UNIVERSITY HOSPITALS OF LEICESTER (UHL) NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 10 OCTOBER 2024 FROM 1.30PM IN THE CUMULUS ROOM, LEICESTER DIABETES CENTRE, LEICESTER GENERAL HOSPITAL

Voting Members present:
Mr A Moore – Trust Board Chair
Ms V Bailey – Non-Executive Director
Professor I Browne – Non-Executive Director, People and Culture Committee Non-Executive Director Chair
Mr A Furlong – Medical Director
Dr A Haynes MBE - Non-Executive Director, Quality Committee and Our Future Hospitals and Transformation Committee Non-Executive Director Chair
Ms J Hogg – Chief Nurse
Mr J Melbourne – Chief Operating Officer
Mr R Mitchell – Chief Executive
Mr D Moon – Non-Executive Director, Audit Committee and Finance and Investment Committee Non-Executive Director Chair
Professor T Robinson - Non-Executive Director, and Charitable Funds Committee Non-Executive Director Chair

In attendance:
Dr R Abeyratne – Director of Health Equality & Inclusion
Mr S Barton – Deputy Chief Executive
Dr D Barnes – Deputy Medical Director
Ms D Burnett – Director of Midwifery
Ms B Cassidy – Director of Corporate and Legal Affairs
Mr S Ceres – Deputy Director of Finance (Financial Management) (for Chief Financial Officer)
Mr M Farmer – Associate Non-Executive Director
Mr S Harris - Associate Non-Executive Director
Ms H Kotecha - Healthwatch
Mr W Monaghan – Group Chief Digital Information Officer
Ms E Moss – Network Director, East Midlands Regional Research Network (for minute 314/24/1)
Ms M Ostler – Matron, Gynaecology (for minute 310/24)
Mr M Reeves – Corporate and Committee Services Officer
Ms M Smith – Director of Communications and Engagement
Ms C Teeney – Chief People Officer

		ACTION
305/24	**APOLOGIES AND WELCOME**	
	Apologies for absence were received from Mr L Bond Chief Financial Officer and Professor A Garcea Non-Executive Director.	
306/24	**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).	
307/24	**DECLARATIONS OF INTERESTS**	
	There were no declarations of interest.	
308/24	**MINUTES**	
	Resolved – that the Minutes of the public Trust Board meeting held on 12 September 2024 be confirmed as a correct record.	
309/24	**MATTERS ARISING: BOARD ACTION LOG**	

	Paper B provided progress updates for the matters arising from the 12 September 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.	
310/24	**STAFF STORY – BLACK HISTORY MONTH**	
	Ms C Teeney, Chief People Officer introduced Ms M Ostler, a Matron in Gynaecology who had offered to share her story. As it was Black History Month there was an opportunity to celebrate, reflect and hear a story which reflected Black culture. The theme for Black History Month was reclaiming narratives as it was noted, for considerable time that achievements had been overshadowed and contributions made in communities had not been duly recognised. Ms M Ostler outlined her story, where she immigrated from Trinidad and Tobago 25 years ago and had to deal with the challenges of a new environment. Ms M Ostler acknowledged her mother who was key in supporting her to follow her wish to become qualified as a Nurse, but she sadly passed away before Ms M Ostler qualified. Ms M Ostler had worked in UHL for 22 years in a wide number of nursing roles and was grateful for the wide range of experiences that she had been able to undertake. There had however been times when disrespectful and negative comments were received. Despite making progress herself, she felt that others had been able to progress quicker, and she felt she had to work harder than others to make the progress she had. She hoped that speaking out as part of Black History Month would be about reclaiming a narrative that she was more than just a colour, but part of a story which was about strength, intelligence, a rich heritage and authenticity that has enriched society. The Medical Director, noting that Ms M Ostler had worked at UHL for some time, enquired how she felt the Trust used to be, how it was now and what more was needed to be done. Ms M Ostler spoke of there being no role models in the past of people with Black and Asian heritage, and there was a need to come out of her comfort zone in order to seek out opportunities to progress. She felt that there had been progress but commented that there should be more of a clear pathway for progression and clearer guidance about how to undertake new roles. She also felt that there appeared to be a glass ceiling at band six and this meant she had to look elsewhere for progression opportunities. She acknowledged that the Trust were working towards making improvements for progression. Ms V Bailey, Non-Executive Director spoke of the need to undertake positive action, particularly in relation to staff diversity in band 6 and above leadership roles and requested that opportunities for this be considered at the People and Culture Committee. Ms M Ostler noted she had seen people with more limited experience gain development and felt that there should be opportunities for staff to spend time shadowing people in senior roles. Mr T Robinson, Non-Executive Director invited Ms M Ostler to speak to trainee nurses and midwives at the University of Leicester to show that achievement was possible and how she did it. Ms M Ostler confirmed she was happy to do this. Professor I Browne, Non-Executive Director spoke of his mother's experience in becoming a nurse, as being similar to that of Ms M Ostler, but within a different time period. He felt that there was a challenge for the Trust Board to become real advocates for progression. He also felt that there was an opportunity to utilise the experience of older Caribbean heritage nurses to act as reference points and role models. The Chief Nurse commented that she was able to work with Ms M Ostler on a regular basis. She noted that there were leadership opportunities coming up in the near future and offered to discuss what options were available for Ms M Ostler to consider for her career. Ms M Ostler welcomed the opportunity for a discussion. Mr A Moore, Trust Board Chair thanked Ms M Ostler for sharing her story and the opportunity for the Trust Board to hear it and consider whether they were doing enough to address the issues it raised. He asked Ms M Ostler what advice she would have given to her younger self. Ms M Ostler commented that it would probably be to do the same as she had done and to believe in herself. She also noted that her mother's influence had been positive to take the risk of leaving her family behind to take new opportunities. It was a poignant day for Ms M Ostler as it was her mother's birthday and	**CPO**

