UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 11 JULY 2024 FROM 1.30PM IN SEMINAR ROOMS 2/3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Voting Members present:
Mr A Moore – Trust Board Chair
Ms V Bailey – Non-Executive Director
Mr M Brearley – Interim Chief Financial Officer
Mr A Furlong – Medical Director
Ms J Hogg – Chief Nurse
Mr J Melbourne – Chief Operating Officer
Mr R Mitchell – Chief Executive
Mr D Moon – Non-Executive Director and Audit Committee Non-Executive Director Chair
Mr B Patel – Non-Executive Director and People and Culture Committee (PCC) Non-Executive Director Chair
Professor T Robinson – Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair (from minute 222/24/1)
Mr J Worrall – Non-Executive Director and Operations and Performance (OPC) Non-Executive Director Chair

In attendance:
Ms R Abeyratne – Director of Health Equality & Inclusion
Mr S Barton – Deputy Chief Executive
Professor I Browne – Associate Non-Executive Director
Ms D Burnett – Director of Midwifery
Ms S Burton – Deputy Chief Nurse (for minute 219/24)
Mr A Carruthers – Chief Information Officer
Ms B Cassidy – Director of Corporate and Legal Affairs
Mr M Farmer – Associate Non-Executive Director
Ms S Favier – Deputy Chief Operating Officer
Professor A Garcea – Associate Non-Executive Director
Ms Z Marsh – Deputy Chief People Officer (for Chief People Officer)
Ms S McLeod – Head of Patient Experience (for minute 219/24)
Mr M Reeves – Corporate and Committee Services Officer
Ms M Smith – Director of Communications and Engagement

Note: Prior to the commencement of the formal Trust Board meeting, the Trust Board received an unplanned delegation of UNISON representatives and UNISON Health Care Support Worker members. The Trust Board heard from Health Care Support Workers and their representatives about the ongoing UNISON dispute. The Trust Board listened to and acknowledged views. The Chief Executive and Trust Board Chair also provided their views and confirmed that conversations would remain ongoing.

		ACTION
214/24	**APOLOGIES AND WELCOME**	
	Apologies for absence were received from Mr S Harris, Associate Non-Executive Director, Ms C Teeney, Chief People Officer and Dr A Haynes, Non-Executive Director.	
215/24	**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).	
216/24	**DECLARATIONS OF INTERESTS**	
	There were no declarations of interest.	
217/24	**MINUTES**	
	Resolved – that the Minutes of the public Trust Board meeting held on 13 June 2024 and the Minutes of the extraordinary Trust Board held on 24 June 2024 be confirmed as a correct record.	

218/24	**MATTERS ARISING: BOARD ACTION LOG**	
	Paper B provided progress updates for the matters arising from the 13 June 2024 Trust Board meeting and any outstanding items from previous meetings, the contents of which were received and noted.	
	<u>Resolved</u> – that the matters arising report be received and noted as paper B.	
219/24	**PATIENT STORY**	
	The Chief Nurse introduced the patient story which included a video presentation from Sarah who described her father's stay in hospital and detailed elements of the service he received, such as that related to moves within the hospital, nutrition, hydration, personal care and mobility. The video provided a number of examples of less than optimal care and enabled an opportunity to learn from the examples provided. Ms S Burton, Deputy Chief Nurse and Ms S McLeod, Head of Patient Experience were present to assist the Trust Board with the responses to the issues highlighted by the examples in the video. Mr A Moore, Trust Board Chair welcomed the feedback contained within the video and he undertook to write to Sarah to thank her on behalf of the Trust Board for taking the initiative to provide constructive feedback. In providing an initial response to the points raised, Ms S McLeod, Head of Patient Experience commented that the number of moves made by the patient, 7, was higher than should be experience. It was noted that the Nervecentre software that the Trust used was now providing a system which monitored patient moves with the aim of reducing them. In terms of nutrition, guidance on this was being provided as part of the 'Fundamentals of Care' programme which was being rolled out to staff, as well as discussions taking place in the Catering Group. A standard of care was being developed which assured that if a patient had a particular menu, it would move with them within the Trust and that 4 meals and 7 drinks should always be provided. Ms S Burton, Deputy Chief Nurse confirmed that she was leading on the 'Fundamentals of Care' programme across the Trust, which addressed matters such as personal care, mobility and dignity. A competency education programme was being developed as part of the wider programme, which sought to embed fundamental principles. It was confirmed that matters such as nutrition and hydration principles were included in the programme. Other initiatives included the 15 steps, where walk-throughs were undertaken in wards to observe any issues which needed addressing, and the Leicester Excellence Accreditation Framework (LEAF) programme which enabled teams to demonstrate and be recognised for the care that they were providing. Mr A Moore, Trust Board Chair welcomed the details of the initiatives which were being undertaken, but noted the importance of ensuring that they were working and addressing issues of concern. He therefore requested that an update be provided to the Trust Board at a future meeting to consider the progress of the outlined initiatives. Ms V Bailey, Non-Executive Director referred to her own personal experience of supporting her mother who was ill and spoke of the need to ensure fundamental basics of care, which you would want for your own family. She requested that engagement take place with education / training providers in order to ensure that this was a key part of any learning. Ms R Abeyratne, Director of Health Equality and Inclusion commented that fundamentals of care principles applied to doctors as well as nurses or allied care professionals and she was happy to provide support should this message need reinforcing. Mr J Worrall, Non-Executive Director commented that ward leadership would be important in determining the standard of care provided to patients, providing day to day expectations to staff and organising them effectively. The Deputy Chief Executive assured that leaders were heavily involved in driving up standards, looking at entire clinical and multi-disciplinary teams, developing insights from data to inform processes. Professor I Browne, Associate Non-Executive Director enquired about the options available for friends or relatives who had concerns about care, but did not want to make complaints. The Head of	**CN** **CN**

