, comprising the Integrated Performance Report (IPR) for December 2023. He took the paper as read but referred to some key points. He noted that 18.6% of ambulances were still waiting for over 60 minutes, whilst this was an improvement on the previous year it was still unacceptable. He explained the reasons for these delays as being a significant increase in demand in emergency pathways, an increase in Flu and Covid admissions, general increase in admissions and pressures, planned additional capacity hadn't as yet opened and ongoing discharge issues. He further noted that an additional ward would be opening at Glenfield Hospital in March 2024. He also commented in relation to discharge matters that an acute hospital was not the best place to be for patients after their acute issues had been addressed. These reasons would inform key areas of focus for service improvement going forward.</p> <p>The Chief Operating Officer referred to planned care. Despite the challenges arising from industrial action, progress had continued to be made. He anticipated that by the end of March 2024, there</p>	

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would be no patients waiting 78 weeks from referral to treatment, reduced numbers of 65 week waits and by March 2025 it was expected that no patient would be waiting over a year. He noted that compared with the previous year, the Trust had gone from the highest level of 78 week waits in the country to 37<sup>th</sup>, which represented real progress. The Chief Executive welcomed the progress, but noted some areas were progressing better than others and he queried why this was. The Chief Operating Officer explained that some areas were unable to manage demand such as in the Emergency Department and also payment did not cover all the work undertaken. He also noted that delayed transfers of care and risk sharing with partners had an impact on performance.

Ms V Bailey, Non-Executive Director welcomed the positive news on planned care performance and encouraged onward improvement towards excellence in this area, which she felt balanced any negative publicity with regard to those areas where performance was less positive, such as when a critical incident was declared. She requested that consideration be given towards positive communications with regard to the Trust's performance on planned care.

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On a wider point in relation to patient communication, the Medical Director commented on developments in the use of the Accurx system which had reminders before appointments and advised that there had been a small improvement in rate of non-attendance for appointments.

Trust Board members considered further points in relation to current winter pressures, noting that these were only likely to increase in future years due to an aging population with poorer overall health. These challenges could not be addressed without a different approach, and some time would need to be devoted to considering how these longer term population health issues could be addressed. It was noted that similar conversations to this tended to happen around the same time every year. The Chief Executive referred to discussions with System partners where these issues had been raised and agreed that further support and planning was needed. He therefore recommended an action that if no clear pathway has been identified, the necessity of moving forward as a System to address winter pressures would be communicated and discussed over the coming months in advance of winter 2024-25.

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### Operational Improvement 2023 Summary

The Chief Operating Officer ~~he~~ introduced the summary which reviewed the Trust's performance in 2023. Whilst there had been considerable progress, he acknowledged the ongoing pressures across the organisation and apologised to those who faced long waits for their treatment to take place. Reflecting on the position of the Trust a year previous, services such as UEC, Cancer and planned care were in a low tier (1) of the National Support Programme, and none now remained in that tier, and UEC had now left the tiering system. He noted particular progress on areas such as new ways of working, development of the Accurx system for appointments, Patient Initiated Follow Ups (PIFU), development of the East Midlands Planned Care Centre and the new Endoscopy Unit. He also noted plans for the coming year which included new wards at Glenfield Hospital, the Hinckley Community Diagnostic Centre as well as improvements in diagnostics at Leicester General Hospital. On planned care he further noted a number of improvements around waiting times, reductions in length of stay and improvements in patient care. He acknowledged that waiting lists were still too long, but there had been significant improvements. Referring to Urgent Care, there had been comparative improvements to the previous year in all areas, but this improvement had slowed significantly in recent times, despite increases in capacity and initiatives to address issues. There was a wide range of positive actions proposed to deliver improvements, such as the development of PIFU and theatre utilisation and the Trust had a clear vision of where it needed to go and the need to drive change.

Trust Board members raised a number of points in relation to the summary.

- The neurology improvements were welcomed, as this had been a focus for the Quality Committee. The Chief Operating Officer noted that there had been excellent staff engagement and new opportunities to work with colleagues from University Hospitals of Northamptonshire NHS Group on shared learning and improvements.
- Discharge performance still seemed challenging and it was hoped that there would be support from System partners on this issue. The Chief Operating Officer said it was known that more people came to hospital than was necessary and the aim should be to only admit those who needed acute care as it was not always the best place for all patients.
- The positive stories within the summary should be shared with staff and it was queried whether this happened. It was noted that the Clinical Management Groups (CMGs) took the lead on this and the improvements had created an interest in owning the developments and optimism about

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taking improvements forward. There did however need to be a balance as whilst some areas had improved, there had also recently been a critical incident declared.