	she was thinking of the advice she had received. Mr A Moore, Trust Board Chair commented that he felt her mother would have been very proud of her.	
	Resolved – that the staff story be noted.	
311/24	**STANDING ITEMS**	
311/24/1	Chair's Report	
	Reporting verbally, Mr A Moore, Trust Board Chair highlighted the following items: a) Critical Incident: Colleagues were thanked who were involved in managing the recent critical incident during the very difficult period of intense demand pressure. It was of concern that this had occurred only 10 days into the official winter period, and noted that it was unlikely to be the last such incident. This issue had been raised when meeting with senior NHS leadership where it was acknowledged, but there was an awareness of the pressured being faced. Confidence was expressed in the management team at UHL, and time should be taken to learn any lessons from the critical incident. b) NHS current position: it was felt that the critical incident showed that the NHS was facing considerable challenges and that any improvement would be gradual. Recent discussions with NHS leadership had included a focus on priorities of which, the NHS had many which it was felt needed reducing in number. This was also felt to be a challenge for UHL as well, to consider whether there were things which could be scaled back or reconsidered. It was intended to discuss this further with the Chief Executive.	
	Resolved – that the updates be noted.	
311/24/2	Chief Executive's Report	
	The Chief Executive presented paper E and particularly highlighted the following: Ms H Kotecha, Healthwatch was welcomed to the meeting. a) Urgent and Emergency Care (UEC) / Critical Incident – it was noted that the general trajectory across the NHS and locally within Leicester, Leicestershire and Rutland was for increased demand, but UHL were thought to be the first NHS organisation to declare a critical incident of this winter period. There were also challenges arising from the low level of General Practitioner (GP) coverage within the city of Leicester, rates of Tuberculosis increasing and the impacts from GP collective action. Despite this, it was felt that there was reason to be optimistic for the future with greater integration with Primary Care and General Practice and a focus on the working relationships with all the Trust's partners. b) Money and Finance – There were financial pressures within UHL and the wider NHS, however there had been significant progress of the Trust financial position compared to previous years. The main reasons for the current deficit financial position were a lack of productivity improvement, but this was being partly addressed through investment in capital such as the Electronic Patient Record; UEC pressures (as outlined in the paragraph above); and workforce, where it was acknowledged that the workforce had grown, but improvements in safety had been delivered. There was however a need to recognise the current financial position and the need to balance investment with the financial position. c) Lord Darzi Report – The 3 key pivots within the Darzi report; hospital to community, analogue to digital and prevention to cure were highlighted. It was noted that UHL were already active developing an approach in these areas, such as through its delivery of community hospital services and working with general practice. Also noted were the digital developments being led by the Group Chief Digital Information Officer and the prevention efforts being led by the Director of Health Equality and Inclusion. There was however felt to be a fourth pivot of fragmentation to integration where there was a need to work in partnership, such as the partnership that UHL had with University Hospitals of Northamptonshire NHS Group (UHN) and with other local providers such as primary care and local authorities.	

