

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 11 APRIL 2024 FROM 1.30PM IN THE CUMULUS ROOM, LEICESTER DIABETES CENTRE, LEICESTER GENERAL HOSPITAL****Voting Members present:**

Mr J MacDonald – Trust Chair
 Ms V Bailey – Non-Executive Director
 Mr A Furlong – Medical Director
 Ms J Hogg – Chief Nurse
 Ms L Hooper – Chief Financial Officer
 Mr R Mitchell – Chief Executive
 Mr D Moon – Non-Executive Director and Audit Committee Non-Executive Director Chair
 Mr A Moore – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair
 Mr B Patel – Non-Executive Director and People and Culture Committee (PCC) Non-Executive Director Chair
 Mr J Worrall – Non-Executive Director and Operations and Performance (OPC) Non-Executive Director Chair

In attendance:

Mr S Barton – Deputy Chief Executive
 Professor I Browne – Associate Non-Executive Director
 Professor N Brunskill – Director of Research and Innovation (for Minute 109/24/1)
 Mr A Carruthers – Chief Information Officer
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Ms D Burnett – Director of Midwifery (for Minutes 106/24/1 & 106/24/2)
 Ms E Evans – Matron, Patient Advice and Liaison Service (for Minute 103/24)
 Mr M Farmer – Associate Non-Executive Director
 Ms S Favier – Deputy Chief Operating Officer (for Chief Operating Officer)
 Ms C Ferguson – Clinical Nurse Specialist in Inherited Cardiac Conditions (for Minute 103/24)
 Professor A Garcea – Associate Non-Executive Director (from Minute 107/24/2)
 Ms A Parmar – NIHR Leicester Biomedical Research Centre (for Minute 109/24/1)
 Mr M Reeves – Corporate and Committee Services Officer
 Ms M Smith – Director of Communications and Engagement
 Ms C Teeney – Chief People Officer

		ACTION
98/24	APOLOGIES AND WELCOME	
	Apologies for absence were received from Professor T Robinson, Non-Executive Director, Mr J Melbourne, Chief Operating Officer, Mr S Harris, Associate Non-Executive Director, Ms R Abeyratne, Director of Health Equality and Inclusion, Dr A Haynes, Non-Executive Director and Ms H Kotecha, Healthwatch.	
99/24	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).	
100/24	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	
101/24	MINUTES	
	Resolved – that the Minutes of the public Trust Board meeting held on 14 March 2024 be confirmed as a correct record.	
102/24	MATTERS ARISING: BOARD ACTION LOG	

	Paper B provided progress updates for the matters arising from the 14 March 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.	
103/24	PATIENT STORY	
	<p>The Trust Board received a video presentation which told the story of a patient, Saskia. In it, she described her experience of cardiac arrest collapse when taking part in a game of netball. A defibrillator had been used at the point when the cardiac arrest occurred, and she was subsequently taken to hospital where she awoke after 3 days on life support and was unaware what had happened. Saskia was fitted with an implantable cardioverter-defibrillator (ICD). She described her life experience of living with this, along with heart medication, where she noted the impact was generally minimal, except for certain situations such as airport metal detectors and moderate alcohol consumption, but generally it created no day to day issues.</p> <p>Ms C Ferguson, Clinical Specialist Nurse in Inherited Cardiac Conditions, in attendance, had been involved in the treatment of Saskia and informed the Trust Board of the details of the treatment, as well as how relatives were screened to see if there was a danger of them having the condition.</p> <p>Mr J MacDonald, Trust Board Chairman noted the Cardiology service provided an excellent service and showed the benefit of strong research to develop new treatments.</p> <p>Professor I Browne, Associate Non-Executive Director welcomed hearing about Saskia's positive story. He noted that De Montfort University (DMU) was undertaking a piece of work to make a heart-safe campus and queried whether there were publicly available Automated External Defibrillators (AEDs) on the UHL estate, which would send out a positive message that Trust recognised this issue. The Chief Nurse noted that the Trust owned a considerable number of AEDs, but these were not publicly available. She did however note that the Trust was involved in developing systems with DMU and commented that the provision of AEDs could potentially be considered through that partnership.</p> <p>Mr M Farmer, Associate Non-Executive Director noted that people who had ICDs often had mental health problems and he asked if the team supported patients where these issues emerged. Ms C Ferguson commented that currently she would currently provide support, but a business case was being prepared in order to secure some further psychological support. She agreed that it could be a burden for a person, particularly a young person, to deal with where they had inherited heart conditions.</p> <p>Ms V Bailey, Non-Executive Director enquired about the activities that the Trust was undertaking to improve knowledge of genetic conditions, particularly with the use of AI, and whether more needed to be done. The Medical Director informed the meeting that UHL was one of the partners in the East Genomic Medicine Service Alliance, which was looking to embed genomic medicine into mainstream medical care.</p> <p>Mr A Moore, Non-Executive Director asked about the services which were provided to relatives of people who were screened. Ms C Ferguson provided an example of where she had made contact with the daughters of a patient who had a heart muscle condition, and therefore the daughters would be screened to see if the condition was genetic. Depending on the condition relatives would be advised to undertake periodic screening or more regular screening, or attend to receive treatment.</p> <p>Mr J MacDonald, Trust Board Chairman thanked Ms C Ferguson for attending the meeting.</p>	CN
	<u>Resolved</u> – that the provision of publicly accessible Automated External Defibrillators across the UHL estate be considered, possibly through the electronic system being developed with De Montfort University.	CN
104/24	STANDING ITEMS	
104/24/1	<u>Chair's Report</u>	
	Reporting verbally, the Trust Chairman highlighted the following items:-	