	Patient Care explained that there were two possible avenues to raise issues which were Call for Concern where concerns about patient safety could be raised to a dedicated team. The other option would be to speak to the Patient Advice and Liaison Service who could speak directly with the ward team and look into the matter. Mr A Moore, Trust Board Chair noted that this linked to organisational culture, where staff should welcome matters of care being raised. Mr M Farmer, Associate Non-Executive Director asked ~~about~~ what barriers staff were reporting to them being able to provide care. The Deputy Chief Nurse noted that when Bryan was in hospital, it was mid-winter at a pressured, busy time with understaffing in some areas. Assurance was provided that there had been improvements since this point, some of which has been from developing the fundamentals of care, but also cultural improvements to address issues when they were seen. There were also fortnightly meetings with ward leaders to address any issues and other initiatives such as the 15 steps programme to address any matters of concern. The Chief Nurse also recognised the role of families in encouraging patients to support themselves as far as possible. Professor A Garcea, Associate Non-Executive Director supported this approach, and recommended involving families as they may want to help with care. She also queried whether patients could state what they wanted/did not want when they came into the ward. The Deputy Chief Nurse explained that patients were engaged with when they entered a ward to check what they wanted in terms of their care and support. Mr A Moore, Trust Board Chair, in summary, commented that it was good for the Trust Board to hear about areas where performance needed improving.	**CN**
	<u>Resolved</u> – that (A) a further update be provided about the actions taken in response to the issues raised in the patient story; **(B) consideration be given to engaging with education / training providers regarding the fundamentals of care and instilling the correct values, and** **(C) consideration be given to how families were engaged to provide support and encouragement to patients during their treatment and rehabilitation.**	**CN** **CN** **CN**
220/24	**STANDING ITEMS**	
220/24/1	<u>Chair's Report</u>	
	Reporting verbally, Mr A Moore in his first meeting as Chair of the UHL Trust Board set out some early thoughts on the role and priorities going forward:- - A 100-day plan had been developed and circulated to Trust Board colleagues and feedback was welcomed. - An overarching priority as a Non-Executive Chair was to support the Chief Executive and the Executive Team, acting as a sounding board, providing a critique, giving and receiving feedback and investing in building a constructive relationship which recognised that there would be differences of opinion. - Decisions by the Board would have to be justified against the views of key stakeholders. Informed by previous his retail experience there would be a focus on what decisions meant for customers / colleagues, and this would be central to any decision making. - It was the intention to align the Board with developments at University Hospitals of Northamptonshire NHS Group (UHN), and it was planned to have shared NEDs across both groups at some point in future. - There would be an expectation of the Trust Board being a stable, but high performing Board, working together as a team with clear objectives, a mission and a clarity about what needed to be achieved. - There would be challenges to face and difficult decisions to take, and the Trust Board would need to challenge itself to not take the comfortable option if needed. - Sound judgement would be needed to embrace challenges and deliver progress. - Effective planning was vital, particularly as the Trust was going through a transformation programme as well as running hospitals. There needed to be a focus on 'how' as well as 'what', and time needed to be allocated to thinking about infrastructure which supported transformation. - Prioritisation was important and would be in three phases – phase 1 – basics, care, finance, controlling and reducing costs whilst delivering excellent care, but this would create difficult	