	Mr A Moore, Trust Board Chair, referred to recent discussions with NHS leadership which were consistent with the themes that the Chief Executive had highlighted. He also spoke of the importance of control mechanisms, such as the management of business cases. The Deputy Chief Executive noted that that in the recent planning round there had been 150 business cases from Clinical Management Groups (CMG) of which, 15 were approved. The Chief Executive commented that despite the scarcity of capital, UHL was viewed positively and was worth investing in. Mr A Moore, Trust Board Chair commented that there would potentially be opportunities from the change of approach by the government to share NHS best practice. The Chief Operating Officer provided assurance that CMGs were advised to ensure that business cases had full scrutiny before they were considered in formal governance processes.	
	Resolved – that the report be received and noted.	
311/24/3	UHL Performance Update and Integrated Performance Report (Month 5)	
	The Chief Executive introduced paper F, comprising the Integrated Performance Report (IPR) for August 2024. Prior to any consideration of the report, Mr A Moore, Trust Board Chair enquired why the report was had data for August rather than September which would have been more up to date. The Chief Operating Officer explained that the report took some time for completion and was then considered at Board Committees prior to Trust Board consideration. The Chief Operating Officer commented on UEC, noting that the position remained challenging although August was less pressured than July. The position more recently had become particularly challenging with a recent peak of one patient per minute presenting themselves for treatment. The growth in demand remained above the national average and reasons for this were being investigated. Further work was planned to adapt to the winter period, which included Leicester, Leicestershire and Rutland Integrated Care System (System) interventions, but a focus also remained on the medium and long term. The Chief Operating Officer referred to the recent critical incident. He noted that despite the end of the incident, the Emergency Department (ED) was still close to capacity and a variation in demand could tip the situation over the edge of capacity. He expressed apologies to anyone who was affected by the recent critical incident. Ms H Kotecha, Healthwatch commented that it was of concern that the hospital was unable to cope with the demand and that residents should not have to accept critical incidents becoming more commonplace. Further, it was felt that there appeared to be inconsistent messaging regarding pressures from other parts of the System, and she queried whether the System was working as it should be. The Chief Executive noted that similar concerns were raised in the past and he felt the position had improved, but acknowledged there was room for further improvement. The Chief Operating Officer noted that the current position was not acceptable to the Trust, and strenuous efforts were made within UHL and with System partners to put in interventions to alleviate current pressures. The Chief Nurse spoke of her recent experience whilst being on call, noting the extremely high levels of attendances at the ED, but suggested that there were opportunities to work with Healthwatch to promote different care options to communities. Ms H Kotecha welcomed the opportunity to work with the Trust to understand the current position better but felt that the current difficulties should not be accepted. The Chief Executive agreed an action to work with Healthwatch to provide information about what services were available and explain what improvements had been made. The Medical Director referred to the current challenges such as the forthcoming winter period, capacity problems and variance in demand, but felt there had been service improvements. He noted that there had been lessons learned from the critical incident period in terms of actions which should happen all the time, which would require System partners to adapt, but also further thought should be given to earlier decision making and patient flow. Mr A Moore, Trust Board Chair commented that the Trust definitely did not accept the current situation, but there needed to be a level of realism about what could be achieved under the circumstances, particularly due to the volume of demand. He enquired whether the Integrated Performance Report included figures on volume in UEC. The Chief Operating Officer noted that there were no input figures in the report as it focussed on outputs. He undertook to see if this was possible.	**CE / COO / CN** **COO**

With regard to planned care, the Chief Operating Officer highlighted the ongoing trajectory of the overall waiting list increasing. The reasons for this were being researched on a specialty basis. Progress was highlighted for those patients waiting over 65 weeks. Cancer performance continued to face some challenges to progress, partly due to radiotherapy capacity. The Getting It Right First Time Team would be visiting UHL in November 2024 to explore further improvement opportunities. It was also highlighted that due to the progress that UHL had made on planned care, there had been requests to support nearby Trusts.

Mr D Moon, Non-Executive Director noted the generally positive picture on planned care, but queried whether the reasons had been established for the increase in the overall waiting list. The Chief Operating Officer noted that the was being considered by each specialty, but it was expected that the East Midlands Planned Care Centre would address some of the issues. He also noted that the conversion rates of those people who went on to have surgery were also being explored.

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

(1) Quality – The Medical Director commented that there was nothing of significance to highlight from the August 2024 figures within the report. However, referring to the critical incident within the past week, there were concerns regarding aspects such as timeliness of care, ambulance waits and concerns about the patient experience. These aspects would inevitably have an impact on quality metrics in due course.

The Chief Nurse highlighted that Clostridium-difficile infections remained at an above- trajectory level but a new Patient Safety Incident Response Framework (PSIRF) approach was being implemented which focussed on better implementation of previous learning. It was also noted that there had been better performance on complaint responses times, but there needed to be further improvements in the quality of responses.

Mr A Moore, Trust Board Chair enquired what the impact was of the Trust being within the NHSE Tier 2 for support regarding its cancer performance. The Chief Operating Officer noted that Trusts were placed into a 'tier' where their performance was challenged. UHL was in Tier 2 on cancer due to its 62 day performance. In practice, there was little impact other than additional meetings with NHSE, but he provided assurance that the Trust was undertaking the right measures to leave the tier as soon as possible.