	<p>(a) As the previous financial year had just come to a close, the Chairman reflected upon the past year, where the Trust was part of the highest performing Integrated Care Board (ICB) on elective recovery, the best performing Trust on Cancer waiting times, had moved out of Tier 1 status in terms of the Recovery Support Programme and the Trust's staff survey results were the 4th most improved in the country. He felt that the Trust should take pride from these achievements.</p> <p>(b) The forthcoming financial year would be a challenging year and there was a need to provide support and encouragement to all staff to continue delivering performance improvements. He thanked staff for their efforts during the past year which had been a difficult year.</p> <p>(c) There were two important recruitments taking place in the near future. The ICB were recruiting a new chair, which it was hoped to appoint in May 2024. There was also the recruitment of the successor chair of UHL.</p> <p>(d) Ms J Hogg, Chief Nurse – congratulations were passed to the Chief Nurse upon the awarding of an Honorary Professorship to her from the University of Leicester.</p>	
	<u>Resolved</u> – that the updates be noted.	
105/24/2	<u>Chief Executive's Update</u>	
	<p>The Chief Executive presented paper D and particularly highlighted the following:</p> <p>(a) As mentioned by the Trust Board Chairman, it was felt that there were a considerable number of achievements to be proud of and he thanked colleagues across UHL and Leicester, Leicestershire and Rutland Integrated Care Board for their combined efforts.</p> <p>(b) Concerns remained in 3 areas, culture, Urgent and Emergency Care (UEC) and finances. In terms of culture, the Chief Executive felt there was a more inclusive culture within the Trust compared to previously, but this was not felt by all staff, some of whom did not feel that they received adequate support or were included within the Trust. In terms of UEC, this remained problematic, but there was a forthcoming summit with System partners and a single person was to be appointed to oversee UEC as a whole. With regard to money, this was felt to be everyone's responsibility to spend it wisely.</p>	
	<u>Resolved</u> – that the updates be noted.	
105/24/3	<u>UHL Performance Update and Integrated Performance Report (Month 11)</u>	
	<p>The Deputy Chief Operating Officer introduced paper F, comprising the Integrated Performance Report (IPR) for February 2024. Details were provided regarding the performance relating to Urgent and Emergency Care (UEC) where it was noted the 4 hour wait target, whilst improved at 59%, with 74% at System level, continued to be below target. Assurance was provided that this was not considered acceptable by the Trust and would be addressed, and apologies were provided to those who had been adversely affected. The main reasons for this performance were noted as being increased demand in UEC and demand in onward care settings. A plan to improve performance was being developed with System colleagues which would need to focus on changing the risk balance. It was also noted that a UEC director was being appointed to cover the service across the System.</p> <p>Trust Board members considered in detail, the position in UEC, particularly in relation to 12 hour waits in ED where it was noted that UHL was 121st out of 122 Major A&E NHS Trusts. In response it was noted that there was a clear plan which was looking to address this situation which looked at flow into UEC and flow out and details would be shared with Trust Board members in due course. The Chief Executive also provided some context, noting that UHL was the busiest Emergency Department (ED) in the country, and therefore would always face challenges in relation to waits, but assurance was provided that this performance was not accepted, and improvements were being actively pursued. It was felt that the 4 hour ED wait target provided a more accurate comparator where UHL was 47th in the country.</p> <p>Mr B Patel, Non-Executive Director referred to 2 issues raised in the report, one around primary care access where performance was comparatively very poor and harm which occurred when waiting.</p>	

