

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 9 NOVEMBER 2023 FROM 1.30PM IN SEMINAR ROOMS 2&3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****Voting Members present:**

Mr J MacDonald – Trust Chair
 Dr A Haynes, MBE – Non-Executive Director and Reconfiguration and Transformation Committee (RTC) Non-Executive Director Chair
 Mr A Furlong – Medical Director
 Mr S Harris – Non-Executive Director and Finance and Investment Committee (FIC) Non-Executive Director Chair
 Ms L Hooper – Chief Financial Officer
 Ms J Hogg – Chief Nurse
 Mr J Melbourne – Chief Operating Officer
 Mr R Mitchell – Chief Executive
 Mr B Patel – Non-Executive Director and People and Culture Committee (PCC) Non-Executive Director Chair
 Professor T Robinson – Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair
 Mr M Williams – Non-Executive Director and Audit Committee Non-Executive Director Chair
 Mr J Worrall – Non-Executive Director and Operations and Performance (OPC) Non-Executive Director Chair

In attendance:

Dr R Abeyratne – Director of Health Equality and Inclusion
 Mr S Barton – Deputy Chief Executive
 Professor N Brunskill – Director of Research and Innovation (for Minute 367/23)
 Ms D Burnett – Director of Midwifery
 Mr A Carruthers – Chief Information Officer
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Ms G Collins-Punter – Associate Non-Executive Director
 Ms H Flint – Senior Nurse Medicines Management (for Minute 360/23)
 Ms J Gilbertson – Medicines Management e-Meds Nurse (for Minute 360/23)
 Dr J Sargeant – Research Associate (for Minute 367/23)
 Mr M Simpson – Director of Estates, Facilities and Sustainability
 Ms M Smith – Director of Communications and Engagement
 Ms H Stokes – Head of Corporate Governance
 Ms C Teeney – Chief People Officer
 Ms S Wilkinson – Senior Nurse Patient Experience (for Minute 360/23)

| | | <u>ACTION</u> |
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| 354/23 | APOLOGIES AND WELCOME | |
| | The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Ms V Bailey Non-Executive Director, and Ms H Kotecha Leicester and Leicestershire Healthwatch Chair. | |
| 356/23 | CONFIRMATION OF QUORACY | |
| | <u>Resolved</u> – 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). | |
| 357/23 | DECLARATIONS OF INTERESTS | |
| | The UHL Chief Executive declared his role as Chief Executive of the University Hospitals of Northamptonshire (UHN) Group as of 30 October 2023. | |
| | <u>Resolved</u> – that the declarations of interests made be noted and added to the overarching list for 2023/24. | HoCG |
| 358/23 | MINUTES | |

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| | <u>Resolved</u> – that the Minutes from the public Trust Board meeting held on 12 October 2023 (paper A refers) be confirmed as a correct record. | |
| 359/23 | MATTERS ARISING | |
| | Paper B provided progress updates for the matters arising from the 12 October 2023 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. | |
| 360/23 | PATIENT STORY (SAM) | |
| | <p>The video presented to the Trust Board highlighted a positive and empowering patient experience of the self-administration of medication (SAM) on ward 14. The Senior Nurse Patient Experience, the Medicines Management e-Meds Nurse, and the Senior Nurse Medicines Management attended for this item.</p> <p>Despite a slower than hoped for start, self-administration of medication was now live on 10 UHL Wards including 2 paediatric wards and was showing high levels of patient satisfaction and experience. The aim was for self-administration of medication to be live on 50% of UHL wards by the end of 2024, albeit recognising the ambition of this target and the small staff team involved. The Trust was also involved in a related research project with the University of Leicester, which might (in response to queries from the Director of Health Equality and Inclusion) be able to explore the impact of the self-administration of medication on indicators such as length of stay, discharge, enablement etc.</p> | |
| | In discussion on the patient story, the Trust Board welcomed this very positive initiative, noting how it was empowering patients and encouraging cultural/behavioural change – in addition, it resulted in improved compliance with medication regimes following discharge. Mr B Patel Non-Executive Director queried if the information was available in languages other than English, and the Trust Chair requested that the reasons for the slower than hoped for start to the self-administration of medication programme be explored further outside the meeting. The Chief Nurse confirmed that a programme of wider patient enablement initiatives was also underway across the Trust. | CN |
| | <u>Resolved</u> – that it be explored (outside the meeting) what the blockers had been to implementing SAM as quickly as had been hoped. | CN |
| 361/23 | STANDING ITEMS | |
| 361/23/1 | <u>Chair's Report – November 2023</u> | |
| | <p>Reporting verbally, the Trust Chair highlighted the following items:-</p> <p>(a) ongoing collaboration between UHL and the University Hospitals of Northamptonshire (UHN) Group;</p> <p>(b) the winter pressures already being felt within the Trust, and</p> <p>(c) the impact on patients and the Trust of ongoing strike action and its implications for elective recovery targets, and the recent letter from NHSE/I.</p> | |
| | <u>Resolved</u> – that the position be noted. | |
| 361/23/2 | <u>Chief Executive's Update – November 2023</u> | |
| | <p>The Chief Executive presented paper C and particularly highlighted the following:</p> <p>(a) the opportunities presented by closer working between UHL and the University Hospitals of Northamptonshire (UHN) Group, including the scope to strengthen service provision and pathways. Further updates were also scheduled for the Kettering and Northampton Trust Boards in December 2023;</p> <p>(b) the work now being undertaken by the Trust in response to the 8 November 2023 NHSE/I letter re: strike costs and financial challenges. Although safe and effective care remained the priority</p> | |