Mr M Farmer, Associate Non-Executive Director raised queries regarding measures to keep people safe during pressured periods and whether the winter period would impact the complaints performance. The Chief Nurse noted that there were regular check-ins with nurses during pressured periods with a particular focus on oversight of patients who were being treated in a sub-optimal environment, such as a corridor to ensure that care, such as observations and food and drinks were still being delivered. With regard to complaints, it was noted that patient care would always be prioritised and complete assurance could not be provided that performance would not be affected, but complainants would receive contact and be provided with realistic timescales for response. Further discussion took place with regard to complaints where the Chief Nurse spoke of the importance of people feeling confident in raising complaints at the time of care when issues could be addressed and there being no fear of detriment. The Medical Director spoke of the importance of updating the IT infrastructure in order that information could be to hand to provide responses to complaints in a timely manner.

Ms V Bailey, Non-Executive Director raised a point regarding the development of the Patient Administration System (PAS) and possible improvements in links to Primary Care. The Deputy Chief Executive noted that there were plans for closer working with General Practice, particularly in relation to the transfer of care. It was also intended to recruit an Associate Director for General Practice where greater support could be provided in order that fewer referrals to acute care would be needed.

(2) People – The Chief People Officer reported that recruitment and retention remained positive and spoke of the patient care benefits in having a substantive workforce. The usual seasonal variations in sickness absence were becoming apparent, but support such as vaccinations were in place. Effort was still being maintained to ensure that appraisals and statutory and mandatory training were completed.

	Mr M Farmer, Associate Non-Executive Director noted that it was world mental health day and mental health was the 5th highest cause for staff absence. He queried whether world mental health day was an opportunity to promote services available. The Chief People Officer agreed that this was an opportunity. In addition to a number of courses open to staff, support was available for staff in the form of the Trust's Amica counselling offer, and due to the wider pressures within the Trust, support was also provided directly within teams. **(3) Finance –** The Deputy Director of Finance (Financial Management) reported that at Month 5 the year to date deficit was £3.3m worse than planned for which the main driver was demand in the UEC pathway, but also unfunded industrial action costs. It was highlighted that emergency pathway activity was 10% above plan and Emergency Department attendances were 7.4% above plan. The Cost Improvement Plan was currently delivering above plan. The cash position was positive due to additional funding having been received. Mr A Moore, Trust Board Chair commented on the comparison of the figures in the report regarding patient related income and non-pay costs. The Chief Executive noted that the two figures were linked in part, such as increased drug costs arising from greater planned care, which generated greater income, but the figures did not highlight the increase in costs from UEC demand, which did not receive increased income. Mr A Moore, Trust Board Chair requested that UEC costs be highlighted in future IPR reports.	**CFO / COO**
	Resolved – that (A) engagement be undertaken with Healthwatch colleagues to provide assurance that UHL services have made progress and confirm what services are available; and **(B) the UEC information to be included in future iterations of the IPR, be reviewed regarding input-related data, and costs highlighted within the finance data.**	**CE / COO / CN** **COO / CFO**
312/24	**HIGH QUALITY CARE FOR ALL**	
312/24/1	Infection Prevention – Board Assurance Framework	
	The Chief Nurse presented a report which set out the Trust's Board Assurance Framework processes with regard to compliance with the United Kingdom Health Security Agency (UKHSA) Infection Prevention and Control for seasonal respiratory infections in health and care settings. It was noted that the Quality Committee undertook regular oversight of performance of the Infection Prevention Framework. Dr A Haynes, Quality Committee Non-Executive Director Chair commented that the Committee was assured by the progress being made as outlined within the report.	
	Resolved – that the report be noted and the Trust Board be assured that the Infection Prevention Board Assurance Framework had been implemented and was monitored on an ongoing basis.	
312/24/2	Maternity Assurance Committee / Perinatal Quality Surveillance Scorecard August 2024	
	The Director of Midwifery presented the Maternity Assurance Committee (MAC) report which provided a summary of the key discussions from the MAC which met on 18 September 2024 and the Perinatal Quality Surveillance Scorecard from August 2024, produced in line with the Perinatal Quality Surveillance Model designed by NHS England to support sharing safety intelligence from frontline to Board / Board to frontline. Some of the key points highlighted: • The 3 safety actions arising from the NHS Resolution Maternity Incentive Scheme where assurance was provided that work was underway to address these actions. • Actions arising from the CQC inspection response plan were also noted where 94.5% of the section 29A Warning Notice actions and 72% of Must and Should Do Actions had been completed. • Work was underway to ensure compliance with the Neonatal Operational Delivery Network Peer Review of Neonatal Service, particularly around staff training.	