Trust Board members also considered further issues regarding discharge. It was noted that levels of complex discharge were currently much lower than the previous year and this would be kept under review. It was also noted that improvements on discharges would be a key focus for planning for the forthcoming winter.

The Chief Executive asked the Chief Operating Officer to summarise the position arising from the review document. He commented that there had been good progress, but more could be done. There were opportunities to work with University Hospitals of Northamptonshire NHS Group (UHN) to share knowledge to address issues in both Trusts. Mr J MacDonald, Trust Board Chairman commented that addressing emergency care issues would assist in making a range of other areas see greater improvement.

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:-

- (1) **Quality** – The Medical Director noted that overall, most metrics were heading in a positive trajectory. He did however advise the Trust Board that significant pressures remained within the Emergency Department and responding at the ‘front door’. Work had been undertaken consider risks which had been extremely high at points, which led to the declaration of the critical incident. The ongoing pressures also led to a poor patient experience, including a number of moves within the hospital and the need for the Medical Director and Chief Nurse to engage directly with families to respond to concerns. Therefore there were actions being undertaken to improve care, which included utilising the services of and engaging with, the Patient Advice and Liaison Service (PALS), Guardians of Safe Working and Call for Concern.

The Chief Nurse referred to 2 further MRSA infections in December 2023. Assurance was provided that these had been investigated and learning from infection control reviews was taking place. A campaign had been developed to inform patients how to keep themselves safe. An action plan had been developed and would be reported to Quality Committee.

The Chief Nurse also referred to cases of pressure ulcers being adverse to target, but based on the review undertaken Professor Mike Clarke, the numbers of cases were not out of line with the national trend. This would continue to be monitored at Quality Committee.

Dr A Haynes MBE, Non-Executive Director noted the pressures that were being faced, but noted a lack of complacency and praised the leadership of the Chief Nurse and Medical Director, during this difficult period.

The Chief Executive queried what opportunities there might be to work with UHN. The Chief Nurse commented that the recent CQC report highlighted what was needed to be good in terms of providing safe care and there were opportunities to for the Trusts to support each other, developing evidence based care.

Ms V Bailey, Non-Executive Director requested that consideration be given to monitoring the quality and substance of complaints, rather than just overall numbers. It was noted that this was difficult to do, but it was noted that there was a national pilot which was developing materials regarding the monitoring of complaints. It was noted that the Patient Advice and Liaison Service would be able to assist with developments in this area.

- (2) **People** – The Chief People Officer reported that staff turnover had reduced, recruitment had increased which was part of the Trust’s strategy to create stability and an improved place to work, which created better outcomes for both patients and staff.

The Chief Executive noted that he had received comments that the Trust had recruited too many people and he sought the opinion of the Chief People Officer in respect of these comments. She felt that some confusion had arisen. It was noted that the Trust started the financial year with 1500 vacancies, and approximately 1100 people had been recruited. She referred to the BAF risks which recognised the problems arising from insufficient and unsafe staffing. It was felt that the numbers recruited were not unexpected and were needed in order to provide services. The