	decisions; phase 2 – getting to break even – this would require external support; phase 3 – getting to profit – it was acknowledged that this might sound challenging, but it was noted that the Secretary of State for Health and Social Care had spoke of this aim. - There should be targets which were set high, requiring investment in people, infrastructure and turning hospitals into world class operations which would require strategic planning. - The structure of Board meetings would be reviewed to consider time spend on looking forward as well as looking back, considering what the population needed in five years' time. He felt that the aims outlined above were achievable, due to the strong leadership team in place at UHL, there needed to be close collaboration with System partners and there would be opportunities arising from a new Government. Key to achieving the aims was the development of a strong, but humble culture which embraced the power of change, which could deliver world class hospitals. Trust Board colleagues were invited to pass any views on these aims to the Trust Board Chair.	**ALL**
	<u>**Resolved**</u> **– that Trust Board members consider the plans and aims outlined by the Trust Board Chair and pass any comments on as is felt necessary.**	**ALL**
220/24/2	<u>Chief Executive's Report</u>	
	The Chief Executive presented paper E and particularly highlighted the following: a) He had been working with Mr A Moore, Trust Board Chair for 11 days and spoke of the positive experience and opportunities for learning. He shared the confidence expressed by Mr A Moore that they could work effectively together, in a stable relationship with the necessary tensions which arose from having their own defined roles. b) Congratulations were given to the Chief Nurse and Deputy Chief Nurse and the team at the Glenfield Hospital for attaining the Pathway to Excellence accreditation which recognised excellence in patient care. It was noted that the plan was for other sites to achieve similar. c) The Trust had hosted the UK Clinical Research Network Conference on 4 July 2024 with over 500 research colleague attendees. He commented that a strong acute organisation required world class research to continue to develop better patient care. d) The first Health Equality Summit took place on 9 July 2024 and thanks were given to the Director of Health Equality and Inclusion and the Director of Communications and Engagement for their roles in organising the event. Over 250 NHS, community and University representatives were present, and a keynote speech was delivered by Professor I Browne, Associate Non-Executive Director. e) The Chief Executive referred to the themes of Finance, Culture and Urgent and Emergency Care (UEC). Some positive developments in Finance were noted, such as the achievement of an unqualified audit opinion for the first time since 2018 and Mr M Brearley joining the Trust as Interim Chief Financial Officer. However difficult challenges remained such as resolving the dispute with Health Care Support Workers. With regard to culture, whilst it was felt that this had been improving, there were still some moments of concern such as when having discussions with a colleague who had decided to leave due to their experience of working in the Trust. With regard to UEC, it was positive that there was now unanimous agreement with System colleagues of the problems being faced, although action was needed to address the situation before winter, which was technically only 82 days away. f) The change of Government and local MPs was also referred to, noting the possibility of working closer with the Department for Health and Social Care and taking the opportunity to use the Trust's influence, to play a part in reform of health services to address the changing nature of health care needs in the next decade. Trust Board members referred to the Health Equalities Summit where the importance of publicising the role of the NHS in addressing health inequalities was recognised. Feedback provided was that the Summit had been empowering and engaging and provided thought provoking speeches and was a reminder that equity should be a golden thread running through every Trust activity and may need	