	• Assurance was also reported with regard to the progress in response to the CQC Maternity Survey 2023, with the 2024 survey results expected in due course. • The actions being taken to reduce Perinatal mortality rates were also noted including working with Public Health. • The new Obstetric Theatre at Leicester General Hospital was due to open November 2024. • A refresh of the Perinatal Workforce Plan was highlighted where there would be a focus on the skills mix, compliance with the BAPAM qualified in specialty standard and staff retention. Ms V Bailey, Non-Executive Director welcomed the news about the opening of the Obstetric Theatre at Leicester General Hospital and thanked all those involved who had brought this to fruition. Mr A Moore, Trust Board Chair noted that he had visited two of UHL's maternity sites in recent weeks and noted that there was a recognition of improvement in culture, performance and recruitment, with room for further improvement on the use of digital technology.	
	Resolved – that the reports be noted.	
312/24/3	2024/25 Winter Plan	
	The Chief Operating Officer presented a report which provided an update on the UEC Recovery Plan which was approved as part of the 2024/25 operational planning process in May 2024, and presented the approach to planning for the 2024/25 winter period. It was noted that over the past 2 years, there had been improvements in UEC in areas such as greater capacity and increased access. The focus in the current plan was on improved productivity, whilst acknowledging there was a need for further capacity. Demand for UEC remained high with attendances up to August 2024 being 7000 above plan. Some of the key strands of the Winter Plan were highlighted, this included increased use of Same Day Emergency Care (SDEC) services; more streaming to Urgent Treatment Centres (UTC); some additional capacity; increased productivity, such as increased diagnostics and weekend discharges; and an increased use of virtual wards and expanded day case facilities. The unmitigated bed gap of 300 beds was noted which could reduce to 130 with mitigations put in place. There had been improved System level working in the current year, led by the recently appointed System Director for Urgent and Emergency Care, where more capacity had been identified. There was a realistic approach about what could be achieved over the winter period, but all possible opportunities for patient care were being considered. Mr D Moon, Non-Executive Director enquired whether there was agreement amongst System partners on the level of bed gap. The Chief Operating Officer noted it was a key point of discussion where differing views were expressed, but the total was signed off by all partners. Mr M Farmer Associate Non-Executive Director raised points regarding flow for patients with mental health challenges in the Emergency Department (ED) and whether future plans would be focussed on the patient experience and safety. The Chief Operating Officer provided assurance that the key drivers of future plans would be about patient safety, quality, equity as well as finance. In terms of patients with mental health challenges, there were good relations with relevant providers, but delays for transfer could often be unacceptably long and it remained a growing challenge. The Chief Executive enquired what changes would be made to UEC if there were no constraints. The Chief Operating Officer felt that one of the biggest challenges in UEC was the capacity gap, which was felt to be a result of payment not being received for increased demand. It was also felt that the UEC model should be designed to keep patients out of hospital where possible. Mr M Farmer, Associate Non-Executive Director asked whether an overall System approach to bed management should be put in place. The Chief Executive noted that this had been implemented in other areas, such as St Guys and St Thomas' and Wolverhampton, but there needed to be strategic agreement amongst partners. Mr D Moon, Non-Executive Director commented that he had experience of where this had been implemented and felt that it would work well in Leicester, Leicestershire and Rutland. Professor I Browne, Non-Executive Director enquired whether there had been any preparation for growth in the prevalence in the XEC variant of Covid 19. The Medical Director confirmed there was an awareness of the variant, but there was currently no sign of an increase in cases.	