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	<p>Chief Nurse further commented using evidence based tools to set an establishment level for staffing indicated that the target had not yet been met and there was no evidence to suggest that the Trust had recruited too many people. The increased numbers were now making care safer and there was now a clearer idea of sufficient maternity staffing. The Chief Financial Officer agreed with the comments made, but noted that filling vacancies would cost more, therefore the intention was to drive down temporary staff pay.</p> <p>The Chief Executive noted that it was the intention of getting a clearer picture of the actions which had been taken in terms of recruitment, particularly in order to provide a clearer message to partners, therefore the Trust would be working with a partners to bring a report to the Trust Board. Mr J MacDonald, Trust Board Chairman welcomed this proposal and agreed it was important to have clarity and to take control of this issue and to show how the actions taken were to address risks and provide evidence to share. He suggested that the Chairs of FIC and People and Culture Committee could support this work.</p> <p>(3) <b>Finance</b> – The Chief Financial Officer presented the position with regard to finance. She referred to the previously agreed reset position with NHSE/I of a £45m deficit. Since that agreement there had been 2 further rounds of industrial action and other pressures, particularly arising from UEC which had created a current forecast deficit of £54m which was £3.5m adverse to the reset pathway. This position was being continually monitored and actions developed to address the situation.</p> <p>In terms of the cash position, due to the current situation there was a requirement to make a revenue cash support application, but there was a concern that further rounds of industrial action would make this position worse.</p> <p>The position with regard to the capital plan was largely on track, but there was some level of management required to ensure current year expenditure was maintained, but nothing significant.</p> <p>Planning for the new financial year's budget was ongoing with discussions at both System and national level. A Cost Improvement Programme (CIP) of 5% was anticipated, following the current year programme which was on track to meet its target. The Trust was likely to remain in deficit, therefore measures to control costs would be maintained and an ongoing focus on UEC.</p> <p>Trust Board Members made a number of points:</p> <ul style="list-style-type: none"> <li>(a) The CIP performance was welcomed but the challenge was to develop recurrency of schemes within the programme.</li> <li>(b) The challenges of managing the financial position were noted, particularly as actions taken to improve the financial position could potentially lead to the detriment of patient care, but improvements in patient care could lead to the detriment of the financial position. However, there were some actions which could improve both such as improved discharges. It was however noted that UEC was the main driver of cost pressures and this was driving costs across the whole System.</li> <li>(c) It was queried whether System partners were in a similar cash position to the Trust. The Chief Financial Officer noted that the ICB was in a similar position, but LPT was not. It was noted that cash could not be simply moved from one organisation to another.</li> <li>(d) The Chief Executive commented that the Trust was engaging with external partners to develop delivery in terms of UEC services and improve the long-term financial position, which would be developed into a report. There needed to be a System response to address issues such as the increase in admissions and the need for improved discharge options, but there was concern that the current UEC System deficit remained the responsibility of the Trust. The Chief Financial Officer further commented on the need for improved clinical coding to provide evidence to demonstrate that funding for UEC was not sufficient to pay for the care and treatment undertaken.</li> </ul>	<p align="center"><b>CE</b></p>
	<p><b>Resolved</b> – that (A) communication opportunities be developed which celebrated the high level delivery and achievement, within the Trust particularly regarding planned care performance;</p>	<p align="center"><b>DoCE</b></p> <p align="center"><b>CE</b></p>