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| | for UHL, the Trust was exploring a range of appropriate actions to reduce agency costs, enhance productivity etc, and (c) his wishes to all of a happy Diwali. | |
| | <u>Resolved</u> – that the position be noted. | |
| 361/23/3 | <u>UHL Performance Update and Integrated Performance Report (Month 6)</u> | |
| | <p>The Chief Operating Officer introduced paper D, comprising the Integrated Performance Report (IPR) for September 2023. He particularly highlighted the challenging nature of recent weeks, noting an 8% rise in admissions and pressures in cardio-respiratory services and Children’s Emergency Department. However, the Trust’s total waiting list continued to decrease, which was welcomed. In terms of operational performance the Chief Operating Officer also drew the Trust Board’s particular attention to the month 6 position on diagnostics and cancer, welcoming the 60% reduction in the 62-day backlog but recognising the need for further improvement.</p> <p>Three public questions had been received re: specific operational performance issues, and these were addressed by the Chief Operating Officer as detailed in Minute 372/23 below.</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 highlighted 3 exception areas to the Trust Board within the month 6 IPR: [i] Clostridium difficile – she provided assurance that although the indicator was red, UHL was in the lowest quartile nationally for C.difficile infections; [ii] pressure ulcers – although these remained high, harm numbers had reduced, with the majority relating to grade 2 pressure ulcers with a significant reduction in the number of the most serious pressure ulcers in October 2023. The Quality Committee continued its close monitoring on this issue, and [iii] complaints – UHL had launched a clinically-led Patient Advice and Liaison Service in October 2023 and had seen a significant reduction in complaints since then. The Medical Director advised that he had no specific concerns to highlight, but he provided assurance to the Trust Board that the Quality Committee maintained very close oversight of all aspects of the safety agenda, including (eg) detailed discussions on VTE and thromboprophylaxis at that Committee’s October 2023 meeting. A report to the Quality Committee on the rapid flow and boarding of patients had identified no increase in mortality, and the Medical Director emphasised the key importance of inter-professional standards and management of the patient by the receiving specialty. In discussion on quality aspects of the month 6 IPR, the Trust Chair queried whether the improvement on pressure ulcers was being sustained, noting assurances from the Chief Nurse that related training had improved;</p> <p>(2) People – the Chief People Officer emphasised the Trust’s continued focus on recruitment and retention, noting a more stable position in terms of overall vacancies and a strengthening of the Trust’s internal staff bank. The Chief People Officer recognised, however, that appraisal and mandatory training rates were still below target, and she noted continued efforts to improve this, and</p> <p>(3) Finance – the Chief Financial Officer advised that the Trust was reporting a year-to-date deficit of £42m, which was £21m adverse to plan. As previously reported, the main drivers for this continued to be the impact of industrial action to month 6 (£10mA), inflation above plan (£6mA), CIP cash releasing slippage (£3mA) and urgent and emergency care pressures (£3mA). The Trust’s cash position was as expected, and was sustainable for the remainder of the year. Although slightly behind plan as at month 6, the Trust’s capital plan was forecast to deliver by year-end. The Chief Financial Officer provided assurance that the Trust had already been working on financial recovery plans and forecast mitigations, and (as reported in Minute 345/23/2 above) would review the position further in response to the NHSE/I letter of 8 November 2023. Mr S Harris FIC Non-Executive Director Chair noted the back-loaded nature of CIP plans, and expressed his continued confidence in the UHL finance team.</p> | |
| | <u>Resolved</u> – that the month 6 Integrated Performance Report be noted. | |
| 362/23 | <u>DELIVER TIMELY, HIGH QUALITY, SAFE, SUSTAINABLE CARE</u> | |