	<p>The Medical Director noted that Quality Committee had considered audits on these issues where it had been recognised that it was not optimal for patients to spend unnecessary time in ED. He noted that changes had been made to make ED beds more similar to those on a ward with medical teams providing relevant care.</p> <p>Mr D Moon, Non-Executive Director raised queries regarding the improvements which would make the most difference to UEC and whether there was a clear understanding of the costs arising in UEC across the System. The Chief Executive in response stated that UEC centres did not work as effectively as they should and greater use of more cost-effective Urgent Treatment Centres (UTCs) would reduce the impact on ED at LRI, which was the most expensive care. He further noted that community care was more cost effective than hospital care and there were opportunities for UHL to work with System partners to provide alternative options, both pre-hospital and post hospital to ease the impact on ED. The Chief Financial Officer also noted that non-elective admissions comprised 40% of UHL activity, but costs were 15% more than available funding, which was a major contributor to Trust deficit issues. Noting these points, Mr J MacDonald, Trust Board Chairman referred to the forthcoming summit taking place with System partners on UEC where, matters to discuss should include, actions to take which address issues in the short / medium term, developing clear risk profiles around patients and how to share these risks across the system; and to undertake a fundamental view on population health and actions to address these issues for the long term. Mr J MacDonald also noted discussions he had had with patients in ED who made comments where they felt ignored with no regular checks and discharges with minimal information and he suggested that effort be put into improving care basics. The Chief Nurse noted that ED nurses had different skills profiles compared to ward nurses and there was a need to provide fundamentals of care training to ED nurses which was being put in place.</p> <p>Ms V Bailey, Non-Executive Director referred to UTCs and felt it would be useful to understand public expectations of them and what it was felt they should offer, noting the previous discussions where providing a UTC had been discussed for Leicester City centre.</p> <p>The Deputy Chief Operating Officer presented details regarding progress in relation to planned care, where it was noted that despite ongoing progress, this had slowed due to the impact of industrial action and UEC pressures. Specific improvements were noted in relation to 78 week waits for referral to treatment had been halved, with improvements also noted in relation to 65 week waits. Diagnostic waiting lists had also been reduced but the challenge was now to address the more complex cases. Performance in Cancer services had also been strong with the 62 day wait target being ahead of plan. The Chief Executive noted that UHL's performance on some elements of planned care, when compared to peer Trusts might not appear particularly positive, but he explained that this did not take into account the rate of improvement which the Trust had made which compared positively with peers.</p> <p>Mr A Moore, Non-Executive Director referred to the NHS oversight metrics which were not included in the report and queried whether the Trust was judged on these. Mr J MacDonald Trust Board Chairman noted that this was not the case and that NHSE had reduced the number of metrics by which the Trust was judged, and the missing ones tended to support the metrics which were included.</p> <p>Each of the Executive Director IPR leads were invited to provide an overview of the key aspects of paper D relating to their portfolios and the Non-Executive Director Chairs of Board Committees were invited to comment as follows:-</p> <p>(1) Quality – The Chief Nurse noted that despite pressures, performance remained consistent. Developments were noted in relation to infection prevention and the cancer ward improvements. Progress was being made in relation to complaints and timely responses which had been assisted by the introduction of the Patient Advice and Liaison Service and with a greater emphasis on reviewing what was driving complaints. The Medical Director commented that the report related to February 2024 which was an operationally busy time, but provided assurance that there were no particular issues or concerns raised by the data.</p> <p>Mr M Farmer, Associate Non-Executive Director raised a query in relation to patient experience, noting that NHSE at board level had targets in relation to patient experience. The Chief Nurse noted that UHL did undertake Friends and Family Tests and considered the patient experience matters in a thematic review at Quality Committee as well as in the annual report, but it may be possible to review what other Trusts did in relation to this area. Ms V Bailey, Non-Executive</p>	<p>TBC / CE</p> <p>CN / COO</p>
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	<p>Director referred to the '15 steps' tests undertaken in maternity where patient / family first impressions were measured which provided quality feedback and suggested that this approach could be used elsewhere. Mr J MacDonald requested that consideration be given to what other Trusts provided in terms of recording targets or data in relation to patient experience and whether UHL could implement them.</p> <p>Mr B Patel, Non-Executive Director stated that he felt it was important that staff were happy in their roles as this would contribute to better patient care, and he also queried what procedures were in place to enable staff to take time out when pressures were particularly intense. The Chief Nurse noted that it did impact staff when there were high numbers of patients in ED who should be in a ward. Generally, she felt that there was a good level of pastoral care for staff, but the Trust should not be complacent. Staff did have planned time out built into their schedules, but it was noted that the role of a nurse in ED was being reviewed in 2024.</p> <p>(2) People – The Chief People Officer noted ongoing improvements in terms of vacancy numbers and turnover of staff which improved stability within teams and provided better ability for colleagues to support each other and better safety for patients. This had been a key area for improvement and progress had been demonstrated by positive results in the staff survey. The focus was now moving on to reducing the spend on temporary pay, but the need to have stable substantively employed teams would also remain a priority. It was also noted that levels of sickness absence remained stable, but appraisal levels were under target.</p> <p>The Chief Executive referred to a media article he had read regarding staff on long term sick waiting for support before they could return to work and whether this needed addressing in UHL. The Chief People Officer noted that a funding opportunity for greater resources for Occupational Health had been announced and a bid for funding had been made. Feedback on the bid's approval was awaited.</p> <p>(3) Finance – The Chief Financial Officer noted the key indicator of the deficit was still £9m adverse to the NHSE agreed target. Planning for 2024/25 was now at an advanced stage with consideration of income to be anticipated in the new financial year. The challenges were expected to be significant in the new financial year with a focus on improving efficiency, particularly recurrent improvements. Increased patient numbers would require a particular focus on ensuring that staffing was in the right place at the right levels balanced with the need for efficiency. It was noted that the Operational Plan, which included the financial plan would need to be submitted to NHSE by 2 May 2024, where consideration would need to be given to the deficit target which would be a challenging target. A cash support application had been made to cover the period after June 2024 which was currently being considered.</p> <p>Mr A Moore, FIC Non-Executive Director Chair referred to the development of the financial plan, but noted that ownership of the plan should not just be the responsibility of the finance teams, particularly in terms of delivery of targets and the process for course correction. He also referred to the ICB and ensuring they were aware of their partnership responsibilities. Further, he noted that there needed to be robust prioritisation and if necessary, consideration of what should be stopped if financial circumstances required it. The Chief Executive agreed these were important considerations along with the focus on what a high performing System would look like and what was required to get to that position. Mr J MacDonald, Trust Board Chairman, noted the difficult financial position being faced over the forthcoming financial year, and requested consideration of how the Trust Board could robustly monitor progress or challenges as part of its role.</p> <p>Mr D Moon, Non-Executive Director raised queries in relation to the Cost Improvement Programme (CIP), costs associated with the cash support request and whether business cases needed reviewing to see if they impacted the Trust financial position. The Chief Financial Officer in response stated that the CIP would be set at a 5% level and work was ongoing to consider the impact of this. There would be a cost implication, of approximately £1.5m regarding the cash support request. It was also noted that business cases were reviewed for sustainability and would need to generate their own income and be sustainable if they increased the number of whole-time equivalent staff.</p>	<p>CN</p> <p>CFO</p>
	<p>Resolved – that (A) consideration be given to the summit with partners on UEC, in terms of matters to discuss, including actions to take which address issues in the short / medium term, the developing of clear risk profiles around patients and how to share these risks; and</p>	<p>TBC / CE</p>