	It was noted that the LLR Integrated Care Board (ICB) would be having an extraordinary Board meeting to approve the General Practice Winter Plan. The Chief Operating Officer noted that the collective action being taken by General Practitioners was starting to have an impact and was a concern going into the winter period. Dr A Haynes, Non-Executive Director, agreed with the principle of re-directing patients to different care options, however he questioned how far this would reduce the overall demand which should be the key aim. He felt that this should be looked into now as it would mean future winter periods would become considerably worse. Ms V Bailey, Non-Executive Director felt that there was an opportunity to review the role of decision makers to improve patient flow their care pathway and improve bed management. Mr A Moore, Trust Board Chair enquired about proposals for nurse / criteria led discharge in the Children and Young People's Plan. The Chief Operating Officer noted that this was a fundamental point in managing patient flow and stressed the importance of discharges happening in the morning. He confirmed that it would be possible for criteria led discharge to be undertaken without doctor involvement in certain pathways.	
	<u>Resolved</u> – that (A) the System initiatives on UEC be endorsed; **(B) that the UHL Winter Plan be approved; and** **(C) the strategic approach to staff moves across the System, be endorsed.**	
312/24/4	<u>Escalation Reports</u>	
	<u>Operations and Performance Committee – 25 September 2024</u> Nothing further to raise. <u>Quality Committee – 26 September 2024</u> Dr A Haynes, Quality Committee Non-Executive Director Chair commented that the Committee had received positive assurance regarding perinatal mortality data following very robust internal and external review processes. Positive assurance was also received regarding actions being taken to address risks on clinical correspondence to both patients and GPs, where greater use of electronic communications was being put in place to improve communication. Improved performance on addressing pressure ulcers was also reported to the Committee. As part of the discussion on the Board Assurance Framework there had been improvements in addressing risks, therefore it was agreed to reduce risk scores. Mr A Moore, Trust Board Chair sought further detail with regard to the assurance on perinatal mortality. Dr A Haynes, Quality Committee Non-Executive Director Chair confirmed that the Quality Committee had been receiving reports on this issue for 2 years with ongoing review work being reported, with close working with Leeds (a Trust with similar demographics to Leicester). The demographics of Leicester City were felt to be of key importance and there had been close working with Public Health to analyse wider health determinants. Overall, the Committee had taken strong assurance from the approach taken to investigating the Trust's position. <u>Finance and Investment Committee – 27 September 2024</u> Mr D Moon, Finance and Investment Committee Non-Executive Director Chair highlighted the discussion on BAF strategic risk 7.3, (In-year financial sustainability challenge) for which the scoring had been reviewed, but it was not intended to change the score. <u>Our Future Hospitals and Transformation Committee – 23 September 2024</u> Dr A Haynes, Our Future Hospitals and Transformation Committee Non-Executive Director Chair outlined details of discussions at the Committee. Live projects within the Our Future Hospitals programme were reported as being on track with financial risks mitigated. Some concern remained on recruitment for the East Midlands Planned Care Centre (EMPCC) but most aspects of the target operating model were in place, with the paper-light approach being followed. Clarity was still awaited regarding the New Hospital Programme (noting the funding gap in order to support the full Leicester Royal Infirmary Business case), but progression was considered of importance. An update on the Patient Administration System (PAS) was received where it was noted that the system was now in the testing environment, but more detailed monthly reporting had been requested. Also discussed	

	was a paper on pre-operative assessment, where progress was noted, but a request would be made to the Trust Leadership Team for assurance on staffing and funding. A discussion on the PAS BAF risk determined to keep the score as it currently was. The Deputy Chief Executive provided a brief update on progress regarding the EMPCC as it was 3 weeks until the building was due to be handed over. He had visited the site recently and noted that there was still further work to do to make the building ready for clinical care. Approximately 73% of posts had been recruited to and the building would be operating at 80% capacity when it opened in December 2024. A more detailed report would be discussed at the next Our Future Hospitals and Transformation Committee, following which it would be determined if a further Trust Board report was required. Mr A Moore, Trust Board Chair and the Chief Executive raised queries with regard staffing and the risk arising from recruiting high numbers of new colleagues at the EMPCC. The Medical Director provided assurance that the recruitment process followed a national led model which for medical recruitments there had been a representative of the Chief Executive, the relevant college and the Medical Director involved. The Chief People Officer did not feel that there was any particular risk arising from the recruitment as it was not unusual to undertake high volume recruitment and the approach was often adapted where lessons were learned. Ms V Bailey, Non-Executive Director commented that the EMPCC provided an opportunity to develop a new work culture, which adapted to the changes from the PAS and adopted best in class practice based on advice from the Getting It Right First Time Team, and queried whether this was intended. The Deputy Chief Executive noted that the target operating model had been reviewed by the Trust's Strategic Partner. The culture of the building would be determined by its leadership, but it was felt that the right people were in place to drive quality care. There was a high level of positivity from CMGs who would be operating in the building about the opportunities it provided.	**DCE**
	<u>Resolved</u> – that (A) the Board Committee escalation reports be noted and any recommendations be endorsed; and **(B) EMPCC progress be discussed at the next Our Future Hospitals and Transformation Committee and reported to the Trust Board as appropriate.**	**ALL** **DCE**
313/24	**GREAT PLACE TO WORK**	
313/24/1	<u>Annual Organisational Audit and Board Report</u>	
	Mr D Barnes, Deputy Medical Director and UHL Responsible Officer presented the Annual Organisational Audit and Board Report which provided assurance that the statutory functions of the Responsible Officer were being appropriately and adequately discharged for the previous financial year. The audit report for 2023/24 included new sections and data requirements particularly around organisational culture. There were also developments around reporting processes, appraisals and the job planning framework. It was noted that more clinical members of staff had been recruited to the Trust and it was reported that these had been successfully embedded. The Trust was the dedicated body for the revalidation 1,438 doctors and this included 213 doctors who were due for recommendations about their fitness to practice. The Trust had achieved a compliance rate of 90% of appraisals undertaken, with the outstanding appraisals since having been completed. Overall, there were no significant concerns regarding appraisal and revalidation systems and processes. The challenge of addressing appraiser turnover continued to be addressed. The Chief Executive enquired whether doctors continued to be paid if they did not engage in job planning. The Deputy Medical Director and UHL Responsible Officer noted that pay progression was not linked to job planning, but it was linked to appraisal. It was felt that the appraisal process was key to ensuring better compliance with job planning and ensuring it was a meaningful process. The Medical Director confirmed that there was an escalation process for doctors who failed to engage with job planning, but there was no option to withhold pay.	
	<u>Resolved</u> – that the report be received and noted as per the recommendations within the report, including the Statement of Compliance (Appendix A) confirming that UHL as a Designated Body was compliant with the Responsible Officer regulations and that the Chief Executive to sign this off on behalf of UHL.	**CE**