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| 362/23/1 | <u>Maternity Assurance Committee (MAC) Highlight Report</u> | |
| | Paper E briefed the Trust Board on key discussions from the October 2023 MAC. In presenting the report, the Director of Midwifery also highlighted recent discussions with the LLR Integrated Care Board – UHL’s actions had been well-received, and the meeting had also discussed workforce plans. An additional MAC was scheduled in December 2023 to review the maternity CNST evidence. | |
| | <u>Resolved</u> – that the position be noted. | |
| 362/23/2 | <u>Perinatal Surveillance Scorecard</u> | |
| | The Director of Midwifery presented paper F, which provided oversight of the quality and safety of the maternity service at UHL. The perinatal surveillance scorecard was produced in line with the Perinatal Quality Surveillance Model designed by NHSE to support sharing safety intelligence Board to Frontline/Frontline to Board and included five areas of focus: safety, workforce, training, experience and outcomes. Although there were no issues to escalate to the Trust Board, the Director of Midwifery highlighted improvements in post-partum haemorrhage rates and against the smoking trajectory. | |
| | In discussion, Mr B Patel Non-Executive Director queried how to improve the maternity Friend and Family Test (FFT) score, and questioned in FFT was available in other languages. The Director of Midwifery confirmed that inclusivity was a key focus and she outlined the measures in place including the maternity and neonatal voices partnership – on being pressed by Mr Patel for a timescale for improvement, she considered that the maternity FFT would show an improvement by quarter 4 of 2023/24. The Medical Director queried the gap between the self-assessment and external assessment scores, which the Director of Midwifery considered to be largely due to a timing issue on the gathering of evidence, and to a likely tendency to underscore in the self-assessment. The Medical Director also highlighted the Trust’s below national average position in respect of booking in women in the 2 nd decile (index of deprivation figures) – in response the Director of Midwifery advised that this was partly a data quality issue which was currently being reviewed, and she noted the recognised need to ensure that health equalities were not being adversely impacted. The Chief Nurse noted Leicester City Council Public Health and Health Integration Scrutiny Commission’s continued interest in maternity issues (including the CQC visit), and the assurance provided by the Trust at their most recent meeting. The Trust Board would continue to receive detailed updates on maternity services, and the Chief Nurse advised that strengthened leadership was now in place within maternity services – she recognised, however, that cultural change took time. She also noted discussions on standardising maternity reporting across UHL-UHN. | |
| | <u>Resolved</u> – that the position be noted. | |
| 362/23/3 | <u>Empowering Voices Programme – Maternity – Highlight Report</u> | |
| | Paper G updated the Trust Board on the Empowering Voices culture programme commissioned in July 2022, detailing the progress to date, the assurance process in place, and the plans to embed remaining actions within the maternity and neonatal improvement programme. This was therefore the last separate update on the Empowering Voices programme to the Trust Board. | |
| | <u>Resolved</u> – that the position be noted. | |
| 362/23/4 | <u>Patient Safety Incident Response Plan (PSIRP) 2024/25</u> | |
| | Paper H from the Chief Nurse sought Trust Board approval of the Trust’s 2024/25 PSIRP and the proposed transition date of 1 April 2024. Very significant internal work and consultation with external partners had taken place to identify the patient safety priorities within the PSIRP, grouped into 5 key themes: <i>Deteriorating patient</i> – Sepsis and PPHs; <i>Medication</i> – Anticoagulation; <i>Transfers of care</i> - Ward transfers of care>3 for non-clinical reasons within Medicine; <i>Tacking inequalities</i> - Maternity and neonates - Outcomes focusing on Black, Asian and Ethnic Minority and Cancer pathways - Outcomes focusing on Learning disability and autism, and <i>Fundamentals of care</i> - Care of the Older Person >85yrs. The PSIRP had also been endorsed by UHL’s Patient Safety Committee and Quality Committee. | |