	<p>undertaking a fundamental look at population health with actions to address issues for the long term;</p> <p>(B) consideration be given to whether the views of the public could be sought with regard to the services that they believe or feel that an urgent treatment centre should provide;</p> <p>(C) details be explored of what other Trusts provided in terms of recording targets or data in relation to patient experience and whether UHL could implement them; and</p> <p>(D) consideration of how the Trust Board, noting the difficult financial position being faced over the financial year, could monitor progress or challenges as part of its role.</p>	<p>CN / COO</p> <p>CN</p> <p>CFO</p>
106/24	HIGH QUALITY CARE FOR ALL	
106/24/1	<u>Maternity and Neonatal 3 Year Delivery Plan – UHL Progress Report</u>	
	<p>The Director of Midwifery presented the report which set out the progress at UHL since the publication of the NHS 3 Year Delivery Plan for Maternity & Neonatal Services in March 2023. Details were highlighted around the improvements in UHL regarding culture, openness and transparency, which was demonstrated by the considerable reporting at Trust Board level. The areas of focus required by NHSE, such as pelvic health, were highlighted along with improvements in service such as the 7 day bereavement service. Improvements in recruitment were also noted along particularly to key roles such as ward coordinators. The wider range of compliance was also mentioned with good progress towards these schemes such as the Maternity Incentive Scheme. Improvements in monitoring were outlined which had delivered improvements such as a reduction in still birth numbers. The importance of relationships with the wider health community was referenced, as well as understanding different communities and supporting staff. The emphasis was now on continuing the positive momentum of progress which would continue to be reported to the Trust Board.</p> <p>Mr D Moon, Non-Executive Director, noted the considerable amount progress, but asked the Director of Midwifery what she felt worried her most. In response, the Director noted that considerable improvements had been made in recruitment, but the service was still very busy. An incentive package was being developed for student nurses to consider what mattered to them and how to have a workplace for a new generation to become an employer of choice.</p> <p>Ms V Bailey, Non-Executive Director commented as Trust Board Safety Champion, that the report was an excellent piece of work. She also noted the wider issue of morale within maternity services across the country and therefore it was important to support maternity as being a service that people want to work in, and patients feel welcomed and well served.</p> <p>The Chief Executive referred to a recent visit he had made to maternity and neonatal services at both LGH and LRI and he felt that the atmosphere felt different compared to previous occasions and this was positive. He asked if there was a belief in the plan for a new maternity hospital. The Director of Midwifery commented that there was some scepticism amongst staff that this would come to fruition. Mr J MacDonald, Trust Board Chairman noted that there was further work to do in this area.</p>	
	<u>Resolved</u> – that the progress, current and future challenges to improving care across maternity and neonatal services be noted.	
106/24/2	<u>Perinatal Surveillance Scorecard – February 2024</u>	
	<p>The Director of Midwifery presented the Perinatal Surveillance Scorecard which was produced in line with the Perinatal Quality Surveillance Model designed by NHS England to support sharing safety intelligence Board to Frontline / Frontline to Board. Assurance was provided that there were no causes for concern. Some developments were referred to such as the recent appointment to a consultant post, and recent data validation exercise which would likely mean amended vacancy figures. Improvements were also noted in Neonatology with notable numbers of nurses completing the Qualified in Speciality (QIS) training programme.</p>	
	<u>Resolved</u> – that the report be noted.	
106/24/3	<u>Board Committee Escalation Reports</u>	