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	<p><b>(B) thinking and discussions be undertaken with system partners about how long term, wider health issues within the population would be addressed, supported and managed and what, potentially radical adaptations within health services might be needed;</b></p> <p><b>(C) it be agreed, if no clear pathway has been identified, how the necessity of moving forward as a System to address winter pressures would be communicated and discussed over the coming months in advance of winter 2024-25;</b></p> <p><b>(D) consideration be given to ways, if possible, of monitoring the quality of complaints rather than numbers, and subsequently report to Quality Committee / Trust Board as appropriate; and</b></p> <p><b>(E) work be progressed in a timely manner, with the assistance of an external partner to bring a report to the Trust Board which considered the actions taken by the Trust to undertake recruitment which addressed the high numbers of vacancies in the Trust, reduced the use of agency staff, reduced risks within the Trust and improved patient care and safety and provides evidence for public assurance that this was the correct action to take. To involve the Chairs of FIC and People and Culture Committee as necessary in the development of the report.</b></p>	<p align="center">CE</p> <p align="center">CN</p> <p align="center">CE</p>
27/24	<b>DELIVER TIMELY, HIGH QUALITY, SAFE, SUSTAINABLE CARE</b>	
27/24/1	<u>Nursing and Midwifery Annual Establishment Review 2023</u>	
	<p>The Chief Nurse presented the report which provided assurance to the Trust Board following the six-monthly establishment review for nursing in line with standards arising from the National Quality Board (2016), NHS Improvement (2018) and the Safe Staffing for Nursing and Midwifery Trust Policy and Procedure 2023. It was noted that there was now evidence in place that staffing levels were at their correct levels and this was supported by the staff survey. Red flags had increased but this was most likely as a consequence of better awareness. UHL's staffing levels compared well with peers and were close to being among the best performing. In terms of skills, training improvements had been introduced. Right place and time staffing did show some level of redeployment, but this was undertaken for safely measures. In summary, the Chief Nurse recommended to the Board that staffing was safe and adequate.</p> <p>Trust Board members considered care hours per patient day and how the Trust compared with peers, particularly in light of the discussions around the Trust's financial position and the external views on the level of staffing within the Trust. Assurance was provided that there were actions being taken on matters detailed in the report, but there was a clear understanding of the staffing levels needed within the Trust and this had been discussed at both national and system level. Further reference was made to the review in 2022 by the national lead for safe staffing and it was noted that the Trust was in alignment with the recommendations of that review. Whilst there were challenges noted when seeking to benchmark with peers, it was felt that the Trust Board should be in agreement of what safe and affordable staffing level were. The importance of having sufficient staff, which led to happy and confident staff led to better care and improvements in staff survey results would demonstrate that this was happening.</p>	
	<b><u>Resolved</u> – that the report be received and the ongoing plans to provide safe staffing levels within nursing and midwifery across the Trust be noted.</b>	
27/24/2	<u>Perinatal Surveillance Scorecard</u>	
	<p>The Director of Midwifery present the report which provided oversight of the quality and safety of the service at UHL. It was noted that staffing levels continued to improve in maternity with vacancy levels now below 10%. Notable numbers of new midwives had been onboarded in November and December 2023 (21) and January 2024 (5) and more were expected by the Spring period as well as 2 tier 9 doctors. There had also however been staff leaving, for a variety of reasons. In terms of Neonatal nurses, increased numbers were undergoing their enhanced competency which demonstrated a desire to improve standards. There had been a significant drop in redeployment of midwives, but it had still been possible to maintain one to one care. It was noted that two safety incidents had met Maternity and Newborn Safety Investigations status and would therefore be investigated. There were a number of initiatives on safety including a three year lookback at learning on safety feeding in to a conference in April 2024 and safety champions joining the Maternity Team.</p>	

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	<p>Feedback on labour from the CQC inspection had now led to a prioritisation piece of work in response. Changes were planned to the benchmarking slides within the report which was arising from the work being led by the Director of Health Equality and Inclusion on pursuing equity in healthcare.</p> <p>The Medical Director noted that during his time with the Trust standards on maternity had grew considerably leading to a challenge to provide the evidence base to support the standards, but equally this provided the highest levels of assurance.</p> <p>Mr J MacDonald, Trust Board Chairman noted that the Trust Board received ongoing updates on maternity and neonates and welcomed the progress being made.</p>	
	<p><b><u>Resolved</u> – that the contents of the report be received and noted.</b></p>	
<p>27/24/3</p>	<p><u>Healthcare Inequalities Update</u></p>	
	<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.</p> <p>The portfolio of work to reduce health inequalities at UHL had now grown to 30 programmes some of which were having the impact of delivering service level improvements. Some key work areas were highlighted. A video was being developed to demonstrate the Accessible Information Standard, with work on accessibility guides also being undertaken. The Trust’s first annual prevention report, ‘Prevention for Healthier Lives: Making it Mainstream’ was published in January 2024 with the Centre Project which focussed on the services the Trust could provide. Work was ongoing in relation to explore how and why people accessed UEC care at UHL and not other, potentially more appropriate services. Further development work was being undertaken to look at deprivation factors in relation to those who did not attend their appointments.</p> <p>Professor I Browne, Associate Non-Executive Director praised the report but made some suggestions for further consideration:</p> <ul style="list-style-type: none"> <li>- Geography data relating to those who did not attend appointments to gain further insight.</li> <li>- Increased training in relation to Making Every Contact Count (MECC)</li> <li>- Future prevention reports to consider physical activity and possible links with Local Authorities to utilise their provision.</li> </ul> <p>Mr M Farmer, Associate Non-Executive Director referred to data which showed shorter lifespans for those who suffered from serious mental illness and queried whether the Trust worked with partners such as LPT to explore this issue. The Director of Health Equality noted that the System had set up a physical and mental health collaborative which she hoped to attend meetings in future, but was happy to report back to the Trust Board on this matter at a future meeting.</p> <p>Trust Board Members considered issues around inclusion in UEC, particularly querying whether individuals and their frailties were considered as part of systems and processes.</p> <p>Further discussion took place regarding work with System colleagues regarding health equality matters, and whether more could be done as it was felt that the System had the opportunity to become a national leader in this area due to its diverse community and workforce. The Director of Health Equality and Inclusion noted that she had had discussions with ICB colleagues regarding putting some structure to the initiatives which were ongoing, but noted that there were opportunities to engage with Public Health.</p>	<p><b>DoHE&amp;I</b></p> <p><b>DoHE&amp;I</b></p> <p><b>DoHE&amp;I</b></p> <p><b>DoHE&amp;I</b></p>
	<p><b><u>Resolved</u> – that (A) consideration be given further exploration / development in the following areas:</b></p> <ul style="list-style-type: none"> <li>- <b>Geography data relating to those who did not attend appointments to gain further insight.</b></li> <li>- <b>Increased training in relation to Making Every Contact Count (MECC)</b></li> <li>- <b>Future prevention reports to consider physical activity and possible links with Local Authorities to utilise their provision;</b></li> </ul>	<p><b>DoHE&amp;I</b></p>