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| | Resolved – that the 2024/25 Patient Safety Incident Response Plan (PSIRP) and proposed 1 April 2024 transition date be approved as presented. | CN |
| 362/23/5 | <u>Escalation Report from the Operations and Performance Committee – 25 October 2023</u> | |
| | Mr Williams OPC Non-Executive Director Chair presented the escalation report from the Operations and Performance Committee meeting held on 25 October 2023 (paper I). Urgent and emergency care remained a key operational focus, and the Trust was working closely with partners to understand the impact of changes in Leicestershire County Council's process for assessments and approvals for patients – this matter had also been raised with the LLR Integrated Care Board (Urgent and Emergency Care group). | |
| | Resolved – that (A) the 25 October 2023 OPC escalation report be noted, and (B) OPC be updated on contact with the LLR ICB re: the impact of Leicestershire County Council's changes to the process for assessments and approvals for patients. | CE |
| 362/23/6 | <u>Escalation Report from the Quality Committee – 26 October 2023</u> | |
| | In the absence of Ms V Bailey Quality Committee Non-Executive Director Chair, Professor T Robinson Non-Executive Director presented the escalation report from the 26 October 2023 Quality Committee (paper J). The report drew the Trust Board's particular attention to the 2024/25 PSIRP (as approved in Trust Board Minute 362/23/4 above), to a review of the impact of boarding and rapid flow of patients, and to the summary of actions taken by UHL in response to the 2021 MBRRACE report on perinatal mortality. On that latter issue the Trust – which had been an outlier – had undertaken a deep dive to understand the data, noting that complexity of patient case mix was a key factor. A resulting detailed action plan had been presented to the Trust's Quality Committee 3 months' earlier, followed by a progress update in October 2023. The Medical Director described in detail the work undertaken by the Trust, including extensive peer review and work with public health colleagues on wider health inequality issues. The Trust Chair considered that targeted communication and work was needed with specific community groups and sectors (which the Director of Health Equality and Inclusion confirmed was already in progress) and requested a further update accordingly. It was agreed to include the requested update in the epidemiological review work being presented in February 2024. | MD/ DHEI |
| | Resolved – that (A) the 26 October 2023 Quality Committee escalation report be noted, and (B) the targeted work to communicate with specific community groups and sectors be included in the epidemiological review update being presented in February 2024. | MD/ DHEI |
| 363/23 | WORKING WITH SYSTEM PARTNERS TO DEVELOP AN INTEGRATED CARE SYSTEM ACROSS THE HEALTH AND SOCIAL CARE COMMUNITY – NO ITEMS | |
| 364/23 | LOOKING AFTER OUR PEOPLE, DEVELOPING WORKFORCE CAPACITY AND CAPABILITY AND A COMPASSIONATE AND INCLUSIVE CULTURE | |
| 364/23/1 | <u>Staff Survey</u> | |
| | Paper K from the Chief People Officer outlined the work underway to deliver the 2023 UHL staff survey – launched on 25 September 2023 the survey would run until 24 November 2023. Staff feedback was crucial to ensuring a focus on the right issues, and the Chief People Officer provided assurance to the Trust Board on an enhanced level of planned staff engagement. The Trust aimed to achieve a 60% response rate in 2023, and as of the date of the meeting 53% of substantive staff had responded. UHL's 3 key staff survey aims for 2023 were set out in paper K, namely achieving [i] the Trust's highest ever response rate that surpassed the national average; [ii] an improvement in the number of colleagues that would be happy with the standard of care provided to a friend or loved one that was above the national average, and [iii] an improvement in the number of colleagues that would recommend UHL as a place to work. The 'RISE' themes (Recognised, Included, Supported Equipped) identified from the 2022 staff survey would also continue through 2023. | |