	<p><u>Operations and Performance Committee – 27 March 2024</u></p> <p>The escalation report was noted.</p> <p><u>Quality Committee – 27 March 2024</u></p> <p>The escalation report was noted.</p> <p><u>Finance and Investment Committee (FIC) – 22 March 2024</u></p> <p>The escalation report was noted.</p> <p><u>Our Future Hospitals and Transformation (OFH&T) Committee – 21 March 2024</u></p> <p>The Director of Corporate and Legal Affairs referred to a recommendation in the escalation report for the Trust Board to amend its scheme of delegation to enable decisions related to the New Hospital Programme, above £1m to be taken outside of Trust Board meetings without the use of emergency powers, subject to appropriate scrutiny by Our Future Hospitals and Transformation and Finance and Investment Committees and signed off by a number of Executive and Non-Executive Directors as outlined in the report.</p>	DCLA
	<p><u>Resolved</u> – that (A) the Board Committee escalation reports be noted; and</p> <p>(B) the proposed amendment to the Trust Board Scheme of Delegation to amend the decision making process for decisions related to the New Hospital Programme where the value was above £1m, be approved.</p>	DCLA
107/24	GREAT PLACE TO WORK	
107/24/1	<u>NHS Staff Survey Results 2023</u>	
	<p>The Chief People Officer presented a report which provided detail of the UHL framework for addressing staff survey improvements in 2024/25 and how these would be communicated. It was confirmed that all Clinical Management Groups (CMG) had received feedback related to their area with discussions ongoing about the next steps. The intention was to deliver continuous improvement arising from the survey, and this would be delivered through the RISE framework, (Recognition, Included, Supported and Equipped). Various actions were proposed in line with this framework such as building on recognition and appreciation, tackling bullying, relaunching staff networks and developing the Bystander Programme, physical and psychological safety actions, environmental improvements and getting the basics right for employees such as equipment, IT, car parking arrangements, as well administration regarding payroll.</p> <p>The Director of Communications and Engagement noted that the RISE framework, from a communications perspective was a simple, but recognised framework, where there was an opportunity to build on existing structures. There were two elements to taking this forward, a macro level where Trust wide improvements would be made, but also a local level where improvements would be driven through teams, using toolkits and through team huddles and briefings to develop strengthened ways of working. The new intranet, due to be in place in June 2024 would also enable better employee communications.</p> <p>The Chief Executive commented that this report was the most important paper considered by the Trust Board in the past 12 months. He did however raise some queries, particularly about why the existing RISE framework was being used, how the Trust would achieve its ambition to be in the top 5 of all Trust in the Staff Survey and how progress would be monitored. The Chief People Officer in response said that the RISE framework was a positive medium for communicating with staff and was distinct from the corporate framework and Trust values. In terms of measuring progress, reference was made to the performance metrics within the Integrated Performance Report such as those related to recruitment and retention as well as sickness absence, but also other metrics such as those related to grievances, and these would give an indication if things were improving. It was also felt to be important that staff could see improvements being delivered, and also it was noted that it would be possible to receive real time staff feedback through the new intranet.</p>	