	a particular focus. The Director of Health Equality and Inclusion confirmed that a more detailed report would be provided to the August 2024 Trust Board meeting which gathered insights and reflections from the summit.	
	Resolved – that the updates be noted.	
220/24/3	UHL Performance Update and Integrated Performance Report (Month 2)	
	The Chief Operating Officer introduced paper F, comprising the Integrated Performance Report (IPR) for May 2024. The current position regarding planned care was outlined where it was noted that challenges remained, despite good progress for those long waiter patients leading to UHL being recognised in the Health Service Journal as providing the biggest reductions in long waiters in the country. One area of focus going forward was to consider why the overall total waiting list had increased, the reasons for which were not clear at this point, but would be researched and addressed. Other points referred to were the ongoing achievement of the faster diagnosis standard in cancer, noting that ~~although~~ there was now a focus on oncology and radiotherapy as they were pinch points and efforts would be made to increase capacity, such as working with colleagues from the University Hospitals of Northamptonshire NHS Group (UHN). Progress was also noted in diagnostics, but this was not yet at the level of optimal delivery. In general, it was noted that some areas had strong plans in place and would continue to deliver on productivity, but there was room for improvement in other areas. In terms of Urgent and Emergency Care (UEC), it was noted that there had been performance improvements over the past two months, particularly in terms of ambulance handover times, however the overall position was that there were a number of challenges, for example attendances and admissions were noted as being 14% above the previous year. Work was ongoing with System partners to address the issues and this included the development of a UEC plan. It was also noted that the annual winter plan would be developed and brought to the Trust Board in the coming quarter. It was hoped that the Getting It Right First Time (GIRFT) team who were a national focussed team who provided guidance and assistance on managing demand would visit UEC services in the Trust in August 2024. On a related point, the Chief Operating Officer updated the Trust Board regarding the development of arrangements to support the wider governance of UEC within the Leicester, Leicestershire and Rutland Integrated Care System. A formal decision to approve the arrangements would be brought to the Trust Board at the September 2024 meeting. It was noted that 3 senior reporting officers, (UHL Chief Operating Officer, Leicestershire Partnership Trust Deputy CEO and the Integrated Care Board Chief Strategy Officer) had been given the responsibility to take forward the governance proposals and a Director of UEC had been appointed to cover the System, a clinical lead would also be appointed. Further, finance challenges were noted within UEC due to the impact of maintaining winter capacity throughout the year, which had particularly affected UHL. On a final note, the Chief Operating Officer paid tribute to Ms S Taylor for her acting up work on emergency care, and who would be returning to her substantive post. She was thanked for her help and support, particularly regarding UEC whilst she had been in the role. Mr A Moore, Trust Board Chair, referring to the Health Equality Summit enquired about whether the demographic profile of UEC visits could be provided. The Director of Health Equality and Inclusion commented that it was intended to provide this information as part of the Health Equality update report at the August 2024 Trust Board meeting. Each of the Executive Director IPR leads were invited to provide an overview of the key aspects of paper F relating to their portfolios and the Non-Executive Director Chairs of Board Committees were invited to comment as follows:- **(1) Quality –** The Chief Nurse reported that most metrics remained stable. Improvements were noted in relation to providing responses to complaints, where it was felt that the Patient Advice and Liaison Service had proved beneficial. Referring to the 'Safe' measures within the report, it was reported that a Safer UHL campaign was being developed to include a programme of education and an audit of processes. There would also be a review of cleaning standards, which would focus on better use of the available resources.	**DoHE&I**

	The Medical Director referred to structures and processes around infection prevention and refreshing anti-microbial stewardship, noting that standards were previously higher. Work was being undertaken with colleagues from UHN, in the form of a gap analysis, considering whole processes and this would be developed further with System partners. In terms of those patient metrics which were showing a deteriorating position, further developments were being considered through Nervecentre software and adopting shared best practices with UHN. **(2) People –** The Deputy Chief People Officer reported positive progress in reducing the vacancy rate, particularly for nursing roles, which was helping reduce reliance on agency staff. Noting that the staff absence rate was above the target (although it compared well to the national average), the issues causing the absences would be considered at the August 2024 meeting of the People and Culture Committee, with the aim of developing support to help keep people in work and helping people back to work after absence. Mr A Moore, Trust Board Chair requested that each month, details be provided of the total staff headcount costs including bank and agency against the available budget. If the expenditure was above the available budget, it was further requested that details of the corrective action be provided to address the overspend. **(3) Finance –** The Interim Chief Financial Officer reported that at month 2, the Trust deficit was £2.2m adverse to plan. The additional costs were primarily driven by increased attendances and admissions in UEC where the challenge was how to address increased demand. Progress on the Cost Improvement Plan (CIP) was currently behind the scheduled plan, which was in common with other similar organisations, but it was important that the Trust took action to improve progress. In terms of the cash position, revenue cash support has been requested and this would be drawn down through the year in order to ensure the Trust met its duties to staff and suppliers. Mr D Moon, Non-Executive Director referred to the CIP where he noted that the way it was phased required delivery of more savings later in the year, which meant that being off target in the early part of the year created additional challenges later in the year. The Chief Executive provided an overall assessment of Trust Performance based on the discussion of the Integrated Performance Report:- - There were ongoing improvements in access to services. - UEC remained problematic due to the level of activity. - Assurance was provided that the Trust was performing well from a quality and safe perspective, particularly in relation to addressing vacancies. - The costs of pay were above plan and the Trust employed more people than planned. - The delivery of the CIP was a must-do and this became more of a challenge as the year progressed, particularly during the winter period. - Overall, the Trust continued to make progress, but there were particular challenges to address regarding finance, UEC and workforce. Mr A Moore, Trust Board Chair referred to the Trust overview in the IPR report, in particular within the year to date page which showed a considerable number of targets which were marked 'red' as underperforming, as well as a number which were 'grey' and therefore lacking in explanation. It was confirmed that this would be reviewed and the reasons explored and detail provided as necessary, particularly regarding 'grey' targets. Mr A Moore commented further that it was important to have data which could be relied upon. He also requested that an overview, or a 'state of the nation' summary of the Trust be provided each month. The Chief Executive agreed that there was a need to better capture the overall 'state of the nation' and that at 58 pages, the Integrated Performance Report was possibly too long.	**CE / CFO / CPO** **COO** **CE**
	<u>Resolved</u> **– that (A) to provide details to Trust Board of data regarding the demographic profile of UEC attendances;** **(B) details be provided on a monthly basis, covering the total headcount costs (including substantive / bank / agency staff) against the budget available, and if the costs were over budget, to provide details of the corrective action to be taken;** **(C) the Trust Overview within the Integrated Performance be reviewed to ensure the correct target rating and an explanation for the reasons why some targets were grey'; and**	**DoHE&I** **CE / CFO / CPO** **COO**