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	<p><b>(B) a report be presented to a future Trust Board meeting which considered impacts of mental illness and reduction in lifespan, and what could be done to address this;</b></p> <p><b>(C) that ways of addressing inclusion and inequality through the UEC pathway, considering individuals and their frailties; and</b></p> <p><b>(D) consideration be given to ways of engaging with System partners and Public Health in order to see if any care or service benefits are achievable or intelligence could be shared.</b></p>	<p><b>DoHE&amp;I</b></p> <p><b>DoHE&amp;I</b></p> <p><b>DoHE&amp;I</b></p>
27/24/4	<u>Escalation Report from the Operations and Performance Committee – 24 January 2024</u>	
	<b>Resolved – that the 24 January 2024 Operations and Performance Committee escalation report be noted.</b>	
27/24/5	<u>Escalation Report from the Quality Committee – 25 January 2024</u>	
	Dr A Haynes MBE QC Non-Executive Director Chair presented the escalation report from the Quality Committee meeting held on 25 January 2024. The discussion regarding the Impact of Leicestershire County Council 'Fairer Outcomes Panel' on patient access and quality of care on the UEC Pathway was referred to, in particular the longer-term impacts arising from discharge delays and ambulance hand over delays. Dr Haynes had directly contacted the Chief Medical Officer at the ICB to raise concerns. He had also requested to discuss the matter further at Quality Committee.	
	<b>Resolved – that the 25 January 2024 Quality Committee escalation report be noted.</b>	
28/24	<b>WORKING WITH SYSTEM PARTNERS TO DEVELOP AN INTEGRATED CARE SYSTEM ACROSS THE HEALTH AND SOCIAL CARE COMMUNITY – NO ITEMS</b>	
29/24	<b>LOOKING AFTER OUR PEOPLE, DEVELOPING WORKFORCE CAPACITY AND CAPABILITY AND A COMPASSIONATE AND INCLUSIVE CULTURE</b>	
29/24/1	<u>(Junior Doctors) Guardian of Safe Working Quarterly Report</u>	
	<p>In line with the 2016 Junior Doctors' Contract, the Guardian of Safe Working was required to provide a quarterly report on Exception Reporting to the Trust Board. At UHL all junior doctors (including Trust Grade Doctors) were encouraged to raise exception reports; therefore the figures provided in these reports included both Trainees and Trust Grade doctors. Dr R Singh, Guardian of Safe Working, attended to present the paper, which detailed the latest quarterly data. and confirmed that from 1 September to 30 November 2023, 187 exception reports had been recorded.</p> <p>Dr Singh noted the number of exception reports at 187 was highest ever quarterly amount, but it was not felt to be of concern, but most likely a reflection of the junior doctors who were in their first rotation. He noted that considerable work had been undertaken to promote the Guardian of Safe Working system with new doctors as well as existing ones. Dr Singh noted that feedback recently received indicated that junior doctors were happy with the outcomes of the exception reports and they felt well supported. It was noted that a number of concerns had been raised via BMA representatives and a meeting was arranged with them to discuss concerns in detail. Some improvements were mentioned such as increased consultant cover in Obstetrics and Gynaecology and out of hours cover at the Leicester General Hospital. It was noted that the recent Trust Junior Doctors Forum had not been well attended and Dr Singh had written to Heads of Service to promote the meeting and some positive engagement had arisen as a result, and further work was being undertaken to promote the service in those under represented areas. There had recently been engagement with other Guardians of Safe Working in the East Midlands region, and it had been agreed to hold quarterly meetings. There had been some discussions in respect of utilisation of penalty payment income, and this would be discussed at the Trust Junior Doctors Forum to consider a rule which could apply across the Trust. Dr Singh thanked the Chief Executive, Medical Director and Chief People Officer for the support the Guardians of Safe Working received.</p> <p>The Medical Director thanked Dr Singh for his report. He noted that actions had been undertaken in response to exception reports which had been made, and in particular referred to ongoing discussions in relation to workload and additional cover in Obstetrics and Gynaecology. He also referred to ongoing consideration regarding anaesthetic cover and out of hours cover at the</p>	