	<p>Mr M Farmer, Associate Non-Executive Director enquired about the capacity for staff to be able to attend meetings of staff networks, and Executive links to the networks. The Chief People Officer commented that time release for staff to attend networks was being considered and also it was the intention to align an Executive Director with a staff network, where this could be agreed.</p> <p>Mr M Farmer, Associate Non-Executive Director, noting violence against staff was a national problem, enquired about the progress of the Kindness Campaign. The Director of Communications and Engagement noted that in the few weeks it had been running there had been positive reactions to social media posts and it was noted that employee led campaigns, as this was, generally had the best impact.</p> <p>Mr J MacDonald, Trust Board Chairman, requested that consideration be given to ways in which the Trust Board could monitor progress, possibly through the Integrated Performance Report using some key indicators of the actions in relation to the Staff Survey.</p>	CPO
	Resolved – that consideration be given to ways in which the Trust Board could undertake scrutiny of the performance in relation to the actions being taken in response to the staff survey and progress towards the next staff survey, and how this could be provided Trust Board on a regular basis.	CPO
107/24/2	<u>Agency Compliance, Usage and Reduction</u>	
	<p>The Chief People Officer presented a report which provided an update and assurance on the programme of work to ensure compliance and governance on agency usage in accordance with the NHSE agency rules and the work being undertaken to ensure a positive financial impact. It was noted that considerable work had been undertaken to ensure compliance, with some areas still needing further improvement regarding off framework suppliers, agency costs and use of non-clinical agency staff. There was a national rule change due in July 2024 which required that no off-framework agency suppliers could be used, assurance was provided that this would be complied with. Escalation meetings were due to take place with NHSE, and assurance was provided that the position for the Trust would be reported as being in line with the rules.</p> <p>Mr J Macdonald, Trust Board Chairman enquired whether data related to agency use could be incorporated into the monthly performance report. The Chief People Officer commented that the position, whilst improved did still require ongoing monitoring.</p>	CPO
	Resolved – that consideration be given to whether use of agency data could be incorporated into the monthly performance report.	CPO
107/24/3	<u>Water Management Policy</u>	
	The Chief Nurse introduced a report which presented the updated UHL Water Management Policy for approval by the Trust Board. It was noted that the policy had been considered by a number of internal groups and the proposed changes had been supported.	
	Resolved – that the updated UHL Water Management Policy be approved.	CN
107/24/4	<u>Escalation Report from People and Culture Committee – 28 March 2024 (featuring FTSU Toolkit)</u>	
	<p>Mr B Patel, People and Culture Non-Executive Director Chair presented the escalation report from the People and Culture Committee meeting of 28 March 2024. The committee had discussed the staff survey in some detail and in particular considered the demographic profile of those responding and further details on this had been requested for the next update report, included details of support provided to international nurses to complete the survey.</p> <p>The Director of Corporate and Legal Affairs referred to the discussion on the Freedom to Speak Up Reflection and Monitoring Toolkit. It was noted that the toolkit was developed after the Trust Board had approved the Freedom to Speak Up policy at its meeting in March 2024. All parts of the Trust were asked to undertake a self-assessment on implementing Freedom to Speak Up, and provide a rating on how well it had been implemented. An action plan arising from this would be presented to People and Culture Committee. The People and Culture Committee had considered the Freedom to Speak Up toolkit and subsequently endorsed it and it was recommended for Trust Board approval accordingly.</p>	