	(D) ways of better capturing the 'state of the nation' regarding the Trust's position and performance be considered.	**CE**
221/24	**HIGH QUALITY CARE FOR ALL**	
221/24/1	Perinatal Surveillance Scorecard – May 2024	
	Prior to formal consideration of the report the Chief Nurse gave thanks to the Maternity and Neonatal teams for delivering significant improvements as had been recognised in a recent regional NHSE visit. The Director of Midwifery presented the Perinatal Surveillance Scorecard for May 2024. Progress was highlighted on the ongoing achievement of addressing gaps in the workforce where it was expected that before the end of the year there would be zero vacancies for midwives. Also reported was the ongoing effort to ensure that neonatal nurses attained the British Association of Perinatal Medicine (BAPM) Quality in Specialty (QIS) standard, with 8 nurses due to qualify in the near future. The QIS enabled higher skilled nurses with additional competencies. A deterioration in Multi-Disciplinary Team training compliance was being addressed with a plan to meet the target by the end of the year. Health equality work was ongoing through working with communities to improve access and to improve timely bookings. The birth experience was continuing to improve, informed by a reduction in complaints and improved feedback through the Friends and Family Test. It was further noted that a comprehensive report would be brought back to the Trust Board regarding actions arising from the CQC inspection which took place earlier in the year. Ms V Bailey, Non-Executive Director welcomed the improvements which were reported and acknowledged the considerable effort and work, particularly in recruitment and training to reach the current position. On a related point, it was requested that an update be provided on neonatal mortality. The Medical Director confirmed that reports on neonatal mortality would be reported to Quality Committee, which would cover; the recent peer review led by a Leeds Trust, proposals to set up a network of peers, the continuing work on reviewing wider determinants based on the most recent Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) report and working with colleagues from University College London to review pathways to see if further learning could be achieved through looking at the most complex cases. The Chief Nurse informed the Trust Board that Leicester, as part of its operational delivery network, may be called upon to provide support due to the current level 1 position at Kettering General Hospital. Mr J Worrall, Non-Executive Director referred to the representation of staff attending training within the report which it was felt could give a less than accurate picture of the attendance at training due to the way it took place during the year. The Director of Midwifery confirmed that the aim was to make sure that training was completed across relevant services but noted that the data could be better presented. Mr A Moore, Trust Board Chair welcomed the report and noted the positive improvements but referred to the Friends and Family Test response rate and requested that consideration be given to ways of improving the rate.	 **CN** **CN**
	<u>Resolved</u> – that (A) different ways be considered of presenting staff attending training data to reflect the way a training year took place; and **(B) that ways of improving the Friends and Family Test response rate be explored.**	**CN** **CN**
221/24/2	Productivity; Defining and Measuring Productivity at University Hospitals of Leicester NHS Trust	
	The Deputy Chief Operating Officer presented a report which provided details of an approach to defining productivity with the Trust and how productivity would be measured and improved within planned care. Details of the UHL definition of productivity was provided, *'an improvement in the ratio of resource to patient treatment (represented in volume and /or outcomes'* which would inform the approach, although a national definition was expected from NHSE. The focus of productivity improvements would be on planned care as it accounted for 18% of providers' total annual expenditure, rising to over 30% if outpatients spend was included, but these figures were higher within UHL. Further, payment for planned care was variable.	

The Deputy Chief Operating Officer provided further detail of the approach, where it was noted that outputs were measured against the inputs and costs were triangulated to develop a weighted productivity unit, which took into account the different variables and challenges within any activity. There were also a series of measures, which either considered if productivity improvements were likely, or had been achieved, such as the 'did not attend' rate which, if high would show poor productivity due to inefficient use of resources. The cost per unit of activity was also relevant because the amount of activity could be high, but it may only generate low income.

The Deputy Chief Operating Officer further outlined the current performance progress noting the significant improvements since the previous year, and the challenging plans to achieve productivity improvements in the current year. The performance would be reported on a quarterly basis to the Operations and Performance Committee. The link to the CIP was also noted where £20m of cost improvements were linked to improved productivity, which would require the pace of improvements to be increased.

A further element of the approach was noted which involved 'deep dive' reviews into specialties with a detailed examination of costs and income. Any findings from these reviews would be used to revise the overall plan.