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| | In response to a query from Mr S Harris Non-Executive Director, the Chief People Officer provided assurance that an appropriate read-across would also take place to the staff survey results in the UHN Group hospitals. | |
| | <u>Resolved</u> – that the position be noted. | |
| 365/23 | SUSTAINABLE, WELL-GOVERNED FINANCES | |
| 365/23/1 | <u>Escalation Report from the Finance and Investment Committee – 27 October 2023</u> | |
| | <u>Resolved</u> – that the 27 October 2023 FIC escalation report be noted. | |
| 365/23/2 | <u>Escalation Report from the Audit Committee – 16 October 2023</u> | |
| | Mr M Williams Audit Committee Non-Executive Director Chair presented the escalation report from the 16 October 2023 Audit Committee (paper M). He noted good progress in delivering the actions from Internal Audit reports from both the current and the previous providers, and he outlined the Audit Committee’s discussions on national changes to the Fit and Proper Persons Test. The following issues were also now highlighted to the Trust Board for information: good progress on the transformation of transactional services (although recognising the need for continued progress), and the Internal Audit review of the UHL policy management framework – resulting proposals on the latter had been discussed at the Trust’s Executive Planning Meeting. | |
| | <u>Resolved</u> – that the 16 October 2023 Audit Committee escalation report be noted. | |
| 366/23 | INFRASTRUCTURE FIT FOR THE FUTURE | |
| 366/23/1 | <u>Escalation Report from the Reconfiguration and Transformation Committee (RTC) – 18 October 2023</u> | |
| | Dr A Haynes, RTC Non-Executive Director Chair presented the escalation report from the 16 October 2023 Reconfiguration and Transformation Committee (paper N). The recommended item from that meeting (terms of reference) was covered in Minute 368/23/2 below. The RTC Non-Executive Director Chair also commented on the 3 strands of transformation – operational, digital, and reconfiguration. | |
| | <u>Resolved</u> – that the 18 October 2023 RTC escalation report be noted, and the recommended item approved as per Minute 352/23/2 below. | DCLA |
| 367/23 | RESEARCH, EDUCATION AND IMPROVEMENT AT HEART | |
| 367/23/1 | <u>Research and Innovation Quarterly Update, and Presentation on Diabetes</u> | |
| | Professor N Brunskill Director of Research and Innovation attended to present paper O, providing a quarterly update on the recent progress with and current priorities for, UHL Research and Innovation. Since the August 2023 quarterly update there had been a significant up-tick in research participant recruitment, and the Trust was now on track to exceed annual average recruitment numbers. The top recruiting studies were as detailed in paper O, with diabetes being the single largest clinical area. The quarterly report also set out recent UHL research events, including a visit by the NIHR and Department of Health and Social Care, and the development of Partnerships for Impact whereby the UHL R&I team had partnered with colleagues in primary care to establish a new Primary Care Research Academy in the city. In other positive news, the national UK CRF Network Conference 2024 had been awarded to the NIHR Leicester CRF and would be held at Tigers Stadium in July 2024. | |
| | Dr J Sargeant, Research Associate, also attended to present the work currently underway on a collaborative diabetes research study (M3 programme for adults with early onset type 2 diabetes). He outlined the need for the interventions, their impact, and the next steps, noting the benefits for both patients and healthcare providers. The Trust Board welcomed this detailed and interesting presentation, and noted that the participants were randomised into 2 equal groups and followed up for 2 years. The study was set across 3 sites nationally, and the Director of Research and Innovation also commented on the potential further opportunities offered by the wider UHL-UHN collaboration. | |