	Mr A Moore Non-Executive Director enquired about how the Trust Board would monitor responses to concerns raised under the Freedom to Speak Up process. The Director of Corporate and Legal Affairs stated that the Trust Board received quarterly monitoring reports regarding the activities in relation to Freedom to Speak Up.	
	<u>Resolved</u> – that (A) the 28 March 2024 People and Culture Committee escalation report be noted; and (B) the Freedom to Speak Up toolkit be approved.	DCLA
108/24	PARTNERSHIPS FOR IMPACT – NO ITEMS	
109/24	RESEARCH AND EDUCATION EXCELLENCE	
109/24/1	<u>Research and Innovation Quarterly Trust Board Report</u>	
	<p>The Director of Research and Intelligence presented a report which provided assurance regarding UHL Research and Innovation activity and performance. Details were provided of the current number of approved trials, the level of participant recruitment, areas currently under research, the level of budget and other positive developments such as awards and receiving research delegations from Australia.</p> <p>Mr I Browne, Associate Non-Executive Director noted previous discussions regarding participant recruitment and queried whether recruitment was reflective of the local population. The Director of Research and Innovation commented that the data suggested that more ethnic minority persons were now participating in studies and there were efforts to outreach into primary care to improve recruitment.</p> <p>The Deputy Chief Executive referred to the development of a five-year research strategy and noted that staff from his area would work with colleagues from Research and Innovation to develop and grow the innovation work that was already ongoing.</p> <p>Mr A Moore, Non-Executive Director queried how success was measured and how research outcomes were provided to the Trust Board. The Director of Research and Innovation commented that there were various methods of how success was measured, some of this could be contractual, but ultimately a judgement would be made against the original hypothesis which was posed. It was noted that some of the results of research were reported to the Trust Board, but it wouldn't be feasible to cover all studies as there were over 1000. Researchers also presented details of the work they were undertaking to the Trust Board.</p> <p>Ms A Parmar, National Institute for Health and Care Research (NIHR) Biomedical Research Centre (BRC) Manager provided a presentation to the Trust Board on the work of the BRC. The presentation covered the overall aims and vision of the NIHR, as well as the aims, vision of the BRC in Leicester, which focussed on reducing the burden of long, using experimental genetic research, working with underserved communities. Specific details of the objectives of the BRC were outlined covering the organisation, its governance, the themes it covered and some of the key highlights in terms of outcomes, development, training and profile.</p> <p>Mr J MacDonald, Trust Board Chairman thanked the BRC Manager the presentation. He requested that the presentation slides be circulated to Trust Board members to enhance their understanding of the work being undertaken.</p>	CCSO
	<u>Resolved</u> – that the presentation slides be circulated to the Trust Board.	CCSO
110/24	CORPORATE GOVERNANCE/REGULATORY COMPLIANCE	
110/24/1	<u>Fit and Proper Persons Policy and FPP Test Compliance Report</u>	
	The Director of Corporate and Legal Affairs presented a report which presented the draft Fit and Proper Persons Policy which had been updated following significant changes to national guidance. Assurance was provided that the policy had been considered and endorsed by the Audit Committee.	