Mr M Farmer, Associate Non-Executive Director welcomed the comprehensive report which provided good detail of the approach. He queried whether the Trust had a culture of support which could drive forward the proposed changes to the productivity, and also what were the challenges and risks to delivery of improved productivity. The Deputy Chief Operating Officer in response stated that there was a positive culture which could drive productivity, using methods which had been tried and tested, with strong governance and good clinical and management engagement and joint working. She acknowledged the need to ensure that staff did not view productivity initiatives in a negative way. The challenge was to ensure that quality of service remained; if it did not then the purpose was not achieved, but monitoring quality was a challenge from the data. In terms of challenges and risks, further industrial action would restrict progress and the lack of capital funding to purchase equipment which could improve productivity.

Mr J Worrall, Non-Executive Director commented that productivity developments should be ambitious and continue to explore further opportunities. He also recommended that there be a focus on identifying those activities which were more profitable. The Deputy Chief Operating Officer in response stated that aim of the 'deep-dive' reviews into services was to tease out further opportunities for increased productivity. In terms of profitability, this was not straight forward as different areas had different aspects such as increased consumable costs or lengthier turnaround times, but again the 'deep-dive' reviews were looking to get a clearer picture on this.

Mr D Moon, Non-Executive Director welcomed the paper and supported the proposals. He also referred to the current year's planned activity and noted high performance in all targets, where all those involved should be praised and he encouraged further activity improvements. The Deputy Chief Operating Officer agreed that the level of planned activity had been excellent, which aligned with the wider transformation programme. It was also noted that the development of the East Midlands Planned Care Centre (EMPCC) further aligned as it had the potential to deliver considerable productivity improvements as a low complexity, high activity centre. Also noted was the input of the Trust's Quality Improvement team who had shown clear improvements where they had focussed their work.

Ms V Bailey, Non-Executive Director commented that it would be useful to explore what a similar approach would look like in UEC. She also commented on a wider point, that there should be a challenge to all to adapt to the change brought about by new productive ways of working and felt that this could apply to UEC as much as elective care.

The Interim Chief Financial Officer also welcomed the paper. He understood the challenges of measuring any improvements, but also getting this to be accepted at a national level. He agreed with previous comments regarding being ambitious in this approach and suggested that opportunities to undertake low acuity activity which was undertaken by other facilities should be explored and the EMPCC was a good way of doing this. The Chief Executive agreed that the EMPCC should be an excellent opportunity for productivity improvements and seeking new work. He referenced the fact that 65% of cataract operations were carried out in the independent sector, partly due to waiting times in UHL, and this was work he felt which could be lucrative and could be done in

	house. He also referred to international examples such as China where theatres started early and were operational for long days, and that a similar approach should be applied to the EMPCC. Professor A Garcea, Associate Non-Executive Director noted that some clinicians may find this approach challenging, but suggested that a quality improvement mindset should be developed which sought to improve performance out of professional pride and provide a sense of ownership. Also, where money was saved, it should be shown to improve patient care in any outputs. The Deputy Chief Operating Officer commented that there were differences in achieving productivity where the number of cases on a list were low, compared to higher numbers due to factors such as turnaround time, use of consumables and the human element of patients. It was noted that the Quality Improvement team were encouraging visits to other centres where they had achieved high levels of productivity to see what could be learnt. Mr A Moore, Trust Board Chair commented that a focus on productivity would be at the heart of the Trust both now and in the coming years. He felt that the culture should focus on smarter, not harder working, with clear targets and these to be developed as time went on. He referred to the importance of data analysts and queried whether there was sufficient internal capacity to this work and suggested that this be explored, to develop not just reporting on a situation, but identifying how to make it better. The Deputy Chief Operating Officer commented that she and colleagues had gained considerable insights from learning from those high producing individuals and areas and explored in granular detail about what worked well. In terms of resources to support productivity work, there were good resources available, but more would be welcomed.	**DCOO**
	<u>Resolved</u> – that consideration be given to whether there was sufficient internal data analyst capacity to assist with the development of productivity.	**DCOO**
221/24/3	<u>Briefing paper on Pathway to Excellence</u> ®	
	The Chief Nurse reported that Glenfield Hospital had been designated as a Pathway to Excellence® site on 14 June 2024 by the American Nurses Credentialling Centre. It was noted that very high scores had been achieved on the survey element of the assessment. It was the intention to apply for designation for Leicester General Hospital and Leicester Royal Infirmary in future years.	
	<u>Resolved</u> – that the achievement of Pathway® to Excellence designation be noted.	
221/24/4	<u>Board Committee Escalation Reports</u>	
	<u>Operations and Performance Committee – 26 June 2024</u> Mr J Worrall, Operations and Performance Committee Non-Executive Director Chair presented the escalation report from the Operations and Performance Committee held on 26 June 2024. Reference was made to the discussions at the Committee regarding Radiotherapy capacity and the risks arising from the current restricted capacity, which required addressing in order to avoid future difficulties. Also highlighted was improved performance in ambulance handover times, but there was still room for further improvement. <u>Quality Committee – 27 June 2024</u> In the absence of the Quality Committee Non-Executive Director Chair, Professor I Browne Associate Non-Executive Director presented the escalation report from the Quality Committee held on 27 June 2024. The discussions highlighted included those on the Quality and Safety Performance Report where good progress was noted in several areas. With regard to the Data Quality and Clinical Coding report, the Committee was informed about improvements in data quality, particularly the developing equity approach, and the level of performance compared to peers. The discussions on the 104 Day + Cancer Quality Standard Report were also noted where there had been a focus on prostate cancer. The Medical Director highlighted the discussions which took place on the Radio Pharmacy MHRA Inspection Update where it was reported that the short-term actions had been addressed, but the longer term action to develop a new facility would need to be developed in the next 3-5 years. <u>Finance and Investment Committee – 28 June 2024</u> The escalation report was taken as read.	