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	<p>Leicester General Hospital, but noted this did have financial implications. He was committed to taking staff welfare seriously, and this would be informed by the post graduate doctors survey which would provide details of issues which needed consideration.</p> <p>Dr A Haynes MBE, Non-Executive Director sought confirmation regarding the reach of the Guardians of Safe Working across all junior doctors within the Trust, particularly post graduate doctors. Dr Singh agreed this was an important issue. He referred to recent contact which had been made with Dermatology, which felt similar to previous contact with Radiology where initial contact had led to widespread engagement. He referred to time constraints which prevented undertaking outreach sessions, but noted he had attended a recent corporate induction session and spoke with junior doctors. He acknowledged that more awareness raising with individual services may need to be done.</p> <p>Dr A Haynes MBE, Non-Executive Director raised further comments in relation to specialist, associate specialist and speciality (SAS) doctors. The Medical Director noted that work was being undertaken in response to their concerns. There was an advocate and tutor in place and the Trust was listening and responding to their concerns and working to the Royal College of Doctors action plan.</p> <p>The Chief People Officer raised a point regarding how feedback contained within the report was responded to. She explained that there was ongoing work to address concerns raised and was not necessarily being aligned with wider work being undertaken within the Trust. She undertook to take the report to People and Culture Committee to review if there were correlations between issues raised in the report and wider Trust activity and whether further actions could be taken.</p>	<p align="center"><b>CPO</b></p>
	<p><b><u>Resolved</u> – that the Guardians of Safe Working report be discussed at People and Culture Committee and consider whether this correlated with wider work within the Trust and whether any wider actions could be taken.</b></p>	<p align="center"><b>CPO</b></p>
<p>29/24/2</p>	<p><u>Freedom to Speak Up Quarterly Report</u></p>	
	<p>The Trust Board welcomed Ms S Kaya and Ms R Moss, Freedom to Speak Up Guardians to present their first quarterly report to the Trust Board.</p> <p>Ms S Kaya and Ms R Moss informed the Trust Board that they were independent Guardians, therefore, whilst they were still learning about the NHS, they had been able to engage well with people raising concerns. The service they provided was a listening service and they reported what they had been told rather than undertaking investigations. Suggestions for information to be included in their future reports in future were welcomed. The report aimed to identify any areas where high numbers of concern were being raised and the actions taken. At the current time, concerns were being raised over a broad cross section of departments. As the service developed, it was anticipated that themes would emerge with data to back these up.</p> <p>Trust Board members welcomed the report and suggested that there would likely be a benefit in triangulating the data held by the Freedom to Speak Up guardians with that received through other sources such as the staff survey, Guardians of Safe Working and complaints. It was also suggested that information could be recorded on protected characteristics. This would provide clarity of whether themes were emerging and actions could be put in place. The Freedom to Speak Up Guardians welcomed feedback regarding the content for the report. Case studies would be included in future reports in order to demonstrate actions which had been taken in response to concerns raised. The Chief People Officer suggested that once feedback from the staff survey had been received, this be discussed with the Freedom to Speak Up Guardians to determine whether common themes were emerging. She also commented that data from the Freedom to Speak Up Guardians' cases could be broken down into themes, along with feedback from the staff survey and consider whether these concerns were related to, for example, behaviours or equality issues and whether these could be addressed through the staff induction programme or better staff communication.</p> <p>Trust Board members gave consideration as to why those raising concerns chose to be anonymous. The Freedom to Speak Up Guardians confirmed that all cases were recorded anonymously and were taken forward on this basis, with more details made available where agreed, noting that speaking with people confidentially made them feel more able to speak up.</p>	<p align="center"><b>CPO</b></p> <p align="center"><b>CPO/ DCLA</b></p>