	It was also noted that an annual fit and proper persons submission covering Trust Board members would be made, which would be signed off by the Trust Board Chairman.	
	<u>Resolved</u> – that the Fit and Proper Persons Policy be approved.	DCLA
110/24/2	<u>BAF and Significant Risk – Quarterly Report</u>	
	<p>The Director of Corporate and Legal Affairs presented the Board Assurance Framework (BAF) quarterly report which provided the Trust Board with assurance around the UHL overarching system of risk management and internal control. It was noted that the BAF continued to be a standing item and was discussed at all Board committees and was developed with Executive and Non-Executive Directors at Trust Board development sessions. Assurance was provided that risks continued to be monitored and that they aligned with the Trust Strategy and were considered in more granular detail at the Risk Committee.</p> <p>Ms V Bailey, Non-Executive Director noted the feedback from the Audit Committee but enquired about the view of the Internal Auditor, and how this would be discussed. The Director of Corporate and Legal Affairs noted that the audit opinion was expected to be significant assurance, but agreed that it was important the discussions took place on the opinion through relevant governance processes.</p>	
	<u>Resolved</u> – that the systems and processes in place to manage risk be noted.	
110/24/3	<u>Category A Policies and Guidelines</u>	
	The Director of Corporate and Legal Affairs presented a report which outlined a review of how policies were categorised, how they were approved and the development of a new clinical policy group alongside the non-clinical policy group.	
	<p><u>Resolved</u> – that (A) the proposed changes to the existing policies and guidelines which fell within Category A be approved; and</p> <p>(B) the re-categorisation of 2 existing Trust-wide policies to become category A documents, which were therefore reserved to the Trust Board for approval, be approved; (Fit and Proper Persons Test Policy, and the ‘Policy for Policies’).</p>	<p>DCLA</p> <p>DCLA</p>
110/24/4	<u>Trust Board Declarations of Interests – Annual Prospective Report (2024/25)</u>	
	<p>The Director of Corporate and Legal Affairs presented the prospective annual declarations of interest report.</p> <p>It was noted that Mr B Patel, Non-Executive Director had an update to make to his declarations and would do so as soon as possible.</p> <p>Trust Board members were encouraged to ensure that their declarations were regularly kept up to date.</p>	DCLA
	<u>Resolved</u> – that Mr B Patel, Non-Executive Director provide the relevant update to his declarations as soon as possible.	DCLA
110/24/5	<u>Quarterly Sealing 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.	
110/24/6	<u>Escalation Report from the Audit Committee – 18 March 2024</u>	
	Mr D Moon, Audit Non-Executive Director Chair introduced the escalation report from the Audit Committee held on 18 March 2024. Some key points noted were that asset verification was now in an improved position, there had been a significant assurance opinion with regard to risk	

	management, moderate assurance in respect of the financial ledger and report, and declarations of interest required by decision making staff were at a very high level but not 100%. Mr J MacDonald praised the Finance Team for their work on preparing the annual accounts for audit.	
	<u>Resolved</u> – that the 18 March 2024 Audit Committee escalation report be noted.	
111/24	CORPORATE TRUSTEE BUSINESS – NO ITEMS	
112/24	BOARD SERVICE VIDEO – NO ITEM	
113/24	ANY OTHER BUSINESS – NO ITEMS	
114/24	QUESTIONS FROM THE PRESS AND PUBLIC	
	There were no questions from the press or public.	
115/24	REPORTS AND MINUTES PUBLISHED AND UHL’S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):	
115/24/1	<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:- <ul style="list-style-type: none"> • Audit Committee – Minutes of 11 December 2023 • Quality Committee – Minutes of 29 February 2024 • Operations and Performance Committee – Minutes of 28 February 2024 • Finance and Investment Committee – Minutes of 29 February 2024 • Our Future Hospitals and Transformation Committee – Minutes of 22 February 2024 • People and Culture Committee – Minutes of 25 January 2024 	
116/24	REPORTS DEFERRED TO A FUTURE MEETING	
	<u>Resolved</u> – None.	
117/24	DATE AND TIME OF NEXT MEETING	
	<u>Resolved</u> – that the next Public Trust Board meeting be held on Thursday 9 May 2024 from 1.30pm in the Cumulus Room, Diabetes Centre, LGH site.	

The meeting closed at 4.00pm

Matthew Reeves – Committee and Corporate Services Officer

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J MacDonald	1	1	100	D Moon	1	1	100
V Bailey	1	1	100	A Moore	1	1	100
A Furlong	1	1	100	R Mitchell	1	1	100
A Haynes	1	0	0	B Patel	1	1	100
J Hogg	1	1	100	T Robinson	1	0	0
L Hooper	1	1	100	J Worrall	1	1	100
J Melbourne	1	0	0				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	1	0	0	Mr M Farmer	1	1	100
S Barton	1	1	100	S Harris	1	0	0
I Brown	1	1	100	H Kotecha	1	0	0
A Carruthers	1	1	100	M Smith	1	1	100

B Cassidy	1	1	100	C Teeney	1	1	100
A Garcea	1	1	100				