	Our Future Hospitals and Transformation Committee – 19 June 2024 Mr D Moon, Non-Executive Director presented the escalation report from the Our Future Hospitals and Transformation Committee held on 19 June 2024. Good progress was noted on the Green Plan. The Patient Administration System (PAS) gateway review was referred to which was due to consider the date for going live. The Chief Information Officer confirmed that the gateway review had recommended that the go live date for the PAS be in Spring 2025, and a decision paper would be brought to the Trust Board at the August 2024 meeting. Mr A Moore, Trust Board Chair enquired if this proposed change of date would create any particular concerns. The Chief Information Officer in response stated that the East Midlands Planned Care Centre was due to operate on the basis of the PAS being fully operational, however a plan was being developed for the Centre to operate in the interim period before the PAS went live. The Chief Information Officer further commented that the delay would provide for additional time to ensure a fully operational system.	**CIO**
	Resolved – that (A) the Board Committee escalation reports be noted and any recommendations be endorsed; and **(B) a decision report be submitted to the Trust Board on 8 August 2024 to consider a proposed new date for the PAS system going live.**	**ALL** **CIO**
222/24	**GREAT PLACE TO WORK**	
222/24/1	Agency Compliance, Usage and Reduction	
	The Deputy Chief People Officer presented an update on use of agency staff within UHL and compliance with the NHSE Agency Rules. Generally, good progress had been achieved with four out of the six rules now compliant. There was a continued focus across the Trust at addressing the use of agency staff and compliance with the rules would continue to be a priority. Mr A Moore, Trust Board Chair enquired how far it would be possible to go to reduce the use of agency staff within the Trust. The Deputy Chief People Officer commented that the focus for the use of agency staff should be in urgent last-minute situations and removing the use of agency staff wherever possible in avoidable situations. The Chief Nurse further commented that this was an area being looked at with the Trust's strategic support partner and there was a view that further reductions could be made, but some areas such as Paediatric Nursing would always require agency staff due to the lack of available staff. Mr J Worrall, Non-Executive Director commented that comparatively UHL was performing well regarding the use of agency staff for an acute Trust. He commented that Clinical Management Groups (CMGs) would know the areas where further progress could be made and plan looking forward should be developed. The Medical Director provided assurance that there were trackers on all the known difficult posts to recruit to, such as Clinical Oncologists, where the only way to recruit was through agency. In summary, Mr A Moore, Trust Board Chair welcomed the progress which had been made.	
	Resolved – that the position be noted.	
223/24	**PARTNERSHIPS FOR IMPACT – no items**	
224/24	**RESEARCH AND EDUCATION EXCELLENCE – no items**	
225/24	**CORPORATE GOVERNANCE/REGULATORY COMPLIANCE**	
225/24/1	BAF and Significant Risk Register Report	
	The Director of Corporate and Legal Affairs presented the quarterly report which provided assurance around the overarching system of risk management and internal control, including the Board Assurance Framework (BAF) and the significant risks on the Operational Risk Register. It was noted that the report had been discussed at the Audit Committee and assurance was provided that there were no new significant risks. It was also reported that the Board Assurance Framework processes had received "significant assurance" as part of the Internal Audit review of UHL's BAF and associated risk management procedures where it had been demonstrated that the BAF was a	