313/24/2	Escalation Report from People and Culture Committee – 26 September 2024	
	Professor I Browne, People and Culture Non-Executive Director Chair presented the escalation report from the People and Culture Committee held on 26 September 2024. The Committee had considered a report on Education and Training Organisational Governance; Workforce Training Education and noted the need to work more closely with local education providers regarding the approach to apprenticeships and T levels. A report was also considered regarding Employee Relations noting the challenging nature of some of the cases which the Trust had to respond to and the ongoing work to review and streamline processes.	
	Resolved – that the People and Culture Committee escalation report from 26 September 2024 be noted and any recommendations be endorsed.	
313/24/2	Agency Compliance, Usage and Reduction	
	The Chief People Officer presented an update on use of agency staff within UHL and compliance with the NHSE Agency Rules. It was noted that the Trust was compliant in 3 out of the 6 criteria. For the areas of non-compliance, the use of an off-framework agency was a special case with exit plans in place; the use of non-clinical agency staff was for a specific capital project and this had been agreed with the ICB and work remained ongoing on price cap compliance. With regard to the criteria for a maximum of 3.2% of the pay bill, it was highlighted that the Trust spend was 1.29%.	
	Resolved – that the report be noted.	
314/24	**PARTNERSHIPS FOR IMPACT**	
314/24/1	CRN / RRDN East Midlands Quarterly Board Report	
	The Medical Director introduced the Clinical Research Network (CRN) East Midlands Quarterly Board Report. The transfer from the CRN to the Regional Research Delivery Network (RRDN) had now taken place. There had been some challenges to the transition noted due to delays at a national level. The report included a review of the achievements of the CRN which UHL had hosted for 10 years. Ms E Moss, Network Director, East Midlands RRDN outlined some of the achievements of the CRN, which included a significant expansion in the amount of research being undertaken, increases in recruitment for research and the diversity of the places that research was undertaken such as schools and prisons. Under the new RRDN structure, there would be an overarching network which covered the country and the development of expertise in facilitating research and the expansion of research into different settings. The work of Professor David Rowbotham was highlighted following his 17 years of service and support as both a Clinical Director and Co-Director as he was now stepping down from his role at the CRN. The Medical Director supported the recognition of the service of Professor Rowbotham and spoke of the privilege of working with him and noted the regard within which he was held within the Research Network. He undertook to draft a letter of thanks to Professor Rowbotham. Ms V Bailey, Non-Executive Director noting the risks around partner contracts being in place at the start of the RRDN, sought further detail on the level of risk. The Network Director, East Midlands RRDN noted that the delay should be relatively short as the administrative processes were followed through. The risks were being managed, with General Practice being prioritised for contracts and contact with partners was being maintained and managed. The Chief Executive asked whether there was anything further that the Trust could do to support the RRDN as it transitioned to its new status. The Network Director, East Midlands RRDN commented that any further assistance on areas such as contract delays would be escalated as necessary along with any challenges on staffing transition. Mr A Moore, Trust Board Chair enquired what the benefits were to UHL for being host organisation. The Network Director, East Midlands RRDN stated that the Trust became a leading light in the area of research, it benefitted from the results of research at an early stage and developed an infrastructure which supported wider research. The Medical Director also spoke of the benefits such reputational, ability to attract staff, access to research and other novel developments.	