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| | <u>Resolved</u> – that the position be noted. | |
| 368/23 | CORPORATE GOVERNANCE/REGULATORY COMPLIANCE | |
| 368/23/1 | <u>You Matter: Colleague Support Policy</u> | |
| | The Trust Board was invited to approve the new “You Matter: Colleague Support Policy” (paper P). The Chief People Officer advised that this new overarching policy replaced a number of previous standalone documents; the focus of the policy was an inclusive and compassionate approach that supported Trust colleagues. It reflected UHL’s new Trust Values, demonstrating that UHL was compassionate, proud, inclusive, and one team. The policy had been extended to include leave for premature birth, neonatal care and bereavement, and had been co-produced with colleagues. It had also been reviewed in detail by the Trust’s Policy and Guideline Committee. | |
| | In response to a query from Mr M Williams Non-Executive Director on the definition of ‘someone close’ (bereavement), the Chief People Officer advised that a deliberately flexible approach involving discussion with line managers had been adopted, rather than focusing on formal family constructs. Mr B Patel Non-Executive Director (and Chair of the People and Culture Committee) welcomed the new policy and sought assurance that the needs of staff who might need to travel in the event of family bereavements (eg international nurses) had been appropriately reflected – the Chief People Officer advised that they had. Mr Patel also queried whether staff preference would be taken into account by managers if different types of leave were appropriately available, and it was agreed to assess that at the next scheduled review of the policy. In response to a further query from Trust Board colleagues, the Chief People Officer confirmed that the potential financial impact of the policy had been considered. | CPO |
| | <u>Resolved</u> – that (A) the new overarching ‘You Matter: Colleague Support Policy’ be approved as presented, and (B) at the next scheduled review of this policy (2 years), a review be undertaken of whether/how staff preference was appropriately taken into account when deciding which type of leave was granted. | CPO |
| 368/23/2 | <u>Updated Terms of Reference for the Reconfiguration and Transformation Committee (retitled as the Our Future Hospitals and Transformation Committee)</u> | |
| | Trust Board approved the updated terms of reference for the Our Future Hospitals and Transformation Committee (formerly the Reconfiguration and Transformation Committee) as presented in paper Q. | |
| | <u>Resolved</u> – that the updated terms of reference for the Our Future Hospitals and Transformation Committee be approved as presented. | |
| 368/23/3 | <u>Sealings Report</u> | |
| | <u>Resolved</u> – that the sealings report for quarter 2 of 2023/24 be noted. | |
| 369/23 | CORPORATE TRUSTEE BUSINESS | |
| 369/23/1 | <u>Escalation Report from the Charitable Funds Committee (CFC) – 13 October 2023</u> | |
| | <u>Resolved</u> – that the 13 October 2023 CFC escalation report be noted by the Trust Board as Corporate Trustee. | |
| 370/23 | BOARD SERVICE VIDEO – PHARMACY | |
| | The Trust Board were shown a video segment relating to the Pharmacy Service at the Trust. This video presentation item was now a regular feature during public Trust Board meetings, to showcase the Trust’s services. It was noted that the video would also be shared on the Trust’s website or via an appropriate link. The Trust Board also noted that the Trust’s Chief Pharmacist was moving to her new role as LLR ICB Chief Pharmacist. | |