	dynamic and embedded process, with ongoing monitoring through the Risk Committee to ensure it was aligned and appropriate.	
	<u>Resolved</u> – that the quarterly update on the systems and processes in place to manage risk in UHL be noted.	
225/24/2	<u>Sealings Report</u>	
	The Director of Corporate and Legal Affairs presented the quarterly sealing report, enabling the Trust Board to be sighted to those Deeds that the Trust had entered into during the period covered by the report.	
	<u>Resolved</u> – that the report be noted.	
225/24/3	<u>Escalation report from the Audit Committee – 24 June 2024</u>	
	Mr D Moon, Audit Committee Non-Executive Director Chair presented the escalation report from the Audit Committee held on 24 June 2024. It was noted that a key focus of the meeting was the approval of the accounts and the External Audit which had been considered at the extraordinary meeting of the Trust Board later on 24 June 2024.	
	<u>Resolved</u> – that the escalation report be noted and any recommendations be endorsed.	
226/24	**CORPORATE TRUSTEE BUSINESS**	
226/24/1	<u>Charitable Funds Committee – Committee Annual Report</u>	
	The Director of Corporate and Legal Affairs presented the Annual Committee Report of the Charitable Funds Committee (CFC). It was noted that the report was considered at the June 2024 meeting of the CFC, where it was reported that further work was planned around charity governance and in particular for the Trust Board, there was a need to develop and enhance understanding of their role as Corporate Trustee. The CFC's objectives were also set out in the report and these were recommended for approval.	
	<u>Resolved</u> – that the Trust Board, as Corporate Trustee approve the annual report of the Charitable Funds Committee.	**DCLA**
226/24/2	<u>Escalation Report from the Charitable Funds Committee – 21 June 2024</u>	
	The Director of Corporate and Legal Affairs presented the escalation report from the Charitable Funds Committee held on 21 June 2024. Mr A Moore, Trust Board Chair referred to the reference in the report which indicated that the Charity's income was £117,000 below plan. Professor T Robinson, CFC Non-Executive Director Chair commented that this was a fair observation, but reflected that the Charity was currently in a period of change, where key permanent staff appointments needed to be made and a review of the charity's focus and activities was in progress. He anticipated an improvement in performance once the review had been completed. The Chief Executive also commented that the Charity was going through a transition, but was in a better position than previously and there was confidence that the plans would be delivered going forward.	
	<u>Resolved</u> – that the escalation report be noted and any recommendations be endorsed.	
227/24	**BOARD SERVICE VIDEO**	
	The Trust Board were shown a video which linked into the development of the Health Equality Partnership, outlining why the partnership had been established and how it enabled the Trust to challenge itself in terms of addressing inequalities in healthcare. It was also noted that the Trust could deliver on health equality priorities without communities and the video was a celebration of community involvement.	
	<u>Resolved</u> – that the contents of the video be noted.	

228/24	**ANY OTHER BUSINESS – NO ITEMS**	
229/24	**QUESTIONS FROM THE PRESS AND PUBLIC**	
	There were no questions from the press or public.	
230/24	**REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):**	
230/24/1	**<u>Resolved</u> – that it be noted that the following Minutes of meetings had been published on UHL's website alongside the Trust Board papers:-** • Quality Committee – Minutes of 30 May 2024 • Operations and Performance Committee – Minutes of 29 May 2024 • Finance and Investment Committee – Minutes of 31 May 2024 • Our Future Hospitals and Transformation Committee – Minutes of 22 May 2024 • Charitable Funds Committee – 17 April 2024 • Audit Committee – 22 April 2024	
231/24	**REPORTS DEFERRED TO A FUTURE MEETING**	
	<u>Resolved</u> – None.	
232/24	**DATE AND TIME OF NEXT MEETING**	
	<u>Resolved</u> – that the next Public Trust Board meeting be held on Thursday 8 August 2024 from 1.30pm in the Clinical Education Centre, Glenfield Hospital.	

<u>The meeting closed at 16.30pm</u> **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	5	4	80	J MacDonald (until 30.6.24)	4	2	50
V Bailey	5	5	100	J Melbourne	5	4	80
M Brearley (from 24.6.24)	2	2	100	D Moon	5	5	100
A Furlong	5	4	80	R Mitchell	5	4	80
A Haynes	5	3	60	B Patel	5	5	100
J Hogg	5	4	80	T Robinson	5	1	20
L Hooper (until 30.6.24)	4	2	50	J Worrall	5	5	100

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	5	4	80	M Farmer	5	4	80
S Barton	5	5	100	S Harris	5	1	20
I Browne	5	5	100	H Kotecha	5	0	0
A Carruthers	5	5	100	M Smith	5	5	100
B Cassidy	5	5	100	C Teeney	5	4	80
A Garcea	5	4	80				