	Mr M Farmer, Associate Non-Executive Director referred to personally benefitting from the results of research. He noted that it was increasingly the case that research was undertaken with people who had lived experience of conditions, and queried if this was the case locally. The Network Director, East Midlands RRDN explained that researchers did seek to learn from people with experience and use this to shape the way research was undertaken, but acknowledging the need to be sensitive when seeking to engage with people who had conditions. There was also a move away from 'enrolling' people onto research and more about co-production of research. It was agreed to provide more details on this area in future reports.	**MD**
	<u>Resolved</u> – that more detail be included in future RRDN update reports about how people with lived experience were engaged in research projects.	**MD**
315/24	**RESEARCH AND EDUCATION EXCELLENCE – no items**	
316/24	**CORPORATE GOVERNANCE/REGULATORY COMPLIANCE**	
316/24/1	<u>BAF and Significant Risk Report</u>	
	The Director of Corporate and Legal Affairs introduced the BAF and Significant Risk report noting that recent direction in managing risks had been for services to undertake a deep dive into their risks, to present details to the Risk Committee and consider alignment with the wider Trust strategic direction. Mr D Moon, Audit Committee Non-Executive Director Chair reported that he had attended the most recent Risk Committee and was impressed with the level of challenge to risk management and scoring. He noted that there were 141 risks on the strategic risk register, with none scored at the highest level of 25, with the areas with the most risks being, workforce, Estates and Facilities, Finance and access. He also referred to the recent Internal Audit of risk management which received significant assurance. Trust Board members undertook a detailed discussion on the relative merits of the scoring of risks and it was questioned whether they were accurate, particularly when considered as whole, for example, of the 5 strategic risks which scored 20, should they all be considered as an equal risk. It was also highlighted that largest number of high scoring operational risks related to People Services and it was challenged, whether this was correct. The Medical Director noted that this was a topic for regular debate, but noted that as a hospital, the risks that were the most important were those relating to the delivery of care. Ms V Bailey, Non-Executive Director commented that there should also be alignment of risks across System partners. Mr D Moon, Audit Committee Non-Executive Director Chair noted that the Audit Committee as well as other Board Committees discussed their relevant risks and scored accordingly, but agreed that risks relating to quality and safety would be the priority. He felt that the process for scoring risks was generally good, but refinements could always be made. Mr A Moore, Trust Board Chair welcomed the assurance from the Audit Committee Chair, but felt that there was merit in the Trust's significant risks being reviewed from an organisational perspective and suggested that this take place at a Trust Board development session.	**DCLA**
	<u>Resolved</u> – that the Trust's significant risks be reviewed at a Trust Board development session, from a whole organisational perspective.	**DCLA**
316/24/2	<u>Audit Committee Escalation Report – 16 September 2024</u>	
	Mr D Moon, Audit Committee Non-Executive Director Chair presented the escalation report from the Audit Committee held on 16 September 2024. Discussion on the use of waivers was highlighted, noting the increased use of the reason, 'competitive tender would be impossible, impractical or unbeneficial to the Trust' and asked for analysis on the waivers which used this reason. The Committee had also received an update on the Data Security and Protection toolkit which noted positive progress, but discussed further improvements which could be made. Also discussed was the implementation of actions arising from Internal Audit reviews where the Committee intended to invite lead officers to the Committee where actions were overdue.	
	<u>Resolved</u> – that the Audit Committee escalation report from 16 September 2024 be noted and any recommendations be endorsed.	

317/24	**CORPORATE TRUSTEE BUSINESS – no items**	
318/24	**BOARD SERVICE VIDEO**	
	The Trust Board received a video developed as a welcome to new student midwives.	
	Resolved – that the contents of the video be noted.	
319/24	**ANY OTHER BUSINESS**	
	There was no other business.	
320/24	**QUESTIONS FROM THE PRESS AND PUBLIC**	
	There were no questions from the press or public.	
321/24	**REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):**	
321/24/1	**Resolved – that it be noted that the following Minutes of meetings had been published on UHL's website alongside the Trust Board papers:-** • Quality Committee – Minutes of 29 August 2024 • Operations and Performance Committee – Minutes of 28 August 2024 • Finance and Investment Committee – Minutes of 30 August 2024 • Our Future Hospitals and Transformation Committee – Minutes of 24 July 2024 • People and Culture Committee – Minutes of 29 August 2024 • Charitable Funds Committee – Minutes of 21 June 2024	
322/24	**REPORTS DEFERRED TO A FUTURE MEETING**	
	Resolved – None.	
323/24	**DATE AND TIME OF NEXT MEETING**	
	Resolved – that the next Public Trust Board meeting be held on Thursday 14 November 2024 from 1.30pm in the Seminar Rooms 2/3, Clinical Education Centre, Glenfield Hospital.	

The meeting closed at 16.25pm **Matthew Reeves – Committee and Corporate Services Officer**

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Moore	8	7	88	L Hooper (until 30.6.24)	4	2	50
V Bailey	8	7	88	J MacDonald (until 30.6.24)	4	2	50
L Bond (from 9.9.24)	2	1	50	J Melbourne	8	7	88
I Browne	8	8	100	D Moon	8	8	100
M Brearley (from 26.6.24 until 31.8.24)	3	3	100	R Mitchell	8	7	88
A Furlong	8	7	88	B Patel (until 30.7.24)	5	5	100
A Haynes	8	5	63	T Robinson	8	2	25
J Hogg	8	7	88	J Worrall (until 31.8.24)	6	6	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	8	7	88	S Harris	8	3	38
S Barton	8	8	100	H Kotecha	8	1	13
A Carruthers (until 11.8.24)	6	6	100	W Monaghan (from 12.8.24)	2	2	100
B Cassidy	8	8	100	M Smith	8	8	100

A Garcea	8	6	75	C Teeney	8	7	88
M Farmer	8	7	88				