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| | <u>Resolved</u> – that the contents of this video be noted. | |
| 371/23 | ANY OTHER BUSINESS | |
| 371/23/1 | <u>Remembrance Service – Secret Garden</u> | |
| | Mr B Patel Non-Executive Director highlighted that members of the public and staff were welcome to attend a UHL-LPT Remembrance Service in the Secret Garden at the Glenfield Hospital site on 10 November 2023. | |
| | <u>Resolved</u> – that the position be noted. | |
| 372/23 | QUESTIONS FROM THE PRESS AND PUBLIC | |
| | <p>The following list of questions had been submitted either in advance of, or during, the Trust Board meeting:</p> <p>Question re: Patient Choice</p> <p>“There is a lot of information in the reports about cleaning lists. Last week the next drive to reduce lists went live. Patients waiting over 40 weeks received the following text message. Dear Mx Xxxxx</p> <p>Following the Prime Ministers announcement on 30/10/23 patients waiting over 40 weeks may wish to consider moving hospital to receive earlier treatment. If you wish to be considered please submit your details via www.xxxxxxx.nhs.uk.</p> <p>If you are unable to access this link directly please contact the NHS Telephone Support Line on 0345 xxxxxxx. On receiving your request, your clinical team will review your application and next steps will be communicated to you. Please do not share this link or phone number it is specific to you.</p> <p>Corporate at University Hospitals Of Leicester</p> <p>To a patient this reads that they are saying yes to something and if the clinical team see fit they could be sent anywhere from Plymouth to Newcastle for treatment. For at least one patient it raised several questions, where might they be sent, how much notice will they get, if they do not accept to be transferred will they be taken off the list or will they be pushed down the list. If they have to stay in hospital longer than expected will family be able to visit. If they do choose to be treated somewhere else will they have to travel miles for review or will UHL do it. Patients should be give a lot more information to allow them to make an informed decision. I understand that if they do follow the website links they will be given options and it will be clarified that they have a choice and can decide to stay where they are if the hospital on offer is not suitable. But that information is provided too late in the process.</p> <p>This text, I believe, has gone out to the 143 patients waiting over 78 weeks and as we have already discussed these may well be some of the more complex cases. It is likely these patients will have already been through diagnostics etc to get them onto a treatment list, they will have met the team that will treat them maybe on more than 1 occasion. Now they are being abandoned by the team they have already met and discussed options with, hopefully established a degree of trust and confidence in, and head to a new unknown team to undertake treatment. These patients will be hoping they are finally near the front of the queue as the target was to have zero 78 week waits 8 months ago. Do you think it was a good idea to send out this text with this wording especially to those who have waited a very long time?</p> <p>The text should tell them there is an opportunity to go somewhere else and they should be directed to further information and it should be made clear that if they are suitable for moving they will have the opportunity to discuss the pros and cons with the clinical team not abandoned into an administrative black hole.”</p> <p>The Chief Operating Officer responded to this question and outlined the national roll-out of the ‘PIDMAS’ (Patient Initiated Digital Mutual Aid System) initiative under which patients could request transfer to another provider. He advised that if a patient chose to decline a transfer offer, then that would not affect their position on the waiting list or their prioritisation for treatment – nor would their position be adversely affected if that transferred appointment was then cancelled. The Trust would</p> | |

continue to work with the national team on the process. The Chief Operating Officer advised that offers had started with patients waiting over 40 weeks. In response to a query from the FIC Non-Executive Director Chair, the Chief Operating Officer advised that the issue of who bore the cost of travelling to another location was covered in the national website FAQs.

Question re hospital cancellations

“I note that on the day cancellations has remained static for the last three months at 8%. Are you always meeting the NHS pledge that all patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons are offered another binding date within 28 days? If not meeting the pledge how many patients have missed the 28 day pledge?”

The Chief Operating Officer responded to this question and advised that in 2023/24 an average of 74% of patients were rebooked within 28 days. This was a key focus for the Trust, which recognised the crucial impact this had on patients’ experience.

Question re waiting list management.

“Paper I Escalation Report: Operations and Performance Committee 2 tells us “Significant progress was being made in the scheduling high volume low complexity cases for day care in Urology, Orthopaedics, ENT and Ophthalmology”. I understand the push on low complexity cases as that will be the fastest way of reducing the waiting list numbers. However I have to ask if this careful management of the list is at the expense of the patient as it means that the more complex cases are left to languish on the list. We know that the more complex cases are often those in the older age groups with multiple conditions. So these are also likely to be the patients most impacted by their condition with a deteriorating quality of life. Is this fair on those with more complex conditions, indeed does it meet equality legislation?”

The Chief Operating Officer responded to this question and advised that UHL was not focusing on high volume low complexity cases at the expense of high complexity cases. Clinical priority and decision-making was paramount, and the Trust was aiming to ringfence elective capacity so that complex cases could also be focused on. Mr M Williams OPC Non-Executive Director Chair advised that this was also a key issue for the Operations and Performance Committee, as was a focus on 12-hour admission waits.

Question re patient choice

“Interesting that 78 week waits are down to 98 and will be much lower by end Nov with the aim to clear by end December. So really shouldn't you tell the long wait patients that this is the case rather than sending them a uninformative text offering a move. If patients know they will be dealt with in the next 4 weeks they are very unlikely to want a move. Saving on both patient worry and staff time reviewing patient suitability for a move to another provider.”