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	<p>Dr A Haynes MBE, Non-Executive Director queried whether there was any indication of the satisfaction levels with the service. It was noted that there had not been any negative feedback to date. There was sometimes the need to say to people that they may not get the answer they wanted and expectations sometimes needed to be managed. Mr J MacDonald Trust Chairman commented that information on satisfaction levels would be welcomed in future reports.</p> <p>The Chief Executive welcomed the report and thanked the Freedom to Speak Up Guardians for the work they were doing. He noted the importance of having a great workplace culture in order to provide safe care and the Freedom to Speak Up Guardians provided a safe opportunity for staff to raise their concerns.</p> <p>The Director of Corporate and Legal Affairs noted that the service would be learning and developing further, noting the new national policy and the requirement to complete the planning tool. She further noted that whilst it was good to have a listening service, there needed to be clear evidence of how the concerns had been responded to. Comments made at the meeting were welcomed and would be considered for inclusion in future reports.</p>	
	<p><b>Resolved – that (A) feedback on the staff survey be discussed with the Freedom to Speak Up Guardians to see if issues raised were common themes;</b></p> <p><b>(B) consideration be given as to whether the cases raised with the Freedom to Speak Up Guardians could be broken down into themes, and then determine if concerns raised could be addressed ie through induction processes or staff communication, and</b></p> <p><b>(C) the comments made by the Trust Board be considered for inclusion in future reports.</b></p>	<p><b>CPO</b></p> <p><b>CPO / DCLA</b></p> <p><b>DCLA</b></p>
29/24/3	<u>Draft Updated Freedom to Speak Up Policy</u>	
	<p>The Director of Corporate and Legal Affairs introduced the report which presented a draft updated Freedom to Speak Up Policy for consideration and approval. The existing UHL Freedom to Speak Up Policy had been reviewed to reflect the revised national guidance issued by NHSE/I. It was noted that there had not been any fundamental changes to the policy, but there had been some changes to the language used, notably the removal of the term ‘whistle blower’. Further work would be undertaken on the internal mechanisms to enable people to speak up in order to ensure confidence and a straightforward process. The guidance also required the Trust to undertake actions regarding the completion of reflection and planning toolkit and actions to continually improve speaking up. Progress on these further pieces of work would be reported to the People and Culture Committee and Trust Board via the appropriate escalation process.</p> <p>Ms V Bailey, Non-Executive Director noted that the term whistle blower was in common use and may be what some people understood better. The Director of Corporate and Legal Affairs confirmed that the Freedom to Speak Up Policy would still come up if a search was undertaken on the intranet for whistle blowing.</p> <p>Trust Board members, in discussion, considered the point in the report regarding certain groups being less likely to speak up and how they could be encouraged to do so. It was noted that the Freedom to Speak Up Guardians did attend events and conferences to promote use of the service. Generally, it was felt important to build trust and make people feel psychologically safe to enable them to speak up.</p>	
	<b>Resolved – that the updated Freedom to Speak Up Policy be approved.</b>	<b>DCLA</b>
29/24/4	<u>Escalation Report from People and Culture Committee – 25 January 2024</u>	
	<b>Resolved – that the 25 January 2024 People and Culture Committee escalation report be noted.</b>	
<b>30/24</b>	<b>SUSTAINABLE, WELL-GOVERNED FINANCES</b>	
30/24/1	<u>Agency Compliance, Usage, &amp; Reduction</u>	
	The Chief People Officer presented the report which provided an update and assurance on the programme of work to ensure compliance and governance in line with NHSE/I agency rules and the work being undertaken to reduce the Trust’s agency usage. It was reported that considerable	