The Chief Operating Officer responded to this question, reiterating that the messaging on this issue was nationally-defined. He considered that the options were made clear to patients.

Question re patient choice

“Also of note was that 22% of those cancelled on the day do not get an offer within 28 day standard. You said that one cause may be patients choice it would be good to see what % of failure is patient generated rather than hospital generated.”

The Chief Operating Officer responded to this question, advising that he would endeavour to obtain the information outside the meeting. He noted that it was not that the 22% had not been made an offer, but that the offer had not been acceptable.

Question re: New Hospital Programme

“The Board has provided very little information to the public in the past 6 months on the reconfiguration developments falling within the remit of the New Hospital Programme. Even with the TOR for the Our Future Hospitals and Transformation Committee, reports are not

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| | <p>being expected more than quarterly and these are to focus only on assurance and risks. How will UHL be keeping the public informed of developments and enabling feedback from the public particularly given the significant problems with the national approach to developing new hospital facilities identified by the National Audit Office in July?”</p> <p>The Deputy Chief Executive responded to this question, and advised that UHL had provided a reconfiguration update to the Leicester City Council Public Health and Health Integration Scrutiny Commission on 7 November 2023. UHL would also be providing a quarterly public report to the Trust Board going forward, which was felt appropriate for the current pace of the programme. A Patient and Public Involvement Group was also in place.</p> | |
| | Resolved – that the above-referenced questions and answers be noted, and any actions progressed by the appropriate lead officer. | NAMED LEAD |
| 373/23 | REPORTS AND MINUTES PUBLISHED AND UHL’S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS): | |
| | <p>Resolved – that it be noted that the following Minutes of meetings had been published on UHL’s external website alongside the Trust Board papers:-</p> <ul style="list-style-type: none"> • Quality Committee Minutes of 28 September 2023 • Operations and Performance Committee Minutes of 27 September 2023 • Finance and Investment Committee Minutes of 2 October 2023 • Reconfiguration and Transformation Committee Minutes of 20 September 2023 • Audit Committee Minutes of 29 August 2023 • Charitable Funds Committee Minutes of 18 August 2023 | |
| 374/23 | REPORTS DEFERRED TO A FUTURE MEETING | |
| | Resolved – that it be noted that the report on changes to the Annual Fit and Proper Persons Declaration process had been deferred to the December 2023 Trust Board meeting. | |
| 375/23 | DATE AND TIME OF NEXT MEETING | |
| | Resolved – that the next public Trust Board meeting be held on Thursday 14 December 2023 from 1.30pm in Seminar Rooms 2&3, Clinical Education Centre, Glenfield Hospital. | |

The meeting closed at 3.35pm

Helen Stokes – Head of Corporate Governance

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

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|-------------|----------|--------|--------------|--------------------------|----------|--------|--------------|
| J MacDonald | 8 | 7 | 88 | J Melbourne | 8 | 7 | 88 |
| V Bailey | 8 | 7 | 88 | R Mitchell | 8 | 8 | 100 |
| A Furlong | 8 | 4 | 50 | B Patel | 8 | 8 | 100 |
| S Harris | 8 | 5 | 63 | T Robinson | 8 | 5 | 63 |
| A Haynes | 8 | 6 | 75 | G Sharma (until 30.4.23) | 1 | 0 | 0 |
| J Hogg | 8 | 7 | 88 | M Williams | 8 | 8 | 100 |
| L Hooper | 8 | 8 | 100 | J Worrall | 8 | 6 | 75 |

Non-Voting Members:

| Name | Possible | Actual | % attendance | Name | Possible | Actual | % attendance |
|------------------|----------|--------|--------------|-----------|----------|--------|--------------|
| R Abeyratne | 8 | 8 | 100 | H Kotecha | 8 | 4 | 50 |
| S Barton | 8 | 7 | 88 | M Simpson | 8 | 8 | 100 |
| A Carruthers | 8 | 6 | 75 | M Smith | 8 | 8 | 100 |
| B Cassidy | 8 | 8 | 100 | C Teeney | 8 | 7 | 88 |
| G Collins-Punter | 8 | 2 | 25 | | | | |