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	<p>progress had been made to reduce the numbers of agency workers in the Trust, particularly as robust governance arrangements had now been put in place to manage and monitor the use of and spend on agency workers, which was now below the nationally required level. 2 areas, relating to use of framework suppliers and procuring of agency staff below cap level were noted as not yet being fully compliant but work was ongoing to address this. All medical agency spend was now being examined and there were requirements continued use to be signed off.</p> <p>Mr J MacDonald, Trust Board Chairman welcomed the work which had been undertaken to address the number of agency workers within the Trust.</p>	
	<b><u>Resolved</u> – that the contents of the report be received and noted.</b>	
30/24/2	<u>Escalation Report from the Finance and Investment Committee (FIC) – 25 January 2024</u>	
	<b><u>Resolved</u> – that the 25 January 2024 FIC escalation report be noted.</b>	
<b>31/24</b>	<b>INFRASTRUCTURE FIT FOR THE FUTURE</b>	
31/24/1	<u>Escalation Report from the Our Future Hospitals and Transformation Committee (OFHTC)– 17 January 2024</u>	
	Dr A Haynes MBE, OFH&TC Non-Executive Director Chair presented the escalation report from the Our Future Hospitals and Transformation Committee. He particularly referred to the consideration of the Deep-Dive – Pre-Operative Assessment report where the Committee received details of IT developments such as the use of a pre-operative app which enabled patients to go straight to surgery. These developments were being spread to other areas such as cardiology, ophthalmology, and children.	
	<b><u>Resolved</u> – that the 17 January 2024 Our Future Hospitals and Transformation Committee escalation report be noted.</b>	
<b>32/24</b>	<b>RESEARCH, EDUCATION AND IMPROVEMENT AT HEART – NO ITEMS</b>	
<b>33/24</b>	<b>CORPORATE GOVERNANCE/REGULATORY COMPLIANCE</b>	
33/24/1	<u>FIC Terms of Reference – Annual Update</u>	
	The Trust Board received a report which presented updated terms of reference for the Finance and Investment Committee. Proposed amendments included a quarterly report on shared workforce and finance reporting and increased oversight of the annual operational planning process. FIC had considered the updated terms of reference at its meeting on 26 January 2024 and made some further recommendations which were reflected in the report. The Trust Board approved the updated FIC terms of reference as now presented.	<b>DCLA</b>
	<b><u>Resolved</u> – that the updated FIC terms of reference be approved.</b>	<b>DCLA</b>
33/24/2	<u>Trust Sealings – Quarterly Report</u>	
	The Trust Board received a report which enabled the Trust Board to be sighted to those Deeds that the Trust had entered into during the period covered by the report, quarter 3 2023/24.	
	<b><u>Resolved</u> – that the report be noted.</b>	
<b>34/24</b>	<b>CORPORATE TRUSTEE BUSINESS – NO ITEMS</b>	
<b>35/24</b>	<b>BOARD SERVICE VIDEO – UHL TOBACCO DEPENDENCY UNIT</b>	
	The Trust Board were shown a video relating to the work of the UHL Tobacco Dependency Unit.	
	<b><u>Resolved</u> – that the contents of the video be noted.</b>	
<b>36/24</b>	<b>ANY OTHER BUSINESS – NO ITEMS</b>	



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	<b>Resolved – that the next Public Trust Board meeting be held on Thursday 14 March 2024 from 1.30pm in Seminar Rooms 2&amp;3, Clinical Education Centre, Glenfield Hospital.</b>	
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The meeting closed at 4.20pm

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

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J MacDonald	12	11	92	J Melbourne	12	11	92
V Bailey	12	9	75	R Mitchell	12	12	100
A Furlong	12	7	58	B Patel	12	12	100
S Harris	12	9	75	T Robinson	12	7	58
A Haynes	12	10	83	G Sharma (until 30.4.23)	1	0	0
J Hogg	12	10	83	M Williams	12	10	83
L Hooper	12	11	92	J Worrall	12	9	75

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	12	11	92	Mr M Farmer (from 1.1.24)	1	1	100
S Barton	12	11	92	A Garcea (from 1.12.23)	2	2	100
I Brown (from 1.12.23)	2	2	100	H Kotecha	10	5	50
A Carruthers	12	10	83	M Simpson	12	12	100
B Cassidy	12	12	100	M Smith	12	12	100
G Collins-Punter (until 31.12.23)	11	3	27	C Teeney	12	11	92